

**2001 DRAFTING REQUEST**

**Assembly Amendment (AA-AB850)**

Received: **02/28/2002**

Received By: **kenneda**

Wanted: **As time permits**

Identical to LRB:

For: **Frank Urban (608) 266-9175**

By/Representing: **Himself**

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

Drafter: **kenneda**

May Contact:

Addl. Drafters: **nelsorp1**

Subject: **Health - public health  
Military Affairs - emerg govt**

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.Urban@legis.state.wi.us**

Carbon copy (CC:) to:

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**Pre Topic:**

No specific pre topic given

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**Topic:**

Bioterrorism; miscellaneous changes

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**Instructions:**

See Attached

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**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 02/28/2002	csicilia 02/28/2002		_____			
	nelsorp1 02/28/2002			_____			
	kenneda 02/28/2002			_____			

<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			jfrantze 02/28/2002	_____	lrb_docadmin 02/28/2002	lrb_docadmin 02/28/2002	
/2	kenneda 03/04/2002	csicilia 03/05/2002	kfollet 03/05/2002	_____	lrb_docadmin 03/05/2002	lrb_docadmin 03/05/2002	

FE Sent For:

<END>

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/?	kenneda 02/28/2002 nelsorp1 02/28/2002 kenneda 02/28/2002	csicilia 02/28/2002  1/2 cjs	   3/5 02	   kjl 3/5	   kjl/ps 3/5		

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1/?	kenneda	1 gjs 2/28/02	J 2/28	J 2/28			

FE Sent For:

<END>

2/26/02

Senator Peggy Rosenzweig  
State Capitol  
Madison WI 53707

Representative Gregg Underheim  
State Capitol  
Madison, WI 53707

Dear Senator Rosenzweig and Representative Underheim:

Thank you for the opportunity to review draft LFB 4715/1- related to public health emergency preparedness. I applaud your initiative to improve the state's capability to respond to emergency events like bioterrorism or other disease outbreaks. In general I believe the bill will strengthen public health response capacity, although I do have some specific concerns delineated below.

I am sure you are aware that most activities supporting **core public health functions in Wisconsin originate at the county and municipal level, NOT state government**. Thus, while the legislature and the Department of Health and Family Services should strive to coordinate and bring resources to local departments, they should avoid over-prescriptive and unfunded mandates. It is critical that your legislation remain focused on emergency preparedness and increasing response capacity rather than becoming a vehicle for assorted amendments, particularly those that may further burden the capability of local health departments to do their work. In particular, the recent legislative trend toward preemption of local public health control must abate.

Indeed, if local governments need to adjust their budgets as required by the loss of shared revenue proposed by Governor McCallum in his Budget Repair Bill there will be little response capability left to coordinate.

I support giving the Governor the power to declare a public health emergency as defined. The power for the Governor to suspend administrative rules appears useful in

cases such as being able to permit professionals licensed in other jurisdictions to practice in Wisconsin under emergency conditions.

In Section 12, it would appear that every nurse, physician, hospice, etc. would need, independently or jointly, to submit a report to the legislature, along with every health department and law enforcement agency. This seems impractical. Perhaps the local public health agency needs to be directed to create this report with the cooperation of the other parties. However, creation of this report requires resources, and to require the report without providing reasonable resources is an unfunded mandate that I would not support. Recall that to date virtually no local health department has received any funding related to emergency preparedness in Wisconsin.

In Section 13, it is not clear if local health departments must agree prior to being designated agents of the statewide public health authority. I suggest this, otherwise state government may uncontrollably mandate a major expansion of duties on local departments precisely when they are most stressed performing their established duties.

In Section 18 it is not clear who determines (or how they determine) whether “a vaccination is reasonably likely to lead to serious harm to the individual.” This may be an area for promulgation of regulations in advance of events.

In Section 19 it may be advisable to state that that “Any health care provider who knows or has reason *to believe* that a person treated...” This relieves the provider of worry related to the burden of proof needed to make a report to health authorities. In some cases providers may not report because they lack lab test results to “prove” (for them to “know”) someone had a communicable disease. I encourage permissive language here.

Related to Section 20, it is unclear how local health officers can “employ as many persons as are necessary to execute his or her [isolation] orders” on an emergency basis. Milwaukee ordinance 59-9(2) permits the health commissioner to “require the aid, assistance or presence of any police officer” in duties related to “prevent[ion of] the spread of communicable disease.” Similar ability to use public safety officials to provide surge capacity during public health emergencies should be considered, or sum-sufficient funds to employ private security guards should be created.

**Most importantly, Section <sup>23</sup> opens the door to unacceptably high costs to municipalities and or counties.** The most common reasons an individual would NOT be quarantined or isolated to are the following:

- a. The local department had exhausted its capacity to guard individuals isolated to home
- b. Illness necessitating hospitalization
- c. Chronic voluntary homelessness

In the first instance, the costs of isolation and quarantine are already stressing the locality. In the second, local government is liable for the huge costs of hospital care. The

care of one individual for several days is sufficient to consume the annual non-personnel operating budgets of all but a few local health departments. The third relates to some of the most difficult to manage individuals for whom placement is rarely achievable without high costs for security and social services. In Wisconsin, local health departments have been severely impacted by the care of a SINGLE tuberculosis case requiring such isolation. It should also be noted that the decision to isolate individuals may be made by the State Public Health Authority, but that the cost for this isolation is borne at the local level. Finally, the absence of responsibility and accountability for this function at the state level means that some 95 local health departments will be independently seeking shelter arrangements for these individuals, resulting in horrible inefficiencies. It would be far more efficient if the State of Wisconsin accepted the responsibility for creating a single, practical system for the care of individuals who cannot be isolated or quarantined to home. This should be a state function, and the cost should be fairly shared across the entire state (i.e., using state not local funds). Please do not continue to leave local health jurisdictions on the line for disastrous costs, or they may make poor decisions in a health crisis driven by fear of a fiscal crisis.

Note that under Sections 1 and 13 you give the State carte blanche to “purchase, store or distribute antitoxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies.” \$2.9 billion were appropriated by Congress at the end of 2001 to increase stockpiles of pharmaceuticals (compared to \$865 million for state and local public health preparedness). Thus the state is authorizing itself to purchase supplies it may not need to buy at all. I request instead:

- a. Mandate DHFS to establish a statewide network of potential isolation/quarantine sites (using already available resources such as motels, nursing homes, chronic care hospitals and correctional facilities as needed.
- b. Using these facilities, provide non-residential quarantine or isolation for those cases that local governments certify (to the satisfaction of DHFS) cannot be isolated or quarantined in the home.
- c. Include costs of involuntary hospitalization of persons whose conditions require inpatient care but who are considered viable threats to leave against isolation orders in the items for which sum-sufficient funding is provided in this bill. (This would only be required in the rare circumstance when these individuals are not already covered by hospitalization insurance.)

These changes would also nullify my concerns regarding Section 24 about what are considered “reasonable means of communication for the person.”

With regard to section 25, it is unclear to me what DHFS could do with the information it is receiving from pharmacies unless it has the authority to demand the identity of the recipient and prescriber of medications. I could understand why this authority might not be popular, but in its absence is there any utility to the reporting requirements or should it be scrapped?

In Section 27, you require reporting of coroner diagnoses related to communicable diseases to DHFS instead of the local health department, which is the



typical recipient of such information. Is this an oversight or intentional? Consistency would support reporting to local officials.

I would be pleased to discuss these issues with you further, or work with you regarding any other questions you may have. Thank you.

Sincerely,

Seth Foldy, M.D.  
Commissioner of Health

Cc: Bevan Baker, Paul Biedrzycki (Milwaukee Health Department)  
Michael Soika, Pat Curley (Milwaukee Department of Administration)  
Elizabeth Schumacher, Wisconsin Medical Society  
William Bazan, Wisconsin Health and Hospital Association  
Terry Brandenburg, Wisconsin Association of Local Health Departments and Boards  
Doug Mormon, Wisconsin Public Health Association



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## WISCONSIN LEGISLATIVE COUNCIL

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*Terry C. Anderson, Director  
Laura D. Rose, Deputy Director*

TO: SENATOR PEGGY ROSENZWEIG AND REPRESENTATIVES FRANK URBAN AND  
GREGG UNDERHEIM

FROM: *renj*  
Richard Sweet, Senior Staff Attorney

RE: Comparison of 2001 Assembly Bills 849 and 850 (Public Health Emergencies)

DATE: February 25, 2002

Attached is a chart that compares two bills that are related to public health emergencies: 2001 Assembly Bill 849 and 2001 Assembly Bill 850.

Feel free to contact me if I can be of further assistance.

RNS:tlu;rv

Attachment

*Bills Related to Public Health Emergencies*

	<i>2001 Assembly Bill 849</i>	<i>2001 Assembly Bill 850</i>
Animal Diseases	Requires the Department of Agriculture, Trade and Consumer Protection to provide to the Department of Health and Family Services (DHFS) reports of communicable diseases among animals that are received from veterinarians.	Requires the Department of Agriculture, Trade and Consumer Protection to provide to the Department of Health and Family Services (DHFS) reports of communicable diseases among animals that are received from veterinarians.
Disposal of Human Remains	Provides that during a declared public health emergency, DHFS may do all of the following: (1) issue and enforce orders that are reasonable and necessary to provide for the safe disposal of human remains; (2) take possession and control of any human remains; (3) order the disposal of any human remains of an individual who has died of a communicable disease (taking into account, to the extent feasible, the religious, cultural, or individual beliefs of the individual or his or her family); (4) compel a funeral establishment to accept human remains or provide the use of its business or facility to DHFS for a period of time not to exceed the state of emergency; (5) require the labeling of all human remains before disposal; (6) maintain or require the maintenance of a written or electronic record of all human remains that are disposed of; and (7) authorize a county medical examiner or county coroner to appoint emergency assistant medical examiners or emergency deputy coroners for a period of time not to exceed the state of emergency (with DHFS reimbursement to counties for the cost of emergency medical examiners and emergency deputy coroners).	Provides that during a declared public health emergency, DHFS may do all of the following: (1) issue and enforce orders that are reasonable and necessary to provide for the safe disposal of human remains; (2) take possession and control of any human remains; (3) order the disposal of any human remains of an individual who has died of a communicable disease (taking into account, to the extent feasible, the religious, cultural, or individual beliefs of the individual or his or her family); (4) compel a funeral establishment to accept human remains or provide the use of its business or facility to DHFS for a period of time not to exceed the state of emergency; (5) require the labeling of all human remains before disposal; (6) maintain or require the maintenance of a written or electronic record of all human remains that are disposed of; and (7) authorize a county medical examiner or county coroner to appoint emergency assistant medical examiners or emergency deputy coroners for a period of time not to exceed the state of emergency (with DHFS reimbursement to counties for the cost of emergency medical examiners and emergency deputy coroners).

	<p><i>2001 Assembly Bill 849</i></p>	<p><i>2001 Assembly Bill 850</i></p>
<p>State Laboratory of Hygiene</p>	<p>No provision.</p>	<p>Amends the statute that provides reemployment rights after National Guard or state defense force service to also include active service with the State Laboratory of Hygiene for the purpose of assisting DHFS during a declared public health emergency. In addition, requires the Laboratory of Hygiene Board to create and maintain a roster of scientists and other persons with technical expertise who are willing to work at the Laboratory of Hygiene during a declared public health emergency. If the Governor declares such an emergency, the Laboratory of Hygiene Board is required to hire as limited-term employees the requisite number of persons from the roster to assist DHFS, with salaries and benefits for those employees paid from a state sum sufficient appropriation that is created for this purpose.</p>
<p>Definition of Bioterrorism</p>	<p>“Bioterrorism” is defined as “. . . the intentional use of any biological, chemical or radiological agent to cause death, disease or biological malfunction in a human, animal, plant, or other living organism in order to influence the policy of a governmental unit or to intimidate or coerce the civilian population.” Also defines “biological agent,” “chemical agent,” and “radiological agent.”</p>	<p>“Bioterrorism” is defined as “. . . the intentional use of any biological, chemical or radiological agent to cause death, disease or biological malfunction in a human, animal, plant, or other living organism in order to influence the policy of a governmental unit or to intimidate or coerce the civilian population.” Also defines “biological agent,” “chemical agent,” and “radiological agent.”</p>
<p>Declaration of Public Health Emergency; Appropriation</p>	<p>Modifies the current statute that allows the Governor to proclaim a state of emergency to also provide that if the Governor determines that a public health emergency exists, he or she may declare a state of emergency related to public health and may designate DHFS as the lead state agency to respond to that emergency. “Public health emergency” is defined as the occurrence or imminent threat of an illness or</p>	<p>Modifies the current statute that allows the Governor to proclaim a state of emergency to also provide that if the Governor determines that a public health emergency exists, he or she may declare a state of emergency related to public health and may designate DHFS as the lead state agency to respond to that emergency. “Public health emergency” is defined as the occurrence or imminent threat of an illness or</p>

	<i>2001 Assembly Bill 849</i>	<i>2001 Assembly Bill 850</i>
	<p>health condition that is believed to be caused by bioterrorism or a novel or a previously controlled or eradicated biological agent, and that poses a high probability of a large number of deaths or serious or long-term disabilities among humans or a high probability of widespread exposure to a biological, chemical, or radiological agent that creates a significant risk of future harm to a large number of people.</p> <p>Provides a sum sufficient appropriation to DHFS to defray all expenses necessary to respond to a declared public health emergency in which DHFS is designated as the lead state agency.</p>	<p>health condition that is believed to be caused by bioterrorism or a novel or a previously controlled or eradicated biological agent, and that poses a high probability of a large number of deaths or serious or long-term disabilities among humans or a high probability of widespread exposure to a biological, chemical, or radiological agent that creates a significant risk of future harm to a large number of people.</p> <p>Provides a sum sufficient appropriation to DHFS to defray all expenses necessary to respond to a declared public health emergency in which DHFS is designated as the lead state agency.</p>
<p><b>DHFS Reports</b></p>	<p>Requires DHFS to submit to the Legislature and to the Governor a report on the emergency powers used by DHFS or its agents and the expenses incurred by DHFS and its agents in acting under the declared public health emergency. If DHFS is not designated as the lead state agency, the report would be prepared by the Department of Military Affairs.</p> <p>In addition, DHFS, after first consulting with the adjutant general, local health departments, health care providers and law enforcement agencies, must submit a biennial report to the Legislature and the Governor on the preparedness of the public health system to address public health emergencies.</p>	<p>Requires DHFS to submit to the Legislature and to the Governor a report on the emergency powers used by DHFS or its agents and the expenses incurred by DHFS and its agents in acting under the declared public health emergency. If DHFS is not designated as the lead state agency, the report would be prepared by the Department of Military Affairs.</p> <p>In addition, DHFS, after first consulting with the adjutant general, local health departments, health care providers and law enforcement agencies, must submit a biennial report to the Legislature and the Governor on the preparedness of the public health system to address public health emergencies.</p>
<p><b>DHFS Powers During Public Health Emergency</b></p>	<p>If the Governor declares a public health emergency and designates DHFS as the lead state agency, DHFS is required to act as the public health authority during the state of emergency. During the state of emergency, DHFS may designate a local health</p>	<p>If the Governor declares a public health emergency and designates DHFS as the lead state agency, DHFS is required to act as the public health authority during the state of emergency. During the state of emergency, DHFS may designate a local health</p>

	<p style="text-align: center;"><b>2001 Assembly Bill 849</b></p>	<p style="text-align: center;"><b>2001 Assembly Bill 850</b></p>
<p style="text-align: right;">DRK * Red</p> <p style="text-align: right;">RPM * Add</p>	<p>department as its agent and confer upon the local health department the powers and duties of the public health authority. DHFS is given the authority to purchase, store or distribute antitoxins serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies that DHFS determines are advisable to control a public health emergency.</p> <p>During a public health emergency in which DHFS is designated as the lead state agency, DHFS may order any individual to receive a vaccination unless the vaccination is reasonably likely to lead to serious harm, or unless the individual, for reasons of religion or conscience, refuses to obtain the vaccination. In addition, DHFS may isolate or quarantine any individual who is unable or unwilling for these reasons to receive the vaccination.</p> <p>DHFS is required to inform state residents when a public health emergency has been declared or is terminated, how to protect themselves from a public health emergency, and what actions DHFS is taking to control a public health emergency. DHFS is required to provide this information by all available and reasonable means calculated to inform the general public.</p> <p>The Governor is allowed, during a declared public emergency, to suspend the provisions of any administrative rule if strict compliance with that rule would prevent, hinder, or delay necessary actions to respond to the emergency and increase the health threat to the population.</p>	<p>department as its agent and confer upon the local health department the powers and duties of the public health authority. DHFS is given the authority to purchase, store or distribute antitoxins serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies that DHFS determines are advisable to control a public health emergency.</p> <p>During a public health emergency in which DHFS is designated as the lead state agency, DHFS may order any individual to receive a vaccination unless the vaccination is reasonably likely to lead to serious harm, or unless the individual, for reasons of religion or conscience, refuses to obtain the vaccination. In addition, DHFS may isolate or quarantine any individual who is unable or unwilling for these reasons to receive the vaccination. DHFS is required to promulgate rules that specify circumstances under which vaccination may not be performed on an individual.</p>

	<i>2001 Assembly Bill 849</i>	<i>2001 Assembly Bill 850</i>
Communicable Disease Reporting by Health Care Providers	Modifies the current law that requires persons credentialled under ch. 441 or 448, Stats. (e.g., physicians and nurses), to report communicable diseases to the local health officer. The requirement is modified to make it applicable to all health care providers.	Modifies the current law that requires persons credentialled under ch. 441 or 448, Stats. (e.g., physicians and nurses), to report communicable diseases to the local health officer. The requirement is modified to make it applicable to all health care providers.
Quarantine	Modifies the current statute on isolation and quarantine to specify that during a declared public health emergency in which DHFS is designated as the lead state agency, no person may enter an isolation or quarantine premises, other than a person authorized by the public health authority or its agent. Penalties are provided for violators. In addition, any person, whether authorized or not, who enters an isolation or quarantine premises may be subject to isolation or quarantine.  Modifies the current law on expenses for necessary medical care, food, and other articles needed for the care of an infected person, which provides that these expenses are charged against the person or whoever is liable for the person's support. Current law is modified by providing that if the person is quarantined or isolated in a place that is not the residence of the person or an immediate family member of the person, the expenses of necessary medical care, food, and other articles needed for the care and treatment of the person are paid by the county or municipality in which the person with the communicable disease resides (unless the costs are payable through third-party liability or through any benefit system). In addition, the expense of providing a reasonable means of communication for the person	Modifies the current statute on isolation and quarantine to specify that during a declared public health emergency in which DHFS is designated as the lead state agency, no person may enter an isolation or quarantine premises, other than a person authorized by the public health authority or its agent. Penalties are provided for violators. In addition, any person, whether authorized or not, who enters an isolation or quarantine premises may be subject to isolation or quarantine.

*Change*

	<b>2001 Assembly Bill 849</b>	<b>2001 Assembly Bill 850</b>
	in quarantine or isolation is paid by the county or municipality.	
Pharmacist Reporting	Requires a pharmacist or pharmacy to report to DHFS all of the following: (1) an unusual increase in the number of prescriptions dispensed or nonprescription drug products sold for the treatment of medical conditions specified by DHFS by rule; (2) an unusual increase in the number of prescriptions dispensed that are antibiotic drugs; and (3) the dispensing of a prescription for treatment of a disease that is relatively uncommon or may be associated with bioterrorism.	Requires a pharmacist or pharmacy to report to DHFS all of the following: (1) an unusual increase in the number of prescriptions dispensed or nonprescription drug products sold for the treatment of medical conditions specified by DHFS by rule; (2) an unusual increase in the number of prescriptions dispensed that are antibiotic drugs; and (3) the dispensing of a prescription for treatment of a disease that is relatively uncommon or may be associated with bioterrorism.
Coroner/Medical Examiner Reporting	Requires a coroner or medical examiner who is aware of the death of a person who, at the time of his or her death, had an illness or condition that is believed to be caused by bioterrorism or a novel or previously controlled or eradicated biological agent to report this. The report must be made to DHFS in writing or by electronic transmission within 24 hours of learning of the deceased's illness or health condition and must include specified information.	Under the above reporting requirements, a pharmacy or pharmacist may not report personally identifying information concerning an individual who is dispensed a prescription or who purchases a nonprescription drug product.  Requires a coroner or medical examiner who is aware of the death of a person who, at the time of his or her death, had an illness or condition that is believed to be caused by bioterrorism or a novel or previously controlled or eradicated biological agent to report this. The report must be made to DHFS in writing or by electronic transmission within 24 hours of learning of the deceased's illness or health condition and must include specified information.

Prepared by: Richard Sweet, Senior Staff Attorney  
 Wisconsin Legislative Council Staff  
 February 25, 2002  
 RNS:rv;tlu



2/28/02

Late this aft:

From Rep Urban: See Chart  
Amdt to: AB 850

DAK

①

p. 16  
AB 850

p. 16 -  
chart

~~If stockpiling medications, may~~  
Exception if pharma or pharma reas: believes  
person is

p. 16 - report to DHS upon request if 440.142(a),(b),  
no Social Security # or (c) happens

DAK

②

Funeral directors

Am

~~20.435(1)(e)~~ - include expenses of funeral  
directors under s. 157.055 (2)(d) - ~~add~~ <sup>don't amend</sup> 20.435(1)(e)

p. 8, l. 19 - change "compel" to "require"

DAK

③

p. 7, l. 16 change "at" to "for"

RPN

④

p. 9+10 - def of trial agent

add (d) An agent specified by the dept by rule.

RPN

⑤

p. 11, l. 19 - after "is" insert "not" - add "of h+fs"

DAK

⑥

p. 14, l. 15 - conform to other draft

p. 14, l. 16 - change "know" to "know + believe"

DAK

⑦

Add, from 4715/4 <sup>p.</sup> l. 13, ll 21-23 if quar  
outside home dur period of pub health emerg.

make reimbursable from <sup>other</sup> sum suffic. depending  
on who is lead at agency - ~~add~~ add ref to 3.20.435(1)(e)  
(make sure that this doesn't go in as expense of co)

DAK

⑧

p. 16, SEC 36 - report to DHS + local health depts

~~DAK~~ (9) add to 20.435(1)(c) reimbursement  
p. 13, 9 add<sup>r</sup> and may expend moneys from  
20.435(1)(e) to reimburse local health depts for  
near expense

~~DAK~~ (10) p. 13, l. 15. add (c) to the extent possible,  
consult w/other ph agencies and individual  
health care providers

~~DAK~~  
RPN (11) add additions to chart prepared by Dick Sweet, p. 4

2001

Date (time) needed

Now

LRBa 1393 / 1

AMENDMENT

DAK: CS

See form AMENDMENTS — COMPONENTS & ITEMS.

S A AMENDMENT

~~TO S A AMENDMENT~~ (LRBa ~~1~~)

~~TO S A SUBSTITUTE AMENDMENT~~ (LRBs ~~12~~)

TO 2001 SB ~~SJR~~ SR (AB) AJR AR 850 (LRB ~~2~~)

At the locations indicated, amend the \_\_\_\_\_ as follows:

(fill ONLY if "engrossed ..." or "as shown by .....")

INSERT A

#. Page 7, line 16: delete "at" and substitute "for".

#. Page \_\_\_\_\_, line \_\_\_\_\_:

#. Page \_\_\_\_\_, line \_\_\_\_\_:

#. Page \_\_\_\_\_, line \_\_\_\_\_:

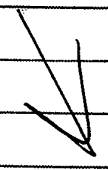
#. Page \_\_\_\_\_, line \_\_\_\_\_:

✓ ✓  
#. Page 8, line 19: delete "compel" and substitute  
"require".

"emergency."

#. Page 8, line 23: after ~~the period~~ insert <sup>the</sup> "Reasonable  
and necessary expenses of a funeral establishment in  
complying with the requirements under this  
paragraph may be paid by the department  
from the appropriation under s. 20.435(1)(e).".

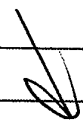
INSERT B



"authority."

#. Page 13, line 9: after the period insert <sup>(a)</sup> "The department may, from the appropriation under S. 20.435 (i)(e), reimburse <sup>(a)</sup> local health department reasonable expenses for reasonable expenses in acting as an agent of the department if designated under this subsection."

#. Page 13, line 15: after that line insert:  
"(c) To the extent possible, consult with local health departments and individual health care providers."



**ASSEMBLY BILL 849**

1 pharmaceutical agents or medical supplies that the department determines are  
2 advisable to control a public health emergency.

3 (b) Act as specified in s. 252.041.

4 # Page 13, line 15: after that line insert:

4 **(3) (a)** As the public health authority, the department shall inform state  
5 residents of all of the following:

6 1. When a state of emergency related to public health has been declared or is  
7 terminated.

8 2. How to protect themselves from a public health emergency.

9 3. What actions the public health authority is taking to control a public health  
10 emergency.

11 (b) The public health authority shall provide the information specified in par.  
12 (a) by all available and reasonable means calculated to inform the general public,  
13 including reasonable efforts to make the information accessible to individuals with  
14 disabilities and to provide the information in the primary languages of individuals  
15 who do not understand English.

16 **SECTION 17.** 251.05 (3) (e) of the statutes is created to read:

17 251.05 (3) (e) Act as agent of the department, if designated by the secretary  
18 under s. 250.042 (1).

19 **SECTION 18.** 252.02 (title) of the statutes is amended to read:

20 **252.02 (title) Powers and duties of department.**

21 **SECTION 19.** 252.02 (7) of the statutes is created to read:

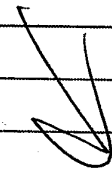
22 252.02 (7) The department shall promulgate rules that specify medical  
23 conditions treatable by prescriptions or nonprescription drug products for which  
24 pharmacists and pharmacies must report under s. 440.142 (1).

25 **SECTION 20.** 252.041 of the statutes is created to read:

(c) As the public health authority, the department,  
to the extent possible, consult with  
shall

local health departments and individual health  
care providers  
care providers."

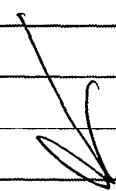
not  
, whether designated as  
agents of the department,



#. Page 14, line 14: delete lines 14 to 16 and

substitute:

9 " 252.05 (1) <sup>(B)</sup> ~~person licensed, permitted,~~  
~~registered or certified under ch. 441 or 448 knowing~~  
~~registered or certified under ch. 441 or 448 knowing~~  
~~or having~~  
~~or having~~ health care provider, as defined in  
s. 146.81 (1), who knows or has reason to know  
believe that a person treated or visited by  
him or her has".





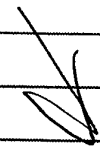
#. Page 15, line 12: after that line insert:

¶ " SECTION 34m. CR; 252.06(10)(c)

¶ 252.06(10)<sup>(B)</sup>(c) The expense of providing a person reasonable means of communication for a person who is quarantined outside his or her home during a state of emergency related to public health shall be paid under either of the following, as appropriate:

1. If the governor designates the department as the lead state agency under s. 166.03(1)(b)1., from the appropriation under s. 20.435(1)(e).

2. If the governor designates the department of military affairs as the lead state agency under s. 166.03(1)(b)1., from the appropriation under s. 20.465(3)(e). "



substitute

#. Page 16, line 1: delete "A" and ~~insert~~ "(a)"

Except as provided in par. (b), a".

#. Page 16, line 3: after "(1)" insert "(a), (b), or (c)".

#. Page 16, line 3: after that line, insert:

(9)

"(b) Upon request by the department of health

and family services, a pharmacist or pharmacy

to that department

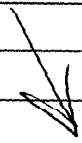
shall report personally identifying information other than

a social security number dispensed a prescription

concerning an individual who is dispensed a prescription  
nonprescription

or who purchases a nonprescription drug product

as specified in sub. (1)(a), (b), or (c).".



#. Page 16, line 9: after "services" insert

"and to the local health department, as defined  
✓ in whose jurisdiction the coroner or  
in s. 250.01(4), in whose jurisdiction the coroner or  
examiner  
medical examiner is located".

<end>

2001-2002 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU

LRBa1393/rnins  
RPN:.....

INSERT A

1 1. Page 5, line 10: after that line insert:

2 "SECTION 2m. 20.465 (3) (e) of the statutes is amended to read:

3 20.465 (3) (e) *Disaster recovery aid*. A sum sufficient to pay the state share of  
4 grants to individuals and, to make payments to local governments as defined in 42  
5 USC 5122 (6) under federal disaster recovery programs as authorized in s. 166.03 (2)  
6 (b) 8., and to defray all expenses necessary to respond to a state of emergency related  
7 to public health declared under s. 166.03 (1) (b) 1.

History: 1971 c. 125; 1975 c. 39, 224; 1977 c. 29; 1977 c. 418 s. 929 (55); 1981 c. 20, 207; 1983 a. 27; 1983 a. 333 s. 6; 1987 a. 27; 1987 a. 63 s. 13; 1989 a. 31 ss. 486 to 491i, 504 to 514, 521, 522; 1989 a. 115; 1991 a. 39, 104; 1993 a. 16, 253, 490; 1995 a. 13, 27, 247; 1997 a. 27, 237; 1999 a. 9; 2001 a. 16.

if the department of health and family services is not designated as the lead state agency.

INSERT B

9 2. Page 10, line 7: after that line insert:

10 (d) An agent specified by the department of health and family services by  
11 rule."  
12

13  
14  
15 3. Page 11, line 16: after that line insert: (9) (insert 11-16).

16  
17  
18 4. Page 11, line 19: delete "department is" and substitute "the department of  
19 health and family services is not".  
20

-9-11-16  
Insert

1 " SECTION <sup>20m</sup> 166.03 (1) (b) 8. of the statutes is created to read:  
2 166.03 (1) (b) 8. During a state of emergency related to public health, suspend  
3 the provisions of any administrative rule if the strict compliance with that rule would  
4 prevent, hinder, or delay necessary actions to respond to the emergency and increase  
5 the health threat to the population. "

6 SECTION 12. 166.03 (2) (a) 6. of the statutes is created to read:  
7 166.03 (2) (a) 6. No later than 90 days after a state of emergency relating to  
8 public health is declared and the department is designated under s. 166.03 (1) (b) 1.  
9 as the lead state agency to respond to that emergency and no later than 90 days after  
10 the termination of this state of emergency relating to public health, submit to the  
11 legislature under s. 13.172 (2) and to the governor a report on all of the following:  
12 a. The emergency powers used by the department of military affairs or its  
13 agents.  
14 b. The expenses incurred by the department of military affairs and its agents  
15 in acting under the state of emergency related to public health.

16 SECTION 13. 250.01 (6g) of the statutes is created to read:  
17 250.01 (6g) "Public health authority" means the department, if the governor  
18 declares under s. 166.03 (1) (b) 1. a state of emergency related to public health and  
19 designates the department as the lead state agency to respond to that emergency.

20 SECTION 14. 250.01 (6r) of the statutes is created to read:  
21 250.01 (6r) "Public health emergency" has the meaning given in s. 166.02 (7).

22 SECTION 15. 250.03 (3) of the statutes is created to read:  
23 250.03 (3) (a) No later than 90 days after a state of emergency relating to public  
24 health is declared and the department is designated under s. 166.03 (1) (b) 1. as the  
25 lead state agency to respond to that emergency and no later than 90 days after the

## TELEPHONE DRAFTING INSTRUCTIONS

Drafting instructions received by Debora Kennedy.

DATE: 3/4/02  
CONVERSATION WITH: Sara Buschman  
OF: Urban's office  
TELEPHONE NO:  
REGARDING LRB # OR DRAFT TOPIC: a 1393/1: Redraft

### INSTRUCTIONS:

- ① p. 2, l. 16 - add "and necessary" after "reasonable"
- ② p. 3, l. 23 - delete "mil affairs":  
If the gov does not designate DHS:



TUES, a.m.  
State of Wisconsin  
2001 - 2002 LEGISLATURE

LRBa1393/2

DAK:cs: ~~1~~

T  
stamps

ASSEMBLY AMENDMENT,  
TO 2001 ASSEMBLY BILL 850

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 5, line 10: after that line insert:

3 "SECTION 2m. 20.465 (3) (e) of the statutes is amended to read:

4 20.465 (3) (e) *Disaster recovery aid.* A sum sufficient to pay the state share of  
5 grants to individuals and, to make payments to local governments as defined in 42  
6 USC 5122 (6) under federal disaster recovery programs as authorized in s. 166.03 (2)  
7 (b) 8., and to defray all expenses necessary to respond to a state of emergency related  
8 to public health declared under s. 166.03 (1) (b) 1. if the department of health and  
9 family services is not designated as the lead state agency."

10 **2.** Page 7, line 16: delete "at" and substitute "for".

11 **3.** Page 8, line 19: delete "compel" and substitute "require".

12 **4.** Page 8, line 23: after "emergency." insert "Reasonable and necessary  
13 expenses of a funeral establishment in complying with the requirements under this

1 paragraph may be paid by the department from the appropriation under s. 20.435  
2 (1) (e).”.

3 **5.** Page 10, line 7: after that line insert:

4 “(d) An agent specified by the department of health and family services by  
5 rule.”.

6 **6.** Page 11, line 16: after that line insert:

7 **“SECTION 20m.** 166.03 (1) (b) 8. of the statutes is created to read: ^

8 166.03 (1) (b) 8. During a state of emergency related to public health, suspend  
9 the provisions of any administrative rule if the strict compliance with that rule would  
10 prevent, hinder, or delay necessary actions to respond to the emergency and increase  
11 the health threat to the population.”.

12 **7.** Page 11, line 19: delete “department is” and substitute “the department of  
13 health and family services is not”.

14 **8.** Page 13, line 9: after “authority.” insert “The department may, from the  
15 appropriation under s. 20.435 (1) (e), reimburse a local health department for  
16 reasonable expenses in acting as an agent of the department if designated under this  
17 subsection.”. *and necessary*

18 **9.** Page 13, line 15: after that line insert:

19 **“(3) (a)** As the public health authority, the department shall inform state  
20 residents of all of the following:

21 1. When a state of emergency related to public health has been declared or is  
22 terminated.

23 2. How to protect themselves from a public health emergency.



1           3. What actions the public health authority is taking to control a public health  
2 emergency.

3           (b) The public health authority shall provide the information specified in par.  
4 (a) by all available and reasonable means calculated to inform the general public,  
5 including reasonable efforts to make the information accessible to individuals with  
6 disabilities and to provide the information in the primary languages of individuals  
7 who do not understand English.

8           (c) As the public health authority, the department, to the extent possible, shall  
9 consult with local health departments, whether or not designated as agents of the  
10 department, and with individual health care providers.”.

11           **10.** Page 14, line 14: delete lines 14 to 16 and substitute:

12           “252.05 (1) Any person ~~licensed, permitted, registered or certified under ch.~~  
13 ~~441 or 448 knowing or having health care provider, as defined in s. 146.81 (1), who~~  
14 knows or has reason to ~~know~~ believe that a person treated or visited by him or her  
15 has”.

16           **11.** Page 15, line 12: after that line insert:

17           “**SECTION 34m.** 252.06 (10) (c) of the statutes is created to read:

18           252.06 (10) (c) The expense of providing a reasonable means of communication  
19 for a person who is quarantined outside his or her home during a state of emergency  
20 related to public health shall be paid under either of the following, as appropriate:

21           1. If the governor designates the department as the lead state agency under s.  
22 166.03 (1) (b) 1., from the appropriation under s. 20.435 (1) (e). does not

23           2. If the governor designates the department of military affairs as the lead state  
24 agency under s. 166.03 (1) (b) 1., from the appropriation under s. 20.465 (3) (e).”.





State of Wisconsin  
2001-2002 LEGISLATURE

**CORRECTIONS IN:**

**ASSEMBLY AMENDMENT 1,  
TO 2001 ASSEMBLY BILL 850**

Prepared by the Legislative Reference Bureau  
(March 8, 2002)

In engrossing, the following correction was made:

1. Page 2, line 12: delete "the".

LRBa1393/2ccc-1  
KMG:kjf

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Minor clerical corrections in legislation are authorized under s. 35.17, stats.; Senate Rule 31; Assembly Rule 36; and Joint Rule 56.

ACC

Date this  
March 8, 2002

A. Amdt. 1

to AB-850

In engrossing, the following  
correction was made:

#. Page 2, line 12: delete "the".