

## Halbur, Jennifer

---

**From:** Borgerding, Eric [EBorgerding@wha.org]  
**Sent:** Tuesday, September 30, 2003 4:40 PM  
**To:** jennifer.halbur@legis.state.wi.us  
**Subject:** SB 226

Hi Jennifer,

Below are some specific comments relative to the Ch. 153 language included in SB 226 that we discussed the other day. Thanks for calling about the bill (you always did that when with Rob too). Let me know if you or Carol have any questions.

Eric

SB 226 requires DHFS to promulgate rules establishing procedures to provide health care providers the "opportunity to correct" health care provider specific data before the data are released. Current law requires DHFS (now WHA) to provide the opportunity to review, verify, and comment on the data prior to it being released. There are several problems with the bill if it is amended to apply to WHA:

\* Current law, through the data verification process, permits WHA (DHFS) to correct any data that health care providers identify as being in error. The new language is unnecessary to address this situation.

\*

\* The proposed language muddies the current process. Requiring WHA to provide an "opportunity to correct" (apparently something in addition to the verification process) the data may lead to an untenable situation if there is a disagreement between a hospital and a physician concerning the physician specific data submitted by the hospital. The current requirement that provides physicians with the opportunity to comment on the data and those comments being included with data if there is a disagreement makes sense. If WHA is required to provide physicians with an opportunity to correct, it is not clear how disagreements could be resolved. The hospital is responsible for submitting (and attesting to the accuracy) of the data. The hospital's data should not be amended without the hospital agreeing to the change.

\*

[ It is not clear what problem is being addressed by the proposed language. Because it is not clear, the proposed language simply muddies the existing requirements. ]

**Halbur, Jennifer**

file 53220

**From:** Klein, Christopher**Sent:** Thursday, October 02, 2003 2:18 PM**To:** Halbur, Jennifer**Carol Roessler**  
STATE SENATOR

Jennifer, here is the physician fee info. Sorry for the delay.

The state's fees for physicians are \$57 for the jurisprudence exam and that money is kept in a separate appropriation for the costs of the Exam Center, and \$53 for the initial credential fee (ICF) and \$106 for the biennial renewal. The ICF and renewal fee go 90% to our program revenue appropriation for all other Department expenses, including enforcement. Of course, 10% goes to the general fund according to statute.

Physicians also pay many other fees to various sources prior to gaining licensure in Wisconsin. They must pay fees to take the three parts of the national exam, fees for the report from the National Practitioner Data Bank, fees for verifications from other states where they are licensed, fees for a report from the AMA, etc.

Does that cover what you need here? If not, please let me know.

Christopher P. Klein  
Executive Assistant  
Department of Regulation & Licensing  
608-266-8608

10/3/03 sent

**Halbur, Jennifer**

---

**To:** Seaquist, Sara  
**Subject:** CR requested meeting

CR said she wants to meet with Reg and Lic, WI Medical Society, Mike Heifitz (Dean) and Eric Borgerding (WI hospitals Assoc) to figure out what to do about SB 226 (physician data bill). She wants to see if these groups can collaborate to get the physician info out to public in an understandable format without legislation.

## Halbur, Jennifer

---

**To:** michael.heifetz@deancare.com; markg@wismed.org; Borgerding, Eric  
**Subject:** SB 226

Hi,

I met with Sen. Roessler regarding SB 226. She has agreed to not move the bill forward at this point. She does not like the fee language in the bill. She agrees that the amendment to 153.45 (5) is not needed. I am referring to the "and correction opportunity" language. Mike, your concern is a little bit more tricky. Carol really didn't come to a conclusion on that but she will look at it more closely if we move forward with the bill. She does want to meet with interested parties to figure something out regarding a resource for people to access physician data in an easy to understand format.

Please feel free to contact me with questions/concerns.

Thanks!!

Jennifer

## Halbur, Jennifer

---

**From:** Borgerding, Eric [EBorgerding@wha.org]  
**Sent:** Tuesday, September 30, 2003 4:40 PM  
**To:** jennifer.halbur@legis.state.wi.us  
**Subject:** SB 226

Hi Jennifer,

Below are some specific comments relative to the Ch. 153 language included in SB 226 that we discussed the other day. Thanks for calling about the bill (you always did that when with Rob too). Let me know if you or Carol have any questions.

Eric

SB 226 requires DHFS to promulgate rules establishing procedures to provide health care providers the "opportunity to correct" health care provider specific data before the data are released. Current law requires DHFS (now WHA) to provide the opportunity to review, verify, and comment on the data prior to it being released. There are several problems with the bill if it is amended to apply to WHA:

\* Current law, through the data verification process, permits WHA (DHFS) to correct any data that health care providers identify as being in error. The new language is unnecessary to address this situation.

\*

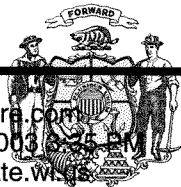
\* The proposed language muddies the current process. Requiring WHA to provide an "opportunity to correct" (apparently something in addition to the verification process) the data may lead to an untenable situation if there is a disagreement between a hospital and a physician concerning the physician specific data submitted by the hospital. The current requirement that provides physicians with the opportunity to comment on the data and those comments being included with data if there is a disagreement makes sense. If WHA is required to provide physicians with an opportunity to correct, it is not clear how disagreements could be resolved. The hospital is responsible for submitting (and attesting to the accuracy) of the data. The hospital's data should not be amended without the hospital agreeing to the change.

\*

[ It is not clear what problem is being addressed by the proposed language. Because it is not clear, the proposed language simply muddies the existing requirements. ]

WISCONSIN STATE SENATE

Halbur, Jennifer



From: michael.heifetz@deancare.com  
Sent: Thursday, October 02, 2003 1:25 PM  
To: jennifer.halbur@legis.state.wi.us  
Cc: eborgerding@wha.org  
Subject: SB 226

**Carol Roessler**  
STATE SENATOR

Jennifer:

Eric Borgerding and I have discussed our concerns with SB 226 and the opportunity for physicians to correct information. Eric's concerns relate to Ch. 153, as he has described to you in detail. Our concern lies in the new sections of the law created in the bill (s. 448.15). While our issues with the bill sound similar, they are not. Revising the bill in to address his concerns about ch. 153 will not impact the concerns I have expressed regarding proposed 448.15(5). This also applies in reverse. As I understand it (but will defer to Eric), ch. 153 relates to the new responsibilities of the WHA for hospital data as enacted in the biennial budget. Ch. 448.15 relates to new information relating to physicians only.

In short, with the Senator's approval, both issues can be addressed and do not overlap eachother.

Thanks again for your help. Feel free to call to discuss...I hope I haven't made this more confusing!!

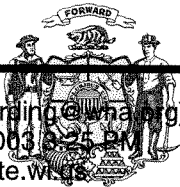
Michael Heifetz  
Director of Governmental Affairs  
Dean Health System/SSM Health Care of Wisconsin  
Phone: (608) 250-1225  
Fax: (608) 250-1020  
Email: michael.heifetz@deancare.com

The information contained in this e-mail message and any attachments may be proprietary and is intended only for the confidential use of the designated recipient named above. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error please notify us immediately at the e-mail address listed above.  
Thank you.

- amendment to remove.  
2

WISCONSIN STATE SENATE

Halbur, Jennifer



**From:** Borgerding, Eric [EBorgerding@wisconsin.gov]  
**Sent:** Thursday, October 02, 2003 6:25 PM  
**To:** jennifer.halbur@legis.state.wi.us  
**Subject:** SB 226

***Carol Roessler***  
STATE SENATOR

Hi Jennifer,

As our issue appears to have no impact on the rest of SB 226, nor any impact on the main purpose of SB 226, we would request that section 1 just be removed.

Give me a call if you want to discuss further.

Thanks again for calling.

Eric



# Wisconsin Medical Society

Your Doctor. Your Health.

DATE: September 4, 2003

TO: Senator Carol Roessler, Chair, Senate Health Committee  
Members, Senate Health Committee

FROM: Paul Wertsch, MD, President, Wisconsin Medical Society

RE: SB 226: Physician Information  
Testimony In Favor, should the funding question be rectified.

Good afternoon Chairperson Roessler and members of the committee. Thank you for this opportunity to testify before you and members of the committee today. I am Dr. Paul Wertsch, here to testify as president of the Wisconsin Medical Society and its more than 10,000 members on Senate Bill 226. We applaud Senator Roessler for spearheading a bill that is making information about physicians more readily available to the general public. The bill has several positive public policy components.

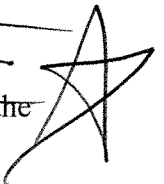
The Society fully supports providing the general public with comprehensive, easily-understood information about physicians. In fact, much of this information is collected already, albeit by different, often non-cooperating sources. The state's Department of Regulation and Licensing already collects data and charges license fees to pay for that collection. Those fees are intended to help the Medical Examining Board conduct its business, including dealing with problem physicians.

Physicians also pay an annual fee to the Department of Health and Family Services to help the Bureau of Health Information compile and report data about physicians.

The Wisconsin Medical Society also collects data from our more than 10,000 members to provide information to the general public about physicians. A portion of Society dues from physicians helps fund this effort.

So, currently two government agencies already assess fees to physicians to collect data about physicians. Two years ago when the Society was before this committee, there was consensus that the department of Regulation and Licensing would be improving its website so that the information they are already collecting about physicians would be more easily retrievable by the public.

There is also general consensus that the state of Massachusetts has a top-notch web-based system easily understood by the public. It is our understanding that the Department of Regulation and Licensing has spoken to the experts from Massachusetts and are currently in the process of upgrading the DRL website with many simplified elements similar to Massachusetts.





The Society offered two and a half years ago – and continues to offer – to link our database to the Department of Regulation and Licensing. At this juncture, however, the state's website is rather cumbersome. Once they have a chance to improve their website, establishing a link will be easy to do.

Clearly, the data everyone wants to examine is out there. As we testified two years ago on the 2001 version of this bill, the Society continues to offer its assistance to the various state departments in getting that data to the public. Whether it is the state sharing information on the Society's web site, or the Society sharing information on the state's web site, we understand the need to provide one-stop access for the public. This is not a new position for us.

Because so much information is already available, the Society believes physicians should not be forced to pay yet another fee to either collect the same information or help the state fund the alleged need for changes to already-existing Internet websites. Physicians, like every other taxpaying Wisconsin citizen, want all taxes and mandatory fees to be spent as efficiently as possible, removing costly redundancies that waste money and retard access to useful information.

Because of the speed with which this bill was put on the hearing docket, the Society would like to ask that the Medical Examining Board be given an opportunity at their next meeting to discuss this bill.

Thank you for the opportunity to testify today.

Can add several more links to



Put on our website

*Cooper*



# Wisconsin Medical Society

Your Doctor. Your Health.

DATE: September 4, 2003

TO: Senator Carol Roessler, Chair, Senate Health Committee  
Members, Senate Health Committee

FROM: Paul Wertsch, MD, President, Wisconsin Medical Society

RE: SB 226: Physician Information  
Testimony In Favor, should the funding question be rectified.

Good afternoon Chairperson Roessler and members of the committee. Thank you for this opportunity to testify before you and members of the committee today. I am Dr. Paul Wertsch, here to testify as president of the Wisconsin Medical Society and its more than 10,000 members on Senate Bill 226. We applaud Senator Roessler for spearheading a bill that is making information about physicians more readily available to the general public. The bill has several positive public policy components.

The Society fully supports providing the general public with comprehensive, easily-understood information about physicians. In fact, much of this information is collected already, albeit by different, often non-cooperating sources. The state's Department of Regulation and Licensing already collects data and charges license fees to pay for that collection. Those fees are intended to help the Medical Examining Board conduct its business, including dealing with problem physicians.

Physicians also pay an annual fee to the Department of Health and Family Services to help the Bureau of Health Information compile and report data about physicians.

The Wisconsin Medical Society also collects data from our more than 10,000 members to provide information to the general public about physicians. A portion of Society dues from physicians helps fund this effort.

- \* So, currently two government agencies already assess fees to physicians to collect data about physicians. Two years ago when the Society was before this committee, there was consensus that the department of Regulation and Licensing would be improving its website so that the information they are already collecting about physicians would be more easily retrievable by the public.
- \* There is also general consensus that the state of Massachusetts has a top-notch web-based system easily understood by the public. It is our understanding that the Department of Regulation and Licensing has spoken to the experts from Massachusetts and are currently in the process of upgrading the DRL website with many simplified elements similar to Massachusetts.

The Society offered two and a half years ago – and continues to offer – to link our database to the Department of Regulation and Licensing. At this juncture, however, the state's website is rather cumbersome. Once they have a chance to improve their website, establishing a link will be easy to do.

Clearly, the data everyone wants to examine is out there. As we testified two years ago on the 2001 version of this bill, the Society continues to offer its assistance to the various state departments in getting that data to the public. Whether it is the state sharing information on the Society's web site, or the Society sharing information on the state's web site, we understand the need to provide one-stop access for the public. This is not a new position for us.

Because so much information is already available, the Society believes physicians should not be forced to pay yet another fee to either collect the same information or help the state fund the alleged need for changes to already-existing Internet websites. Physicians, like every other taxpaying Wisconsin citizen, want all taxes and mandatory fees to be spent as efficiently as possible, removing costly redundancies that waste money and retard access to useful information.

Because of the speed with which this bill was put on the hearing docket, the Society would like to ask that the Medical Examining Board be given an opportunity at their next meeting to discuss this bill.

Thank you for the opportunity to testify today.

SEPTEMBER 4, 2003  
PUBLIC HEARING  
SENATE BILLS 226 AND 227

*Card - FYI*  
*not expected*  
*Sanford review*  
*UNEXPECTED*

*THIS may or may not be helpful if questions come up relating to SB 226 & 227*

Senator Robson

- She asked if anyone has been hurt because a doctor was not disciplined for a previous act. **CR SAID WE CAN LOOK INTO THIS.**

Senator Jauch

SB 227

- Senator Jauch questioned to what extent do we have a problem? What is in place to measure improvement? He wants more info. on the scope of the problem. He is not convinced that we have people out there that the state knows are bad and are practicing. He further stated, "Yes, some improvements are necessary. Yes, the MEB is holding people accountable."
- He questions the language that requires investigation of those who may warrant investigation. **CR ASKED LAURA ROSE TO LOOK AT TESTIMONY ETC. FROM THE 1999 LEG COUNCIL COMMITTEE. CR WANTS TO KNOW WHAT INFORMATION WAS BEHIND THE SUGGESTION OF THIS LANGUAGE BY THE COMMITTEE.**

*Prior history*  
*Drunk Driving*

Secretary Hill, Department of Reg. and Lic.

SB 226

- She did provide written testimony.
- There is a National Practitioners Website which is only available to those who are in the system. She wonders why states haven't gotten together to gain access to this database rather than each creating their own.
- Massachusetts paid \$200,000 in 1996 to develop its site.
- The Secretary received from Mass. a step by step process on how they implemented their website.

*Amendment to...*

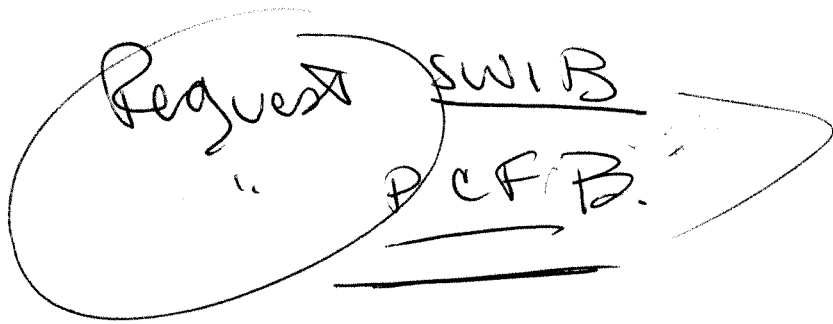
SB 227

- **THE HIGH PRIORITY MANDATE IN THE BILL IS ALREADY BEING IMPLEMENTED.**
- **STATUS OF CASES: PRE 1976; THERE WERE 7, NOW THERE ARE NONE, PRE 1999 THERE WERE 44 AND NOW THERE ARE 29. PRE 2001, THERE WERE 177 NOW THERE ARE 122.**
- **POSSIBLE ADDITION, ALLOW INFO TO BE OBTAINED FROM COURTS ETC. THAT MAY DEMONSTRATE UNPROFESSIONAL CONDUCT.**
- The Dept. of Reg. and Lic. Does have timelines in place for completing cases, however, sometimes these are not always met due to the following: (a) delay in getting info. from a hospital. (b) Lack of resources.

*has to be...*  
*Priority 3/2/03*  
*WIKON*

②

*Riddled w/ GOOD - Priority ranking / Broad*  
*Notify hosp. Person pubes - a system problem. Chilling effect - w/o outcome determinants*  
*be real. brought back evaluation - Criteria - guidelines - Verified that has been*  
*Screening process add. Pr adjudicated = diff. review*  
*near miss cases. No or minimal. Rule authority.*



As you invest

Compromise  
 Guidelines consider  
 assets  
 All things same  
option.

Proceeds from  
~~mutual~~ ~~invest.~~  
Principal

Infrastructure ? Telecommunications / Telecomm

INVESTMENT ISSUE : PCF combined  
 Consider then have to acknowledge

(PCF lost 14 m. wild em.)  
 last yr.

(Liability)

Physical Ed 3- Day wk

Change food in schools -  
Health Educ Classes - nothing to how to be  
 healthy - change focus of Health Educ.  
 to P. Ed.

Nancy  
 Wenzel

Hospital collaboration w/ H.S.

## Halbur, Jennifer

---

**From:** Alice O'Connor  
**Sent:** Tuesday, September 23, 2003 5:06 PM  
**To:** Jennifer.Halbur@legis.state.wi.us  
**Cc:** Mark Grapentine  
**Subject:** Re: FW: dec18sop\_dhcp

Jennifer, we still think the language is not needed. But if you want to help trial attorneys be able to take on more cases, this would be good to keep in. Let's talk about it if the Senator still wants to keep in the bill, OK?

Alice

>>> "Halbur, Jennifer" <Jennifer.Halbur@legis.state.wi.us> 9/23/2003 3:05:15 PM >>>

Alice,

FYI, here is some information relating to the origin of the coroner language in SB 227.

Thanks,  
Jennifer

-----Original Message-----

**From:** Rose, Laura  
**Sent:** Tuesday, September 23, 2003 2:36 PM  
**To:** Halbur, Jennifer  
**Subject:** dec18sop\_dhcp

Jennifer,

pages 8-10 of these minutes give a pretty good explanation of the origin of the provision regarding coroner reports to DRL.

Laura

[http://www.legis.state.wi.us/lc/DHCP/dec18sop\\_dhcp.pdf](http://www.legis.state.wi.us/lc/DHCP/dec18sop_dhcp.pdf)  
<<dec18sop\_dhcp.url>>

# STATE OF WISCONSIN



## **Statement on Bill Draft SB 226 relating to a physician profile system**

**Before The**

### **COMMITTEE ON HEALTH, CHILDREN, FAMILIES, AGING AND LONG TERM CARE**

**Senator Carol Roessler, Chair**

**September 4, 2003  
411 South, State Capitol**

**Statement of Secretary Donsia Strong Hill  
Representing the Department of Regulation and Licensing**

**For Information Only**

Chairman; I am Donsia Strong Hill, Secretary of the Department of Regulation and Licensing, appearing today to testify regarding 2003 Senate Bill 226.

Thank you for the opportunity to comment on this proposal.

As you may be aware, Regulation and Licensing currently makes information regarding all licensees, including physicians, available on its Web site. This includes physician name, address, license number and grant date, licensure status and current expiration date, whether the physician is eligible to practice, medical specialty if provided by the physician, and whether discipline has been imposed.

Additionally, information relating to disciplinary actions taken by the Medical Examining Board in this state is posted in full-text on the Department web-site. Further, the Department issues a monthly press release regarding all disciplinary orders issued.

The department's policy is strongly in favor of permitting access to the public of information relating to the licensure and discipline of licensees of all of the credentialing boards. For example, the department has recently initiated a formal policy supporting the right of members of the public, and particularly citizen complainants, to attend and, when appropriate, to participate in the disciplinary process. We also have recently reviewed and formalized the department's open records policy to ensure efficient and uniform response to open records requests. I can state without qualification, therefore, that the department favors any initiative which provides greater access to information regarding physicians which will permit members of the public to make informed choices when selecting their health care providers. It is our view that SB 226 and the system it would create could be a valuable aid to consumers in reaching that objective. For while it may not differentiate between most physicians in a given specialty area, it will at least permit one accessing the system to make a fair determination of the best and the worst physicians in a given specialty, with a physician with specialty board certification and honors and awards at one end of the spectrum, and a physician with disciplines and/or felony convictions on the other.

Having said that, there is of course the question of cost. Under SB 226, the costs of the program are to be funded with a surcharge on the license renewal fee for physicians. That is reassuring, but the task of estimating the economic impact of the program is challenging. As you're probably aware, the Wisconsin proposal is patterned very closely on a similar program established in Massachusetts in 1996. Department staff has been in contact with the executive director of the Massachusetts Board of Registration in Medicine, and she has provided some insight into the probable costs of initiating the system. Much of the accumulation and organization of data was subcontracted in Massachusetts, and the amount of the contract was \$200,000. Three medical board staff members assumed responsibility for some aspects of the project as part of their other duties, and the cost to the board for their services is conservatively estimated at \$50,000. While our fiscal impact statement will depend on our own detailed analysis, it is probably safe to say that the amount necessary to set up the program will be over a quarter of a million dollars.

And once the program is established, it will be necessary to maintain it and to provide physician profile information to individuals who either do not have access to the internet or who prefer to access the information directly from department staff. We are willing to consult broadly to determine creative ways of doing this.

We want to be able to implement the new program successfully.

Thank you again for this opportunity to testify.





**Carol Roessler**  
STATE SENATOR

FOR IMMEDIATE RELEASE

August 15, 2003

Contact: State Senator Carol Roessler, 888-736-8720

## Roessler Proposes Healthcare Provider Discipline Legislation *Legislation will tighten system for disciplining healthcare professionals*

**Madison...** State Senator Carol Roessler (R-Oshkosh), Chair of the Senate Committee on Health, Families, Children, Aging and Long Term Care, has introduced Senate Bills 226 and 227 to improve the regulatory system within the Department of Regulation and Licensing for use when complaints are filed against healthcare professionals.

"There have been numerous reports that Wisconsin lags in the discipline of health care professionals," said Roessler. "It is imperative that we act to tighten measures to ensure timely and responsible discipline for both patient protection and the integrity of the medical profession."

Five years ago, the Joint Legislative Council's Special Committee on Discipline of Health Care Professionals was directed to study procedures for imposition of discipline for alleged cases of patient neglect or unprofessional conduct by health care-related examining boards and affiliated credentialing boards identified by the Special Committee, for the purpose of ensuring that such procedures are effective, fair and consistent. As a result of their findings, the Committee recommended two legislative proposals.

Senate Bill 226 directs the Medical Examining Board to publicly publish information concerning a physician's education, practice, malpractice history, criminal history and disciplinary history.

Senate Bill 227 establishes specific guidelines the Department of Regulation and Licensing must follow when a complaint is filed against a health care professional. In addition, the bill provides that when a coroner or medical examiner determines that a death was therapeutic-related, he/she must indicate that determination on the death certificate and inform the Department of Regulation and Licensing.

"In the previous two sessions, public hearings were held on both of these legislative initiatives, but they were never voted on in the state Senate. A public hearing will be held on both SB 226 and 227 on September 4<sup>th</sup> at 10:00am in room 411 South State Capitol. Now is the time to move forward and address these necessary changes in disciplinary procedures," said Roessler.

###

FOR IMMEDIATE RELEASE

Contact: State Senator Carol Roessler, 888-736-8720

August 15, 2003

Carol -  
This went out  
today. I am  
also sending  
you ~~some~~ LRIS  
analysis for back-  
ground.

## Roessler Proposes Healthcare Provider Discipline Legislation

*Legislation will tighten system for disciplining healthcare professionals*

Jennife

**Madison...**State Senator Carol Roessler (R-Oshkosh), Chair of the Senate Committee on Health, Families, Children, Aging and Long Term Care, has introduced Senate Bills 226 and 227 to improve the regulatory system within the Department of Regulation and Licensing for use when complaints are filed against healthcare professionals.

"There have been numerous reports that Wisconsin lags in the discipline of health care professionals," said Roessler. "It is imperative that we act to tighten measures to ensure timely and responsible discipline for both patient protection and the integrity of the medical profession."

Five years ago, the Joint Legislative Council's Special Committee on Discipline of Health Care Professionals was directed to study procedures for imposition of discipline for alleged cases of patient neglect or unprofessional conduct by health care-related examining boards and affiliated credentialing boards identified by the Special Committee, for the purpose of ensuring that such procedures are effective, fair and consistent. As a result of their findings, the Committee recommended two legislative proposals.

Senate Bill 226 directs the Medical Examining Board to publicly publish information concerning a physician's education, practice, malpractice history, criminal history and disciplinary history.

Senate Bill 227 establishes specific guidelines the Department of Regulation and Licensing must follow when a complaint is filed against a health care professional. In addition, the bill provides that when a coroner or medical examiner determines that a death was therapeutic-related,

he/she must indicate that determination on the death certificate and inform the Department of Regulation and Licensing.

"In the previous two sessions, public hearings were held on both of these legislative initiatives, but they were never voted on in the state Senate. A public hearing will be held on both SB 226 and 227 on September 4<sup>th</sup> at 10:00am in room 411 South State Capitol. Now is the time to move forward and address these necessary changes in disciplinary procedures," said Roesler.

###