

Halbur, Jennifer

From: Maroney Lisa A. [la.maroney@hosp.wisc.edu]
Sent: Friday, January 23, 2004 2:30 PM
To: Halbur, Jennifer
Subject: RE: FW: SB 336

Jennifer,

We do not have a problem or concern with the changes listed below. Thanks. I'm assuming the hearing is still on for 8:00 a.m. on Thursday.

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

From: Halbur, Jennifer [mailto:Jennifer.Halbur@legis.state.wi.us]
Sent: Thursday, January 22, 2004 5:16 PM
To: 'lmaroney@bascom.wisc.edu'
Subject: FW: FW: SB 336

Lisa,

Please take a look at these suggestions and let me know what you think.

Thanks!
Jennifer

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

From: Mallon, Martha
Sent: Thursday, January 22, 2004 3:16 PM
To: Halbur, Jennifer
Subject: Re: FW: SB 336

Hi, Jennifer,

I have shared the new SB 336 language with the members of the WI Coalition on Donation. I received suggestions from the Lions Eye Bank of WI and the Wisconsin Donor Network in Milwaukee. The proposed changes are underlined in the bill text referenced below:

1. Page 2 of Senate Amendment:

Page 5, line 17: delete that line and substitute:

"a. I want to donate my: ... (list the organs or tissues) to: ... (name of the donee), but if that person is not able to be a transplant recipient, then I donate to anyone for whom the anatomical gift is suitable."

2. Page 5, line 22 of SB 336

Delete "(If this revokes a prior commitment that I have made to make an anatomical gift to a designated donee, I will attempt to notify the donee to which or to whom I agreed to donate.)"

Thank you for the opportunity to comment.

Sincerely,

* * * * *

NOTICE: This E-mail and any attachments may contain confidential information.

Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this E-mail in error, please notify the sender; delete the E-mail; and do not use, disclose or store the information it contains.

Martha J. Mallon
Organ/Tissue Donor Promotion Director
Division of Public Health
WI Department of Health and Family Services
(608) 261-6854
Fax: (608)266-8925
mallomj@dhfs.state.wi.us

You have the power to save a life. Say yes to donation.

>>> Halbur, Jennifer 01/08/04 12:45PM >>>

Here you are...Thanks!
-----Original Message-----
From: Mallon, Martha
Sent: Thursday, January 08, 2004 12:20 PM
To: Halbur, Jennifer
Cc: Erikson, Mary
Subject: SB 336

Hi,

You mentioned this morning that Senator Roessler has drafted an amendment to SB 336. If she would be willing to share the proposed language, I would be more than happy to review it with the organ and tissue donation community in the State. If everyone is comfortable with the proposed changes, folks may not have to meet with her during this busy time. Thanks.

* * * * *

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Fax: (608)266-8925
mallomj@dhfs.state.wi.us

You have the power to save a life. Say yes to donation.

Halbur, Jennifer

From: Mallon, Martha
Sent: Wednesday, January 28, 2004 11:03 AM
To: Halbur, Jennifer
Subject: WI Coalition on Donation



Coalition Members -
2004.doc

Hi, Jennifer,

Attached is a list of the organizations that belong to the Coalition. Please let me know if you would like contact names, addresses, etc.

* * * * *

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RTI Donor Services -- Allograft Resources Division

American Heart Association

American Liver Foundation
Wisconsin Chapter

American Lung Association

Blood Center of Southeastern Wisconsin

Lions Eye Bank of Wisconsin

TranSource

National Kidney
Foundation of Wisconsin

Paul Oldam, Transplant Recipient,
Member At-Large

University of Wisconsin
Organ Procurement Organization

Wisconsin Department of Transportation

Wisconsin Department of Health and Family Services

Wisconsin Donor Network

Wisconsin Tissue Bank

Halbur, Jennifer

SB 336

From: Maroney Lisa A. [la.maroney@hosp.wisc.edu]
Sent: Wednesday, February 11, 2004 9:19 AM
To: jennifer.halbur@legi.state.wi.us
Subject: FW: SB 336

Jennifer,

As you can see from the forwarded e-mail, we are fine with organ tissues and eyes. Thanks.

[Maroney Lisa A.]

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

From: McGrew Deborah A.
Sent: Tuesday, February 10, 2004 8:35 PM
To: Maroney Lisa A.
Subject: RE: SB 336

Organ tissues and eyes is fine -- anatomical gift is confusing to the lay public anyway. Thanks, Deb

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

From: Maroney Lisa A.
Sent: Tue 2/10/2004 9:29 AM
To: McGrew Deborah A.
Cc:
Subject: FW: SB 336

Deb,

Please review the attached message. I have also attached a copy of the amendment. Please let me know as soon as you can if you think there could be a problem. Thanks.

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

From: Halbur, Jennifer [mailto:Jennifer.Halbur@legis.state.wi.us]
Sent: Monday, February 09, 2004 8:52 PM
To: 'kkuhn@mcw.edu'; 'lmaroney@bascom.wisc.edu'
Cc: Rose, Laura
Subject: FW: SB 336

Hi,

Could you take a look at Laura's comments below. Please let me know if you see any problems with making the suggested change.

Thank you,

Jennifer

> -----Original Message-----

> **From:** Rose, Laura
> **Sent:** Monday, February 09, 2004 10:22 AM
> **To:** Halbur, Jennifer
> **Subject:** RE: SB 336

>
> Hi Jennifer,
>

> I am currently preparing the amendment memo on SA 1 to SB 336, that was
> adopted by the committee. I'm still a little confused about the body
> donation issue referenced in the earlier message below. First of all,
> "anatomical gift" is still defined in s. 157.06(1)(a) as "a donation of
> all or part of a human body to take effect upon or after death of the
> donor, as determined in accordance with s. 146.71". The term
> "anatomical gift" is used in the bill, so it would encompass donations of
> a body. Also, there is a reference on page 6, line 6 that probably should
> be changed. I think "all or part of his or her body" should be probably
> be deleted and replaced with "any or all of his or her organs, tissues or
> eyes", as it was in other parts of the bill.

> I think we should run this by Lisa and Kathy, and if they think it is an
> issue, I can talk to Debora about getting a floor amendment done to take
> care of this.

> Thanks,

> Laura

> -----Original Message-----

> From: Halbur, Jennifer
> Sent: Monday, December 15, 2003 4:03 PM
> To: Rose, Laura
> Subject: SB 336 organs

> Hey Laura,

> I spoke with Lisa Maroney from the UW Hospitals and Kathy Kuhn from the
> Medical College of WI about your suggested changes. It turns out that a
> person has to pre register to donate their body for research. The Medical
> College even makes a person pay \$100. So, indicating a person's wish to
> donate their body to science on a living will would not be enough to make
> it happen. An application has to be filled out and filed with the
> schools.

> Thanks for taking a look at this!

> Jennifer

Halbur, Jennifer

From: Rose, Laura
Sent: Monday, February 16, 2004 10:32 AM
To: Halbur, Jennifer
Subject: RE: SB 336

Hi Jennifer,

I will call her about this.

Laura

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

From: Halbur, Jennifer
Sent: Friday, February 13, 2004 8:46 PM
To: Rose, Laura
Subject: FW: SB 336

Laura,

It looks like everyone is agreeable to your suggested change to SB 336. You said in your e-mail that you could talk to Debora. Let me know if that is okay or if you would like me to talk to her. No problem at all for me to do it (I know these are busy times :)

Thanks,
Jennifer

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> College even makes a person pay \$100. So, indicating a person's wish to
> donate their body to science on a living will would not be enough to make
> it happen. An application has to be filled out and filed with the
> schools.

> Thanks for taking a look at this!

~~EXCELLENT~~ Carol -

Pls. review + ~~let~~ let me know if changes are needed.

Thanks!
Jennifer

FOR IMMEDIATE RELEASE
Contact: State Senator Carol Roessler, 888-736-8720

February 25, 2004

ROESSLER ORGAN DONATION PROPOSAL PASSES SENATE

MADISON—State Senator Carol Roessler, (R-Oshkosh), Chair of the Senate Committee on Health, Children, Families, Aging and Long Term Care, introduced a proposal to add an organ donation check off as part of the living will document. This proposal, Senate Bill 336, passed the state Senate today, ___to ___. "Including an organ donation check off as part of the living will provides another mechanism for individuals to consider and indicate their wish to have their organs donated after they pass on." said Roessler.

Carol

"Many of us know people who are alive today because someone donated an organ. Seldom do we think about the ultimate importance of this life saving gift. According to the Organ Procurement and Transplantation Network, there are 82, 513 people nationwide and 1,508 people in Wisconsin waiting for an organ," said Roessler. "This fact alone demonstrates how critical it is that efforts are made to educate, encourage and remove barriers to organ donation," said Roessler.

The proposal authorizes a person who executes a living will to make an anatomical gift as part of the living will. Included in the living will document will be an option for a donor to donate his or her organs, tissues and eyes to a specific donee. The option will also be provided for an individual to donate all or part of his or her body to research in the event their organs are not transplantable.

(more)

“Currently, a person who is at least 18 years old may donate all of his or her organs, tissues and eyes after death by signing a document of gift or by signing the reverse side of a regular driver’s license or state identification card. In addition, a person may specify in a power of attorney for health care document that he or she wishes to make an anatomical gift,” explained Roessler. “Any anatomical gift made by the donor that is not revoked by the donor before death is irrevocable and does not require the consent of anyone after the donor’s death. I don’t think many people realize this,” said Roessler.

“This bill provides a way for people to provide a clear indication to their family and physicians that they would like to donate their organs,” said Roessler.

The bill will now be sent to the Assembly.

Roessler encourages interested individuals to visit the following websites to learn more about organ donation: www.wisdonornetwork.org; www.optn.org; www.unos.org.

###

SENATE SESSION
Senate Bill 336
February 25, 2004

**SENATE BILL 336 AUTHORIZES A PERSON TO
MAKE AN ORGAN, TISSUE AND EYE DONATION
AS PART OF A LIVING WILL.**

**CURRENTLY, A PERSON WHO IS AT LEAST 18
YEARS OLD MAY DONATE THEIR ORGANS
TISSUES AND EYES AFTER DEATH BY:**

- **SIGNING A DOCUMENT OF GIFT;**
- **SIGNING THE REVERSE SIDE OF A REGULAR
DRIVER'S LICENSE;**
- **SIGNING A STATE ID CARD; OR**
- **SPECIFYING IN A POWER OF ATTORNEY FOR
HEALTH CARE DOCUMENT THAT HE OR SHE
WISHES TO MAKE AN ANATOMICAL GIFT.**

INCLUDING AN ORGAN, TISSUE AND EYE DONATION CHECK OFF AS PART OF THE LIVING WILL PROVIDES ANOTHER MECHANISM FOR INDIVIDUALS TO CONSIDER AND INDICATE THEIR WISH TO HAVE THESE PARTS OF THEIR BODY DONATED AFTER THEY PASS ON.

MANY OF US KNOW PEOPLE WHO ARE ALIVE TODAY BECAUSE SOMEONE DONATED A LIFE SAVING ORGAN. TOO SELDOM DO WE THINK OF THIS GIFT. ACCORDING TO THE ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK, THERE ARE 82, 513 PEOPLE NATIONWIDE AND 1,508 PEOPLE IN WISCONSIN WAITING FOR AN ORGAN. THIS FACT ALONE DEMONSTRATES HOW CRITICAL IT IS THAT EFFORTS BE MADE TO EDUCATE, ENCOURAGE AND REMOVE BARRIERS TO ORGAN, TISSUE AND EYE DONATION.

SENATE AMENDMENT 1 WAS ADOPTED BY THE SENATE HEALTH COMMITTEE 9-0. THE AMENDMENT DOES THE FOLLOWING:

- **CHANGES REFERENCES TO “ORGAN” AND “MY BODY” TO READ, “ORGANS, TISSUES AND EYES.” IT IS IMPORTANT THAT INDIVIDUALS KNOW THAT TISSUES AND EYES CAN ALSO BE DONATED.**
- **PROVIDES A LIST OF ORGANS AND TISSUES THAT A PERSON CAN CHOOSE FROM. A PERSON WHO MAY WANT TO DONATE PART OF HIS OR HER BODY MAY NOT THINK OF ALL OF THE PARTS THAT CAN BE DONATED. A LIST WILL ENSURE AN EDUCATED DECISION IS MADE ON THE PART OF THE DONOR.**
- **ALLOWS A PERSON TO DESIGNATE WHO HE OR SHE WANTS TO RECEIVE THE ORGANS, TISSUES OR EYES. HOWEVER, IF**

TRANSPLANTATION IS NOT ABLE TO OCCUR, POSSIBLY DUE TO A NON MATCH SITUATION, THE ORGAN WILL THEN BE AVAILABLE TO ANYONE IN NEED.

- **DELETES CURRENT LAW WHICH ALLOWS A PERSON TO CHOOSE WHO HE OR SHE WOULD LIKE TO PERFORM THE APPROPRIATE PROCEDURES. THIS LAW IS DATED AND IS IMPRACTICAL. IT IS UNLIKELY THAT THE PHYSICIAN NAMED WOULD BE AVAILABLE AT THE TIME THE PROCUREMENT WOULD NEED TO TAKE PLACE. ORGAN TRANSPLANTATION IS VERY TIME SENSITIVE AND SHOULD NOT BE PUT IN JEOPARDY BECAUSE A PARTICULAR PHYSICIAN WAS NOT AVAILABLE AT A SPECIFIC TIME.**

I AM INTRODUCING A SIMPLE AMENDMENT TO SENATE AMENDMENT 1. THERE ARE A FEW

TECHNICAL CHANGES THAT NEED TO BE MADE THAT WERE INADVERTENTLY NOT INCLUDED IN SENATE AMENDMENT 1.

THE AMENDMENT:

- **REPLACES ON PAGE 6, LINE 6 “ALL OR PART OF HIS OR HER BODY” WITH “ANY OR ALL OF HIS OR HER ORGANS, TISSUES AND EYES.”**
- **MAKES A SIMILAR CHANGE ON PAGE 6 LINES 17 AND 18 BY REPLACING REFERENCE TO “HIS OR HER BODY” WITH “ANY OR ALL OF HIS OR HER ORGANS, TISSUES AND EYES.”**

SENATE BILL 336 PROVIDES A WAY FOR PEOPLE TO PROVIDE A CLEAR INDICATION TO THEIR FAMILY AND PHYSICIANS THAT THEY

**WOULD LIKE TO DONATE THEIR ORGANS,
TISSUES AND EYES.**

**I ASK YOU TO VOTE YES IN SUPPORT OF THIS
LIFE SAVING BILL.**

THANK YOU



Carol Roessler
STATE SENATOR

FOR IMMEDIATE RELEASE

February 27, 2004

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

ROESSLER ORGAN DONATION PROPOSAL PASSES SENATE

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“Many of us know people who are alive today because someone donated an organ. Seldom do we think about the ultimate importance of this life saving gift. According to the Organ Procurement and Transplantation Network, there are 82, 513 people nationwide and 1,508 people in Wisconsin waiting for an organ,” said Roessler. “This fact alone demonstrates how critical it is that efforts are made to educate, encourage and remove barriers to organ donation,” said Roessler.

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(more)

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The bill will now be sent to the Assembly.

Roessler encourages interested individuals to visit the following websites to learn more about organ donation: www.wisdonornetwork.org; www.optn.org; www.unos.org.

###

535 Winnebago Dr
Fond du Lac, WI 54935

AJR66

March 9, 2004

Senator Carol Roessler
Room 8 South
State Capitol
PO Box 7882
Madison WI 53707-7882

Dear Senator Roessler,

I am writing this to urge you to vote no on AJR 66, the proposed constitutional amendment to deny rights of marriage and civil unions to same-sex couples. While it seems that a significant number of individuals back such a proposal, I don't believe it is the *right* thing to do, and am asking you to vote against it.

Those that argue for this amendment cite their religious beliefs, say that 'that's the way its always been', or make baseless predictions about how allowing this to happen will destroy society as we know it. I believe that some of these same arguments have been used in the past to try to justify things that we know to be injustices, like slavery, separating black and white students in schools, and denying women the right to vote and hold office.

I recently heard Representative Townsend say in a radio interview that most of the people who called his office last week before the house vote supported the amendment. I understand that you are a politician, and have a responsibility to represent your constituents in the Senate, but I also believe that you have the responsibility to do what is right. I believe that using the state constitution to discriminate is wrong and urge you to vote against doing so.

Respectfully,



Steven M. Cahee, M.D.

JH

Randy Veeseer
535 Winnebago Drive
Fond du lac, WI 54935-2713

March 9, 2004

AJR 66

The Honorable Carol A. Roessler
PO Box 7882
Madison, WI 53707-7882

Re: Please Vote No on AJR 66

Dear Senator Roessler:

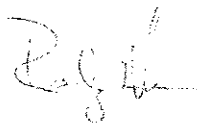
As your constituent, I urge you to vote no on AJR 66, the proposal to write discrimination into the Wisconsin Constitution.

The proposed amendment isn't just about "gay marriage." It would ban marriage, civil unions, or any comprehensive legal rights for same-sex couples.

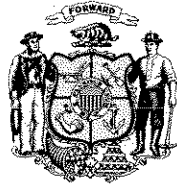
It's more radical than anything we've seen before in Wisconsin and would be one of the harshest anti-gay measures enacted anywhere in the country. Only three states--Alaska, Nebraska, and Nevada--have passed constitutional amendments banning equal treatment for gay couples. *Gay and lesbian couples just want the protection of the law.*

You don't have to support marriage for gay couples to stand against this harsh amendment.

Sincerely,



Randy L. Veeseer



Carol Roessler
STATE SENATOR

**Assembly Committee on Health
225 North West
March 9, 2004**

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MAKE AN ORGAN, TISSUE AND EYE DONATION
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THE SENATE ADOPTED A SIMPLE AMENDMENT TO SENATE AMENDMENT 1 WHICH ADDRESSED

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THANK YOU



University of Wisconsin
Hospital and Clinics

600 Highland Avenue
Madison, WI 53792

SB
336

TO: MEMBERS OF THE ASSEMBLY HEALTH COMMITTEE
FROM: DEBORAH McGREW, DIRECTOR, UW HEALTH TRANSPLANT PROGRAM AND LISA MARONEY, LEGISLATIVE LIAISON
DATE: MARCH 9, 2004
RE: SUPPORT SENATE BILL 336—LIVING WILL ANATOMICAL GIFT

**Senate Bill 336 Written Testimony
Wisconsin Assembly Committee on Health**

Good morning. My name is Deborah McGrew and I am the Director of the UW Health Transplant Program. Chairperson Underheim and members of the committee, thank you for opportunity to submit written testimony. It is with great pleasure that we register in favor of Senate Bill 336, as amended, giving the option of organ donation to citizens of Wisconsin who complete a living will. Our Medical Director, Dr. Hans Sollinger, Executive Director of the Organ Procurement Organization, Dr. Anthony D'Alessandro, who both regretfully could not attend the hearing today, and other faculty are internationally renowned surgeons who have been at the forefront of advancing transplantation and organ donation. The UW Health Transplant Program is one of the most successful and active organ transplant programs in the nation. In fact, with 341 kidney transplants performed in 2002, UW Health was the most active kidney transplantation program in the United States and the second largest in the world. Since it's founding in 1966, the transplant program has grown and now performs more than 500 transplants a year, making it one of the largest programs in the nation. The UW Health Organ Procurement Organization was recently recognized as a center for best practices by the Health Resources Services Administration and consistently has ranked in the top five agencies with respect to donors per million population.

Though if you were to speak to any of our faculty or staff they would all tell you that our success as a Transplant Center and Organ Procurement Organization has been the result of the grace and generosity of Wisconsin residents who unselfishly donate their organs so that others may receive the gift of life. In addition the Wisconsin State legislature has been an outstanding supporter of organ donation and transplantation with the creation of the organ donor medal program, the Kelly Nachreiner Bill, and more recently the consideration of Assembly Bill 477 relating to income tax deduction for living organ donors.

We are supportive of the bill as amended. The obvious overall goal of the bill is to increase organ donation. By deleting the words "parts" from the bill and clarifying it with organs, tissues and eyes will, we believe, better educate individual as to what

exactly we mean by "parts". The word "parts" may have a certain connotation to some individuals and could be deterrence to organ donation. Also, providing a list as to what organs they wish to donate will also educate individuals about exactly what organ donation includes. Secondly, we agree that the donor designee provision should be modified. Adding language stating that if transplantation cannot occur, then the organs will be available to anyone in need. An individual completing a living will obviously have no idea when it will be implemented. They could name a donee that either had already received an organ, is perhaps no longer alive or blood and tissue don't match. Such language will clarify that organs can still be used. Lastly, we also agree that the physician designee provision should be eliminated. We are not exactly sure why this language is in current law and it too could create enormous challenges if a particular physician has to be located upon execution of the living will. Transplant surgeons train for about 11 years and they are truly the only physicians qualified to perform this kind of surgery. It seems to make sense to delete this provision from the bill and also from current law.

Again, thank you for the opportunity to submit written testimony. Any legislation that increases organ donation is welcomed. Senate Bill 336, as amended, will do just that.

Halbur, Jennifer

From: Asbjornson, Karen
Sent: Wednesday, March 10, 2004 5:48 PM
To: Halbur, Jennifer
Subject: FW: SB 508 and AB 903

SB 508

fyi..

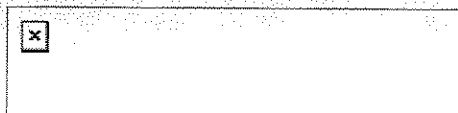
Karen Asbjornson
Office of Senator Carol Roessler
(608) 266-5300/1-888-736-8720
Karen.Asbjornson@legis.state.wi.us

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

From: Kurtz, Hunter
Sent: Wednesday, March 10, 2004 5:33 PM
To: Asbjornson, Karen
Subject: FW: SB 508 and AB 903

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

From: Sumi, Gail [mailto:GSumi@aarp.org]
Sent: Wednesday, March 10, 2004 5:01 PM
To: Sumi, Gail
Subject: SB 508 and AB 903



March 10, 2004

To: Wisconsin State Senate

From: Gail Sumi, Government Affairs Representative – 286-6307

Re: AB 903, relating to companionship services

AB 903 and SB 508 sought to enact exemptions from minimum wage and overtime laws for providers of companionship services. There have been questions raised as to why AARP Wisconsin has registered in opposition to this legislation.

AARP Wisconsin believes that the state needs to strike an equitable balance between the needs of the person requiring companionship services and those of the person providing those services, offering viable protections to both parties against exploitation or abuse. While individuals requiring companionship services are typically elderly and infirm, many of those hired as companions are age 50 or older. In fact,

03/11/2004

individuals who testified as companions at recent public hearings on AB 903 were eligible for membership in AARP.

State law presently limits the household tasks performed by companions to no more than 20 percent of the hours spent per week at the place of employment. As adopted earlier this afternoon by the Assembly, Rep. Krusick's amendment to AB 903 strengthens protections against abuse. We ask that you also add this language to SB 508.

As Wisconsin's population ages, demand for companionship services will grow. Preserving the dignity of those providing companionship services should help in recruiting and retaining workers for these jobs.

Thank you for your consideration.

Gail

Gail Sumi
Government Affairs Representative
AARP Wisconsin
222 W. Washington Ave, St. 600
Madison, WI 53703
voice - 608-286-6307
cell - 608 - 658-0351
fax - 608 - 251-7612
email - gsumi@aarp.org
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SB408

Wisconsin Right to Life NEWS RELEASE

10625 W. North Avenue, Milwaukee, WI 53226
414-778-5780 or toll free: 877-855-5007

For immediate release: Wednesday, March 10, 2004

Contact: Susan Armacost, Legislative Director

**STATE SENATE VOTE ON
SENATOR REYNOLD'S ADOPTION TAX CREDIT BILL
WILL TAKE PLACE TODAY**

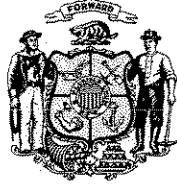
***Wisconsin Right to Life Urges Lawmakers
to Support the Measure***

Wisconsin Right to Life today is commending the State Senate leadership for scheduling SB 408 on today's calendar. This legislation, authored by Sen. Tom Reynolds (R-West Allis), provides a tax credit of up to \$5,000 for qualified adoption expenses.

"Adoptions are extremely expensive with the average domestic adoption costing \$15,000 and foreign adoptions ranging from \$18,000 to \$30, 000," said Susan Armacost, Legislative Director for Wisconsin Right to Life. **"Senator Reynolds legislation would assist in making adoption a viable option for many more people who wish to adopt a child. We applaud Sen. Reynolds for bringing this issue forward."**

Senate Bill 408 nicely compliments the Federal Adoption Expenses Credit by preventing "double credit" for the same expenses. Only those expenses that exceed the \$10,000 claim under the federal credit are eligible.

Wisconsin Right to Life has been in the forefront of promoting adoption as a loving and compassionate alternative to abortion.



Carol Roessler

STATE SENATOR

FOR IMMEDIATE RELEASE

March 11, 2004

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

Roessler HIV Testing Bill Advances

Madison... Senate Bill 230, authored by State Senator Carol Roessler (R-Oshkosh), Chair of the Senate Committee on Health, Families, Children and Long Term Care, unanimously passed the State Assembly last night. "This bill adds employees of a school district and other educational facilities to the list of people who currently can require that the blood of the individual to whom they were significantly exposed, be tested to determine the presence of the HIV/AIDS virus," explained Roessler.

"I introduced this bill in response to concerns brought to me by Cheryl Hartman, an Oshkosh teacher, and Linda Stoikes, Patricia Yana and John Sprangers from the Oshkosh School District. These individuals shared compelling stories about teachers in this school district who have experienced incidents where they have been exposed to student's blood while on the job. I commend them for working with the Legislature in addressing this issue," said Roessler. Current state statutes do not provide recourse for school district employees to subject the blood to a test to determine the presence of Human Immunodeficiency Virus (HIV). "A court order must be filed requesting that the blood be tested," said Roessler. "State statutes do, however, provide a right to require testing to several other professionals, including employees of a secured child caring institution, a

secured group home, an emergency medical technician, a person employed at a secured correctional facility, a peace officer, first responders and firefighters.”

“It is very important to note that these individuals must meet the following requirements before a request can be made: (a) The use of universal precautions against a significant exposure at the time of the significant exposure; (b) certification in writing by a physician that the affected person was significantly exposed; and (c) submittal to a test for the presence of HIV within a specified time period,” said Roessler.

“Given the increase of violence in schools and the day to day, one on one, contact school district employees have with children, this bill makes common sense. Teachers and other employers of a school district should be able to take every precaution necessary to determine whether he or she may have been infected with HIV after a significant exposure to another person’s blood,” stated Roessler.

Roessler continued, “Senate bill 230 removes barriers to information that affect a person’s life and well being. If a person is significantly exposed to another person’s blood, it is critical that he or she know if they were also exposed to a virus, which if not treated, could worsen and even cause death.”

“Senate Bill 230 has been a collaborative effort between the Legislature and individuals of the Oshkosh School District. We celebrate the furthering of this bill today and look forward to the Governor signing it into law.” said Roessler.

Halbur, Jennifer

To: Rose, Laura
Subject: SB 336

Hi,

Carol had a meeting with a transplant surgeon from UW Hospital regarding SB 336 (organ donation and living will). He had some suggestions for an amendment that Carol is planning to pursue.

Below is the memo I sent to Debora Kennedy regarding the changes Carol would like included in the amendment. Debora and I are going to talk next week about the memo to make sure we are on the same page. If you have suggestions about any of the changes, please share them with us. As part of the amendment, Carol would like to repeal current law which allows a donor to choose the physician that will carry out the procedure. Do you know anything about why this is in the statutes to begin with? The language I am talking about can be found in 157.06 (2) (d) of the statutes. Lisa Maroney, the Assistant Director for State Relations for UW, talked to someone at the Medical College of WI. who thought that the current language may have been adopted before organ procurement organizations were around. Debora Kennedy did not remember any history behind allowing the person to choose the physician either.

We will not be execing on SB 336 Tuesday because we still need the fiscal note and likely won't have the amendment ready.

Just one more quick thing, the attached memo indicates that I have included a list of organs and tissues that can be donated. I don't have an electronic copy but can send a hard copy to you if you want it.

Thanks!

Jennifer



12-12-03 organ and
liv will de...

Halbur, Jennifer

To: Kennedy, Debora
Subject: SB 336 organs and living wills

Hi Debora,

Per our discussion, I have attached a memo which details changes to SB 336 that Senator Roessler would like included in an amendment. We should discuss these next week to make sure we are on the same page.

The memo references that I have attached a list of organs and tissues. I don't have an electronic copy of that list so I am also going to send a hard copy version of the memo over to you with the attachment.

Have a great weekend!
Jennifer



12-12-03 organ and
liv will de...

Halbur, Jennifer

Subject: SB 336

Hi,

I forgot to mention that Laura Rose is looking into whether or not the living will directives have to be followed after a person's death. The living will contains information about how a person would like things to happen while they are living and this organ donation piece would be something that obviously occurs after a person passes away.

Thanks again,
Jennifer

Halbur, Jennifer

To: Senate Committee on Health, Children, Families, Aging and Long Term Care
Cc: Rose, Laura; Imaroney@bascom.wisc.edu; Mallon, Martha
Subject: Senate Bill 336



1885

Hi,

Here is an amendment to SB 336 that Senator Roessler plans to offer at the hearing on Thursday.

Senator Roessler worked on the amendment with:

- The Lions Eye Bank of WI.
- The WI Donor Network in Milwaukee.
- UW Hospitals and Clinics Organ Procurement Organizations

Please let me know if you have any concerns or questions.

Thanks,
Jennifer

Halbur, Jennifer

To: Rose, Laura
Subject: Stuff

Hi,

I am very sorry for not getting back to you sooner. I see in my messages that you called. Today was so busy that I didn't get a chance to go through messages.

1. I will return your call Monday morning.

2.AB 452

Do you think we could have a short memo from you that says DHFS has the authority to address, through rule-making, Robson's concerns. Her concerns were regarding the safety of drugs and the issue of disease.



03-42391.pdf

3. Here is the draft of a bill relating to health plans that may be added to the Thursday Health Committee Agenda. This bill will actually be combined with another bill relating to hospitals. I just thought it may be helpful for you to see the language that I have now.

4. SB 466 will be added to the Agenda for Thursday's hearing.

I think that's it for now.

Thanks!
Jennifer

bility for burial. If 2 or more such persons assume custody of the body, the consent of one of them shall be deemed sufficient.
History: 1979 c. 110; 1985 a. 316 s. 14; Stats. 1985 s. 157.05.

157.055 Disposal of human remains during state of emergency relating to public health. (1) In this section:

- (a) "Funeral establishment" has the meaning given in s. 445.01 (6).
- (b) "Public health authority" has the meaning given in s. 250.01 (6g).

(2) Notwithstanding ss. 69.18 (4), 445.04 (2), 445.14, 979.01 (3), (3m), and (4), 979.02, and 979.10, during a period of a state of emergency related to public health declared by the governor under s. 166.03 (1) (b) 1., a public health authority may do all of the following:

- (a) Issue and enforce orders that are reasonable and necessary to provide for the safe disposal of human remains, including by embalming, burial, cremation, interment, disinterment, transportation, and other disposal.
- (b) Take possession and control of any human remains.
- (c) Order the disposal, through burial or cremation, of any human remains of an individual who has died of a communicable disease, within 24 hours after the individual's death and consider, to the extent feasible, the religious, cultural, or individual beliefs of the deceased individual or his or her family in disposing of the remains.

(d) If reasonable and necessary for emergency response, require a funeral establishment, as a condition of its permit under s. 445.105 (1), to accept human remains or provide the use of its business or facility, including by transferring the management and supervision of the funeral establishment to the public health authority, for a period of time not to exceed the period of the state of emergency.

(e) Require the labeling of all human remains before disposal with all available identifying information and information concerning the circumstances of death and, in addition, require that the human remains of an individual with a communicable disease be clearly tagged to indicate that remains contain a communicable disease and, if known, the specific communicable disease.

(f) Maintain or require the maintenance of a written or electronic record of all human remains that are disposed of, including all available identifying information and information concerning the circumstances of death and disposal. If it is impossible to identify human remains prior to disposal, the public health authority may require that a qualified person obtain any fingerprints, photographs, or identifying dental information, and collect a specimen of deoxyribonucleic acid from the human remains and transmit this information to the public health authority.

(g) Notwithstanding s. 59.34 (1) or 59.35 (1), authorize a county medical examiner or a county coroner to appoint emergency assistant medical examiners or emergency deputy coroners, whichever is applicable, if necessary to perform the duties of the office of medical examiner or coroner, and to prescribe the duties of the emergency assistant medical examiners or emergency deputy coroners. The term of any emergency appointment authorized under this paragraph may not exceed the period of the state emergency. A county medical examiner or county coroner may terminate an emergency appointment before the end of the period of the state emergency, if termination of the appointment will not impede the performance of the duties of his or her office.

History: 2001 a. 109.

157.06 Uniform anatomical gift act. (1) DEFINITIONS. In this section:

- (a) "Anatomical gift" means a donation of all or part of a human body to take effect upon or after death of the donor, as determined in accordance with s. 146.71.
- (b) "Decedent" means a deceased individual.

(c) "Document of gift" means a card, a statement attached to or imprinted on a license under s. 343.175 (2) or on an identification card under s. 343.50 (3), a will or another writing used to make an anatomical gift.

(d) "Donor" means an individual who makes an anatomical gift of all or part of the individual's body.

(e) "Enucleator" means an individual who meets the requirements of sub. (8) (c) for authorization to remove donated eyes or parts of eyes.

(f) "Hospital" means a facility approved as a hospital under s. 50.35 or a facility operated as a hospital by the federal government, a state or a subdivision of a state.

(fm) "Organ procurement organization" means an organization that meets the requirements specified for a qualified organ procurement organization under 42 USC 273.

(g) "Part" means an organ, tissue, eye, bone, artery, blood, fluid or other body portion.

(h) "Physician" means an individual licensed or otherwise authorized to practice medicine and surgery or osteopathy and surgery under the laws of any state.

(j) "Technician" means an individual who is trained or approved by the American Red Cross Tissue Services or the American Association of Tissue Banks to remove or process tissue or bone while under the direction or supervision of a physician.

- (k) "Tissue" includes all of the following:
 1. Skin.
 2. Connective tissue, including tendons and ligaments.
 3. Cardiovascular tissue, including valves, blood vessels and pericardium, that is not suitable for use for cardiovascular organ transplantation.

(L) "Vascularized organ" means a heart, lung, liver, pancreas, kidney, intestine or other organ that requires the continuous circulation of blood to remain useful for purposes of transplantation.

(2) MAKING, AMENDING, REVOKING AND REFUSING TO MAKE ANATOMICAL GIFTS BY THE DONOR. (a) An individual who is at least 18 years of age may do any of the following:

1. Make an anatomical gift for any of the purposes stated in sub. (6) (a).
2. Limit an anatomical gift to one or more of the purposes stated in sub. (6) (a).
3. Refuse to make an anatomical gift.

(b) An anatomical gift under par. (a) may be made only by a document of gift signed by the donor. If the donor cannot sign, the document of gift shall be signed by another individual and by 2 witnesses, all of whom have signed at the direction and in the presence of the donor and of each other, and the document of gift shall state that it has been so signed.

(c) 1. Before January 1, 1991, if a document of gift is attached to or imprinted on the donor's license to operate a motor vehicle or identification card issued by the department of transportation, the document of gift shall comply with par. (b) and s. 343.17 or 343.50. Revocation, suspension, expiration or cancellation of the license or identification card does not invalidate the anatomical gift.

2. After December 31, 1990, if a document of gift is attached to or imprinted on the donor's license under s. 343.175 (2) or identification card under s. 343.50 (3) issued by the department of transportation, the document of gift shall comply with par. (b) and s. 343.175 or 343.50. Revocation, suspension, expiration or cancellation of the license or identification card does not invalidate the anatomical gift.

(d) A document of gift may designate a particular physician to carry out the appropriate procedures. In the absence of a designation or if the designee is not available, the donee or other person authorized to accept the anatomical gift may employ or authorize any physician, technician or enucleator to carry out the appropriate procedures.

(e) An anatomical gift under the circumstances in which the document of gift is by will takes effect upon death of the testator, whether or not the will is probated. If after the death of the testator the will is declared invalid for testamentary purposes, the validity of the anatomical gift is unaffected.

(f) A donor may amend or revoke an anatomical gift or a refusal to make an anatomical gift under par. (i) by doing any of the following:

1. Signing a statement of amendment or revocation.
- 1m. Signing a new document of gift. Signing a new document of gift revokes any previously signed document of gift.
2. Verbally amending or revoking in the presence of 2 individuals.
3. During the donor's terminal illness or injury making, by any form of communication that is addressed to a physician, an amendment or revocation.
4. Delivering a signed statement of amendment or revocation to a specified donee to whom a document of gift had been delivered.
5. Crossing out or amending the donor authorization or refusal in the space provided on his or her license as prescribed in s. 343.175 (2) or identification card as prescribed in s. 343.50 (3).
6. Revoking the provision of a power of attorney for health care instrument that makes an anatomical gift or revoking that power of attorney for health care instrument.

(g) In addition to the means specified in par. (f), an anatomical gift made by will may be amended or revoked in the manner provided for amendment or revocation of wills.

(h) An anatomical gift that is not revoked by the donor before death is irrevocable and does not require the consent or concurrence of any person after the donor's death.

(i) An individual may refuse to make an anatomical gift of the individual's body or part of his or her body by doing any of the following:

1. Making a writing of refusal that is signed in the same manner as is required for a document of gift.
2. Attaching a statement of refusal to or imprinting a statement of refusal on his or her license under s. 343.175 (2) or identification card under s. 343.50 (3).
3. Making any other writing that is used to identify the individual as refusing to make an anatomical gift. During the individual's terminal illness or injury, he or she may make the refusal by an oral statement or other form of communication to another.

(j) In the absence of contrary indications by the donor, an anatomical gift of a part of a human body is neither a refusal to give other parts of the body nor a limitation on an anatomical gift under sub. (3) or on a removal or release of other parts of the body under sub. (4).

(k) In the absence of contrary indications by the donor, a revocation or amendment of an anatomical gift is not a refusal to make another anatomical gift. If the donor intends a revocation to be a refusal to make an anatomical gift, the donor shall make the refusal under par. (i).

(3) MAKING, REVOKING AND OBJECTING TO ANATOMICAL GIFTS, BY PERSONS OTHER THAN THE DONOR. (a) Any member of the following classes of individuals, in the order of priority listed, may make an anatomical gift of all or a part of a decedent's body for a purpose specified in sub. (6) (a), unless the decedent, at the time of death, has made an unrevoked refusal to make that anatomical gift:

1. The spouse of the decedent.
2. An adult son or daughter of the decedent.
3. Either parent of the decedent.
4. An adult brother or sister of the decedent.
5. A grandparent of the decedent.
6. A guardian of the person of the decedent at the time of death.

7. A health care agent, as defined in s. 155.01 (4), for the decedent at the time of death.

(b) An anatomical gift may not be made by an individual listed in par. (a) if any of the following applies:

1. An individual in a prior class is available at the time of death to make an anatomical gift and that individual objects to the making of an anatomical gift.

2. The individual proposing to make an anatomical gift knows of a refusal or contrary indications by the decedent.

3. The individual proposing to make an anatomical gift knows of an objection to making an anatomical gift by a member of the individual's class or a prior class.

(c) An individual authorized under par. (a) shall make an anatomical gift of all or a part of the decedent's body by doing one of the following:

1. Executing a document of gift that is signed by the individual.
2. Making a telegraphic, recorded telephonic or other recorded message, or other form of communication to another that is reduced to writing and signed by the recipient at the time it is received.

(d) Any member of the same class as or a prior class to an individual authorized under par. (a) who has made an anatomical gift under par. (a) may revoke the gift if, before procedures have begun for the removal of a part from the body of the decedent, the member so informs the physician or enucleator who will remove the part of the revocation.

(e) A failure to make an anatomical gift under par. (a) is not an objection to the making of an anatomical gift unless the failure is accompanied by an objection to the making of an anatomical gift.

(4) NOTIFICATION AND AUTHORIZATION BY CORONER OR MEDICAL EXAMINER. (ag) If a decedent is within the custody of a coroner or medical examiner and if there is no evidence that the decedent has made or refused to make an anatomical gift, the coroner or medical examiner shall contact by telephone the organ procurement organization designated for the region in which the death occurs. The coroner or medical examiner shall provide the organ procurement organization with information, if known to the coroner or medical examiner, concerning the decedent's age, the cause of the decedent's death and, if available, the decedent's medical history.

(am) The coroner or medical examiner may release and permit the removal of a part from, a decedent within that official's custody, for transplantation or therapy, if all of the following apply:

1. The official has received a request for the part of the body from a hospital, physician or organ procurement organization.
2. The official has made a reasonable effort, taking into account the useful life of the part of the body, to locate and examine the decedent's medical records and inform individuals listed in sub. (3) (a) of their option to make, or object to making, an anatomical gift.

3. The official does not know of a refusal or contrary indication by the decedent or of an objection by an individual having priority to act as listed in sub. (3) (a).

4. The removal will be by a physician, except for the following:

- a. In the case of eyes, the removal may be by a physician or by an enucleator.
- b. In the case of tissue or bone, the removal may be by a physician or by a technician.

5. The removal will not interfere with any autopsy or investigation.

6. The removal will be in accordance with accepted medical standards.

7. Cosmetic restoration will be done to the decedent's body, if appropriate.

(b) An official releasing, and permitting the removal of a part of, a human body shall maintain a permanent record of the name of the decedent, the name of the person making the request, the

date and purpose of the request, the part of the body requested and the name of the person to whom it was released.

(5) **POLICIES; ORGAN PROCUREMENT ORGANIZATION NOTIFICATION; REQUIRED REQUEST; SEARCH AND NOTIFICATION.** (a) Each hospital shall develop and adopt written policies for providing information to individuals on how to become part donors and shall make available to individuals informational brochures that discuss donation of parts.

(b) 1. If at or near the time of death of a patient there is no medical record or evidence obtained under par. (c) that the patient has made, revoked or refused to make an anatomical gift, the hospital administrator or a representative designated by the administrator shall discuss with an available individual, under the priority established in sub. (3) (a), the option to make or refuse to make an anatomical gift and request that the individual make an anatomical gift of all or a part of the decedent's body. Alternatively, the administrator shall contact by telephone the organ procurement organization designated for the region of which the hospital is a part. If the administrator or representative contacts the organ procurement organization, he or she shall provide the organ procurement organization with the identifier number of the patient, the patient's age, the actual or potential cause of the patient's death and, if available, the patient's medical history.

2. If the organ procurement organization is contacted under subd. 1., the organ procurement organization shall, in consultation with the attending physician of the patient under subd. 1., determine if an anatomical gift is suitable, based upon accepted medical standards, for a purpose specified in sub. (6) (a). If the organ procurement organization and the patient's attending physician determine that an anatomical gift is not so suitable, hospital personnel shall make a notation to this effect in the patient's medical record. If the organ procurement organization and the patient's attending physician determine that an anatomical gift is so suitable, an organ procurement organization representative or a requester designated by the organ procurement organization shall discuss with an available individual, under the priority established in sub. (3) (a), the option to make or refuse to make an anatomical gift and request that the individual make an anatomical gift of all or a part of the decedent's body.

3. The hospital administrator or representative or the organ procurement organization representative or designated requester shall make the request with reasonable discretion and sensitivity to the circumstances of the family. A request need not be made if the gift is not suitable, based upon accepted medical standards, for a purpose specified in sub. (6) (a) or if the requester knows that the patient, or the member of the class of individuals to whom the request would be directed under sub. (3) (a), has a cultural or religious objection or any other objection to the making of an anatomical gift. An entry shall be made in the medical record of the patient, in accordance with the rules promulgated under par. (f), stating the name and affiliation of the individual making the request and the name, response and relationship to the patient of the individual to whom the request was made.

(bm) If at or near the time of death of a patient a hospital knows that an anatomical gift of all or a part of the patient's body has been made under sub. (3) (a), that a release and removal of a part of the patient's body has been permitted under sub. (4) or that a patient or an individual identified as in transit to the hospital is a donor, the hospital shall notify the donee if one is named and known to the hospital. If a donee is neither named nor known to the hospital, the hospital shall notify an appropriate procurement organization. The hospital shall cooperate in the implementation of the anatomical gift or release and removal of a part of the body of the patient or individual.

(c) All of the following persons, under the following circumstances, shall make a reasonable search for a document of gift or other information identifying the individual as a donor or as an individual who has revoked or refused to make an anatomical gift:

1. A law enforcement officer, fire fighter, emergency medical technician - paramedic, ambulance service provider or emergency medical technician - basic who finds an individual whom the person believes is dead or near death.

2. A hospital, upon the admission of an individual who is at or near the time of death, if there is not immediately available any other source of that information.

(d) If a document of gift, revocation of a document of gift or evidence of refusal to make an anatomical gift is located by the search required by par. (c) 1. and the individual or decedent to whom it relates is taken to a hospital, the hospital shall be notified of the contents and the person locating the document, revocation or other evidence shall send it to the hospital.

(f) The department of health and family services shall promulgate rules that do all of the following:

1. Set forth policies and procedures to be followed for discussing the anatomical gift donation process with members of the patient's family, in situations under par. (b) 2. and 3. in which there is or is not a document of gift.

2. Prescribe the manner in which information obtained under par. (b) 2. and 3. regarding anatomical gift donations, revocations and refusals shall be placed in the patient's medical record so that it is readily accessible to hospital and other medical personnel in the event of the death of the patient.

(6) **DONEES; PURPOSES OF ANATOMICAL GIFTS.** (a) Any of the following persons may become donees of anatomical gifts for the purposes stated:

1. A hospital, physician or organ procurement organization, for transplantation, therapy, medical or dental education, research, or advancement of medical or dental science.

2. An accredited medical or dental school, college or university for education, research or advancement of medical or dental science.

3. A designated individual for transplantation or therapy needed by that individual.

(b) A donor may make an anatomical gift to a designated donee or without designating a donee. If a donee is not designated or if the donee is not available or rejects the anatomical gift, any hospital may accept the anatomical gift.

(c) If the donee knows of the decedent's refusal or contrary indications to make an anatomical gift or that an anatomical gift by a member of a class having priority to act is opposed by a member of the same class or a prior class under sub. (3) (a), the donee may not accept the anatomical gift.

(7) **DELIVERY OF DOCUMENT OF GIFT.** (a) Delivery of a document of gift during the donor's lifetime to another is not required for the validity of an anatomical gift.

(b) If an anatomical gift is made to a designated donee, the document of gift, or a copy, may be delivered to the donee to expedite the appropriate procedures after the donor's death. The document of gift, or a copy, may be deposited in any hospital, organ procurement organization or registry office that accepts it for safekeeping or for facilitation of procedures after death. On request of an interested person, upon or after the donor's death, the person in possession shall allow the interested person to examine or copy the document of gift.

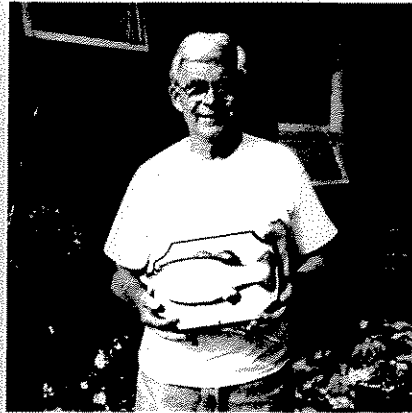
(8) **RIGHTS AND DUTIES AT DEATH.** (a) Rights of a donee created by an anatomical gift are superior to rights of others except for autopsies under sub. (10) (b). A donee may accept or reject an anatomical gift. If a donee accepts an anatomical gift of an entire body for a purpose other than transplantation or therapy, the body may not be delivered to the donee or the donee's agent if the surviving spouse or other person who assumes custody of the body requests a funeral service or other last rites for the deceased. If such a request is made, the body may not be delivered until after the funeral or rites have been conducted. If the entire body is given for transplantation or therapeutic purposes or if the gift is of a part

*Change -
To
say:
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anyone.*

12-15-03

Both Lisa Maroney^{or} + Kathy Kuhn (Medical College of WS) said that people have to pre register ~~themselves~~ in order to donate their body to science. The body also has to be accepted.

- Only bodies are taken - not organs, tissues or eyes.



UNIVERSITY OF WISCONSIN
HOSPITAL AND CLINICS
ORGAN PROCUREMENT ORGANIZATION

UW Health Transplant Program - Overview

The UW Health Transplant Program is one of the most successful and active transplant programs in the nation. In fact, with 341 kidney transplants performed in 2002, UW Health was the most active kidney transplantation program in the United States and the second largest in the world. As part of a 471-bed, major academic medical center, the UW Transplant Program has gained international recognition for leadership in organ preservation, transplant surgery and care of transplant patients.

Since its founding in 1966, the transplant program has grown and now performs more than 500 transplants a year, making it one of the largest programs in the nation. Our transplant wait times and success rates are consistently well above national transplant center averages, and our physicians and staff are respected in the field to the degree that many other programs seek them out for advice and counsel. In addition to its clinical program, the University of Wisconsin provides an excellent venue for basic science research. Having served the citizens of Wisconsin and the world for more than 30 years, the UW Health Transplant Program's strong commitment to clinical and basic research places it at the forefront of medical technology.

TRANSPLANT PROGRAM

UW Transplant Program offers a wide range of services, including: kidney and live-donor kidney transplants; pancreas transplant; liver and live-donor liver transplant; heart transplant, lung transplant, intestine transplant; multiple-organ transplants; islet transplant; and transplant services for children.

History: Originated in 1966, the UW transplant team has performed more than 8,000 organ transplants since the program's inception.

Research: UW Transplant Program conducts laboratory research in organ preservation, immunosuppressive therapy and immunobiology. The organ preservation solution used worldwide called "UW Solution" was developed at the UW by Drs. Folkert O. Belzer and James Southard. Recent work is paving the way for new immunosuppressive drugs that may enhance long-term survival or organ transplants without the side effects of conventional immunosuppression.

Location: Housed within UW Hospital and Clinics, 600 Highland Avenue, Madison, WI 53792

Our Commitment to Transplantation: Clinical expertise, education, innovation and scientific research have made the transplant program an internationally recognized leader in transplantation. Under the leadership of Hans Sollinger, MD, director of the UW transplant program and chairman of the Department of Surgery's Division of Transplantation, we are dedicated to providing the highest quality of care for transplant patients and creating the future of transplantation. The UW Health transplant program is unique because faculty and other key personnel have essentially remained unchanged over the past 20 years. This has allowed for a steady growth and stability unmatched by any program in the United States.

Faculty:

Transplant Surgeons

Yolanda Becker, MD
L. Thomas Chin, MD
Anthony M. D'Alessandro, MD
Niloo Edwards, MD
Luis Fernandez, MD
Munci Kalayoglu, MD
Stuart J. Knechtle, MD
Robert Love, MD
Jon. S. Odorico, MD
Hans Sollinger, MD

Transplant Physicians

Bryan Becker, MD
Richard Cornwell, MD
R. Hoffman, MD
Maryl Johnson, MD
Michael Lucey, MD
Keith Meyer, MD
John Pirsch, MD

Robert Zink, MD

Highlights:

- A new, spacious transplant unit—conveniently located on the sixth floor of UW Hospital—recently opened and accepts patients for pre-and post-transplant care.
- Newly released statistics rank the UW Transplant Program as the leading kidney transplant program in the United States based on volume. Internationally, the UW Kidney Transplant Program ranks second worldwide.
- For simultaneous pancreas-kidney transplantation, the UW program ranked #1 in the United States and the world based on number of transplants performed in 2002.
- UW Transplant Team performed first islet cell transplant in Wisconsin in 2003.
- 500th heart transplant was performed at UW Hospital in 2003.
- UW Drs. Folkert O. Belzer and James Southard developed the organ preservation solution known as the “UW solution.”
- Dr. Hans Sollinger, Folkert O. Belzer Professor of Surgery, pioneered a surgical technique used in pancreatic transplantation.
- The program’s affiliation with a major university, including the UW Medical School and the UW School of Nursing, offers patients the most advanced care available.

ORGAN PROCUREMENT ORGANIZATION

Background: Established in 1966, the University of Wisconsin Hospital and Clinics Organ Procurement Organization (UWHC-OPO) is a hospital-based procurement agency that is recognized as one of the most effective organ procurement programs in the nation. The UWHC-OPO is accredited by the Association of Organ Procurement Organizations.

Affiliations: The service is affiliated with the United Network for Organ Sharing and provides organ procurement services to Wisconsin, Michigan and Illinois.

Director: Anthony D’Alessandro, M.D., UW Organ Procurement Organization, UW Hospital and Clinics. Telephone: (608) 263-1341.

For Information, Contact:

UW Health Transplant Program
University of Wisconsin Hospital and Clinics
600 Highland Avenue, F8/152
Madison, WI 53792
(608) 263-1384 Phone
(608) 262-5624 Fax
<http://www.uwhealth.org>
<http://www.uwchopo.org>

Transplant Volumes

In calendar year 2002, the University of Wisconsin Hospital and Clinics Organ Procurement Organization (UWHC-OPO) recovered organs from 100 organ donors. This was the second best year in the history of the UWHC-OPO with respect to the number of organ donors recovered. The University of Wisconsin Hospital and Clinics Transplant Program transplanted 485 patients. The table below outlines which organs were transplanted.

Calendar Year 2002	
<i>Transplant Type</i>	<i>Organs Transplanted</i>
Live Donor Kidney	142
Deceased Donor Kidney	204
Pancreas	73
Live Donor Liver	6
Deceased Donor Liver	97
Heart Transplant	18
Lung Transplant	32
Small Bowel	3
Total Organs Transplanted¹	575

¹Note: This total is *organs* transplanted. Some patients received more than one organ at the time of transplant.

Transplant Milestones

- 1966 First kidney transplant performed at UW-Madison
- 1967 Kidney preservation machine developed at the University of California at San Francisco by Dr. Folkert Belzer and Robert Hoffman
- 1973 Heart transplant program established
- 1974 Dr. Folkert Belzer and Robert Hoffman come to UW Hospital and Clinics from University of California at San Francisco
- 1982 Pancreas transplant program established
- 1983 Dr. Hans Sollinger develops "Wisconsin Technique" used in pancreas transplantation
- 1984 Liver transplant program established by Dr. Munci Kalayoglu
- 1987 Dr. Folkert Belzer and UW Medical School biochemist Dr. James Southard, Ph.D., develop "UW solution," a cold storage organ solution now used worldwide
- 1988 Intestinal transplant program established by Dr. Anthony D'Alessandro
Multi-organ transplant program established
HCFA certifies University of Wisconsin Hospital and Clinics Organ Procurement Organization (UWHC OPO)
- 1989 Lung transplant program established
First reduced liver transplant performed
UNOS certifies multi-organ transplant program
- 1990 First combined heart/lung transplant performed in Wisconsin
2000th kidney transplant performed
- 1991 UW Hospital and Clinics Clinical Trials Department established
Liver and heart transplant programs certified by Medicare
- 1994 1000th live donor kidney transplant performed
200th heart transplant performed
500th liver transplant performed
First split liver transplant performed

Transplant Milestones

- 1995** UW Hospital and Clinics transplant patient survival rates among the highest in the country
Lung transplant program certified for Medicare
CellCept, studied by Dr. Hans Sollinger, approved by FDA
- 1996** UW Hospital and Clinics ranked second most active transplant center in the U.S.
500th pancreas transplant performed
Dr. Jon Odorico expands isolated pancreas transplant program
- 1997** UWHC OPO ranked most effective in the United States
4000th kidney transplant performed
- 1998** 6000th organ transplant performed
William Burlingham, Ph.D., describes the relationship between chimerism and tolerance in certain transplant recipients
- 1999** First adult to adult living related liver transplant performed by Dr. Stuart Knechtle
Dr. Yolanda Becker and Dr. Hans Sollinger receive funding for xenotransplantation project
- 2000** UWHC OPO ranked second OPO in the United States with 34 donors/million population and second largest transplant program in the country performing 480 total transplants
Nearly 7,500 total transplants performed at UW Hospital and Clinics
Transplant division has secured more than \$6 million for clinical trials since 1990
Islet cell transplantation project initiated
- 2002** 500th heart transplant Performed
1st Islet cell transplant performed



University of Wisconsin
Hospital and Clinics

Hospital Administration
600 Highland Avenue
Madison, WI 53792

608.263.8000
608.263.9830 Fax

Anthony M. D'Alessandro, M.D.

Dr. D'Alessandro is Professor of Surgery, Director of Multiorgan Transplantation, and Executive Director of the Organ Procurement Organization at the University of Wisconsin. Dr. D'Alessandro is board certified in Surgery and Surgical Critical Care. He is a member of numerous professional societies including American Society of Transplant Surgeons, The Transplantation Society, International Society for Organ Preservation, American Association for the Study of Liver Diseases, Society of University Surgeons, and Central Surgical Association. He has been actively involved with the United Network for Organ Sharing, having served on many committees and as the Region 7 Councillor; currently he is an at-large representative on the board of directors. He was appointed to the National Advisory Allergy and Infectious Diseases Council by HSS Secretary Thompson in January 2003. His research in the field of transplantation has resulted in over 180 publications in such journals as *Transplantation*, *Transplantation Proceedings*, *Transplantation Reviews*, *Surgery*, and *Annals of Surgery*.

UWHC OPO FACTS AND FIGURES

BACKGROUND

Established in 1966, the University of Wisconsin Hospital and Clinics Organ Procurement Organization (UWHC OPO) is recognized as one of the most effective organ procurement programs in the nation.

AFFILIATIONS

The service is affiliated with the United Network for Organ Sharing and provides organ procurement services in Wisconsin, Michigan and Illinois.

EXECUTIVE DIRECTOR

Anthony M. D'Alessandro, M.D., 2000 - present

MISSION

As a hospital-based program, University of Wisconsin Hospital and Clinics Organ Procurement Organization dedicates its efforts to educating health care professionals and the community on the critical need for organ donation. Inherent in this mission is our continual goal—to increase organ donation by building relationships and advancing the field of organ recovery.

HIGHLIGHTS FROM 2002

- Ranked 5th out of 59 OPOs in number of organ donors per million people served
- Ranked 2nd in number of kidneys transplanted per million
- Ranked 2nd in number of extra-renal organs (heart, lung, liver and pancreas) transplanted per million
- 575 transplants performed in 2002 at UW Hospital and Clinics
- Since 1983, nearly 8,000 transplants have been performed at UW Hospital and Clinics
- Celebrated 500th heart transplant at UWHC
- Performed over 100 liver transplants in one year for the first time
- Received full accreditation from the Association of Organ Procurement Organizations (AOPO)

INFORMATION

Phone (608) 265-0356
 Fax (608) 262-9099
www.uwhcupo.org

LOCATION

UW Hospital and Clinics
 600 Highland Ave., F8/106
 Madison, WI 53792-1735

OPO SERVICE AREA



UWHC-OPO TEAM

James Anderson	Surgical Recovery Coordinator
Michael Anderson	Physician Assistant
Deborah Berini	Operations Business Manager
Justin Corbit	Physician Assistant
Anthony M. D'Alessandro, MD	Executive Director
Jill Ellefson	Outreach Coordinator
Felix Geissler, MD, PhD	Visiting Professor of Surgery
Joan Kaiser-Glaser	Program Assistant
Alex Krichevsky	Surgical Recovery Coordinator
Jon Lewis	Organ Procurement Coordinator
Helen Nelson	Manager, Clinical Services
Kristi Schneider	Organ Procurement Coordinator
Bill Snyder	Organ Procurement Coordinator
Hans Sollinger, MD, PhD	Medical Director
Dina Steinberger	Organ Procurement Coordinator

Referrals and Reporting:
 1 (866) UWHC-OPO
 (1-866-894-2676)



**UNIVERSITY OF WISCONSIN
 HOSPITAL AND CLINICS
 ORGAN PROCUREMENT ORGANIZATION**