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Details:

(FORM UPDATED: 07/12/2010)

**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

**Committee on ... Public Health
(AC-PH)**

COMMITTEE NOTICES ...

- *Committee Reports ... CR*
- *Executive Sessions ... ES*
- *Public Hearings ... PH*
- *Record of Comm. Proceedings ... RCP*

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- *Appointments ... Appt*
- *Clearinghouse Rules ... CRule*
- *Hearing Records ... bills and resolutions*
(ab = Assembly Bill) (ar = Assembly Resolution) (ajr = Assembly Joint Resolution)
(sb = Senate Bill) (sr = Senate Resolution) (sfr = Senate Joint Resolution)
- *Miscellaneous ... Misc*

Vote Record Committee on Public Health

Date: 1/17/04

Moved by: Freese

Seconded by: Underheim

AB 881 SB _____ Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment _____
 AR _____ SR _____ Other _____

A/S Amdt _____
 A/S Amdt _____ to A/S Amdt _____
 A/S Sub Amdt _____
 A/S Amdt _____ to A/S Sub Amdt _____
 A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:
 Passage Adoption Confirmation Concurrence Indefinite Postponement
 Introduction Rejection Tabling Nonconcurrence

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Representative J.A. Hines, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Gregg Underheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative John Townsend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Stephen Freese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Terri McCormick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Sheldon Wasserman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Tamara Grigsby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Charles Benedict	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>8</u>	<u>0</u>	<u>0</u>	<u>0</u>

Motion Carried Motion Failed

Vote Record Committee on Public Health

Date: 1/17/06

Moved by: Underheim

Seconded by: Freese

AB BB1 SB _____ Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment _____
 AR _____ SR _____ Other _____

A/S Amdt 1 _____
 A/S Amdt _____ to A/S Amdt _____
 A/S Sub Amdt _____
 A/S Amdt _____ to A/S Sub Amdt _____
 A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

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 Passage Adoption Confirmation Concurrence Indefinite Postponement
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<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Representative J.A. Hines, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Gregg Underheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Representative Tamara Grigsby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Charles Benedict	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>8</u>	<u>0</u>	<u>0</u>	_____

Motion Carried Motion Failed



Testimony on AB 881 With Assembly Amendment (LRB-3062/3)
Department of Health and Family Services
Herb H. Bostrom, Deputy Administrator for the Division of Public Health
January 11, 2006

Good Morning, my name is Herb Bostrom. I am Deputy Administrator for the Wisconsin Division of Public Health in the Department of Health and Family Services. I am here today to testify on AB 881 for information purposes.

Thank you for the important work this bill represents since it provides needed clarification for a number of the public health statutes.

- This bill provides stronger collaboration language for the entire public health system and also acknowledges the Essential Services--which have become the cornerstone for public health.
- The bill also strengthens laboratory reporting within the public health surveillance system.
- And the bill provides the framework for partnership development that public health must have to be successful.

There are a number of important changes introduced in the proposed amendment to the original bill:

- The original bill required that by January 2010 and every ten years thereafter, DHFS develop a public health agenda.

With the proposed amendment a new agenda could be developed at any interval up to ten years. The issues of significance for public health may change dramatically in a decade. As an example, the current State Health Plan does not include genomics or bioterrorism. These were not issues identified as priorities in the late 1990's when the plan was developed. They are certainly public health issues now. In fact preparedness is one of the highest priorities for public health.

The amendment appropriately permits development of a new public health agenda whenever circumstances require one.

- The original bill required that before an individual may be ordered to undergo a vaccination, he or she must first be requested to receive a vaccination voluntarily and refuse. In addition, before DHFS would have had the authority to isolate or quarantine a refusing individual, that individual must first have been requested to undergo isolation or quarantine voluntarily and refuse.

DHFS had concerns about the delay that this "request and refusal" process would cause during an urgent event. Even under a vaccination order individuals in Wisconsin are given the option of refusing vaccination for medical, religious or personal conviction reasons. Individuals who are

unwilling to be vaccinated are not only at risk themselves but may pose a risk to others who are unable to be vaccinated. For this reason it is imperative that the authority to isolate and/or quarantine be enforceable as soon as it is recognized as necessary. The process of asking for voluntary isolation or quarantine and having that fail before ordering and enforcing that isolation or quarantine almost certainly would put additional citizens at risk of exposure to a contagious disease.

By removing this language from the bill the amendment preserves Wisconsin's ability to protect its citizens in an epidemic.

- The original bill required pharmacies to report either electronically or in writing. The amendment makes it clear that pharmacies may use either of two other common and acceptable methods for reporting: fax and telephone.
- The original bill required a coroner or medical examiner to report if the deceased individual had any communicable disease. By changing the language to communicable diseases "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 amendment would appropriately limit reporting to those communicable diseases listed in HFS 145 Appendix A. A copy of this appendix is attached to my testimony.

One additional improvement in language would be to remove the word "communicable" so that all diseases that are currently reportable in Wisconsin including lead poisoning and other reportable toxicities would be reportable by coroners.

The Department of Health and Family Services feels that the amendment improves upon the original bill draft while maintaining the statutory progress of the original bill. Again, thank you for this bold legislation and for the hard work that has been done to strengthen the public health statutes.

I would be happy to try to answer any questions you may have.

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

Chapter HFS 145

APPENDIX A COMMUNICABLE DISEASES

CATEGORY I:

The following diseases are of urgent public health importance and shall be reported **IMMEDIATELY** to the patient's local health officer upon identification of a case or suspected case. In addition to the immediate report, complete and mail an Acute and Communicable Diseases Case Report (DOH 4151) to the address on the form within 24 hours. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax ^{1,4,5}	Meningococcal disease ^{1,2,3,4,5}
Botulism ^{1,4}	Pertussis (whooping cough) ^{1,2,3,4,5}
Botulism, infant ^{1,2,4}	Plague ^{1,4,5}
Cholera ^{1,3,4}	Poliomyelitis ^{1,4,5}
Diphtheria ^{1,3,4,5}	Rabies (human) ^{1,4,5}
Foodborne or waterborne outbreaks ^{1,2,3,4}	Ricin toxin ^{4,5}
Haemophilus influenzae invasive disease, (including epiglottitis) ^{1,2,3,5}	Rubella ^{1,2,4,5}
Hantavirus infection ^{1,2,4,5}	Rubella (congenital syndrome) ^{1,2,5}
Hepatitis A ^{1,2,3,4,5}	Smallpox ^{4,5}
Hepatitis E ^{3,4}	Tuberculosis ^{1,2,3,4,5}
Measles ^{1,2,3,4,5}	Yellow fever ^{1,4}

CATEGORY II:

The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DOH 4151) or by other means within 72 hours of the identification of a case or suspected case. See s. HFS 145.04 (3) (b).

Amebiasis ^{3,4}	Q Fever ^{4,5}
Arboviral infection (encephalitis/meningitis) ^{1,2,4}	Reye syndrome ²
Babesiosis ^{4,5}	Rheumatic fever (newly diagnosed and meeting the Jones criteria) ⁵
Blastomycosis ⁵	Rocky Mountain spotted fever ^{1,2,4,5}
Brucellosis ^{1,4}	Salmonellosis ^{1,3,4}
Campylobacteriosis (campylobacter infection) ^{3,4}	Sexually transmitted diseases:
Cat Scratch Disease (infection caused by Bartonella species) ⁵	Chancroid ^{1,2}
Cryptosporidiosis ^{1,2,3,4}	Chlamydia trachomatis infection ^{2,4,5}
Cyclosporiasis ^{1,4,5}	Genital herpes infection (first episode identified by health care provider) ²
Ehrlichiosis ^{1,5}	Gonorrhea ^{1,2,4,5}
Encephalitis, viral (other than arboviral)	Pelvic inflammatory disease ²
E. coli 0157:H7, and other enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enterotoxigenic E. coli ^{1,2,3,4}	Syphilis ^{1,2,4,5}
Giardiasis ^{3,4}	Shigellosis ^{1,3,4}
Hemolytic uremic syndrome ^{1,2,4}	Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)
Hepatitis B ^{1,2,3,4,5}	Streptococcus pneumoniae invasive disease (invasive pneumococcal) ¹
Hepatitis C ^{1,2}	Tetanus ^{1,2,5}
Hepatitis non-A, non-B, (acute) ^{1,2}	Toxic shock syndrome ^{1,2}
Hepatitis D ^{2,3,4,5}	Toxic substance related diseases:
Histoplasmosis ⁵	Infant methemoglobinemia
Kawasaki disease ²	Lead intoxication (specify Pb levels)
Legionellosis ^{1,2,4}	Other metal and pesticide poisonings
Leprosy (Hansen Disease) ^{1,2,3,4,5}	Toxoplasmosis
Leptospirosis ⁴	Trichinosis ^{1,2,4}
Listeriosis ^{2,4}	Tularemia ⁴
Lyme disease ^{1,2}	Typhoid fever ^{1,2,3,4}
Malaria ^{1,2,4}	Typhus fever ⁴
Meningitis, bacterial (other than Haemophilus influenzae or meningococcal) ²	Varicella (chicken pox) – report by number of cases only
Meningitis, viral (other than arboviral)	Yersiniosis ^{3,4}
Mumps ^{1,2,4,5}	Suspected outbreaks of other acute or occupationally-related diseases
Mycobacterial disease (nontuberculous)	
Psittacosis ^{1,2,4}	

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

CATEGORY III:

The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DOH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DOH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15 (7) (b), Stats., and s. HFS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS) ^{1,2,4}

Human immunodeficiency virus (HIV) infection^{2,4}

CD4 + T-lymphocyte count < 200/ μ L, or CD4 + T-lymphocyte percentage of total lymphocytes of < 14²

Key:

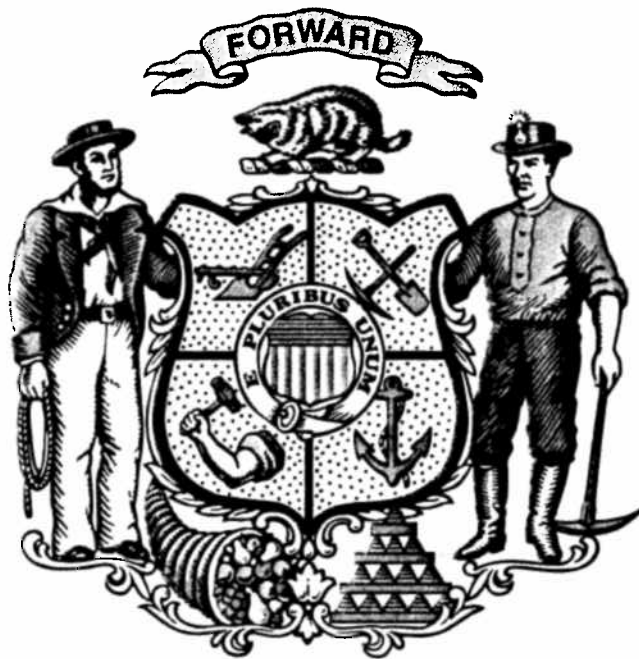
¹Infectious diseases designated as notifiable at the national level.

²Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.

³High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.

⁴Source investigation by local health department is needed.

⁵Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.





**Joint Public Affairs Committee
Wisconsin Public Health Association and
Wisconsin Association of Local Health
Departments and Boards**



TO: Assembly Public Health Committee members
FROM: WALHDAB/WPHA
DATE: January 11, 2006
RE: Support for Assembly Bill 881

The Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards strongly supports Assembly Bill 881—the *Public Health Modernization Bill*. We respectfully request your support on this vitally important legislation and would urge you to vote it out of committee.

As you know, strong state and local public health laws (and effective coordination between them) are essential in protecting Wisconsin citizens from health threats such as the avian flu, SARS, West Nile virus and E. coli. However, in order to successfully respond to these emerging threats, our public health laws must be scrutinized and updated on a regular basis.

Assembly Bill 881 would modernize Wisconsin's public health statutes to ensure our laws clarify the infrastructure and responsibilities of our public health system so we can best protect and preserve the health of our citizens.

The *Public Health Modernization Bill* would:

- Clearly define the relationship between state, local and tribal public health systems.
- Outline the responsibilities and powers of Wisconsin's public health system.
- Provide standard approaches for recognizing, preventing and controlling public health threats.
- Establish a clear public health mission in Wisconsin.
- Help maintain and enhance a solid public health infrastructure.

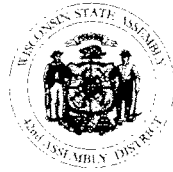
As public health professionals, we believe **Assembly Bill 881** is crucial public policy, and we would ask for your support.

Talking Points - Public Health Modernization Bill (AB 881)

Assembly Bill 881 would do the following:

- Requires the Department of Health and Family Services (DHFS) to promote cooperation and formal working relationships between the state, local health departments, federally recognized American tribes (or bands) located in the state and the U.S. Indian Health Service for the following initiatives:
 - a.) Public health planning;
 - b.) Setting public health priorities;
 - c.) Information and data sharing;
 - d.) Resource allocation;
 - e.) Public health funding; and
 - f.) Service delivery
- Requires DHFS to carry out or facilitate certain services and functions, including:
 - a.) Monitoring the health status of populations to identify and possibly solve public health problems in Wisconsin communities;
 - b.) Help link individuals to needed health services;
 - c.) Help ensure the continuance of a skilled public health workforce
- Requires DHFS to work with local health departments on a continuing basis.
- Authorizes a municipality to contract with federally recognized tribes located in another state for (the receipt or furnishing of) public health services authorized by state law. Currently, municipalities can only contract with federally recognized tribes in Wisconsin for these purposes.
- Authorizes the health agency of a federally recognized tribe to report information regarding the treatment on an individual with a communicable disease to the local health officer.
- Requires laboratories to report specimen results to DHFS that indicate an individual has a communicable disease or died as a result of the disease.
- Requires pharmacies to report in writing (or electronically) to local health officers any unusual increase in prescriptions dispensed or products sold for certain communicable diseases or rare diseases associated with bioterrorism. Pharmacies currently have to provide this information to DHFS.
- Requires coroners and medical examiners to report to DHFS or a local health department if a deceased individual had a communicable disease. They are currently required to report on individuals whose deaths were believed to be caused by bioterrorism.
- Requires DHFS to develop a public health agenda by January 1, 2010, and every ten years after that. DHFS must also include rules specifying new services local health departments must provide that reflect objectives laid out in the public health agenda. Currently, DHFS is required to develop a successor document to "Healthier People in Wisconsin, a Public Health Agenda for the year 2000" every ten years.





J.A. HINES

STATE REPRESENTATIVE • 42ND ASSEMBLY DISTRICT

**Testimony Before the Assembly Committee on Public Health
In Support of Assembly Bill 881
January 11, 2006**

Good morning everyone. Since the 1980s experts have recommended statutory reform to improve the public health system; however, no straight forward model existed. In April 2000, The Public Health Statute Modernization Collaborative was formed to address this need. Funded by the Robert Wood Johnson Foundation as part of its Turning Point Initiative to strengthen the public health system in the United States, the Collaborative was a multi-disciplinary group comprised of representatives from five states and nine national organizations and government agencies, assisted by experts in specialty area of public health.

In 2003, the Collaborative presented their model. Since then, due to the efforts of the Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards, a variety of individuals and organizations in Wisconsin's public health system have analyzed the model and chosen which parts of the model needed to be included into Wisconsin's statutes to keep us up to date.

Assembly Bill 881 is the result of these peoples' efforts. These updates are about prevention and keeping everyone informed about what diseases are making their way into society. With the threat of avian flu on the horizon, these changes will enable all individuals in the public health system to receive early warnings of a flu outbreak, along with other epidemic producing diseases, and increase their ability to work together to put a stop to their spread as fast as possible.

Assembly Bill 881, as amended by Assembly Amendment 1, does the following:

- Removes language in the statutes referring to dated health plans and instead makes reference to the current health plan.
- Increases cooperation abilities between a variety of levels of government and tribes.
- Requires DATCP to inform local health departments if they've received a report of a communicable disease present in animals.
- Creates stronger language to encourage higher levels of cooperation among all partners in the public health system.
- Authorizes the health agency of a federally recognized American Indian tribe or band to report a person that has a communicable disease has died to the local health officer.
- Requires that laboratories report specimen results that indicate an individual providing the specimen has a communicable disease or, having the disease, has died.
- Requires that a pharmacist or pharmacy report 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 to a local health department.

- Requires a coroner or medical examiner to report if the deceased individual had a communicable disease and matters relating to the communicable disease.

Assembly Amendment 1 addressed technical concerns of the Department of Health and Family Services. It does little to change the substance of the bill.

I am honored to be working with the extraordinary individuals who make up Wisconsin's public health system. I would like to turn the floor over to Terry Brandenburg who has been involved with the Model Public Health Act from the beginning.

Thank you.



Talking Points - Public Health Modernization Bill (AB 881)

Assembly Bill 881 would do the following:

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Wisconsin Environmental Health Association, Incorporated



05 AB
881

Representative Hines
Room 10 West
State Capitol
P.O. Box 8952
Madison, WI 53708

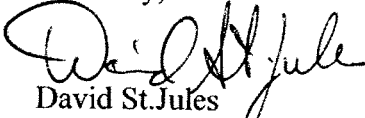
Dear Representative Hines:

The Wisconsin Environmental Health Association (WEHA) supports LRB 3062/3, the Public Health Modernization Bill, sponsored by you, Representative Hines. WEHA believes strong state and local public health laws are essential in protecting Wisconsin residents from health threats such as; avian flu, SARS, West Nile virus, E. coli and other environmental agents. In order for a successful response to evolving science and emerging threats, our public health system must be updated on a regular basis.

As public health professionals, we believe LRB 3062/3 to be a vitally important public health policy.

Thank you for your time and support of public health.

Sincerely,


David St. Jules
WEHA President