

**ASSEMBLY BILL 881 (LRB -3062)**

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), 252.041 (1) (a), 252.041 (1) (b), 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. (FE)

**2005**

- 02-23. A. Introduced by Representatives **Hines, Freese, Grigsby, Gunderson, Hubler, Lehman, Ott, McCormick, Shilling and Underheim**; cosponsored by Senators **Roessler, Risser and Lassa**.
- 12-19. A. Read first time and referred to committee on Public Health ..... 697

**2006**

- 01-06. A. Fiscal estimate received.
- 01-09. A. Assembly amendment 1 offered by Representative Hines (**LRB a1987**) ..... 712
- 01-10. A. Fiscal estimate received.
- 01-11. A. Public hearing held.
- 01-17. A. Executive action taken.
- 01-19. A. Fiscal estimate received.
- 01-19. A. Report Assembly Amendment 1 adoption recommended by committee on Public Health, Ayes 8, Noes 0 .. 731
- 01-19. A. Report passage as amended recommended by committee on Public Health, Ayes 8, Noes 0 ..... 731
- 01-19. A. Referred to committee on Rules ..... 731
- 01-19. A. Placed on calendar 1-24-2006 by committee on Rules.
- 01-24. A. **LRB correction (Assembly amendment 1)** ..... 742
- 01-24. A. Read a second time ..... 746
- 01-24. A. Assembly amendment 1 **adopted** ..... 746
- 01-24. A. Ordered to a third reading ..... 746
- 01-24. A. Rules suspended ..... 746
- 01-24. A. Read a third time and **passed**, Ayes 98, Noes 0 ..... 746
- 01-24. A. Ordered immediately messaged ..... 746
- 01-25. S. Received from Assembly.
- 01-25. S. Read first time and referred to committee on Health, Children, Families, Aging and Long Term Care.
- 02-08. S. Public hearing held.
- 02-08. S. Executive action taken.
- 02-09. S. Report concurrence recommended by committee on Health, Children, Families, Aging and Long Term Care, Ayes 5, Noes 0 ..... 590
- 02-09. S. Available for scheduling.
- 02-23. S. Placed on calendar 2-28-2006 by committee on Senate Organization.
- 02-28. S. Read a second time.
- 02-28. S. Ordered to a third reading.
- 02-28. S. Rules suspended.
- 02-28. S. Read a third time and **concurred in**.
- 02-28. S. Ordered immediately messaged.
- 02-28. A. Received from Senate concurred in.

SB

**2005  
ENROLLED BILL**

05en A B-881

**ADOPTED DOCUMENTS:**

Orig     Engr         SubAmdt     

05-3062/3

Amendments to above (if none, write "NONE"): AA1 - a1987/1

Corrections - show date (if none, write "NONE"): ~~NONE~~ CCC to AA1

Topic Rel

3-1-06    J. Miller  
Date                      Enrolling Drafter

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## 2005 ASSEMBLY BILL 881

December 19, 2005 - Introduced by Representatives HINES, FREESE, GRIGSBY, GUNDERSON, HUBLER, LEHMAN, OTT, MCCORMICK, SHILLING and UNDERHEIM, cosponsored by Senators ROESSLER, RISSER and LASSA. Referred to Committee on Public Health.

1     **AN ACT to repeal** 251.20 (2); **to renumber** 440.142 (title); **to renumber and**  
2     **amend** 440.142 (1), 440.142 (2) (a) and 440.142 (2) (b); **to amend** 66.0303 (2),  
3     95.22 (4), 250.07 (1) (a), 251.05 (2) (b), 251.05 (2) (c), 251.20 (3), 252.02 (7),  
4     252.041 (1) (a), 252.041 (1) (b), 252.05 (1), 252.05 (2), 252.05 (3), 252.05 (4),  
5     979.012 (1), 979.012 (2) (a) and 979.012 (2) (d); and **to create** 250.03 (1) (k),  
6     250.03 (1) (L) and 250.04 (12m) of the statutes; **relating to:** public health  
7     planning, services, and functions; reporting of communicable diseases; public  
8     health agreements; required vaccinations, isolation, or quarantine; contracts  
9     between municipalities and federally recognized American Indian tribes or  
10    bands; and requiring the exercise of rule-making authority.

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### ***Analysis by the Legislative Reference Bureau***

Under current law, a municipality (including the state, a state agency, or a city, village, town, county, or school district) may contract with other municipalities, with municipalities of another state, and with federally recognized American Indian tribes or bands in this state for the receipt or furnishing of services or the joint exercise of powers or duties required or authorized by statute. This bill authorizes

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a municipality to contract with federally recognized American Indian tribes or bands located in another state.

Under current law, each time a veterinarian or the Department of Natural Resources (DNR) discovers that a disease, as specified in rules that the Department of Agriculture, Trade and Consumer Protection (DATCP) has promulgated, is present in an animal in this state, the veterinarian or DNR must report that information to DATCP. DATCP, in turn, must provide to the Department of Health and Family Services (DHFS) the reports of any communicable diseases (as specified in rules promulgated by DHFS). This bill requires that DATCP also provide the reports of communicable diseases present in animals to the local health officer for the area in which the animal is located.

Under current law, DHFS must maintain a public health system in cooperation with local health departments, community organizations, and medical clinics that are operated by governing bodies or agencies of governing bodies of federally recognized American Indian tribes or bands located in this state. This bill requires DHFS to promote cooperation and formal collaborative agreements among the state, local health departments, federally recognized American tribes or bands located in this state, and the federal Indian Health Service with regard to public health planning, priority setting, information and data sharing, reporting, resource allocation, funding, service delivery, and jurisdiction. The bill also requires DHFS to perform or facilitate the performance of numerous services and functions, including monitoring the health status of populations to identify and solve community health problems, linking individuals to needed personal health services, and assuring a competent public health workforce.

The bill requires DHFS, in public health planning, to collaborate with local health departments on an ongoing basis and to consult with private and public sector entities.

Currently, if the governor declares a state of emergency related to public health and designates DHFS as the lead state agency to respond to that emergency, DHFS may order any individual to receive a vaccination unless the vaccination is likely to lead to the individual's serious harm or the individual refuses to undergo vaccination for reasons of religion or conscience. DHFS may isolate or quarantine any individual who is unable or unwilling, for these reasons, to receive a vaccination. This bill requires that, before an individual may be ordered to undergo a vaccination, he or she first be requested to receive a vaccination voluntarily and refuse. In addition, before DHFS may isolate or quarantine a refusing individual, the individual must first be requested to undergo isolation or quarantine voluntarily and must refuse.

Currently, any health care provider who knows or has reason to believe that a person that the health care provider has treated or visited has a communicable disease, or, having a communicable disease, has died, must report that information to the local health officer. This bill authorizes the health agency of a federally recognized American Indian tribe or band to report this information to the local health officer.

Currently, each laboratory must report, as prescribed by DHFS, those specimen results DHFS finds necessary for the surveillance, control, diagnosis, and prevention

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of communicable diseases. This bill also requires that laboratories report specimen results that indicate an individual providing the specimen has a communicable disease or, having the disease, has died.

Under current law, a pharmacist or pharmacy must report to DHFS the occurrence of an unusual increase in the number of prescriptions dispensed or nonprescription drug products sold for the treatment of medical conditions specified by DHFS, an unusual increase in the number of prescriptions dispensed for antibiotic drugs, and the dispensing of a prescription for treatment of an uncommon disease or a disease that may be associated with bioterrorism. This bill requires that a pharmacist or pharmacy report these matters electronically or in writing and also report them to a local health department.

Under current law, a coroner or medical examiner must report to DHFS or a local health department the death of a person who, at the time of death, had an illness or health condition that is believed to be caused by bioterrorism or a previously controlled or eradicated biological agent that poses a high probability of a large number of deaths or disabilities among humans or widespread exposure. This bill requires a coroner or medical examiner to report if the deceased individual had a communicable disease and matters relating to the communicable disease.

Currently, at least once every ten years DHFS must develop a successor document to “Healthier People in Wisconsin, a Public Health Agenda for the Year 2000,” which DHFS published in 1990. This document contains certain public health objectives. DHFS must promulgate rules that specify additional required services for local health departments; in doing so, DHFS must include services that, for Level II local health departments, address at least one of the objectives from each section of the document and, for Level III local health departments, address at least three of the objectives from each section of the document.

This bill requires that, by January 1, 2010, and every ten years thereafter, DHFS develop a public health agenda, rather than develop a successor document. DHFS must promulgate rules specifying additional required services for Level II and Level III local health departments, including services that DHFS determines appropriately address objectives and services specified in the most recent public health agenda.

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

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

- 1           **SECTION 1.** 66.0303 (2) of the statutes is amended to read:
- 2           **66.0303 (2)** A municipality may contract with municipalities of another state
- 3           or with federally recognized American Indian tribes or bands located in another state
- 4           for the receipt or furnishing of services or the joint exercise of any power or duty

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1 required or authorized by statute to the extent that laws of the other state or of the  
2 United States permit the joint exercise.

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

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

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

9 250.03 (1) (k) Promote cooperation and formal collaborative agreements  
10 among any of the following with regard to public health planning, priority setting,  
11 information and data sharing, reporting, resource allocation, funding, service  
12 delivery, and jurisdiction:

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

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

18 250.03 (1) (L) Perform or facilitate the performance of all of the following  
19 services and functions:

- 20 1. Monitor the health status of populations to identify and solve community  
21 health problems.
- 22 2. Investigate and diagnose community health problems and health hazards.
- 23 3. Inform and educate individuals about health issues.
- 24 4. Mobilize public and private sector collaboration and action to identify and  
25 solve health problems.

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1           5. Develop policies, plans, and programs that support individual and  
2 community health efforts.

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

4           7. Link individuals to needed personal health services.

5           8. Assure a competent public health workforce.

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

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

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

11           250.04 (12m) In public health planning, the department shall collaborate with  
12 local health departments on an ongoing basis and shall consult with private sector  
13 entities, as defined in s. 229.41 (9), and with public sector entities, as defined in s.  
14 229.41 (10).

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

16           250.07 (1) (a) ~~At least once every 10 years~~ By January 1, 2010, and every 10  
17 years thereafter, ~~develop a successor document to healthier people in Wisconsin, a~~  
18 ~~public health agenda for the year 2000, published by the department in February~~  
19 ~~1990 following 10 years.~~ INSERT 1-1

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

21           251.05 (2) (b) A Level II local health department shall provide at least the  
22 services under par. (a) and additional services specified by the department by rule  
23 under s. 251.20 ~~(2)~~ (3).

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

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1           251.05 (2) (c) A Level III local health department shall provide at least the  
2 services under par. (a) and additional services specified by the department by rule  
3 under s. 251.20 (2) and (3).

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

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

6           251.20 (3) Additional required services for Level II and Level III local health  
7 departments under s. 251.05 (2) (b) and (c), including services that DHFS determines  
8 appropriately address at least 3 of the objectives from each section of healthier people  
9 in Wisconsin: a or services specified in the most recent public health agenda for the  
10 year 2,000, published by the department in February 1990. The initial rules  
11 concerning these services shall correspond to the objectives set forth in each section  
12 of that document under s. 250.07 (1) (a).

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

14           252.02 (7) The department shall promulgate rules that specify medical  
15 conditions treatable by prescriptions or nonprescription drug products for which  
16 pharmacists and pharmacies must report under s. 440.142 450.145 (1).

17           **SECTION 12.** 252.041 (1) (a) of the statutes is amended to read:

18           252.041 (1) (a) ~~Order any~~ If an individual is first requested to receive a  
19 vaccination voluntarily and the individual refuses, order the individual to receive a  
20 vaccination unless the vaccination is reasonably likely to lead to serious harm to the  
21 individual or unless the individual, for reasons of religion or conscience, refuses to  
22 obtain the vaccination.

23           **SECTION 13.** 252.041 (1) (b) of the statutes is amended to read:

24           252.041 (1) (b) ~~Isolate or quarantine, under s. 252.06, any~~ If an individual who  
25 is unable or unwilling for reasons specified under sub. (1) to receive vaccination

1-3



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1 ~~under par. (a) is first requested to undergo isolation or quarantine voluntarily and~~  
2 ~~refuses, isolate or quarantine the individual under s. 252.06.~~ (1-3)

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

4 252.05 (1) Any health care provider, as defined in s. 146.81 (1), who knows or  
5 has reason to believe that a person treated or visited by him or her has a  
6 communicable disease, or having a communicable disease, has died, shall report the  
7 appearance of the communicable disease or the death to the local health officer. The  
8 health agency of a federally recognized American Indian tribe or band may report  
9 this information to the local health officer. The local health officer shall report this  
10 information to the department or shall direct the person reporting to report to the  
11 department. Any person directed to report shall submit this information to the  
12 department.

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

14 252.05 (2) Each laboratory shall report as prescribed by the department those  
15 specimen results that indicate that an individual providing the specimen has a  
16 communicable disease, or having a communicable disease, has died, or that the  
17 department finds necessary for the surveillance, control, diagnosis, and prevention  
18 of communicable diseases.

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

20 252.05 (3) Anyone having knowledge or reason to believe that any person has  
21 a communicable disease shall report the facts to the local health officer or to the  
22 department.

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

24 252.05 (4) Reports under subs. (1) and (2) shall state so far as known the name,  
25 sex, age, and residence of the person, the communicable disease and other facts the

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1 department or local health officer requires. Report forms, including forms  
2 appropriate for reporting under s. 95.22 (1m), may be furnished by the department  
3 and distributed by the local health officer.

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

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

7 450.145 (1) A Within 24 hours after an occurrence of any of the following, a  
8 pharmacist or pharmacy shall report the occurrence electronically or in writing to a  
9 local health department, as defined in s. 250.01 (4), or the department of health and  
10 family services all of the following:

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

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

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

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

22 440.142 (2) Except as provided in ~~par. (b)~~ s. 450.145 (2), a pharmacist or  
23 pharmacy may not report personally identifying information concerning an  
24 individual who is dispensed a prescription or who purchases a nonprescription drug  
25 product as specified in sub. (1) (a), (b), or (c).

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

3           450.145 (2) ~~Upon request by the department of health and family services~~ In  
4 submitting a report under sub. (1), a pharmacist or pharmacy shall ~~report to that~~  
5 ~~department~~ include personally identifying information other than a social security  
6 number concerning an individual who is dispensed a prescription or who purchases  
7 a nonprescription drug product as specified in sub. (1) (a), (b), or (c).

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

9           979.012 (1) If a coroner or medical examiner is aware of the death of a person  
10 who, at the time of his or her death, had an illness or a health condition that satisfies  
11 s. 166.02 (7) (a) or if the coroner or medical examiner knows or suspects that the  
12 person had a communicable disease, the coroner or medical examiner shall report the  
13 illness ~~or~~ health condition, or communicable disease to the department of health and  
14 family services and to the local health department, as defined in s. 250.01 (4), in  
15 whose jurisdiction the coroner or medical examiner is located in writing or by  
16 electronic transmission within 24 hours of learning of the deceased's illness ~~or~~,  
17 health condition, or communicable disease.

INSERT 1-5

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

19           979.012 (2) (a) The illness ~~or~~ health condition, or communicable disease of the  
20 deceased.

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

22           979.012 (2) (d) If the illness ~~or~~ health condition, or communicable disease was  
23 related to an animal or insect bite, the suspected location where the bite occurred and  
24 the name and address of the owner of the animal or insect, if an owner is identified.

25

(END)

**ASSEMBLY AMENDMENT 1,  
TO 2005 ASSEMBLY BILL 881**

January 9, 2006 - Offered by Representative HINES.

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At the locations indicated, amend the bill as follows:

1. Page 5, line 16: after "and" insert "at least".

2. Page 5, line 18: delete lines 18 and 19 and substitute "public health agenda for the year 2000 published by the department in February 1990.".

3. Page 6, line 17: delete the material beginning with that line and ending with page 7, line 2.

4. Page 8, line 8: after "electronically" insert ", by fax machine, by telephone.".

5. Page 9, line 12: after "disease" insert "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.".

(END)

1-1

1-2

1-4

1-5