

2005 Assembly Bill 881

Date of enactment: **March 24, 2006**

Date of publication\*: **April 7, 2006**

## 2005 WISCONSIN ACT 198

AN ACT *to repeal* 251.20 (2); *to renumber* 440.142 (title); *to renumber and amend* 440.142 (1), 440.142 (2) (a) and 440.142 (2) (b); *to amend* 66.0303 (2), 95.22 (4), 250.07 (1) (a), 251.05 (2) (b), 251.05 (2) (c), 251.20 (3), 252.02 (7), 252.05 (1), 252.05 (2), 252.05 (3), 252.05 (4), 979.012 (1), 979.012 (2) (a) and 979.012 (2) (d); and *to create* 250.03 (1) (k), 250.03 (1) (L) and 250.04 (12m) of the statutes; **relating to:** public health planning, services, and functions; reporting of communicable diseases; public health agreements; required vaccinations, isolation, or quarantine; contracts between municipalities and federally recognized American Indian tribes or bands; and requiring the exercise of rule-making authority.

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

**SECTION 1.** 66.0303 (2) of the statutes is amended to read:

66.0303 (2) A municipality may contract with municipalities of another state or with federally recognized American Indian tribes or bands located in another state for the receipt or furnishing of services or the joint exercise of any power or duty required or authorized by statute to the extent that laws of the other state or of the United States permit the joint exercise.

**SECTION 2.** 95.22 (4) of the statutes is amended to read:

95.22 (4) The department shall provide the reports of any communicable diseases under sub. (1) to the department of health and family services and to the local health officer, as defined in s. 250.01 (5), for the area in which the animal is located.

**SECTION 3.** 250.03 (1) (k) of the statutes is created to read:

250.03 (1) (k) Promote cooperation and formal collaborative agreements among any of the following with

regard to public health planning, priority setting, information and data sharing, reporting, resource allocation, funding, service delivery, and jurisdiction:

1. The state.
2. Local health departments.
3. Federally recognized American Indian tribes or bands located in this state.
4. The federal Indian health service.

**SECTION 4.** 250.03 (1) (L) of the statutes is created to read:

250.03 (1) (L) Perform or facilitate the performance of all of the following services and functions:

1. Monitor the health status of populations to identify and solve community health problems.
2. Investigate and diagnose community health problems and health hazards.
3. Inform and educate individuals about health issues.
4. Mobilize public and private sector collaboration and action to identify and solve health problems.
5. Develop policies, plans, and programs that support individual and community health efforts.

\* Section 991.11, WISCONSIN STATUTES 2003-04 : Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

6. Enforce statutes and rules that protect health and ensure safety.

7. Link individuals to needed personal health services.

8. Assure a competent public health workforce.

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

10. Provide research to develop insights into and innovative solutions for health problems.

**SECTION 5.** 250.04 (12m) of the statutes is created to read:

250.04 (12m) In public health planning, the department shall collaborate with local health departments on an ongoing basis and shall consult with private sector entities, as defined in s. 229.41 (9), and with public sector entities, as defined in s. 229.41 (10).

**SECTION 6.** 250.07 (1) (a) of the statutes is amended to read:

250.07 (1) (a) ~~At least once every 10 years~~ By January 1, 2010, and at least every 10 years thereafter, develop a successor document to ~~healthier people in Wisconsin, a public health agenda for the year 2000 published by the department in February 1990.~~

**SECTION 7.** 251.05 (2) (b) of the statutes is amended to read:

251.05 (2) (b) A Level II local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 ~~(2)~~ (3).

**SECTION 8.** 251.05 (2) (c) of the statutes is amended to read:

251.05 (2) (c) A Level III local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 ~~(2)~~ and (3).

**SECTION 9.** 251.20 (2) of the statutes is repealed.

**SECTION 10.** 251.20 (3) of the statutes is amended to read:

251.20 (3) Additional required services for Level II and Level III local health departments under s. 251.05 (2) (b) and (c), including services that DHFS determines appropriately address at least 3 of the objectives ~~from each section of healthier people in Wisconsin: a~~ or services specified in the most recent public health agenda for the year 2,000, published by the department in February 1990. The initial rules concerning these services shall correspond to the objectives set forth in each section of that document under s. 250.07 (1) (a).

**SECTION 11.** 252.02 (7) of the statutes is amended to read:

252.02 (7) The department shall promulgate rules that specify medical conditions treatable by prescriptions or nonprescription drug products for which pharmacists and pharmacies must report under s. 440.142 450.145 (1).

**SECTION 14.** 252.05 (1) of the statutes is amended to read:

252.05 (1) Any health care provider, as defined in s. 146.81 (1), who knows or has reason to believe that a person treated or visited by him or her has a communicable disease, or having a communicable disease, has died, shall report the appearance of the communicable disease or the death to the local health officer. The health agency of a federally recognized American Indian tribe or band may report this information to the local health officer. The local health officer shall report this information to the department or shall direct the person reporting to report to the department. Any person directed to report shall submit this information to the department.

**SECTION 15.** 252.05 (2) of the statutes is amended to read:

252.05 (2) Each laboratory shall report as prescribed by the department those specimen results that indicate that an individual providing the specimen has a communicable disease, or having a communicable disease, has died, or that the department finds necessary for the surveillance, control, diagnosis, and prevention of communicable diseases.

**SECTION 16.** 252.05 (3) of the statutes is amended to read:

252.05 (3) Anyone having knowledge or reason to believe that any person has a communicable disease shall report the facts to the local health officer or to the department.

**SECTION 17.** 252.05 (4) of the statutes is amended to read:

252.05 (4) Reports under subs. (1) and (2) shall state so far as known the name, sex, age, and residence of the person, the communicable disease and other facts the department or local health officer requires. Report forms, including forms appropriate for reporting under s. 95.22 (1m), may be furnished by the department and distributed by the local health officer.

**SECTION 18.** 440.142 (title) of the statutes is renumbered 450.145 (title).

**SECTION 19.** 440.142 (1) of the statutes is renumbered 450.145 (1) and amended to read:

450.145 (1) ~~A~~ Within 24 hours after an occurrence of any of the following, a pharmacist or pharmacy shall report the occurrence electronically, by fax machine, by telephone, or in writing to a local health department, as defined in s. 250.01 (4), or the department of health and family services ~~all of the following:~~

(a) An unusual increase in the number of prescriptions dispensed or nonprescription drug products sold by the pharmacist or pharmacy for the treatment of medical conditions specified by the department of health and family services by rule under s. 252.02 (7).

(b) An unusual increase in the number of prescriptions dispensed by the pharmacist or pharmacy that are antibiotic drugs.

(c) The dispensing of a prescription by the pharmacist or pharmacy for treatment of a disease that is relatively uncommon or may be associated with bioterrorism, as defined in s. 166.02 (1r).

**SECTION 20.** 440.142 (2) (a) of the statutes is renumbered 440.142 (2) and amended to read:

440.142 (2) Except as provided in ~~par. (b)~~ s. 450.145 (2), a pharmacist or pharmacy may not report personally identifying information concerning an individual who is dispensed a prescription or who purchases a nonprescription drug product as specified in sub. (1) (a), (b), or (c).

**SECTION 21.** 440.142 (2) (b) of the statutes is renumbered 450.145 (2) and amended to read:

450.145 (2) ~~Upon request by the department of health and family services~~ In submitting a report under sub. (1), a pharmacist or pharmacy shall ~~report to that department~~ include personally identifying information other than a social security number concerning an individual who is dispensed a prescription or who purchases a nonprescription drug product as specified in sub. (1) (a), (b), or (c).

**SECTION 22.** 979.012 (1) of the statutes is amended to read:

979.012 (1) If a coroner or medical examiner is aware

of the death of a person who, at the time of his or her death, had an illness or a health condition that satisfies s. 166.02 (7) (a) or if the coroner or medical examiner knows or suspects that the person had a communicable disease that, under rules promulgated by the department of health and family services, must be reported to a local health officer or to the state epidemiologist, the coroner or medical examiner shall report the illness ~~or health condition,~~ or communicable disease to the department of health and family services and to the local health department, as defined in s. 250.01 (4), in whose jurisdiction the coroner or medical examiner is located in writing or by electronic transmission within 24 hours of learning of the deceased's illness ~~or health condition,~~ or communicable disease.

**SECTION 23.** 979.012 (2) (a) of the statutes is amended to read:

979.012 (2) (a) The illness ~~or health condition,~~ or communicable disease of the deceased.

**SECTION 24.** 979.012 (2) (d) of the statutes is amended to read:

979.012 (2) (d) If the illness ~~or health condition,~~ or communicable disease was related to an animal or insect bite, the suspected location where the bite occurred and the name and address of the owner of the animal or insect, if an owner is identified.