

2001 DRAFTING REQUEST

Bill

Received: 02/19/2001

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: Mark Miller (608) 266-5342

By/Representing: Himself

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact:

Addl. Drafters: shoveme
champra

Subject: Health - public health
Munis - miscellaneous
Employ Pub - miscellaneous

Extra Copies: ISR

Submit via email: NO

Requester's email:

Pre Topic:

No specific pre topic given

Topic:

City-county health departments

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kenneda 03/09/2001	csicilia 03/09/2001		_____			Local
/1			martykr 03/09/2001	_____	lrb_docadmin 03/09/2001		Local

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/2	kenneda 04/12/2001	csicilia 04/12/2001	pgreensl 04/12/2001	_____	lrb_docadmin 04/12/2001	lrb_docadmin 05/04/2001	

FE Sent For:

<END>

2001 DRAFTING REQUEST

Bill

Received: 02/19/2001

Received By: **kenneda**

Wanted: As time permits

Identical to LRB:

For: **Mark Miller (608) 266-5342**

By/Representing: **Himself**

This file may be shown to any legislator: **NO**

Drafter: **kenneda**

May Contact:

Addl. Drafters: **shoveme
champra**

Subject: **Health - public health
Munis - miscellaneous
Employ Pub - miscellaneous**

Extra Copies: **ISR**

Submit via email: **NO**

Requester's email:

Pre Topic:

No specific pre topic given

Topic:

City-county health departments

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kenneda 03/09/2001	csicilia 03/09/2001		_____			Local
/1			martykr 03/09/2001	_____	lrb_docadmin 03/09/2001		Local
/2	kenneda 04/12/2001	csicilia 04/12/2001	pgreensl 04/12/2001	_____	lrb_docadmin 04/12/2001		

FE Sent For:

<END>

2001 DRAFTING REQUEST

Bill

Received: 02/19/2001

Received By: **kenneda**

Wanted: **As time permits**

Identical to LRB:

For: **Mark Miller (608) 266-5342**

By/Representing: **Himself**

This file may be shown to any legislator: **NO**

Drafter: **kenneda**

May Contact:

Alt. Drafters: **shoveme
malaigm**

Subject: **Health - public health
Munis - miscellaneous
Employ Pub - miscellaneous**

Extra Copies: **ISR**

Pre Topic:

No specific pre topic given

Topic:

City-county health departments

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kenneda 03/09/2001	csicilia 03/09/2001					Local
/1			martykr 03/09/2001	4/12 [Signature]	lrb_docadmin 03/09/2001		

FE Sent For:

1/2
cjs

4/12
01

4/12
08

<END>

2001 DRAFTING REQUEST

Bill

Received: 02/19/2001

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: Mark Miller (608) 266-5342

By/Representing: Himself

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact:

Alt. Drafters: shoveme
malaigm

Subject: Health - public health
Munis - miscellaneous
Employ Pub - miscellaneous

Extra Copies: ISR

Pre Topic:

No specific pre topic given

Topic:

City-county health departments

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
1/?	kenneda	1 cjs 3/9 01	Km 3/9	RS 3/9 Km 9			

FE Sent For:

<END>

Kennedy, Debora

From: Miller, Mark
Sent: Tuesday, August 15, 2000 5:21 PM
To: Kennedy, Debora
Cc: 'Falk@co.dane.wi.us'; 'sbauman@ci.madison.wi.us'; Sen.Chvala; Sen.Risser; Sen.Fitzgerald; Sen.Erpenbach; Rep.Hahn; Rep.Skindrud; Rep.Black; Rep.Berceau; Rep.Pocan; Rep.Hebl; Rep.Travis; Rep.Ward; Peter Munoz (E-mail); Susan Crowley (E-mail); Charity Eleson (E-mail)
Subject: Public Health Unification



00000001.TIF

Dear Ms Kennedy:

Dane County and the City of Madison are in the process of attempting to unify their public health agencies using the Joint City-County model identified in Chapter 251 of the Wisconsin statutes. This process has identified a number of areas where the statutes are not clear about whether the desired organizational result can be accomplished.

Madison and Dane County want to be able to negotiate the relationship among the two jurisdictions and the public health agency they jointly create. This includes investing the public health agency with the ability to contract with other public and private entities for the provision of services.

Attached is a letter from Madison Mayor Sue Bauman and Dane County Executive Kathleen Falk requesting assistance from the Dane County legislative delegation in this matter. Please review the statutes and advise regarding changes that might be required for Madison and Dane County to accomplish its organization goals with respect to creating a unified public health entity.

Until advised otherwise, I will be the point of contact for Dane County's legislative delegation in this matter. Thank you for your assistance.

Mark Miller

48th Assembly District

cc: Dane County Executive Kathleen Falk
Madison Mayor Sue Bauman
Dane County State Legislative Delegation
Peter Munoz, staff to Mayor Bauman
Sue Crowley, Dane County Department of Human Services
Charity Eleson, Dane County Legislative Lobbyist

Mark Miller

48th Assembly District

Capitol, Room 3 North

P.O. Box 8953

Madison, WI 53708

(608)266-5342, FAX (608)282-3648

Rep.Miller@legis.state.wi.us



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

100 NORTH HAMILTON STREET
P. O. BOX 2037
MADISON, WI 53701-2037

STEPHEN R. MILLER
CHIEF

LEGAL SECTION: (608) 266-3561
LEGAL FAX: (608) 264-8522

REFERENCE SECTION: (608) 266-0341
REFERENCE FAX: (608) 266-5648

September 5, 2000

MEMORANDUM

To: Representative Mark Miller

From: Debora A. Kennedy, Managing Attorney

Subject: Public health unification

You have asked me to review the statutes and advise you with respect to statutory changes that would be necessary or desirable to facilitate negotiations between the city of Madison and Dane County concerning formation of a city-county health department, including investing the city-county health department with the authority to contract with other public and private entities for the provision of services. As requested, this memorandum sets forth a number of suggested statutory changes. In addition, in order to show the likely form that the suggested changes would take, I have attached a draft of proposed legislation that incorporates the changes. The draft is in preliminary form, however, and may not be introduced until it is acceptable to you and has been converted to final form.

Assumptions:

I have made the following several assumptions in formulating this memorandum and the accompanying preliminary draft:

1. The proposed city-county health department is *not* intended to be statutorily considered as a separate unit of government, with taxing and ordinance-creation authority, such as is a special purpose district. It also is not intended to be a subunit exclusively of the county or exclusively of the city; rather it is, instead, intended to be an entity that functions as a subunit, as do other forms of local health departments; however, it is a subunit subject to the control of a city and county acting jointly under an agreement between the two that specifies their relative powers and duties, the powers and duties of the local board of health for the city-county health department and the powers and duties of the city-county health department itself. (Statutorily, the difference is important; as a separate unit of government, the extent of powers and duties of a city-county health department is unclear; therefore, each instance in the statutes in which other units of government are mentioned must be examined to determine whether the phrase "city-county health department" should be added, to explicitly confer a power or a duty to the city-county health department in that instance. If, however, a city-county health department is considered to be a subunit of a city and a county acting jointly, this broad-scale statutory amending is unnecessary, because the subunit assumes those existing powers and duties of a county and a city that are conferred to it under ch. 251, stats., or under the joint city-county agreement.)

2. As an entity that is a subunit of a city and county operating jointly, the city-county health department, as represented by its board of health, must have clear statutory authority to do all of the following:

a. Contract with other entities, whether public or private, for the provision of services and for other matters, under agreements signed by the head of the board of the city-county health department.

b. Function as an employer for both city and county employees (under the agreement between the city and county mentioned under subd. 1., above) for the purposes of hiring and firing, collective bargaining, determining compensation, etc. In other words, the employees of the city-county health department will no longer be either city or county employees, but will instead be employees of the city-county health department, a new kind of governmental employer.

Suggested statutory changes:

The following are suggestions for statutory language changes that would clarify the authority for creation and the extent of powers and duties of a city-county health department:

1. The current definition of "county health department" in s. 251.01 (2), stats., should be repealed, because it conveys the impression that a city-county health department is solely a subunit of a county, without city involvement and authority. I believe that the definition was created to function as a kind of shorthand reference to various entities in the statutes (scc, for example, the use of "county department" in s. 251.08, stats.); it is at odds with ss. 251.03 (3) and 251.11 (1), stats., and is confusing. Repeal of s. 251.01 (2), stats., necessitates the amendment of ss. 46.56 (3) (b) 6., 251.01 (1) and (3), 251.02 (1) and 251.08, stats.

2. A statute similar to s. 251.02 (1), stats., should be created to describe explicitly the manner in which a city-county health department may be established, its jurisdiction and the lines of authority, in conformity with ch. 251, stats., that flow from a city and a county that agree to establish such a health department. Currently, only s. 251.01 (1), stats., provides a glancing reference to creation of a city-county health department; the provision is written in passive voice and provides no information about the power or means for the creation. Please see s. 251.02 (1m), created in the preliminary draft. Statutes that currently cross-reference s. 251.02 (1), stats., with respect to a city-county health department, should be amended to reference the newly-created provision (see ss. 250.01 (4) (a) 2., 251.11 (1) and (2) and 251.15 (2), stats. Correspondingly, s. 251.02 (1), stats., should be amended to delete reference to creation of a city-county health department except as an exception to the statutory requirement for creation of a county health department. It should also be amended to clarify that the requirement for a county board to establish a county health department applies to a *single* county health department and is excepted in those instances in which the county board jointly establishes a city-county health department with a city common council or in which the county board establishes a multiple county health department with another county board.

3. Section 251.04 (1), stats., should be amended to provide to a city-county board of health explicit governing authority for a city-county health department. In addition, s. 251.04 (1), stats., permits a "local board of health" (which is defined in s. 250.01 (3), stats., to include a city-county board of health) to contract or subcontract to provide public health services. It might be advisable to add that the contracting or subcontracting may be done with a public or private entity, although the current language is probably broad enough to encompass this.

4. A definition of the term "city-county board of health" that parallels the definition of "county board of health" under s. 251.01 (1), stats., should be created in ch. 251, stats., to clarify its use in other statutes, such as s. 251.02 (1m) (b) and (c). (Note that this creation necessitates the renumbering of s. 251.01 (1), stats.)

5. It might be advisable to amend s. 251.02 (3), stats., to clarify the area of jurisdiction of a multiple county health department. I am unsure whether to list the area of a city-county health department as one of the exceptions to that jurisdiction and therefore did not do so in the preliminary draft. However, it may be unlikely that a county will establish both a multiple county health department and a city-county health department; moreover, even if that does happen, it is conceivable that the multiple county health department and the city-county health department will have the same jurisdiction.

6. On the advice of Marc Shovers, the attorney who drafts in municipal law, s. 66.0301 (1) (a), stats., (the definition of "municipality" for purposes of intergovernmental cooperation agreements) should be amended to include reference to a city-county health department, in order to clarify language in s. 251.09, stats., that authorizes local health departments jointly to provide health services and to clarify that a city-county health department may provide public health services to a municipality (such as a city) under contract.

7. On the advice of Richard Champagne, the attorney who drafts in the area of public sector employment, s. 111.70 (1) (j), stats. (the definition of "municipal employer" for purposes of collective bargaining) should be amended to include a reference to a city-county health department, in order to clarify that a city-county health department, and not the city or the county, is the municipal employer for all individuals employed by the city-county health department. This issue brings up an additional problem which you may wish specifically to address: preservation of the status in employment of currently-employed persons of the county and city who will become employees of the city-county health department. I am attaching to this memorandum, for your perusal, a copy of s. 46.2895 (8), stats. (as enacted under 1999 Wisconsin Act 9), which provides this explicit language for employees of a family care district. It is our opinion that language similar to this is necessary if the preservation of employee status is desired..

Please let me know if I can provide you with further assistance with respect to this matter.

46.2895(8)

(8) Employment and employee benefits of certain employees.

46.2895(8)(a)

(a) (intro.) A **family care district** board shall do all of the following:

46.2895(8)(a)1.

1. If the **family care district** offers employment to any individual who was previously employed by the county, who while employed by the county performed duties relating to the same or a substantially similar function for which the individual is offered employment by the district and whose wages, hours and conditions of employment were established in a collective bargaining agreement with the county under subch. IV of ch. 111 that is in effect on the date that the individual commences employment with the district, with respect to that individual, abide by the terms of the collective bargaining agreement concerning the individual's compensation and benefits until the time of the expiration of that collective bargaining agreement or adoption of a collective bargaining agreement with the district under subch. IV of ch. 111 covering the individual as an employee of the district, whichever occurs first.

46.2895(8)(a)2.

2. If the **family care district** offers employment to any individual who was previously employed by the county and who while employed by the county performed duties relating to the same or a substantially similar function for which the individual is offered employment by the district, but whose wages, hours and conditions of employment were not established in a collective bargaining agreement with the county under subch. IV of ch. 111 that is in effect on the date the individual commences employment with the district, with respect to that individual, initially provide that individual the same compensation and benefits that he or she received while employed by the county.

46.2895(8)(a)3.

3. If the **family care district** offers employment to any individual who was previously employed by the county and who while employed by the county performed duties relating to the same or a substantially similar function for which the individual is offered employment by the district, with respect to that individual, recognize all years of service with the county for any benefit provided or program operated by the district for which an employee's years of service may affect the provision of the benefit or the operation of the program.

46.2895(8)(a)4.

4. If the county has not established its own retirement system for county employees, adopt a resolution that the **family care district** be included within the provisions of the Wisconsin retirement system under s. 40.21 (1). In this resolution, the **family care district** shall agree to recognize 100% of the prior creditable service of its employees earned by the employees while employed by the district.

46.2895(8)(b)

(b) (intro.) The county board of supervisors of the area of jurisdiction of the **family care district**

shall do all of the following:

46.2895(8)(b)1.

1. If the county has established its own retirement system for county employees, provide that **family care district** employees are eligible to participate in the county retirement system.

46.2895(8)(b)2.

2. Provide that, subject to the terms of any applicable collective bargaining agreement as provided in par. (a) 1., **family care district** employees are eligible to receive health care coverage under any county health insurance plan that is offered to county employees.

46.2895(8)(b)3.

3. Provide that, subject to the terms of any applicable collective bargaining agreement as provided in par. (a) 1., **family care district** employees are eligible to participate in any deferred compensation or other benefit plan offered by the county to county employees, including disability and long-term care insurance coverage and income continuation insurance coverage.



By 2:00 WEDNESDAY

State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-0075/P1
DAK, MES, RAC.....

Handwritten initials: gjs

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Handwritten circled word: gen

1 AN ACT...; relating to: city-county health departments.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided for a subsequent version.

For further information see the *local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

2 SECTION 1. 46.56 (3) (b) 6. of the statutes is amended to read:

3 46.56 (3) (b) 6. Representatives of the county health department, as defined in
4 s. ~~251.01 (2)~~ established under s. 251.02 (1) or city-county health department
5 established under s. 251.02 (1m).

History: 1989 a. 31; 1993 a. 27, 399, 446; 1995 a. 27 ss. 2317, 2318, 9130 (4), 9145 (1); 1995 a. 77, 201; 1997 a. 3, 27, 114, 164.

6 SECTION 2. 66.0301 (1) (a) of the statutes is amended to read:

7 66.0301 (1) (a) In this section "municipality" means the state or any
8 department or agency thereof, or any city, village, town, county, school district, public

1 library system, public inland lake protection and rehabilitation district, sanitary
 2 district, farm drainage district, metropolitan sewerage district, sewer utility district,
 3 solid waste management system created under s. 59.70 (2), local exposition district
 4 created under subch. II of ch. 229, local professional baseball park district created
 5 under subch. III of ch. 229, local professional football stadium district created under
 6 subch. IV of ch. 229, a local cultural arts district created under subch. V of ch. 229,
 7 family care district under s. 46.2895, water utility district, mosquito control district,
 8 municipal electric company, county or city transit commission, commission created
 9 by contract under this section, taxation district ~~or~~, regional planning commission, or
 10 city-county health department.

*wpo:
scored
comma*

11 NOTE: NOTE: NOTE: Par. (a) is shown as affected by two acts of the 1999 legislature and as merged by the revisor under s. 13.93 (2) (c).NOTE:

12 History: 1999 a. 130 ss. 348, 349, 352, 353; 1999 a. 167 s. 38; s. 13.93 (2) (c).

13 SECTION 3. 111.70 (1) (j) of the statutes is amended to read:

14 111.70 (1) (j) "Municipal employer" means any city, county, village, town,
 15 metropolitan sewerage district, school district, family care district ^{close up} ~~or~~, any other
 16 political subdivision of the state or a city-county health department that engages the
 17 services of an employee and includes any person acting on behalf of a municipal
 18 employer within the scope of the person's authority, express or implied, but
 19 specifically does not include a local cultural arts district created under subch. V of
 ch. 229.

scored comma

20 History: 1971 c. 124, 246, 247, 307, 336; 1973 c. 64, 65; 1977 c. 178, 186, 272, 442, 449; 1979 c. 32 s. 92 (15); 1981 c. 20, 112, 187; 1983 a. 189, 192; 1985 a. 29; 1985 a. 182 s. 57; 1985 a. 318; 1987 a. 153, 399; 1991 a. 136; 1993 a. 16, 429, 492; 1995 a. 27, 225, 289; 1997 a. 27, 237; 1999 a. 9, 65; 1999 a. 150 s. 672.

21 SECTION 4. 250.01 (4) (a) 2. of the statutes is amended to read:

22 250.01 (4) (a) 2. A city-county health department established under s. 251.02
 (1) (1m).

23 History: 1993 a. 27 ss. 162, 322, 449; 1995 a. 27 s. 9126 (19); 1999 a. 9, 22.

24 SECTION 5. 251.01 (1) of the statutes is renumbered 251.01 (1r) and amended

to read:

1 251.01 (1r) "County board of health" means a board of health for a single county
2 health department or for a multiple county health department.

History: 1993 a. 27 ss. 196, 197, 460.

3 **SECTION 6.** 251.01 (1g) of the statutes is created to read:

4 251.01 (1g) "City-county board of health" means a board of health for a
5 city-county health department.

6 **SECTION 7.** 251.01 (2) of the statutes is repealed.

*governing
body*

7 **SECTION 8.** 251.01 (3) of the statutes is amended to read:

8 251.01 (3) "County health officer" means the position of a local health officer
9 in a single county health department or in a multiple county health department.

History: 1993 a. 27 ss. 196, 197, 460.

10 **SECTION 9.** 251.02 (1) of the statutes is amended to read:

11 251.02 (1) In counties with a population of less than 500,000, unless a county
12 board establishes a city-county health department under sub. (1m) jointly with the

13 ~~county board~~ of a city or establishes a multiple county health department in *under sub. (3)*

14 conjunction with another county, the county board shall establish a single county
15 health department that meets, which shall meet the requirements of this chapter.

16 The county health department shall serve all areas of the county that are not served
17 by a city health department that was established prior to January 1, 1994, by a town

18 or village health department established under sub. (3m) or by a multiple municipal
19 local health department established under sub. (3r). No governing body of a city may

scored comma

20 establish a city health department may be established after January 1, 1994, but a
21 city-county health department may be established after that date.

History: 1993 a. 27; 1999 a. 9, 185.

22 **SECTION 10.** 251.02 (1m) of the statutes is created to read:

23 251.02 (1m) In counties with a population of less than 500,000, the county
24 board and the governing body of a city may jointly establish a city-county health

1 department, which shall meet the requirements of this chapter. A city-county health
 2 department shall serve all areas of the county that are not served by a city health
 3 department that was established prior to January 1, 1994, by a town or village health
 4 department established under sub. (3m) or by a multiple municipal local health
 5 department established under sub. (3r). A city-county health department
 6 established under this subsection is subject to the control of the city and county
 7 acting jointly under an agreement entered into under s. 66.0301 that specifies, in
 8 conformity with this chapter, all of the following:

9 (a) The powers and duties of the city-county health department. ✓

10 (b) The powers and duties of the city-county board of health for the city-county
 11 health department. ✓

12 (c) The relative powers and duties of the city and county with respect to
 13 governance of the city-county health department and the city-county board of
 14 health. ✓

15 SECTION 11. 251.02 (3) of the statutes is amended to read:

16 251.02 (3) A county board may, in conjunction with the county board of another
 17 county, establish a multiple county health department in conjunction with the
 18 county board of another county, which shall meet the requirements of this chapter.

19 A multiple county health department shall serve all areas of the respective counties
 20 that are not served by a city health department that was established prior to January
 21 1, 1994, by a town or village health department established under sub. (3m) or by a
 22 multiple municipal local health department established under sub. (3r). [↑] ← second comma

History: 1993 a. 27; 1999 a. 9, 185.

23 SECTION 12. 251.04 (1) of the statutes is amended to read:

1 251.04 (1) ~~A city or county board of health shall govern each local health~~
2 ~~department other than a local health department~~ Except as authorized in s. 251.02
3 (3m) and (3r) and a city board of health shall govern a city health department, a
4 county board of health shall govern a county health department or multiple county
5 health department, and a city-county board of health shall govern a city-county
6 health department. A city ~~or~~ board of health, ^a county board of health, ^a city-county
7 board of health or a board of health for a local health department as authorized in
8 s. 251.02 (3m) and (3r) shall assure the enforcement of state public health statutes
9 and public health rules of the department as prescribed for a Level I local health
10 department. A local board of health may contract or subcontract with a public or
11 private entity to provide public health services. The contractor's staff shall meet the
12 appropriate qualifications for positions in a Level I local health department.

History: 1993 a. 27 ss. 261, 264, 463; 1997 a. 114; 1999 a. 9, 185.

13 **SECTION 13. 251.08 of the statutes is amended to read:**

14 **251.08 Jurisdiction of local health department.** The jurisdiction of the
15 local health department shall extend to the entire area represented by the governing
16 body of the county, city, village or town that established the local health department,
17 except that the jurisdiction of a single or multiple county health department or of a
18 city-county health department does not extend to cities, villages and towns that
19 have local health departments. Cities, towns and villages having local health
20 departments may by vote of their local boards of health determine to come under the
21 jurisdiction of the county health department. No part of any expense incurred under
22 this section by a county health department may be levied against any property

1 within any city, village or town that has a local health department and that has not
2 determined to come under the jurisdiction of the county health department.

History: 1993 a. 27 s. 213.

3 **SECTION 14.** 251.11 (1) of the statutes is amended to read:

4 251.11 (1) The local board of health of every multiple county health department
5 established under s. 251.02 (3) and of every city-county health department
6 established under s. 251.02 (1) (1m) shall annually prepare a budget of its proposed
7 expenditures for the ensuing fiscal year and determine the proportionate cost to each
8 participating county and city on the basis of equalized valuation. A certified copy of
9 the budget, which shall include a statement of the amount required from each county
10 and city, shall be delivered to the county board of each participating county and to
11 the mayor or city manager of each participating city. The appropriation to be made
12 by each participating county and city shall be determined by the governing body of
13 the county and city. No part of the cost apportioned to the county shall be levied
14 against any property within the city.

History: 1993 a. 27 ss. 207, 216, 217.

15 **SECTION 15.** 251.11 (2) of the statutes is amended to read:

16 251.11 (2) The local board of health of every a multiple county health
17 department established under s. 251.02 (3) and of every city-county health
18 department established under s. 251.02 (1) shall, under this section, determine the
19 compensation for the employees of the multiple county health departments and
20 city-county health departments. The local board of health of a city-county health
21 department established under s. 251.02 (1m) shall, under this section, determine the
22 compensation for the employees of the city-county health department.

History: 1993 a. 27 ss. 207, 216, 217.

23 **SECTION 16.** 251.15 (2) of the statutes is amended to read:

1 251.15 (2) A city that had established a local health department prior to
2 deciding to participate in a city-county health department established under s.
3 251.02 ~~(1)~~ (1m) may withdraw from the city-county health department if the
4 common council of the city gives written notice to the county board of the
5 participating county.

6 History: 1993 a. 27 s. 220.

(END)

Strike thru!


Dane County/City of Madison Public Health unification documents

1. Madison City Attorney memo, 12/27/99 re: cost apportionment.
2. Madison City Comptroller report 12/27/99 re: cost apportionment
3. Dane County Corporation Counsel opinion 1/11/00 re: legal status of a City-County health department
4. Susan Crowley, Dane County Director of Human Services memo 2/2/00 re: legal opinion of Dane County Corporation Counsel
5. Dane County Department of Human Services fiscal analysis of issues related to Public Health Unification 2/16/00
6. City of Madison Comptroller 4/25/00 rebuttal to DCDHS fiscal analysis addressed to members of the Joint Public Health Advisory Committee

December 28, 1999

MEMORANDUM

TO: Mayor Bauman, Peter Muñoz, Gale Dushack, Susan Crowley, David Gault, Gary Johnson, Augie Olvera, Patricia Gadow, Tommye Schneider

FROM: Sally P. Probasco, Assistant City Attorney 

SUBJECT: Report on Cost apportionment under Sec. 251.11, Wis. Stats.

Copies of the City Attorney and City Comptroller reports on cost apportionment under Sec. 251.11, Wis. Stats., are attached. These reports should assist in our discussion on health unification on December 29, 1999. Copies will be presented to the City's Public Health Commission on January 3, 2000, and introduced at the Common Council meeting of January 4, 2000.

SPP:ph
Enclosures

cc: County Executive Falk

December 27, 1999

MEMORANDUM

TO: Mayor Susan J. M. Bauman
Members of the Common Council

FROM: Eunice Gibson, City Attorney

SUBJECT: Cost Apportionment under Sec. 251.11, Wis. Stats.

You have asked which form or forms of cost apportionment with regard to an integrated city-county public health system would be legal under Sec. 251.11, Wis. Stats. As this question involves both legal and fiscal analysis, attached to this legal memorandum is a report from the City Comptroller.

Sec. 251.11(1), Wis. Stats, provides, in part:

The local board of health of . . . every city-county health department . . . *shall* annually prepare *a budget* of its proposed expenditures for the ensuing fiscal year and determine the proportionate cost to each participating county and city *on the basis of equalized valuation*. . . . [Emphasis added]

The use of the word "shall" when deciding how the local board of health is to attribute cost to the participants of a city-county health department is significant. The general rule in interpreting statutory language is that "the word 'shall' is presumed mandatory when it appears in a statute." In re Commitment of Larry J. Sprosty, 227 Wis. 2d 316, 595 N.W. 2d 692, 696 (1999), citing Karow v. Milwaukee C. Civil Service Commission, 82 Wis. 2d 565, 570, 263 N.W. 2d 214 (1978). As used in statutes or contracts, Black's Law Dictionary, Sixth Edition, 1990, identifies "shall" as a word that is:

67 5470
... generally imperative or mandatory. In common or ordinary parlance, and in its ordinary signification, the term "shall" is a word of command, and one which has always or which must be given a compulsory meaning; as denoting obligation. The word in ordinary usage means "must" and is inconsistent with a concept of discretion. People v. Municipal Court for Los Angeles Judicial Dist., 149 C.A.3d 951, 197 Cal.Rptr. 204, 206. It has the invariable

significance of excluding the idea of discretion, and has the significance of operating to impose a duty which may be enforced, particularly if public policy is in favor of this meaning, or when addressed to public officials, or where a public interest is involved, or where the public or persons have rights which ought to be exercised or enforced, unless a contrary intent appears. People v. O'Rourke, 124 Cal.App. 752, 13 P.2d 989.

Thus, the local board of health *must* prepare a single budget (the word is singular in the statute) and *must* determine the cost (allocated in the budget) to each participating municipality according to "equalized valuation."

C.J.S. Taxation, Sec. 489(b) defines "equalized valuation" as,

...the adjustment of aggregate valuations of property as between different counties or districts so that the share of the whole tax imposed on each county or district shall be justly proportioned to the value of the taxable property within it. ...

Further, according to C.J.S., such valuation must be authorized by statute, which is the purpose of Sec. 251.11, Wis. Stats., titled, "City-county health department and multiple county health department, how financed."

The Wisconsin Property Assessment Manual, vol. 1 (1998) is instructive in understanding how equalized valuation of property is determined in Wisconsin. According to the manual, there is a dual system of property value assessment in Wisconsin: local assessment and assessment by the State Department of Revenue (DOR). The local assessor determines the value of individual parcels in the municipality to determine the local property tax owed by the property owner. Collectively these values equal the total locally assessed value. DOR determines the current market value (MV) for each of these same parcels and totals the MV for the same municipality. The total assessed value is divided by the total market value to obtain the average assessment ratio for the municipality. To be able to compare municipalities all over the state, each municipality's locally assessed value is then divided by its average assessment ratio. The result is equalized valuation. So, although local assessment methods may differ, the equalized valuation system is a way of ensuring that all property in an area or areas is measured by the same yardstick. This enables municipalities to pay an equitable portion for shared services and facilities.

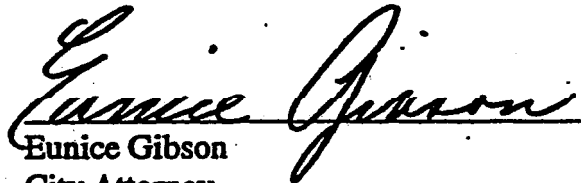
The statute clarifies that, "No part of the cost apportioned to the county shall be levied against any property within the city." Sec. 251.11(1), Wis. Stats.

Sec. 251.11, Wis. Stats., by its plain meaning allows for only one form of cost apportionment, equalized valuation, when financing an integrated city-county public health system. When the meaning of words in a statute are unambiguous, the court is bound to apply the word's plain meaning without resorting to extrinsic evidence of legislative intent. Grand River Cooperative v. Terbert, 145 Wis.2d 173, 175 (Ct. App. 1988).

Even so, when the relevant portion of Sec. 251.11, Wis. Stats., was enacted, the term "equalized valuation" was added without further elaboration. In the original bill, 1947 Wis. Assembly Bill 342A, costs were to be divided among "participating cities and counties on the basis of population." In the first round of amendments, the word "population" was changed to "equalized valuation" without explanation.

Note that this statute has never been litigated. To date, no party has challenged the meaning of any term within it, adding further support for a conclusion that the meaning of the statute is plain.

On a limited basis, the County, the City, or a municipality within the County could contract via an intergovernmental agreement, Sec. 66.30, Wis. Stats., with the unified City-County Health Department, an independent entity, for specific specialized services, i.e., lead paint inspection. But payment for the service would have to qualify as a segregated fund; otherwise, it would be part of the budget and subject to the equalized valuation funding limitations provided in Sec. 251.11(1), Wis. Stats. The statutory scheme of Chapter 251, clearly limits the choices for the delivery of a local health care to a county-wide system, a city system, if created prior to January 1, 1994, or a city-county system. If the latter model is chosen, Sec. 251.11, Wis. Stats., mandates that the costs shall be apportioned in a single budget according to the equalized valuation of property within the city and county.


Eunice Gibson
City Attorney

EG:SPP:cam

CITY OF MADISON, WISCONSIN

REPORT OF: The City Comptroller

TITLE: Report on cost apportionment implications of the implementation of an integrated public health agency organized as a joint City-County model.

DATED: December 27, 1999

PRESENTED January 4, 1999
REFERRED Board of Estimates, Unification Advisory Committee

REREFERRED _____

REPORTED BACK _____

ADOPTED _____ POF _____
ID NUMBER _____

TO THE MAYOR AND COMMON COUNCIL:

I. Executive Summary

As the City of Madison and Dane County continue to consider plans to implement an integrated public health agency organized as a joint City-County model, it should be noted that the establishment of such an agency could result in a significant cost reallocation among the citizens of Dane County. Calculations performed by the City of Madison Comptroller's Office indicate that as much as \$1,064,345 in tax levy could be shifted from taxpayers of the City of Madison to citizens living in the other cities, villages and townships of Dane County.

II. Statutory Cost Apportionment Provisions

The financing methodology for city-county health departments is established by State statute. Wisconsin Statute 251.11 provides that:

The local board of health of every multiple county health department established under s. 251.02(3) and of every city-county health department established under s. 251.02(1) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the proportionate cost to each participating county and city on the basis of equalized valuation [emphasis added]. A certified copy of the budget, which shall include a statement of the amount required from each county and city, shall be delivered to the county board of each participating county and to the mayor or city manager of each participating city. The appropriation to be made by each participating county and city shall be determined by the governing body of the county and city. No part of the cost apportioned to the county shall be levied against any property within the city.

Under the current operating model, city taxpayers are not required to financially support the County Health Department, nor are Dane County residents of outlying communities obligated to pay for health services provided by the City of Madison Public Health Department. Each jurisdiction supports only the costs of its own agency. This scenario could be greatly altered under the proposed city-county model.

The reason for the alteration stems from the observation that the State statute does not appear to allow for discrimination between any class of county residents under a city-county health department. The italicized portion of the statute noted above implies that a single, unified county-wide budget would be adopted, and that the related costs would be apportioned based only upon the basis of equalized property valuation. The key issue, then, is related to how this provision would affect the proposed City of Madison/Dane County city-county model.

III. Service and Funding Level Differentials

If the City and County public health agencies currently provided roughly the same level of spending per dollar of taxable property value, very little levy shifting would be anticipated. Service and budgetary levels are, however, significantly different between the City and County health agencies. A comparison to the situation in the City and County of Eau Claire may be useful at this point.

A. Eau Claire. The only city-county model currently operational in Wisconsin involves the City of Eau Claire and Eau Claire County. Public health services in this County have been unified since the 1940's. Basically, a single budget is prepared for the unified agency. City and County administrative staff then work on budget adjustments, and the revised budget is submitted for approval to the City Council and County Board. Costs are apportioned between the two entities based upon equalized property tax values. A very similar, although not identical, level of health services is provided within the City and in outlying areas of the County.

B. City of Madison and Dane County. Unlike the situation in the City of Eau Claire and Eau Claire County, the City of Madison and Dane County provide significantly different packages of service to their respective customers. These service level differentials and other factors (such as the existence of a City-operated laboratory) are reflected in the significantly different levels of tax levy support. In 1999, the City tax levy supported \$4,081,999 of net health expenditures, while the County levied \$2,398,800. In summary, the City levied considerably (70.17%) more funding for public health, and distributed it over a slightly smaller tax base.

IV. Cost Apportionment Ramifications.

If the Comptroller's and City Attorney's interpretation of the State statutes is correct (that is, if a unified budget is to be prepared, and costs distributed based upon equalized values), and if the service level differential between the City and County remains approximately at current levels, public health costs could be distributed in a fashion which is significantly different from current patterns. It may be useful to consider an example based upon the above-noted 1999 net operating budget costs for the City of Madison and Dane County. The combined budget allowance would be \$6,480,799 (\$4,081,999 + \$2,398,800). Consider also that the City of Madison contained about 46.563% of the equalized property value in Dane County in 1999. Application of the new apportionment yields the results in the following table:

Entity	Apportioned Costs, As currently practiced (each entity pays own)	Apportioned Costs, Under new system (City taxpayers pay 46.563% of total)	Levy Impact: Increase or (Decrease)
City of Madison	\$4,081,999	\$3,017,654	(\$1,064,345)
Dane County	\$2,398,800	\$3,463,145	\$1,064,345
Total City/County	\$6,480,799	\$6,480,799	\$0

The table indicates that if the proposed model is adopted, and if each jurisdiction provides approximately the same level of service as it does currently, and if costs are strictly apportioned on equalized property tax values, City of Madison taxpayers would be relieved of approximately \$1,064,345 annually in property tax payments supporting public health services. This burden would be entirely redistributed toward Dane County taxpayers living outside of Madison; total spending on public health would remain constant. (Note: The figures used in this example are based upon tax-levy support, that is, the budget net of operating revenues. Gross expense budgets for each agency are considerably larger.) It should be noted that restrictions associated with the State-mandated Expenditure Restraint Program (ERP) would preclude the City from utilizing these savings to increase other City spending.

It might also be noted that the single budget model can be expected to create pressure toward a more homogeneous level of public health services, especially from citizens of the outlying areas of Dane County. This pressure may result in either increased costs to the unified agency (if services to areas outside of the City are increased), or in a decline in service levels provided to City residents (if services to areas inside of the City are reduced). Pressure toward a more uniform cost structure is also likely, which could have a significant impact upon decisions such as those related to the continued existence of an independent laboratory.

V. Contracting Between Entities

There has been some suggestion that a significant levy reallocation can and would be avoided by the establishment of a contract or series of contracts between the unified agency and individual municipalities such as the City of Madison. The theory here is that the unified agency would levy for a "basic" level of services, and that Madison (as well as other municipalities) could contract with the unified agency for "extra public health services or programs." A clear distinction should be drawn here between two differing types of services:

A. Special Services or Programs: Examples of these services or programs might include those associated with home rule authority, such as tobacco stings or noise ordinances. In the case of a bona fide extra program or service, it may well be true that the City could contract for these services with the unified agency, resulting in all of the related costs remaining as part of the City levy.

B. Basic Services: As previously noted, however, the City levies considerably more funding for public health than does the County. A large part of this levy differential can be attributed to the application of more resources to what can be considered "basic services." (Here the term "basic services," which is not synonymous with "minimal services," refers to those types of services which would become the responsibility of the unified agency.) Higher historical City spending for these services can be attributed

partly to factors such as those related to demographics, for example. The cost of these basic services (again, assuming service levels are not reduced) would become part of the budget of the unified agency.

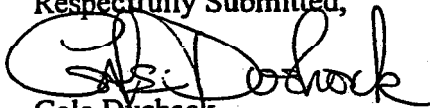
It is the absorption of the City's more resource-intensive level of basic services into the budget of the unified agency which would be at the root of the reapportionment of costs. As the unified agency assumes these costs and distributes them over the property tax base of the entire County, a levy redistribution will occur.

In summary, a significant reapportionment of costs can be anticipated, although inter-entity contracting may somewhat mitigate the impact.

VI. Comptroller's Recommendations

It is the recommendation of the Comptroller that the cost apportionment issues are considered at the outset of the work to be performed by the Unification Advisory Committee, and that Dane County officials are apprised of the potential levy impact.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Gale Dushack", written over a circular stamp or mark.

Gale Dushack,
City Comptroller



OFFICE OF THE CORPORATION COUNSEL

January 11, 2000

Ms. Susan Crowley
Director, Dane County Department of Human Services
1202 Northport Drive
Madison, WI 53704-2092

RE: Legal Status of a City-County Health Department

Dear Ms. Crowley:

You have requested an opinion as to whether a city-county health department created under Chap. 251, Stats. is an independent legal entity. In my opinion it is not. Rather, it is my opinion that such an entity is a county department.

Some provisions of Chapter 251 are consistent with an intent by the Legislature to create an independent city-county health department. The local board of health is appointed by both the city and the county. Sec. 251.03(2)&(3). That board of health governs the health department and has authority to contract for public health services. Sec. 251.04(1). The board prepares an annual budget and determines the appropriate cost to the city and county based upon equalized evaluation. Sec. 251.11(1). The board also determines the compensation for employees of the city-county health department. Sec. 251.11(2). But, the Legislature has not granted a city-county health department the powers normally associated with a separate body corporate or politic.

When the Legislature creates a separate body corporate or politic, it also grants by statute certain powers. These include the right to sue and be sued and the right to acquire and dispose of property, as well as a corporate seal. The Legislature has granted a city-county health department none of these powers. Additionally, when the Legislature intends to create a separate entity, they designate such entity as an "authority" or "commission", such as a housing authority or regional planning commission. In this instance the Legislature has used the designation "department." A department is normally defined in this context as "a branch or division of governmental administration." *Black's Law Dictionary*, 5th Ed. (1979), p. 393.

Although a city-county health department may be a hybrid entity with some indicia of independence, it is not an independent legal entity. It therefore, must be a county department. Section 251.02(1), states that "the county board shall establish a *county health department*..." A "County health department" is defined in Sec. 251.01(2) as including a

Corporation Counsel
Cal W. Kornstedt

Deputy Corporation Counsel
Rodney F. Knight

Assistant Corporation Counsel
David R. Gault
Kristi A. Gullen
Dyann L. Hafner
Leslie A. Hamilton
Linda C. Krueger
Maureen A. Plunkett
Arnold N. Rusky
Galen G. Strebe
Rebecca R. Weise
H. Arleen Wolek

Child Support Agency

Deputy Corporation Counsel
Merrily S. Burch

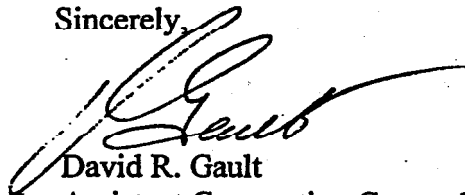
Assistant Corporation Counsel
Clare Altschuler
Donald L. Antoine
Patricia Haraghty-Sanna
Peter C. Williams
Randy A. Woodford
Jerro L. Ziebelman

Ms. Susan Crowley
January 11, 2000
Page 2

city-county health department. Furthermore, the city is prohibited from creating a city health department after January 1, 1994. By simple process of elimination, one must conclude that the Legislature intended a city-county health department to be a county department.

This conclusion simplifies the issue of whether the city could contract for additional services. Clearly, the city can contract with the county under Sec. 66.30.

Sincerely,



David R. Gault
Assistant Corporation Counsel

cc:
Topf Wells

MEMORANDUM

To: Members of the Public Health Joint Advisory Committee

From: Susan Crowley *Susan Crowley*

Re: Legal Opinion of Dane County Corporation Counsel

Date: February 2, 2000

In late December of 1999, Dane County Corporation Counsel and City Attorney staff reviewed the state statutes to determine how costs are to be distributed upon creation of a city-county health department. The City Attorney's office has consistently maintained that one budget is to be prepared and that the costs of basic services must be apportioned based on equalized valuation.

In an opinion from Dane County Corporation Counsel issued in May of 1999, legal counsel maintained that the statutes did not preclude contracts between the jurisdictions to allow for the delivery of services specific to each jurisdiction pursuant to sec.66.30 and 251.04(1).

In further researching the contracting issue in early January of 2000, Dane County Corporation Counsel concludes that the statutes permitting formation of a city/county public health entity does not grant the entity the powers of a separate authority and in fact, the statutes use the designation "department" to describe the model. Sec. 251.01(2) defines "County health department" as including a city-county health department. Dane County Corporation Counsel also concludes that since cities are prohibited from creating city health departments after January or 1994, the entity must be a county department. If the entity is a county department it can certainly enter into contracts with other jurisdictions for services.

Dane County will continue to proceed in good faith with city-county unification efforts with the goal of creating a single public health department. The statutes are clear that the City-County Board of Health is the governing board for policy decisions related to the operation of the city-county health department. There are also clear provisions that permit the Board of Health to be the employer for staff of the health department if agreed to by the two jurisdictions. While Dane County has the authority to create a merged department the county is willing to work with the City of Madison to seek legislative changes to give the city-county department independent powers and authority through statutory revisions.

NOTE: Only one other City-County model exists in Wisconsin. The Eau Claire City-County Health Department operates as a freestanding agency and is not considered a department of county government. The employees of the Eau Claire City-County Health Department are employees of the Eau Claire City-County Board of Health, not of Eau Claire County.



Dane County Department of Human Services

Director – Susan Crowley

**KATHLEEN M. FALK
DANE COUNTY EXECUTIVE**

Dane County Fiscal Analysis of Issues Related to Public Health Unification

Prepared by Susan Crowley and Gary Johnson

February 16, 2000

The analysis of the fiscal ramifications of creating a city-county health department in Madison/Dane County that was prepared by the City Comptroller is accurate as far as it goes, but it delivers an overly simplified view. There is no question that the cost of a unified set of public health services will be distributed proportionately between the city and the county, based on equalized assessed valuation of real property in the city and in the balance of the county. The Comptroller's analysis makes the assumption that there will be such a unified set of services, and no others. That assumption is flawed. The fact is that there will almost certainly not be a single unified set of services countywide.

One of the most important issues considered by the Committee to Unify Public Health was the desire of the two jurisdictions to be able to guarantee their respective ability to offer services that would exceed those of the "basic" package. The final report of the Committee to Unify Public Health included a recommendation that the ability to tailor services to the needs of each jurisdiction should be assured in the Joint Powers Agreement. In doing so, it was recognized that this would imply a need to permit the city and county to accept fiscal responsibility for any additional services they might opt to offer beyond the "basic package" determined by the city-county board of health.

Much of this discussion revolved around the fact that Madison, as a municipality, is able to exercise its home rule authority to enact ordinances and set fees that the county cannot. It appears that, at least as regards true home rule issues, there is agreement that this is an area in which it is possible, through the use of intergovernmental agreements between Madison and the intended city-county health department, for Madison to purchase additional services from the city-county health department. Nonetheless, the Comptroller's analysis does not separate out the services implemented under the Madison's home rule authority. Both the Comptroller and city health department staff have expressed the opinion that the fiscal impact of home rule programs will be minimal, but the fact is that the impact is not yet known.

An issue that is currently unresolved is related to whether either jurisdiction may choose to purchase additional services from the city-county health department. City legal counsel does not believe the state statutes that govern the financing of a city-county health department permit this. County legal counsel believes that those same statutes do

not preclude this, based on the rationale that a city-county health department must be a county department.

This is a key question from both a fiscal and a policy perspective. The fiscal implications are fairly obvious, and will not be belabored here. The policy questions are crucial. If neither the city nor the county will be able to opt to purchase additional public health services from the city-county health department, the benefits of this model will be severely compromised. In fact, it was precisely this perceived flexibility in the city-county model that made it so attractive to the Committee to Unify Public Health. The question is so fundamental that it must be answered early in this next phase of unification discussions.

Further, decisions will have to be made in those areas in which Madison and the county are currently offering programs that are essentially the same, but are doing so in different ways. The issue here does not revolve around the possibility of service reductions, but rather around the question of how these programs and services will be integrated. This relates to the concept of "seamless" service delivery that was frequently discussed by the Committee to Unify Public Health. Some of the decisions made in this arena have the potential to substantially impact on the cost of the city-county health department. In some cases, it is reasonable to assume that the result will be to increase costs, and in most cases this will have the greatest impact on the county. In other cases, the result can be to decrease costs, with savings to be enjoyed by both jurisdictions. In yet other cases, the result may simply shift costs in such a manner that neither jurisdiction experiences either increases or decreases in costs. Examples include laboratory support and animal control. It will not be possible to offer a truly meaningful fiscal analysis until services like these are carefully reviewed, with special attention to the expenses and revenues currently being experienced by both the city and the county, as well as the scope and quality of the services themselves.

Brief examples of the fiscal impact can be provided here. With respect to laboratory services, the Dane County Division of Public Health received fee-exempt testing services from the State Laboratory of Hygiene in calendar year 1999 with a total value of \$65,512.36. These services were obtained with no direct impact on county levy, and it can therefore be argued that this amount represents an "in-kind" add-on to the county's public health budget without the need for offsetting expenditures.

Similarly, it has been previously reported that the county has opted to address animal control services by contracting with the Dane County Human Society rather than hiring animal control officers within the Dane County Division of Public Health. The county contract for 2000 totals \$378,400. The contract covers services related to enforcement of Chapter 47 of the county ordinances, which deals with animal control; rabies control, care for stray animals (including 24 hour emergency rescue services for sick, injured or trapped animals), and investigation of cruelty and neglect cases. It should also be noted that the county ordinance specifies that the Humane Society administers Chapter 47 "under the general guidance of the public health division of the Dane County Human Services Department." Further, every situation in which there is a human exposure that

may carry a risk of rabies is followed by a county public health nurse. Thus, we consider the amount of this contract to be comparable to the city budget burden for animal control services that rests in the Madison Public Health Department.

It will require additional work by staff of the two agencies, and review by the Committee to determine how these issues impact on the cost allocation question, and whether there may be other services or programs that warrant similar comparisons. It is our position that the question of cost allocation cannot be considered in any meaningful way in isolation from these other questions.

Finally, consideration needs to be given to the fact that, as part of the Dane County Human Services Department, the Division of Public Health receives significant fiscal support from the county by way of the Department. While the support and the staff resources required to provide it are very real, they are not reflected in the Division budget. The attached page shows our best current estimate of these costs, almost all of which are related to salary and fringe benefits for staff who provide a portion of their time and effort in support of public health. An issue that will have to be resolved in the transition period will be how this time and effort will continue to be made available to public health after the creation of a unified city-county health department.

BUDGET "ADD-ONS"

DANE COUNTY DIVISION OF PUBLIC HEALTH

	1999 HSD COST	PUBLIC HEALTH ALLOCATION	NOTES
DEPT. ADMINISTRATION	\$ 257,800	\$ 18,046	Director, Asst. Director, Clerical Support (7%)
BUDGET FUNCTION	222,500	1,113	.5%
SPECIAL PROJECTS	60,000	600	1%
PLANNING ANALYST	71,500	715	1%
SUBTOTAL		\$ 20,474	
SLOH SERVICES		65,500	
ANIMAL CONTROL		378,400	
SUBTOTAL		\$443,900	
TOTAL		\$464,374	

Office of the Comptroller

City of
Madison



Gale Dushack, City Comptroller

City-County Building, Room 404
210 Martin Luther King, Jr. Boulevard
Madison, Wisconsin 53709-0001
PH 608 266 4671
FAX 608 267 8705

April 25, 2000

To: The Joint Public Health Advisory Committee

It should be noted that the issues identified in the February 16, 2000 memo prepared by County staff would have no impact upon the analysis previously prepared by the City of Madison Comptroller's Office. The memo suggests that in order to compare the City and County Health budgets, several items must be added to the County Health Budget, as follows: 1) \$20,474 must be added to reflect administrative support from the Departmental level, 2) \$65,500 should be included to reflect the value of free service provided by the State Laboratory of Hygiene, and 3) \$378,400 must be included to reflect Dane County's contract with the Humane Society for animal control.

If the point is simply that one should consider these items in determining total public health expenditures at the County level, this information could be useful. The County memo seems to indicate, however, that these items would affect the City Comptroller's Office projection that up to \$1,064,000 of tax levy burden would be shifted from taxpayers living within the City of Madison to the taxpayers of the other cities, villages and townships of Dane County. Note, for example, that the term "fiscal impact" is used in the third complete paragraph on page two of the memo. Note also the first complete paragraph on page three, which reads as follows:

It will require additional work by staff of the two agencies, and review by the Committee to determine how these issues impact on the cost allocation question, and whether there may be other services or programs that warrant similar comparisons. It is our position that the question of cost allocation cannot be considered in any meaningful way in isolation from these other questions [emphases added].

Actually, the cost allocation issues related to the three items contained in the memo can be addressed immediately. None of the items would affect the levy redistribution projections, for the following reasons:

1. Administrative overhead of \$20,474: As this item is not part of the County Health Budget, but rather part of the County's Department of Administration, City taxpayers are already supporting 46.563% of this amount, even as they would

under a unified agency. This item therefore does not affect the levy shift projections.

2. State Laboratory of Hygiene service valued at \$65,500, but provided free: This item does not now affect the levy, nor would it under a unified system, as the service is provided free of charge. The value of this service therefore does not affect the levy shift projections.
3. Payments of \$378,400 to the Dane County Humane Society: As this item is not part of the County Health budget, but rather part of the County's "Miscellaneous Appropriations" budget, City taxpayers are already paying for 46.563% of this amount, even as they would under a unified agency. This item therefore does not affect the levy shift projections.

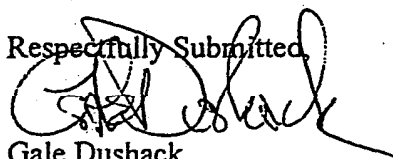
It should also be noted that if the first and third items are indeed part of total County health expenditures, these items should be brought into the budget of the County Health agency. Funding these items outside of the County Health agency budget results in City taxpayers paying for 46.563% of these expenditures. State Statute 251.11 provides that "[n]o part of the cost apportioned to the county shall be levied against any property within the city." Therefore no portion of these two expenses should be supported by City taxpayers, as is currently the case.

It should finally be noted that the first paragraph of the County memo contains an error. According to the County staff:

The Comptroller's analysis makes the assumption that there will be such a unified set of services, and no others. That assumption is flawed. The fact is that there will almost certainly not be a single unified set of services countywide.

In fact, the Comptroller's analysis does not assume that a unified set of services will be provided. The Comptroller's analysis rather assumes that regardless of service levels provided, all health agency costs county-wide will be consolidated and apportioned to all Dane County residents, based upon equalized property values.

Respectfully Submitted,



Gale Dushack
City Comptroller