

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 5/26/99
BILL NO. SB 109
OR
SUBJECT _____

KEVIN LEWIS
(NAME)
LEE. LIAISON
(Street Address or Route Number)

(City and Zip Code)
DHFS
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 5/26/99
BILL NO. SB 109
OR
SUBJECT _____

Bill Wacker
(NAME)
Health Officer
(Street Address or Route Number)

(City and Zip Code)
City of Franklin
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-1L One East Main
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: May 26, 1999
BILL NO. SB 109
OR
SUBJECT _____

Eric Ostermann
(NAME)
330 E. Lakeside St.
(Street Address or Route Number)

Madison, WI 53715
(City and Zip Code)
Wisconsin Public Health Association
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 5/26/99

BILL NO. SB 109
OR

SUBJECT _____

Sen. Mosen

(NAME) _____

(Street Address or Route Number) _____

(City and Zip Code) _____

(Representing) _____

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 5/26/99

BILL NO. 109
OR

SUBJECT _____

Jane E Meurt

(NAME) _____

(Street Address or Route Number) _____

(City and Zip Code) _____

(Representing) _____

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 5/26/99

BILL NO. SB 109
OR

SUBJECT _____

Kathy Andersen

(NAME) _____

(Street Address or Route Number) _____

(City and Zip Code) _____

(Representing) _____

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Introduction and adoption of Senate Amendment 1 to Senate Bill 109.

Aye
 No

Signature: _____



Date: _____

6/1/97

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

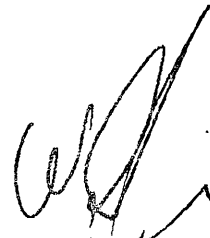
Moved: Passage of Senate Bill 109 as amended.

Aye

No

Signature: _____

Date: _____


6/1/99

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Passage of Senate Bill 109 as amended.

Aye

No

Signature: _____

Roger Bresh

Date: _____

9/26/98

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Introduction and adoption of Senate Amendment 1 to Senate Bill 109.

Aye

No

Signature: _____

Roger Breske

Date: _____

5/24/99

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Passage of Senate Bill 109 as amended.

Aye

No

Signature: Mary F. Omernicki

Date: 6-1-99

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Introduction and adoption of Senate Amendment 1 to Senate Bill 109.

Aye

No

Signature: Mary F. Dwyer

Date: 6-1-99

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Passage of Senate Bill 109 as amended.

Aye

No

Signature: _____

Ryan D. Fude

Date: _____

6/1/99

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Introduction and adoption of Senate Amendment 1 to Senate Bill 109.

- Aye
- No

Signature: _____

Kevin D. ...

Date: _____

6/1/95

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

substitute

Moved: Introduction and adoption of Senate Amendment 1 to Senate Bill 109.

Aye

No

Signature:

Judy Robson

Date:

6-1-99

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Passage of Senate Bill 109 as amended.

Aye

No

Signature:

July Roben

Date:

6-1-99

MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Introduction and adoption of Senate Amendment 1 to Senate Bill 109.

Aye

No

Signature: _____

Date: _____

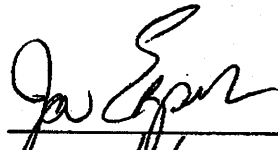
John E. ...
6/1/99

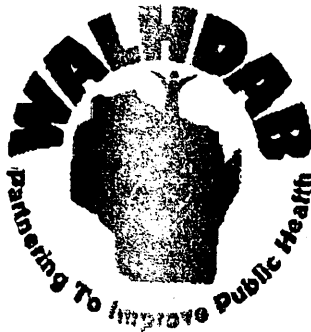
MOTION: SENATE BILL 109, RELATING TO: REQUIREMENTS FOR A STATE HEALTH OFFICER.

Move adoption of the following motion:

Moved: Passage of Senate Bill 109 as amended.

- Aye
- No

Signature: 
Date: 6/1/99



WISCONSIN ASSOCIATION OF LOCAL HEALTH DEPARTMENTS AND BOARDS

May 24, 1999

Senator Rodney C. Moen
Room 8 South
State Capitol
PO Box 7882
Madison WI 53707-7882

**Re: Letter of Support
Senate Bill 109**

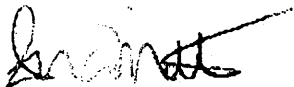
Dear Senator Moen:


This Wisconsin Association of Local Health Departments and Boards strongly supports Senate Bill 109 which requires minimum qualifications for the state health officer.

We recognize that currently with no minimum educational requirements for this important post that the Division of Public Health may not be lead by a public health orientated or experienced person who is attuned to our local public health needs.

The passage of this legislation will move Wisconsin in a positive direction that will benefit the current and future health of all of our residents.

Respectfully submitted,


Frank Matteo, Co-President
Kenosha County Health Officer


Pete Salm, Co-President
Calumet County Board of Health