



State of Wisconsin
2005 - 2006 LEGISLATURE

SOON - Lu edit 9/22

D-NOTE

LRB-3062/P1

DAK:lmk:rs

keep

~~PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION~~

TAMM
oday
requester called

V+

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

insert anal

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided on a subsequent version.

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

7 **SECTION 2.** 95.22 (1m) of the statutes is created to read:

8 95.22 (1m) A veterinarian who knows or has reason to believe that an animal
9 treated or visited by him or her has a communicable disease, or having a
10 communicable disease, has died, shall report, on a form specified under s. 252.05 (4),
11 the appearance of the communicable disease or the death to the local health officer,
12 as defined in s. 250.01 (5). The local health officer shall report this information to
13 the department of health and family services or shall direct the veterinarian
14 reporting to report to the department of health and family services. Any veterinarian
15 directed to report shall submit this information to the department of health and
16 family services.

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

18 95.22 (2) (a) The diseases that a veterinarian or the department of natural
19 resources must report under ~~this section~~ sub. (1).

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

21 95.22 (2) (c) The information that a veterinarian or the department of natural
22 resources must include in his or her report under sub. (1).

23 **SECTION 5.** 95.22 (2) (d) of the statutes is amended to read:

24 95.22 (2) (d) Procedures to be used in preparing and submitting the report
25 required under sub. (1).

1 SECTION 6. 250.03 (1) (k) of the statutes is created to read:

2 250.03 (1) (k) Promote cooperation and formal collaborative agreements

3 among ~~the state, governing bodies of federally recognized American Indian tribes or~~

4 ~~bands located in this state, and the federal Indian Health Service with regard to all~~

5 ^{any} of the following *with regard to, NO 9*

- 6 *1* Public health planning, priority setting, information and data sharing,
- 7 reporting, resource allocation, funding, service delivery, and jurisdiction. *!*

8 ~~2. The full faith and credit of state and tribal court orders relating to public~~
9 ~~health that are issued in this state.~~

INSERT
3-9

or facilitate the performance of

10 SECTION 7. 250.03 (1) (L) of the statutes is created to read:

11 250.03 (1) (L) Perform all of the following services and functions:

12 1. Monitor the health status of populations to identify and solve community
13 health problems.

14 2. Investigate and diagnose community health problems and health hazards.

15 3. Inform, ^{and} educate, ~~and empower~~ individuals about health issues.

16 4. Mobilize public and private sector collaboration and action to identify and
17 solve health problems.

18 5. Develop policies, plans, and programs that support individual and
19 community health efforts.

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

21 7. Link individuals to needed personal health services ~~and assure the provision~~
22 ~~of health care if otherwise unavailable.~~

23 8. Assure a competent public health workforce.

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

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

3 **SECTION 8.** 250.04 (12m) of the statutes is created to read:

4 250.04 (12m) In public health planning, the department shall collaborate with
5 local health departments on an ongoing basis and shall consult with private sector
6 entities, as defined in s. 229.41 (9), and with public sector entities, as defined in s.
7 229.41 (10).

8 **SECTION 9.** 252.02 (7) of the statutes is amended to read:

9 252.02 (7) The department shall promulgate rules that specify medical
10 conditions treatable by prescriptions or nonprescription drug products for which
11 pharmacists and pharmacies must report under s. ~~440.142~~ 450.145 (1).

12 **SECTION 10.** 252.041 (1) (a) of the statutes is amended to read:

13 252.041 (1) (a) ~~Order any~~ If an individual is first requested to receive a
14 vaccination voluntarily and the individual refuses, order the individual to receive a
15 vaccination unless the vaccination is reasonably likely to lead to serious harm to the
16 individual or unless the individual, for reasons of religion or conscience, refuses to
17 obtain the vaccination.

18 **SECTION 11.** 252.041 (1) (b) of the statutes is amended to read:

19 252.041 (1) (b) ~~Isolate or quarantine, under s. 252.06, any~~ If an individual who
20 is unable or unwilling for reasons specified under sub. (1) to receive vaccination
21 under par. (a) is first requested to undergo isolation or quarantine voluntarily and
22 refuses, isolate or quarantine the individual under s. 252.06.

23 **SECTION 12.** 252.05 (1) of the statutes is amended to read:

24 252.05 (1) Any health care provider, as defined in s. 146.81 (1), ~~or the health~~
25 ~~agency of a federally recognized American Indian tribe or band~~ who knows or has

The health agency of a federally recognized American Indian tribe or band may report this information to the local health officer.

1 reason to believe that a person treated or visited by him or her has a communicable
 2 disease, or having a communicable disease, has died, shall report the appearance of
 3 the communicable disease or the death to the local health officer. The local health
 4 officer shall report this information to the department or shall direct the person
 5 reporting to report to the department. Any person directed to report shall submit
 6 this information to the department.

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

8 252.05 (2) Each laboratory shall report as prescribed by the department those
 9 specimen results that indicate that an individual providing the specimen has a
 10 communicable disease, or having a communicable disease, has died, or that the
 11 department finds necessary for the surveillance, control, diagnosis, and prevention
 12 of communicable diseases.

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

14 252.05 (3) Anyone having knowledge or reason to believe that any person has
 15 a communicable disease shall report the facts to the local health officer or to the
 16 department.

17 **SECTION 15.** 252.05 (4) of the statutes is amended to read:

18 252.05 (4) Reports under subs. (1) and (2) shall state so far as known the name,
 19 sex, age, and residence of the person, the communicable disease and other facts the
 20 department or local health officer requires. Report forms, including forms
 21 appropriate for reporting under s. 95.22 (1m), may be furnished by the department
 22 and distributed by the local health officer.

23 **SECTION 16.** 440.142 (title) of the statutes is renumbered 450.145 (title).

24 **SECTION 17.** 440.142 (1) of the statutes is renumbered 450.145 (1) and amended
 25 to read:

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

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

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

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

14 ~~SECTION 18. 440.142 (2) (a) of the statutes is repealed.~~

15 **SECTION 19.** 440.142 (2) (b) of the statutes is renumbered 450.145 (2) and
16 amended to read:

17 450.145 (2) ~~Upon request by the department of health and family services~~ In
18 submitting a report under sub. (1), a pharmacist or pharmacy shall report to that
19 department include personally identifying information other than ~~including, if~~
20 ~~available,~~ a social security number concerning an individual who is dispensed a
21 prescription or who purchases a nonprescription drug product as specified in sub. (1)
22 (a), (b), or (c).

23 **SECTION 20.** 979.012 (1) of the statutes is amended to read:

24 979.012 (1) If a coroner or medical examiner is aware of the death of a person
25 who, at the time of his or her death, had an illness or a health condition that satisfies

INSERT 6-14

RESTORE TO
PLAIN TEXT

1 s. 166.02 (7) (a) or if the coroner or medical examiner knows or suspects that the
2 person had a communicable disease, the coroner or medical examiner shall report the
3 illness ~~or~~, health condition, or communicable disease to the department of health and
4 family services and to the local health department, as defined in s. 250.01 (4), in
5 whose jurisdiction the coroner or medical examiner is located in writing or by
6 electronic transmission within 24 hours of learning of the deceased's illness ~~or~~,
7 health condition, or communicable disease.

8 SECTION 21. 979.012 (2) (a) of the statutes is amended to read:

9 979.012 (2) (a) The illness ~~or~~, health condition, or communicable disease of the
10 deceased.

11 SECTION 22. 979.012 (2) (d) of the statutes is amended to read:

12 979.012 (2) (d) If the illness ~~or~~, health condition, or communicable disease was
13 related to an animal or insect bite, the suspected location where the bite occurred and
14 the name and address of the owner of the animal or insect, if an owner is identified.

15 (END)

D-NOTE

2005-2006 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3062/lins
DAK:lmk:rs

INSERT ANAL

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 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 or must refuse.

and

use 2x
report

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 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 individual had a communicable disease. ✓ *deceased*

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

and matters relating to the communicable disease

✓
INSERT 2-25

1 **SECTION 1.** 95.22 (4) of the statutes is amended to read:

2 95.22 (4) The department shall provide the reports of any communicable

3 diseases under sub. (1) to the department of health and family services and to the

4 local health officer, as defined in s. 260.01 (5), for the area in which the animal is

5 located. ✓

History: 1981 c. 291; 1981 c. 391 s. 210; 1993 a. 492; 1999 a. 83; 2001 a. 56, 109; 2003 a. 321.

INSERT 3-9

6 1. The state. ✓

7 2. Local health departments. ✓

1 3. Federally recognized American Indian tribes or bands located in this state. ✓

2 4. The federal Indian Health Service. ✓

✓ **INSERT 6-14** ✓

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

5 440.142 (2) Except as provided in par. (b) ^{S.} 450.145 (2), a pharmacist or
6 pharmacy may not report personally identifying information concerning an
7 individual who is dispensed a prescription or who purchases a nonprescription drug
8 product as specified in sub. (1) (a), (b), or (c). ✓

9 History: 2001 a. 109.

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3062/1dn
DAK:lmk:rs

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(date)

✓
To Representative Hines:

In addition to the redraft instructions, in accordance with my conversation with Carolyn Jahnke, I have left in this draft the cross-reference to s. 450.145 (1) in s. 252.02 (7), stats.; required in s. 250.03 (1) (L) that DHFS perform or facilitate the performance of the services and functions under that paragraph; and deleted "empower" under s. 250.03 (1) (L) 3. ✓

Also, after speaking with Joyce Kiehl of the Legislative Council, I have made the following changes to the material proposed for this redraft or contained in the original draft: ✓

1. I have deleted proposed s. 250.03 (1) (k) 2., which would have required agreements entered into under the paragraph to recognize the full faith and credit provided to tribal court orders under s. 806.245, stats., and any full faith and credit given to state court orders by tribal courts. ✓ First, requiring recognition of s. 806.245, stats., is unnecessary; that statute applies, regardless of whether it is explicitly mentioned in another statute or not. ✓ Second, requiring recognition of any full faith and credit given to state court orders by tribal courts appears also to be unnecessary; if given, that recognition is applicable to a *tribe*, not the state, and applies to the tribe regardless of whether this statute compels recognition of it or not; moreover, the state cannot, by state statute, compel tribal recognition of state court orders. ✓

2. The language proposed and drafted for s. 252.05 (1) required the health agency of a federally recognized American Indian tribe or band to report certain information to the local health officer. ✓ Joyce agrees that the state does not have jurisdiction to compel a federal health agency to report; however, she suggested that such an agency be authorized to report, and I have changed the statute accordingly. ✓

Lastly, the redraft instructions are to replace all current references to the 2000 state health plan with "the most recent 10-year state public health plan developed by the department." ✓ After a search of the statutes, the only reference I can find is in s. 250.07 (1) (a), stats., and, for this statute, the change seems inapt. ✓

Please do not hesitate to let me know if you have questions or need further assistance with this bill. ✓

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3062/1dn
DAK:lmk:rs

October 12, 2005

To Representative Hines:

In addition to the redraft instructions, in accordance with my conversation with Carolyn Jahnke, I have left in this draft the cross-reference to s. 450.145 (1) in s. 252.02 (7), stats.; required in s. 250.03 (1) (L) that DHFS perform or facilitate the performance of the services and functions under that paragraph; and deleted "empower" under s. 250.03 (1) (L) 3.

Also, after speaking with Joyce Kiehl of the Legislative Council, I have made the following changes to the material proposed for this redraft or contained in the original draft:

1. I have deleted proposed s. 250.03 (1) (k) 2., which would have required agreements entered into under the paragraph to recognize the full faith and credit provided to tribal court orders under s. 806.245, stats., and any full faith and credit given to state court orders by tribal courts. First, requiring recognition of s. 806.245, stats., is unnecessary; that statute applies, regardless of whether it is explicitly mentioned in another statute or not. Second, requiring recognition of any full faith and credit given to state court orders by tribal courts appears also to be unnecessary; if given, that recognition is applicable to a *tribe*, not the state, and applies to the tribe regardless of whether this statute compels recognition of it or not; moreover, the state cannot, by state statute, compel tribal recognition of state court orders.
2. The language proposed and drafted for s. 252.05 (1) required the health agency of a federally recognized American Indian tribe or band to report certain information to the local health officer. Joyce agrees that the state does not have jurisdiction to compel a federal health agency to report; however, she suggested that such an agency be authorized to report, and I have changed the statute accordingly.

Lastly, the redraft instructions are to replace all current references to the 2000 state health plan with "the most recent 10-year state public health plan developed by the department." After a search of the statutes, the only reference I can find is in s. 250.07 (1) (a), stats., and, for this statute, the change seems inapt.

Please do not hesitate to let me know if you have questions or need further assistance with this bill.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
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Kennedy, Debora

From: Jahnke, Carolyn
Sent: Tuesday, October 25, 2005 2:50 PM
To: Kennedy, Debora
Subject: LRB 3062 - Model Act Redraft

Debora,

Here are the references to the old state health plan we wanted removed under LRB 3062. Can you please incorporate these changes into the draft? Also, we are okay with the tribal changes made by Joyce and yourself.

Thank you for all of your assistance on this.

Carolyn

250.07(1)(a) ~~At least once every 10 years the beginning of each decade, develop a successor document to healthier people in Wisconsin, a public health agenda for the year 2000, published by the department in February 1990 decade.~~ *Following ¹⁰ years*

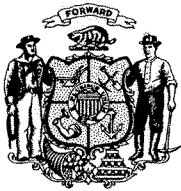
251.20 (2) Additional required services for Level II local health departments under s. 251.05 (2) (b), including services that address ~~at least one of the objectives or services from each section of healthier people in Wisconsin: a~~ the most recent 10-year public health agenda for the year 2,000, 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).~~

251.20 (3) Additional required services for Level III local health departments under s. 251.05 (2) (c), including services that address ~~at least 3 of the objectives or services from each section of healthier people in Wisconsin: a~~ the most recent 10-year 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).~~

Carolyn Jahnke
Research Assistant
Clerk, Assembly Committee on Public Health
State Representative J.A. Hines
608.266.7746
carolyn.jahnke@legis.state.wi.us

10/25
From Carolyn: use
"By January 1, 2010, and
every ¹⁰ years thereafter,"

, as determined by the dept,
specified in



State of Wisconsin
2005 - 2006 LEGISLATURE

LRB-3062/2

DAK:lmk:rs

D. NOTE

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2005 BILL

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

*and requiring the exercise of
rule-making authority ✓*

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

BILL

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 of communicable diseases. This bill also requires that laboratories report specimen

BILL

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.

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

INSERT
ANAL

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

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

8 95.22 (4) The department shall provide the reports of any communicable
9 diseases under sub. (1) to the department of health and family services and to the
10 local health officer, as defined in s. 250.01 (5), for the area in which the animal is
11 located.

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

BILL

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

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

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

10 250.03 (1) (L) Perform or facilitate the performance of all of the following
11 services and functions:

- 12 1. Monitor the health status of populations to identify and solve community
13 health problems.
- 14 2. Investigate and diagnose community health problems and health hazards.
- 15 3. Inform and educate individuals about health issues.
- 16 4. Mobilize public and private sector collaboration and action to identify and
17 solve health problems.
- 18 5. Develop policies, plans, and programs that support individual and
19 community health efforts.
- 20 6. Enforce statutes and rules that protect health and ensure safety.
- 21 7. Link individuals to needed personal health services.
- 22 8. Assure a competent public health workforce.
- 23 9. Evaluate effectiveness, accessibility, and quality of personal and
24 population-based health services.

BILL

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

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

4 250.04 (12m) In public health planning, the department shall collaborate with
5 local health departments on an ongoing basis and shall consult with private sector
6 entities, as defined in s. 229.41 (9), and with public sector entities, as defined in s.
7 229.41 (10).

8 **SECTION 6.** 252.02 (7) of the statutes is amended to read:

9 252.02 (7) The department shall promulgate rules that specify medical
10 conditions treatable by prescriptions or nonprescription drug products for which
11 pharmacists and pharmacies must report under s. ~~440.142~~ 450.145 (1).

12 **SECTION 7.** 252.041 (1) (a) of the statutes is amended to read:

13 252.041 (1) (a) ~~Order any~~ If an individual is first requested to receive a
14 vaccination voluntarily and the individual refuses, order the individual to receive a
15 vaccination unless the vaccination is reasonably likely to lead to serious harm to the
16 individual or unless the individual, for reasons of religion or conscience, refuses to
17 obtain the vaccination.

18 **SECTION 8.** 252.041 (1) (b) of the statutes is amended to read:

19 252.041 (1) (b) ~~Isolate or quarantine, under s. 252.06, any~~ If an individual who
20 is unable or unwilling for reasons specified under sub. (1) to receive vaccination
21 under par. (a) is first requested to undergo isolation or quarantine voluntarily and
22 refuses, isolate or quarantine the individual under s. 252.06.

23 **SECTION 9.** 252.05 (1) of the statutes is amended to read:

24 252.05 (1) Any health care provider, as defined in s. 146.81 (1), who knows or
25 has reason to believe that a person treated or visited by him or her has a

INSERT
5-7

BILL**SECTION 9**

1 communicable disease, or having a communicable disease, has died, shall report the
2 appearance of the communicable disease or the death to the local health officer. The
3 health agency of a federally recognized American Indian tribe or band may report
4 this information to the local health officer. The local health officer shall report this
5 information to the department or shall direct the person reporting to report to the
6 department. Any person directed to report shall submit this information to the
7 department.

8 **SECTION 10.** 252.05 (2) of the statutes is amended to read:

9 252.05 (2) Each laboratory shall report as prescribed by the department those
10 specimen results that indicate that an individual providing the specimen has a
11 communicable disease, or having a communicable disease, has died, or that the
12 department finds necessary for the surveillance, control, diagnosis, and prevention
13 of communicable diseases.

14 **SECTION 11.** 252.05 (3) of the statutes is amended to read:

15 252.05 (3) Anyone having knowledge or reason to believe that any person has
16 a communicable disease shall report the facts to the local health officer or to the
17 department.

18 **SECTION 12.** 252.05 (4) of the statutes is amended to read:

19 252.05 (4) Reports under subs. (1) and (2) shall state so far as known the name,
20 sex, age, and residence of the person, the communicable disease and other facts the
21 department or local health officer requires. Report forms, including forms
22 appropriate for reporting under s. 95.22 (1m), may be furnished by the department
23 and distributed by the local health officer.

24 **SECTION 13.** 440.142 (title) of the statutes is renumbered 450.145 (title).

BILL

1 **SECTION 14.** 440.142 (1) of the statutes is renumbered 450.145 (1) and amended
2 to read:

3 450.145 (1) A Within 24 hours after an occurrence of any of the following, a
4 pharmacist or pharmacy shall report the occurrence electronically or in writing to a
5 local health department, as defined in s. 250.01 (4), or the department of health and
6 family services ~~all of the following:~~

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

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

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

16 **SECTION 15.** 440.142 (2) (a) of the statutes is renumbered 440.142 (2) and
17 amended to read:

18 440.142 (2) Except as provided in ~~par. (b)~~ s. 450.145 (2), a pharmacist or
19 pharmacy may not report personally identifying information concerning an
20 individual who is dispensed a prescription or who purchases a nonprescription drug
21 product as specified in sub. (1) (a), (b), or (c).

22 **SECTION 16.** 440.142 (2) (b) of the statutes is renumbered 450.145 (2) and
23 amended to read:

24 450.145 (2) ~~Upon request by the department of health and family services~~ In
25 submitting a report under sub. (1), a pharmacist or pharmacy shall report to that

BILL**SECTION 16**

1 department include personally identifying information other than a social security
2 number concerning an individual who is dispensed a prescription or who purchases
3 a nonprescription drug product as specified in sub. (1) (a), (b), or (c).

4 **SECTION 17.** 979.012 (1) of the statutes is amended to read:

5 979.012 (1) If a coroner or medical examiner is aware of the death of a person
6 who, at the time of his or her death, had an illness or a health condition that satisfies
7 s. 166.02 (7) (a) or if the coroner or medical examiner knows or suspects that the
8 person had a communicable disease, the coroner or medical examiner shall report the
9 illness ~~or~~, health condition, or communicable disease to the department of health and
10 family services and to the local health department, as defined in s. 250.01 (4), in
11 whose jurisdiction the coroner or medical examiner is located in writing or by
12 electronic transmission within 24 hours of learning of the deceased's illness ~~or~~,
13 health condition, or communicable disease.

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

15 979.012 (2) (a) The illness ~~or~~, health condition, or communicable disease of the
16 deceased.

17 **SECTION 19.** 979.012 (2) (d) of the statutes is amended to read:

18 979.012 (2) (d) If the illness ~~or~~, health condition, or communicable disease was
19 related to an animal or insect bite, the suspected location where the bite occurred and
20 the name and address of the owner of the animal or insect, if an owner is identified.

21 (END)

D-NOTE

INSERT ANAL

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 the objectives and services specified in the most recent public health agenda.

INSERT 5-7

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

2 250.07 (1) (a) ~~At least once every 10 years~~ By January 1, 2010, and every 10
3 years thereafter, develop a successor document to healthier people in Wisconsin, a
4 public health agenda for the year 2000, published by the department in February
5 1990 following 10 years.

History: 1993 a. 27; 2003 a. 186.

6 **SECTION 2.** ~~252.20~~ (2) of the statutes is repealed.

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

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

History: 1993 a. 27.

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A

251.20

INSERT A

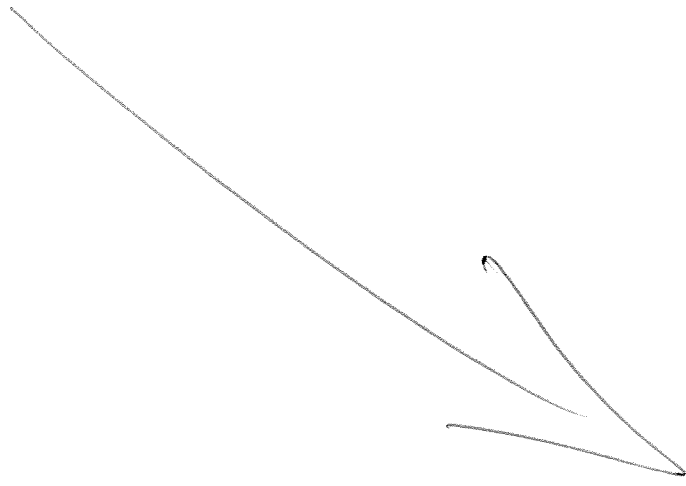
P. 108
2

Section #. 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).

History: 1993 a. 27; 2001 a. 109.

(3)



INSERT A

p. 2 of 2

✓
Section #. 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)~~.

History: 1993 a. 27; 2001 a. 109.

End of INSERT A

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3062/2dn

DAK:lmk/rs

(date)

✓
To Representative Hines:

✓
After talking with Dick Sweet, I understood that the ten-year public health agenda document developed by DHFS specifies services, as well as objectives, and that both services and objectives should, by DHFS rule, become additional required services for Level II and Level III local health departments. ✓ However, the proposed language change for s. 251.20 (2) and (3), stats., required that all the objectives and services be addressed for both Level II and Level III local health departments, which seemed to make the requirements the same for both Levels. ✓ (Current law requires that at least one of the objectives be included in Level II services and that at least three of the objectives be included in Level III services.) ✓ Therefore, to give DHFS some leeway in its rulemaking if differing services or objectives would be appropriate for the two Levels, I have combined s. 251.20 (2), stats., into s. 251.20 (3), stats., and added language indicating that DHFS determines which additional required services for the two Levels appropriately address the objectives or services specified in the most recent public health agenda. ✓ Please review.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3062/2dn
DAK:lmk:pg

November 8, 2005

To Representative Hines:

After talking with Dick Sweet, I understood that the ten-year public health agenda document developed by DHFS specifies services, as well as objectives, and that both services and objectives should, by DHFS rule, become additional required services for Level II and Level III local health departments. However, the proposed language change for s. 251.20 (2) and (3), stats., required that all the objectives and services be addressed for both Level II and Level III local health departments, which seemed to make the requirements the same for both Levels. (Current law requires that at least one of the objectives be included in Level II services and that at least three of the objectives be included in Level III services.) Therefore, to give DHFS some leeway in its rulemaking if differing services or objectives would be appropriate for the two Levels, I have combined s. 251.20 (2), stats., into s. 251.20 (3), stats., and added language indicating that DHFS determines which additional required services for the two levels appropriately address the objectives or services specified in the most recent public health agenda. Please review.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Kennedy, Debora

From: Jahnke, Carolyn
Sent: Tuesday, November 15, 2005 9:13 AM
To: Kennedy, Debora
Subject: LRB 3062/2

Debora,

Thank you so much for your work on this. We have one last change. On page 6, line 8, please strike the word "the". That is it.

I want to send this around for cosponsorship today so if you could get it back to me as quickly as possible I would appreciate it.

Thanks!

Carolyn

Carolyn Jahnke
Research Assistant
Clerk, Assembly Committee on Public Health
State Representative J.A. Hines
608.266.7746
carolyn.jahnke@legis.state.wi.us



TODAY
State of Wisconsin
2005 - 2006 LEGISLATURE

LRB-3062/3

DAK:lmk:pg

↑
stays

2005 BILL

changes on pp. 3+6
only

Reegen

✓

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.

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

BILL

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 the 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.

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.

BILL

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.

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:

BILL

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

BILL

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.

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

BILL

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).

BILL

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.

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)

Northrop, Lori

From: Jahnke, Carolyn
Sent: Tuesday, November 15, 2005 10:45 AM
To: LRB.Legal
Subject: Draft review: LRB 05-3062/3 Topic: Public health statutory updates

It has been requested by <Jahnke, Carolyn> that the following draft be jacketed for the ASSEMBLY:

Draft review: LRB 05-3062/3 Topic: Public health statutory updates