

State of Misconsin 2015 - 2016 LEGISLATURE



PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION



AN ACT to amend 146.81 (4); and to create 50.373 and 146.83 (3f) (b) 3m. of the 1 2 statutes; relating to: video recording of surgical procedures, requiring the

exercise of rule-making authority, and providing criminal penalties.

Analysis by the Legislative Reference Bureau

This bill creates a requirement for surgical facilities to offer surgical patients the option to have their surgical procedures videotaped. For purposes of this bill, a surgical procedure is one for which a patient is given a general anesthetic. If a patient makes a request to have a surgical procedure recorded, this bill requires that the surgical facility, or its designee, record the surgical procedure with both audio and color video, and record with color video any entryway to or exit from the surgical suite during the time reserved for the surgery of the requesting patient, including preparation time. If the patient is incapacitated, the surgical facility is required to provide a person authorized by the patient with notice of the option for video recording. Under the bill, in certain limited emergency circumstances, surgical facilities are not required to provide the option of recording.

Video recordings of surgical procedures created under this bill must be treated as patient health care records and are subject to the same protections as other medical records. The bill specifies that, once a recording is complete, the surgical facility or its designee must preserve the recording as part of the patient's health care record but delete copies of the recording from the recording device and elsewhere. The Department of Health Services (DHS) is required under this bill to promulgate rules establishing standards relating to the recording equipment, the recording, and the fees to be charged for completing the recording and for obtaining copies of the recording that person equal for a recording on school of the miners

including all criminal and civil penalties for improper & disclosure or destruction

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recording. Upon request from the patient, or a person authorized by the patient, the surgical facility must provide to the patient or person one copy of the recording free of charge. Recordings under this bill are admissible as evidence in any civil or criminal action or proceeding related to any alleged act or omission depicted in the recording. surgical

Under this bill, a patient may complete an advance request for recording, which permits an individual who is of sound mind and over the age of 18 to request video recording for future surgical procedures. The individual may complete an advance request for a single specific surgical procedure or for all future surgical procedures to which this bill would apply. An advance request must be completed voluntarily, and must be in writing and signed and dated in the presence of a witness over the age of 18. The advance request may be revoked at any time. DHS must promulgate

any rules necessary for implementation of the advance request process.

This bill provides that a health care provider who knowingly and willfully refuses to comply with a patient request for recording is subject to a fine of up to \$25,000 or imprisonment for not more than nine months, or both. A surgical facility that fails to provide a required notice of the option for recording is subject to a forfeiture of up to \$20,000 for each violation. Finally, whoever intentionally conceals, cancels, defaces, obliterates, damages, or destroys an advance request for recording without consent may be fined up to \$500, imprisoned for 30 days, or both.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill. Subject to a forfiture of up to \$25,000

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

SECTION 1. 50.373 of the statutes is created to read:

50.373 Video recording of surgical procedures. (1) Definitions. In this

section:

(a) ("Incapacitated" means unable to receive and evaluate information effectively or to communicate decisions to such an extent that an individual lacks the capacity to manage his or her health care decisions.

(b) "Surgical facility" means a hospital, as defined in s. 50.33 (2), an ambulatory surgical center, as defined in 42 CFR 416.2, or any other place where a surgical procedure is performed.

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	(c) "Surgical patient" means a patient who is scheduled to undergo a surgical
2	procedure.
(3) (4)	de Surgical procedure" means a surgical procedure for which a patient is given a general anesthetic.
5	(2) OPTION FOR RECORDING. (a) A surgical facility shall provide a surgical
6	patient the option to have the surgical facility or the surgical facility's designee make
7	a color video recording, including both audio and video, of the patient's surgical
(8)	procedure at the patient's expense as described under sub.
9	(b) A surgical facility shall notify a surgical patient or, if the surgical patient
10	is incapacitated, a person authorized by the patient under s. 146.81 (5) of the option
11 12	to have a recording made under par. (a). If the potient is a miner child, the surgical lacility shall noticy the mnorchild's parent, quardian, or legal custodian of the cortin to have a vir cording made (3) Entry and Exit recording. If a surgical patient requests to have his or her
13	surgical procedure recorded under sub. (2) (a), the surgical facility or its designee
14	shall also make a color video recording, including display of the time and date, of any
15	entryway to or exit from the surgical suite in which the surgical procedure being
16	recorded is taking place, during the time from which the surgical suite is being
17	prepared for the surgery of the patient being recorded until that surgical patient
18	exits the suite. A surgical facility is not required to record audio in making the
19	recording under this subsection.
20	(4) EQUIPMENT AND TECHNICAL ASSISTANCE. A surgical facility shall have
21	available appropriate video recording equipment and technical assistance as
(22)	determined by the department in rules promulgated under sub. (7) to comply with
23	a surgical patient request for a recording of his or her surgical procedure.

all of the following:

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1	(5) INCAPACITY. If a surgical patient is incapacitated, a person authorized by
2	the patient under s. 146.81 (5) may request that a recording be made of the patient's
3	surgical procedure under sub. (2) (a).
4 105	EXCEPTION FOR EMERGENCIES. (a) Notwithstanding sub. (2), a surgical
5	facility is not required to provide the option of a video recording under this section
6	if the health care provider determines in the exercise of his or her professional
7	judgment that either of the following is true:
8	1. Immediate surgery is necessary to avert death.
9	2. Other circumstances exist such that video recording would cause a delay that
10	would create a serious risk of substantial and irreversible impairment of one or more
11	of the surgical patient's bodily functions.
12	(b) The health care provider shall inform the surgical patient or person
13	authorized by the patient under s. 146.81 (5), if applicable, of the medical indications
14	supporting the health care provider's reasonable medical judgment that either of the
15	emergency conditions under par. (a) exists.
16)	RULES. (a) The department shall promulgate rules establishing standards
17	for video recording of surgical procedures and the use of video recording equipment
18	in the surgery setting to ensure such recordings are professional and of sufficient
19	quality to accurately portray what takes place during a surgical procedure.
20	(b) The department shall promulgate rules establishing the fees under sub. (9)
21	(a) and any rules the department determines are necessary for implementation of
22)	sub. (11) (2)
23)	PRESERVATION AND DESTRUCTION. After the recording of a surgical procedure
24	under this section is complete, the surgical facility or its designed shall promptly do

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- (a) Preserve the recording as part of the surgical patient's health care record, which may include both a copy in the patient's health care record and any electronic backup of health care records kept in the normal course of business.
- (b) Except as provided under par. (a), delete copies of the recording from the recording device or any other electronic device, including any memory card or flash drive.

FEES. (a) A surgical facility may charge a reasonable fee, as determined by the department, for the surgical facility's videography services provided under this section and its storage of the recording of the surgical procedure.

- (b) A surgical facility may charge fees as set forth in s. 146.83 (3f) for providing copies from a surgical patient's health care record of a recording under this section, except that the surgical facility shall provide, upon request, one copy of any recording taken under this section to a surgical patient of a person authorized by the patient under s. 146.81 (5) free of charge.
- (10) ADMISSIBILITY OF RECORDING. For purposes of admissibility in a civil or criminal action or proceeding, an audiovisual recording created under this section is a patient health care record under s. 146.81 and shall be treated as other patient health care records under ss. 908.03 (6m) and 909.02 (11). If certified by an appropriate record custodian, recordings under this section shall be admissible as evidence in any civil or criminal action or proceeding related to any alleged act or omission depicted in the recording.
- (II) ADVANCE REQUESTS FOR RECORDING. (a) Definition. In this subsection, "principal" means an individual who executes an advance request for surgical procedure recording instrument.

- (b) Advance requests for recording. 1. An individual who is of sound mind and has attained age 18 may voluntarily execute an advance request for surgical procedure recording instrument. An individual for whom an adjudication of incompetence and appointment of a guardian of the individual is in effect in this state is presumed not to be of sound mind for purposes of this subsection and for executing an advance request for surgical procedure recording instrument.
- 2. The desires of a principal who does not have incapacity supersede the effect of his or her advance request for surgical procedure recording instrument at all times.
- 3. The department shall prepare and provide copies of an advance request for surgical procedure recording instrument and accompanying information for distribution in quantities to health care professionals, hospitals and other surgical facilities, county clerks, and local bar associations and individually to private persons. The department shall determine the form of the request form and accompanying instructions. The department shall include on the form both an option for requesting the recording of a specific single surgical procedure and an option for requesting the recording of all future surgical procedures appropriate under this section.
- (c) Advance request for recording; execution. A valid advance request for surgical procedure recording shall be all of the following:
 - 1. In writing.
- 2. Dated and signed by the principal or by an individual who has attained age 18, at the express direction and in the presence of the principal.
- 3. Signed in the presence of a witness who is an individual who has attained the age 18.

1 4. Voluntarily executed. (d) Revocation. A principal may revoke his or her advance request for surgical 2 3 procedure recording instrument at any time by doing any of the following: 4 1. Canceling, defacing, obliterating, burning, tearing, or otherwise destroying 5 the advance request for surgical procedure recording instrument or directing 6 another in the presence of the principal to so destroy the advance request for surgical 7 procedure recording instrument. 8 2. Executing a statement, in writing, that is signed and dated by the principal, 9 expressing the principal's intent to revoke the advance request for surgical procedure 10 recording instrument. 11 3. Verbally expressing the desire to revoke the advance request for surgical 12 procedure recording instrument in the presence of a witness. 13 4. Executing a subsequent advance request for surgical procedure recording 14 instrument that replaces an existing advance request for surgical procedure 15 recording instrument. $\langle PENALTIES.$ (a) Except as provided under sub. (6), a health care provider who knowingly and willfully refuses to comply with a surgical patient request to have - subject to a Porfeiture of his or her surgical procedure recorded may be fined not more than \$25,000 @ for each violation (imprisoned for not more than 9 months or both) (b) Except as provided under sub. 6, a surgical facility that fails to provide the 21 notice required under sub. (2) (b) may be subject to a forfeiture of not more than 22 \$20,000 for each violation. 23 (c) Whoever intentionally conceals, cancels, defaces, obliterates, damages, or

destroys an advance request for surgical procedure recording instrument created



under sub. (11) without the consent of the principal for that instrument may be fined subject to a farfeither of not more than \$500 or imprisoned for not more than 30 days or both.

SECTION 2. 146.81 (4) of the statutes is amended to read:

146.81 (4) "Patient health care records" means all records related to the health of a patient prepared by or under the supervision of a health care provider; all video recordings under s. 50.373 related to the surgical patient; and all records made by an ambulance service provider, as defined in s. 256.01 (3), an emergency medical technician, as defined in s. 256.01 (5), or a first responder, as defined in s. 256.01 (9), in administering emergency care procedures to and handling and transporting sick, disabled, or injured individuals. "Patient health care records" includes billing statements and invoices for treatment or services provided by a health care provider and includes health summary forms prepared under s. 302.388 (2). "Patient health care records" does not include those records subject to s. 51.30, reports collected under s. 69.186, records of tests administered under s. 252.15 (5g) or (5j), 343.305, 938.296 (4) or (5) or 968.38 (4) or (5), records related to sales of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1), or a pupil's physical health records maintained by a school under s. 118.125.

SECTION 3. 146.83 (3f) (b) 3m. of the statutes is created to read:

146.83 (3f) (b) 3m. Except as provided in s. 50.373, for a copy of a video recording of a surgical procedure, \$35 per copy.

(END)

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2015–2016 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

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(a) "General anesthesia" means a temporary status commonly produced by the administration of certain intravenous drugs and inhaled gasses that cause a patient to be unconscious and unable to feel pain during a medical procedure.

(b) "Health care provider" means a person or entity described under s. 146.81

(1) (a) to (p) and includes any surgical facility under par. (b).

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(6) MINORS. If a surgical patient is a minor child, a parent, guardian, or legal custodian may request that a recording be made of the minor child's surgical procedure under sub. (2) (a).

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STATE OF WISCONSIN – LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

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INCEPT FIFE TIME
INSERT EFFECTIVE DATE
SECTION 3. Effective date.
(1) This act takes effect on the first day of the 13th month
beginning after publication.
(End INSERT EFFECTIVE DATE)

STATE OF WISCONSIN – **LEGISLATIVE REFERENCE BUREAU**

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Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

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Per Rep. Sinidai's office 4/22
-Add explicit lorfetina procedere so can
be enforced by DHS.
- Remit Parleitures to jujured patients and families compensation fund.
Long.

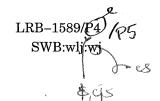


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State of Misconsin 2015 - 2016 LEGISLATURE





PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION



AN ACT to amend 146.81 (4); and to create 50.373 and 146.83 (3f) (b) 3m. of the statutes; relating to: video recording of surgical procedures, requiring the exercise of rule-making authority, and providing penalties.

Analysis by the Legislative Reference Bureau

This bill creates a requirement for surgical facilities to offer surgical patients the option to have their surgical procedures videotaped. For purposes of this bill, a surgical procedure is one for which a patient is given a general anesthetic. If a patient makes a request to have a surgical procedure recorded, this bill requires that the surgical facility, or its designee, record the surgical procedure with both audio and color video, and record with color video any entryway to or exit from the surgical suite during the time reserved for the surgery of the requesting patient, including preparation time. If the surgical patient is incapacitated, the surgical facility is required to provide a person authorized by the patient with notice of the option for video recording, and that person may request that a recording be made. Similarly, if the surgical patient is a minor, the surgical facility must notify a parent, guardian, or legal custodian of the option for video recording and allow that person to make a request for a recording on behalf of the minor. Under the bill, in certain limited emergency circumstances, surgical facilities are not required to provide the option of recording.

Video recordings of surgical procedures created under this bill must be treated as patient health care records and are subject to the same protections as other medical records including all criminal and civil penalties for improper disclosure or destruction. The bill specifies that, once a recording is complete, the surgical facility

or its designee must preserve the recording as part of the patient's health care record but delete copies of the recording from the recording device and elsewhere. The Department of Health Services (DHS) is required under this bill to promulgate rules establishing standards relating to the recording equipment, the recording, and the fees to be charged for completing the recording and for obtaining copies of the recording. Upon request, the surgical facility must provide to the patient, person authorized by the patient, or parent, guardian, or legal custodian of the patient one copy of the recording free of charge. Recordings under this bill are admissible as evidence in any civil or criminal action or proceeding related to any alleged act or omission depicted in the recording.

Under this bill, a surgical patient may complete an advance request for recording, which permits an individual who is of sound mind and over the age of 18 to request video recording for future surgical procedures. The individual may complete an advance request for a single specific surgical procedure or for all future surgical procedures to which this bill would apply. An advance request must be completed voluntarily, and must be in writing and signed and dated in the presence of a witness over the age of 18. The advance request may be revoked at any time. DHS must promulgate any rules necessary for implementation of the advance request process.

This bill provides that a health care provider who knowingly refuses to comply with a patient request for recording is subject to a forfeiture of up to \$25,000 for each violation. A surgical facility that fails to provide a required notice of the option for recording is subject to a forfeiture of up to \$25,000 for each violation. Finally, whoever intentionally conceals, cancels, defaces, obliterates, damages, or destroys an advance request for recording without consent may be subject to a forfeiture of up to \$25,000 for each violation.

For further information see the *state* 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:

Section 1. 50.373 of the statutes is created to read:

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50.373 Video recording of surgical procedures. (1) Definitions. In this section:

(a) "General anesthesia" means a temporary status commonly produced by the administration of certain intravenous drugs and inhaled gases that cause a patient to be unconscious and unable to feel pain during a medical procedure.

- 1 (b) "Health care provider" means a person or entity described under s. 146.81 2 (1) (a) to (p) and includes any surgical facility under par. (d).
 - (c) "Incapacitated" means unable to receive and evaluate information effectively or to communicate decisions to such an extent that an individual lacks the capacity to manage his or her health care decisions.
 - (d) "Surgical facility" means a hospital, as defined in s. 50.33 (2), an ambulatory surgical center, as defined in 42 CFR 416.2, or any other place where a surgical procedure is performed.
 - (e) "Surgical patient" means a patient who is scheduled to undergo a surgical procedure.
 - (f) "Surgical procedure" means a surgical procedure for which a patient is under general anesthesia.
 - (2) OPTION FOR RECORDING. (a) A surgical facility shall provide a surgical patient the option to have the surgical facility or the surgical facility's designee make a color video recording, including both audio and video, of the patient's surgical procedure at the patient's expense as described under sub. (10).
 - (b) 1. A surgical facility shall notify a surgical patient or, if the surgical patient is incapacitated, a person authorized by the patient under s. 146.81 (5) of the option to have a recording made under par. (a).
 - 2. If the surgical patient is a minor child, the surgical facility shall notify the minor child's parent, guardian, or legal custodian of the option to have a recording made under par. (a).
 - (3) Entry and exit recording. If a surgical patient requests to have his or her surgical procedure recorded under sub. (2) (a), the surgical facility or its designee shall also make a color video recording, including display of the time and date, of any

- entryway to or exit from the surgical suite in which the surgical procedure being recorded is taking place, during the time from which the surgical suite is being prepared for the surgery of the patient being recorded until that surgical patient exits the suite. A surgical facility is not required to record audio in making the recording under this subsection.
- (4) EQUIPMENT AND TECHNICAL ASSISTANCE. A surgical facility shall have available appropriate video recording equipment and technical assistance as determined by the department in rules promulgated under sub. (8) to comply with a surgical patient request for a recording of his or her surgical procedure.
- (5) Incapacity. If a surgical patient is incapacitated, a person authorized by the patient under s. 146.81 (5) may request that a recording be made of the patient's surgical procedure under sub. (2) (a).
- (6) MINORS. If a surgical patient is a minor child, a parent, guardian, or legal custodian may request that a recording be made of the minor child's surgical procedure under sub. (2) (a).
- (7) EXCEPTION FOR EMERGENCIES. (a) Notwithstanding sub. (2), a surgical facility is not required to provide the option of a video recording under this section if the health care provider determines in the exercise of his or her professional judgment that either of the following is true:
 - 1. Immediate surgery is necessary to avert death.
- 2. Other circumstances exist such that video recording would cause a delay that would create a serious risk of substantial and irreversible impairment of one or more of the surgical patient's bodily functions.
- (b) The health care provider shall inform the surgical patient, or the parent, guardian, or legal custodian or person authorized by the patient under s. 146.81 (5),

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- if applicable, of the medical indications supporting the health care provider's reasonable medical judgment that either of the emergency conditions under par. (a) exists.
 - (8) RULES. (a) The department shall promulgate rules establishing standards for video recording of surgical procedures and the use of video recording equipment in the surgery setting to ensure such recordings are professional and of sufficient quality to accurately portray what takes place during a surgical procedure.
 - (b) The department shall promulgate rules establishing the fees under sub. (10)(a) and any rules the department determines are necessary for implementation of sub. (12).
 - (9) PRESERVATION AND DESTRUCTION. After the recording of a surgical procedure under this section is complete, the surgical facility or its designee shall promptly do all of the following:
 - (a) Preserve the recording as part of the surgical patient's health care record, which may include both a copy in the patient's health care record and any electronic backup of health care records kept in the normal course of business.
 - (b) Except as provided under par. (a), delete copies of the recording from the recording device or any other electronic device, including any memory card or flash drive.
 - (10) FEES. (a) A surgical facility may charge a reasonable fee, as determined by the department, for the surgical facility's videography services provided under this section and its storage of the recording of the surgical procedure.
 - (b) A surgical facility may charge fees as set forth in s. 146.83 (3f) for providing copies from a surgical patient's health care record of a recording under this section, except that the surgical facility shall provide, upon request, one copy of any recording

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- taken under this section to a surgical patient, a person authorized by the surgical patient under s. 146.81 (5), or a parent, guardian, or legal custodian of a minor surgical patient free of charge.
- (11) Admissibility of recording. For purposes of admissibility in a civil or criminal action or proceeding, an audiovisual recording created under this section is a patient health care record under s. 146.81 and shall be treated as other patient health care records under ss. 908.03 (6m) and 909.02 (11). If certified by an appropriate record custodian, recordings under this section shall be admissible as evidence in any civil or criminal action or proceeding related to any alleged act or omission depicted in the recording.
- (12) Advance requests for recording. (a) *Definition*. In this subsection, "principal" means an individual who executes an advance request for surgical procedure recording instrument.
- (b) Advance requests for recording. 1. An individual who is of sound mind and has attained age 18 may voluntarily execute an advance request for surgical procedure recording instrument. An individual for whom an adjudication of incompetence and appointment of a guardian of the individual is in effect in this state is presumed not to be of sound mind for purposes of this subsection and for executing an advance request for surgical procedure recording instrument.
- 2. The desires of a principal who does not have incapacity supersede the effect of his or her advance request for surgical procedure recording instrument at all times.
- 3. The department shall prepare and provide copies of an advance request for surgical procedure recording instrument and accompanying information for distribution in quantities to health care professionals, hospitals and other surgical

- facilities, county clerks, and local bar associations and individually to private persons. The department shall determine the form of the request form and accompanying instructions. The department shall include on the form both an option for requesting the recording of a specific single surgical procedure and an option for requesting the recording of all future surgical procedures appropriate under this section.
 - (c) Advance request for recording; execution. A valid advance request for surgical procedure recording shall be all of the following:
 - 1. In writing.

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- Dated and signed by the principal or by an individual who has attained age
 18, at the express direction and in the presence of the principal.
 - 3. Signed in the presence of a witness who is an individual who has attained the age 18.
 - 4. Voluntarily executed.
 - (d) *Revocation*. A principal may revoke his or her advance request for surgical procedure recording instrument at any time by doing any of the following:
 - 1. Canceling, defacing, obliterating, burning, tearing, or otherwise destroying the advance request for surgical procedure recording instrument or directing another in the presence of the principal to so destroy the advance request for surgical procedure recording instrument.
 - 2. Executing a statement, in writing, that is signed and dated by the principal, expressing the principal's intent to revoke the advance request for surgical procedure recording instrument.
 - 3. Verbally expressing the desire to revoke the advance request for surgical procedure recording instrument in the presence of a witness.

- 4. Executing a subsequent advance request for surgical procedure recording instrument that replaces an existing advance request for surgical procedure recording instrument.
- (13) PENALTIES. (a) Except as provided under sub. (7), a health care provider who knowingly refuses to comply with a surgical patient request to have his or her surgical procedure recorded may be subject to a forfeiture of not more than \$25,000 for each violation.
- (b) Except as provided under sub. (7), a surgical facility that fails to provide a notice required under sub. (2) (b) may be subject to a forfeiture of not more than \$25,000 for each violation.
- (c) Whoever intentionally conceals, cancels, defaces, obliterates, damages, or destroys an advance request for surgical procedure recording instrument created under sub. (12) without the consent of the principal for that instrument may be subject to a forfeiture of not more than \$25,000 for each violation.

Section 2. 146.81 (4) of the statutes is amended to read:

146.81 (4) "Patient health care records" means all records related to the health of a patient prepared by or under the supervision of a health care provider; all video recordings under s. 50.373 related to the surgical patient; and all records made by an ambulance service provider, as defined in s. 256.01 (3), an emergency medical technician, as defined in s. 256.01 (5), or a first responder, as defined in s. 256.01 (9), in administering emergency care procedures to and handling and transporting sick, disabled, or injured individuals. "Patient health care records" includes billing statements and invoices for treatment or services provided by a health care provider and includes health summary forms prepared under s. 302.388 (2). "Patient health care records" does not include those records subject to s. 51.30, reports collected

- under s. 69.186, records of tests administered under s. 252.15 (5g) or (5j), 343.305,
 938.296 (4) or (5) or 968.38 (4) or (5), records related to sales of pseudoephedrine
 products, as defined in s. 961.01 (20c), that are maintained by pharmacies under s.
 961.235, fetal monitor tracings, as defined under s. 146.817 (1), or a pupil's physical
 health records maintained by a school under s. 118.125.
- 6 Section 3. 146.83 (3f) (b) 3m. of the statutes is created to read:
- 7 146.83 (3f) (b) 3m. Except as provided in s. 50.373, for a copy of a video recording of a surgical procedure, \$35 per copy.

SECTION 4. Effective date.

10 (1) This act takes effect on the first day of the 13th month beginning after publication.

12 (END)



2015–2016 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT 8-14

(14) Forfeiture procedure. (a) The department may directly assess forfeitures provided for under sub. (13). If the department determines that a forfeiture should be assessed for a particular violation, the department shall send a notice of assessment to the health care provider. The notice shall specify the amount of the forfeiture assessed, the violation and the statute or rule alleged to have been violated, and shall inform the hospital of the right to a hearing under par. (b).

- (b) A health care provider may contest an assessment of a forfeiture by sending, within 30 days after receipt of notice under par. (a), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 60 days after receipt of the request for a hearing and shall issue a final decision within 30 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.
- (c) All forfeitures shall be paid to the department within 30 days after receipt of notice of assessment or, if the forfeiture is contested under par. (b), within 30 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order. The department

(END INSERT 8-14)		
6	contested in any such action shall be whether the forfeiture has been paid.	
5	the exhaustion of all administrative and judicial reviews. The only issue to be	
4	any forfeiture imposed under sub. (13) if the forfeiture has not been paid following	
3	(d) The attorney general may bring an action in the name of the state to collect	
2	injured patients and families compensation fund under s. 655.27.	
1	shall remit all forfeitures paid to the secretary of administration for deposit in the	

INSERT 9-8

7	Section 1. 655.27 (1g) of the statutes is created to read:
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3	655.27 (1g) Deposit of forfeitures. Forfeitures paid under s. 50.373 (13) shall
9	be deposited in the fund under sub. (1).
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(END INSERT 9-8)

STATE OF WISCONSIN – LEGISLATIVE REFERENCE BUREAU

The Processes

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

4/30
Per Rep. Sinickis Office
(Via Leg Council)
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State of Misconsin 2015 - 2016 LEGISLATURE

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PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

TODAY (MONDAY)
ASAP AM Please
(TNSERT)

AN ACT to amend 146.81 (4); and to create 50.373, 146.83 (3f) (b) 3m. and 655.27 (1g) of the statutes; relating to: video recording of surgical procedures, requiring the exercise of rule-making authority, and providing penalties.

Analysis by the Legislative Reference Bureau

This bill creates a requirement for surgical facilities to offer surgical patients the option to have their surgical procedures videotaped. For purposes of this bill, a surgical procedure is one for which a patient is given a general anesthetic. If a patient makes a request to have a surgical procedure recorded, this bill requires that the surgical facility, or its designee, record the surgical procedure with both audio and color video, and record with color video any entryway to or exit from the surgical suite during the time reserved for the surgery of the requesting patient, including preparation time. If the surgical patient is incapacitated, the surgical facility is required to provide a person authorized by the patient with notice of the option for video recording, and that person may request that a recording be made. Similarly, if the surgical patient is a minor, the surgical facility must notify a parent, guardian, or legal custodian of the option for video recording and allow that person to make a request for a recording on behalf of the minor. (Under the bill, in certain limited emergency circumstances, surgical facilities are not required to provide the option of recording. are otherwise

\text{Video recordings of surgical procedures created under this bill must be treated as patient health care records and are subject to the same protections as other medical records including all criminal and civil penalties for improper disclosure or destruction. The bill specifies that, once a recording is complete, the surgical facility.

The bill also allows physicians to request that a regrama ve made, and a surgical facilities must comply with the request so long as certain and a condition are met, unduling that the surgical potent or authorized representative does not object. by the

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or its designee must preserve the recording as part of the patient's health care record but delete copies of the recording from the recording device and elsewhere. The Department of Health Services (DHS) is required under this bill to promulgate rules establishing standards relating to the recording equipment, the recording, and the fees to be charged for completing the recording and for obtaining copies of the recording. Upon request, the surgical facility must provide to the patient, person authorized by the patient, or parent, guardian, or legal custodian of the patient one copy of the recording free of charge. Recordings under this bill are admissible as evidence in any civil or criminal action or proceeding related to any alleged act or omission depicted in the recording.

Under this bill, a surgical patient may complete an advance request for recording, which permits an individual who is of sound mind and over the age of 18 to request video recording for future surgical procedures. The individual may complete an advance request for a single specific surgical procedure or for all future surgical procedures to which this bill would apply. An advance request must be completed voluntarily, and must be in writing and signed and dated in the presence of a witness over the age of 18. The advance request may be revoked at any time. DHS must promulgate any rules necessary for implementation of the advance request process.

This bill provides that a health care provider who knowingly refuses to comply with a patient request for recording is subject to a forfeiture of up to \$25,000 for each violation. A surgical facility that fails to provide a required notice of the option for recording is subject to a forfeiture of up to \$25,000 for each violation. Finally whoever intentionally conceals, cancels, defaces, obliterates, damages, or destroys an advance request for recording without consent may be subject to a forfeiture of up to \$25,000 for each violation. For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

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for leiture of up to \$25,000 for each violation.

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

Section 1. 50.373 of the statutes is created to read:

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- 2 50.373 Video recording of surgical procedures. (1) Definitions. In this 3 section:
 - (a) "General anesthesia" means a temporary status commonly produced by the administration of certain intravenous drugs and inhaled gases that cause a patient to be unconscious and unable to feel pain during a medical procedure.

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- 1 (b) "Health care provider" means a person or entity described under s. 146.81 2 (1) (a) to (p) and includes any surgical facility under par. (a).
- (c) "Incapacitated" means unable to receive and evaluate information

 4 effectively or to communicate decisions to such an extent that an individual lacks the

 5 capacity to manage his or her health care decisions.
 - (d) "Surgical facility" means a hospital, as defined in s. 50.33 (2), an ambulatory surgical center, as defined in 42 CFR 416.2, or any other place where a surgical procedure is performed.
- 9 (E) "Surgical patient" means a patient who is scheduled to undergo a surgical procedure.
 - (f) "Surgical procedure" means a surgical procedure for which a patient is under general anesthesia.
 - (2) OPTION FOR RECORDING. (a) A surgical facility shall provide a surgical patient the option to have the surgical facility or the surgical facility's designee make a color video recording, including both audio and video, of the patient's surgical procedure at the patient's expense as described under sub. (10).
 - (b) 1. A surgical facility shall notify a surgical patient or, if the surgical patient is incapacitated, a person authorized by the patient under s. 146.81 (5) of the option to have a recording made under par. (a).
 - 2. If the surgical patient is a minor child, the surgical facility shall notify the minor child's parent, guardian, or legal custodian of the option to have a recording made under par. (a).
 - (3) Entry and exit recording. If a surgical patient requests to have his or her surgical procedure recorded under sub. (2) (a), the surgical facility or its designee shall also make a color video recording, including display of the time and date, of any

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entryway to or exit from the surgical suite in which the surgical procedure being
recorded is taking place, during the time from which the surgical suite is being
prepared for the surgery of the patient being recorded until that surgical patient
exits the suite. A surgical facility is not required to record audio in making the
recording under this subsection.

- (4) Equipment and technical assistance. A surgical facility shall have available appropriate video recording equipment and technical assistance as determined by the department in rules promulgated under sub. (8) to comply with a surgical patient request for a recording of his or her surgical procedure.
- (5) Incapacity. If a surgical patient is incapacitated, a person authorized by the patient under s. 146.81 (5) may request that a recording be made of the patient's surgical procedure under sub. (2) (a).
- (6) MINORS. If a surgical patient is a minor child, a parent, guardian, or legal custodian may request that a recording be made of the minor child's surgical procedure under sub. (2) (a).
- (7) EXCEPTION FOR EMERGENCIES. (a) Notwithstanding sub. (2), a surgical facility is not required to provide the option of a video recording under this section if the health care provider determines in the exercise of his or her professional judgment that either of the following is true:
 - 1. Immediate surgery is necessary to avert death.
- 2. Other circumstances exist such that video recording would cause a delay that would create a serious risk of substantial and irreversible impairment of one or more of the surgical patient's bodily functions.
- (b) The health care provider shall inform the surgical patient, or the parent, guardian, or legal custodian or person authorized by the patient under s. 146.81 (5),

- if applicable, of the medical indications supporting the health care provider's reasonable medical judgment that either of the emergency conditions under par. (a) exists.
 - (8) Rules. (a) The department shall promulgate rules establishing standards for video recording of surgical procedures and the use of video recording equipment in the surgery setting to ensure such recordings are professional and of sufficient quality to accurately portray what takes place during a surgical procedure.
 - (b) The department shall promulgate rules establishing the fees under sub. (10)(a) and any rules the department determines are necessary for implementation of sub. (12).
 - (9) Preservation and destruction. After the recording of a surgical procedure under this section is complete, the surgical facility or its designee shall promptly do all of the following:
 - (a) Preserve the recording as part of the surgical patient's health care record, which may include both a copy in the patient's health care record and any electronic backup of health care records kept in the normal course of business.
 - (b) Except as provided under par. (a), delete copies of the recording from the recording device or any other electronic device, including any memory card or flash drive.
 - (10) FEES. (a) A surgical facility may charge a reasonable fee, as determined by the department, for the surgical facility's videography services provided under this section and its storage of the recording of the surgical procedure.
- (b) A surgical facility may charge fees as set forth in s. 146.83 (3f) for providing copies from a surgical patient's health care record of a recording under this section, except that the surgical facility shall provide, upon request, one copy of any recording

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- taken under this section to a surgical patient, a person authorized by the surgical patient under s. 146.81 (5), or a parent, guardian, or legal custodian of a minor surgical patient free of charge.
- (11) Admissibility of recording. For purposes of admissibility in a civil or criminal action or proceeding, an audiovisual recording created under this section is a patient health care record under s. 146.81 and shall be treated as other patient health care records under ss. 908.03 (6m) and 909.02 (11). If certified by an appropriate record custodian, recordings under this section shall be admissible as evidence in any civil or criminal action or proceeding related to any alleged act or omission depicted in the recording.
- (12) Advance requests for recording. (a) *Definition*. In this subsection, "principal" means an individual who executes an advance request for surgical procedure recording instrument.
- (b) Advance requests for recording. 1. An individual who is of sound mind and has attained age 18 may voluntarily execute an advance request for surgical procedure recording instrument. An individual for whom an adjudication of incompetence and appointment of a guardian of the individual is in effect in this state is presumed not to be of sound mind for purposes of this subsection and for executing an advance request for surgical procedure recording instrument.
- 2. The desires of a principal who does not have incapacity supersede the effect of his or her advance request for surgical procedure recording instrument at all times.
- 3. The department shall prepare and provide copies of an advance request for surgical procedure recording instrument and accompanying information for distribution in quantities to health care professionals, hospitals and other surgical



- facilities, county clerks, and local bar associations and individually to private persons. The department shall determine the form of the request form and accompanying instructions. The department shall include on the form both an option for requesting the recording of a specific single surgical procedure and an option for requesting the recording of all future surgical procedures appropriate under this section.
 - (c) Advance request for recording; execution. A valid advance request for surgical procedure recording shall be all of the following:
 - 1. In writing.

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- Dated and signed by the principal or by an individual who has attained age
 18, at the express direction and in the presence of the principal.
 - 3. Signed in the presence of a witness who is an individual who has attained the age 18.
 - 4. Voluntarily executed.
 - (d) *Revocation*. A principal may revoke his or her advance request for surgical procedure recording instrument at any time by doing any of the following:
 - 1. Canceling, defacing, obliterating, burning, tearing, or otherwise destroying the advance request for surgical procedure recording instrument or directing another in the presence of the principal to so destroy the advance request for surgical procedure recording instrument.
 - 2. Executing a statement, in writing, that is signed and dated by the principal, expressing the principal's intent to revoke the advance request for surgical procedure recording instrument.
 - 3. Verbally expressing the desire to revoke the advance request for surgical procedure recording instrument in the presence of a witness.

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1	4. Executing a subsequent advance request for surgical procedure recording
2	instrument that replaces an existing advance request for surgical procedure
3	recording instrument.
4	(13) PENALTIES. (a) Except as provided under sub. (7), a health care provider
5	who knowingly refuses to comply with a surgical patient request to have his or her
6	surgical procedure recorded may be subject to a forfeiture of not more than \$25,000
7	for each violation.
8	(b) Except as provided under sub. (7), a surgical facility that fails to provide a
9	notice required under sub. (2) (b) may be subject to a forfeiture of not more than
10	\$25,000 for each violation.
11	(c) Whoever intentionally conceals, cancels, defaces, obliterates, damages, or
12	destroys an advance request for surgical procedure recording instrument created
13	under sub. (12) without the consent of the principal for that instrument may be
14/15	subject to a forfeiture of not more than \$25,000 for each violation.
158-4	(14) FORFEITURE PROCEDURE. (a) The department may directly assess
16	forfeitures provided for under sub. (13). If the department determines that a
17	forfeiture should be assessed for a particular violation, the department shall send a
18	notice of assessment to the health care provider. The notice shall specify the amount
19	of the forfeiture assessed, the violation and the statute or rule alleged to have been
20	violated, and shall inform the hospital of the right to a hearing under par. (b).
21	(b) A health care provider may contest an assessment of a forfeiture by sending
22	within 30 days after receipt of notice under par. (a), a written request for a hearing
23	under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1)

The administrator of the division may designate a hearing examiner to preside over

the case and recommend a decision to the administrator under s. 227.46. The

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- decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 60 days after receipt of the request for a hearing and shall issue a final decision within 30 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.
- (c) All forfeitures shall be paid to the department within 30 days after receipt of notice of assessment or, if the forfeiture is contested under par. (b), within 30 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order. The department shall remit all forfeitures paid to the secretary of administration for deposit in the injured patients and families compensation fund under s. 655.27.
- (d) The attorney general may bring an action in the name of the state to collect any forfeiture imposed under sub. (13) if the forfeiture has not been paid following the exhaustion of all administrative and judicial reviews. The only issue to be contested in any such action shall be whether the forfeiture has been paid.

Section 2. 146.81 (4) of the statutes is amended to read:

146.81 (4) "Patient health care records" means all records related to the health of a patient prepared by or under the supervision of a health care provider; all video recordings under s. 50.373 related to the surgical patient; and all records made by an ambulance service provider, as defined in s. 256.01 (3), an emergency medical technician, as defined in s. 256.01 (5), or a first responder, as defined in s. 256.01 (9), in administering emergency care procedures to and handling and transporting sick, disabled, or injured individuals. "Patient health care records" includes billing

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statements and invoices for treatment or services provided by a health care provider
and includes health summary forms prepared under s. 302.388 (2). "Patient health
care records" does not include those records subject to s. 51.30, reports collected
under s. 69.186, records of tests administered under s. 252.15 (5g) or (5j), 343.305,
938.296 (4) or (5) or 968.38 (4) or (5), records related to sales of pseudoephedrine
products, as defined in s. 961.01 (20c), that are maintained by pharmacies under s.
961.235, fetal monitor tracings, as defined under s. 146.817 (1), or a pupil's physical
health records maintained by a school under s. 118.125.
SECTION 3. 146.83 (3f) (b) 3m. of the statutes is created to read:
146.83 (3f) (b) 3m. Except as provided in s. 50.373, for a copy of a video
recording of a surgical procedure, \$35 per copy.
SECTION 4. 655.27 (1g) of the statutes is created to read:
655.27 (1g) Deposit of forfeitures. Forfeitures paid under s. 50.373 (13) shall
be deposited in the fund under sub. (1).
Section 5. Effective date.
(1) This act takes effect on the first day of the 13th month beginning after
publication.

(END)



2015–2016 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT 3-5

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(1)	(d) "Patient health care records" shall have the meaning given in s. 146.81 (4).
	(END INSERT 3-5)
	INSERT 3-22 (under 5.146.81(5))
2	(c) A physician who is scheduled to participate as a physician in a surgical
3	patient's surgical procedure may request that the procedure be video recorded under
4	the procedures described in this subsection. The surgical facility shall comply with
5	the physician's request if all of the following are true:
6	1. The requesting physician has informed the patient or, if applicable, a parent,
7.	guardian, legal custodian, or a person authorized by the patient, of the physician's
8	request for recording and the reason the physician has requested that recording.
9	2. The surgical patient, or if applicable, the parent, guardian, legal custodian,
10	or person authorized by the patient, does not object to the video recording.
11	(d) If a physician requests the video recording option under par. (c), the surgical
12	facility may not charge the surgical patient any fees under sub. (10) (a).
13	(e) A surgical patient, or if applicable, parent, guardian, or legal custodian, or
14	person authorized by the patient who exercises the option for recording under this
15	section may not disclose, unless the physician or physicians involved waive
16	confidentiality, the content of a video recording created under this section except to
17	health care providers providing care to the surgical patient, to immediate family
18	members or a person authorized by the patient under s. 146.81 (5), or to an attorney
19	or an attorney's staff for the purpose of obtaining legal advice. If legal action is taken,
20	the surgical patient may disclose the video recording to additional individuals if
21	necessary for the case, but it should be filed under seal if permitted. In all other

respects, recordings under this section shall be treated as patient health care

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mg= 146.8165) 2 records. (END INSERT 3-22) INSERT 7-6 The department shall also include on the form a statement to the effect that a principal who exercises the option for recording either a single procedure or all future 4 5 surgical procedures agrees that, unless the physician or physicians involved waive confidentiality, a video recording created under this section is confidential and the 6 principal or, if applicable, a parent, guardian, or legal custodian, or person 7 8 authorized by a patient, may only be disclose it to health care providers providing 9 care to the principal, to immediate family members or a person authorized by the 10 patient under s. 146.81 (5), or to an attorney or an attorney's staff for the purpose of obtaining legal advice. If legal action is taken, the principal may disclose the video 11 12recording to additional individuals if necessary for the case, but it should be filed 13 under seal if permitted. (END INSERT 7-6) INSERT 8-14 14 (d) A surgical patient, parent, guardian, legal custodian, or person authorized 15 by a patient under s. 146.81 (5) who knowingly violates sub. (2) (e) by disclosing a video recording taken under this section to a person not authorized under sub. (2) (e) 16 may be subject to a forfeiture of not more than \$25,000 for each violation. 17

(END INSERT 8-14)

STATE OF WISCONSIN – LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

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	ambulatory surgical centers, or any other paces where
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	procedures videstaped."
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2	Per leg Councils suggestion, Rep. Sunidicis office requests
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