



State of Wisconsin  
2007 - 2008 LEGISLATURE

LRBs0060/2  
DAK:jld:jf

**ASSEMBLY SUBSTITUTE AMENDMENT 1,  
TO 2007 ASSEMBLY BILL 185**

April 19, 2007 – Offered by Representative TOWNSEND.

1 **AN ACT** *to renumber and amend* 253.12 (1) (b); *to amend* 69.03 (12), 69.20 (2)  
2 (a) (intro.), 69.20 (3) (b) 3., 69.20 (3) (c), 69.20 (3) (d), 253.12 (1) (a) (intro.),  
3 253.12 (1) (a) 1., 253.12 (2) (a) (intro.), 253.12 (2) (am), 253.12 (2) (b), 253.12 (2)  
4 (e), 253.12 (3) (a) 1. (intro.), 253.12 (3) (a) 1. c., 253.12 (3) (c), 253.12 (4) (a),  
5 253.12 (5) (a) 1., 253.12 (5) (a) 2. and 253.12 (5) (a) 4.; ***to repeal and recreate***  
6 253.12 (2) (d); and ***to create*** 69.20 (2) (a) 3., 253.12 (1) (e), 253.12 (2) (a) 3.,  
7 253.12 (2) (a) 4., 253.12 (5) (c) and 253.12 (5m) of the statutes; **relating to:** the  
8 birth defect prevention and surveillance system.

---

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

Under the birth defect prevention and surveillance system (system) in current law, pediatric specialty clinics and physicians are required to report to the Department of Health and Family Services (DHFS) any birth defects of infants or children who are diagnosed or treated in the clinics or by the physicians. A “birth defect” is defined as a structural deformation, disruption, or dysplasia or a genetic, inherited, or biochemical disease that occurs prior to or at birth and that requires medical or surgical intervention or interferes with normal growth and development.

An “infant or child” is defined as a human being from birth to the age of two years. DHFS may not require a pediatric specialty clinic or physician to report the name of a reported infant or child if the parent or guardian of the infant or child refuses in writing to consent to the release of the name or address of the infant or child.

Also under current law, information that is contained in a vital record and is designated as being collected for statistical and medical use or statistical use only or that involves the birth of a child to an unmarried mother may be disclosed only in certain instances. One instance is disclosure of this information, under an interstate cooperation agreement, from the vital record of the resident of another state or a resident of this state born in another state, for use by the state registrar in compiling statistics. Another instance is disclosure of statistical or medical information for use in the conduct of official duties of a federal agency, a Wisconsin governmental agency, or the agency of a county, city, town, or village. In addition, hospitals and funeral directors must provide and the state registrar must accept reports of certain fetal deaths. Before destroying these reports, the state registrar may record the reports’ information for use in medical research and use the information to compile statistics.

Lastly, under current law, DHFS must establish and maintain an up-to-date registry that documents the diagnosis in this state of any infant or child who has a birth defect. Among the information that DHFS is required to include in the registry is information that will facilitate the development of primary preventive strategies to decrease the occurrence of birth defects without increasing abortions.

This substitute amendment changes the process by which the parent or guardian of a stillbirth, infant, or child may decide not to consent to the release of the stillbirth’s, infant’s, or child’s identifying information, to require that a physician or physician’s designee first inform the parent or guardian of the intent of the system and to require signature of the parent or guardian on a DHFS form. Further, the substitute amendment specifies a process by which, using the DHFS form, the parent or guardian of a stillbirth, infant, or child may effect withdrawal of consent to the release of identifying information about the stillbirth, infant, or child, and requires that, if consent to the release is withdrawn, DHFS remove the information from the system. DHFS must prescribe and distribute to pediatric specialty clinics and local health departments the form for these purposes by July 1, 2009.

The substitute amendment requires the division of DHFS that deals with vital statistics to report to the system information that is contained in a vital record and is designated as being collected for statistical and medical use or statistical use only, including this type of information that is available under an interstate cooperation agreement, if this disclosure is agreed to by the other state. In addition, the substitute amendment requires the entity that contracts with the Department of Administration for collecting, analyzing, and disseminating health care information of hospitals and ambulatory surgery centers to report to the system concerning birth defects as recorded in public use data files of hospitals and ambulatory surgery centers.

The substitute amendment authorizes DHFS to contract with an entity to perform the development of primary preventive strategies to decrease the occurrence

of birth defects as information to be included in the birth defect registry and limits use by the entity of material released by DHFS.

The substitute amendment also permits the state registrar to record information from reports of certain fetal deaths for use in research conducted under the system.

Lastly, the substitute amendment includes stillbirths, as defined in the substitute amendment, under the requirements of the system, expands the definition of "birth defect" to include structural malformations, and makes other minor changes.

---

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

1           **SECTION 1.** 69.03 (12) of the statutes is amended to read:

2           69.03 (12) Accept fetal death reports under s. 69.18 (1) (e). The state registrar  
3           may record the information on the reports for use in medical research, including  
4           research conducted under s. 253.12 (5) (b), and may use the information to compile  
5           statistics. After recording the information on a fetal death report, the state registrar  
6           shall destroy the report.

7           **SECTION 2.** 69.20 (2) (a) (intro.) of the statutes is amended to read:

8           69.20 (2) (a) (intro.) ~~Except as provided under sub. (3), information~~ Information  
9           in the part of a certificate of birth or divorce or annulment or a marriage document  
10          that is designated on the form as being collected for statistical or medical and  
11          statistical use only and information in the part of a death certificate that is  
12          designated on the form as being collected as statistical-use-only information under  
13          s. 69.18 (1m) (c) may not be disclosed to any person except the following:

14          **SECTION 3.** 69.20 (2) (a) 3. of the statutes is created to read:

15          69.20 (2) (a) 3. As provided under sub. (3).

16          **SECTION 4.** 69.20 (3) (b) 3. of the statutes is amended to read:

1           69.20 (3) (b) 3. The information is from the vital record of a registrant who is  
2 a resident of another state or who was born in another state and is transmitted to  
3 the office responsible for keeping the vital statistics in such state under an interstate  
4 cooperation agreement which requires that the information be used for statistical  
5 and administrative purposes only and which provides for the retention and  
6 disposition of such copies. If under such an agreement the state registrar receives  
7 information from an office responsible for keeping the vital statistics in another  
8 state, the state registrar may not use the information for any purpose except for the  
9 compilation of statistics and, if agreed to by the other state, in meeting requirements  
10 for reporting under s. 253.12 (2) (a) 3.

11           **SECTION 5.** 69.20 (3) (c) of the statutes is amended to read:

12           69.20 (3) (c) ~~Notwithstanding sub. (2), a~~ A local registrar may disclose  
13 information on a birth certificate or issue a copy of the certificate to a local health  
14 department, as defined in s. 250.01 (4), for health or demographic research or a public  
15 health program if the local health department pays the copying costs and if the birth  
16 of the registrant occurred within the boundaries of the political subdivision served  
17 by the local health department or the registrant is a resident of the political  
18 subdivision. The local health department may not disclose any information from any  
19 copy which it receives under this paragraph to any person and shall destroy the copy  
20 no later than one year after receipt.

21           **SECTION 6.** 69.20 (3) (d) of the statutes is amended to read:

22           69.20 (3) (d) Subject to par. (f), the state or a local registrar may disclose  
23 information from the vital record of a specified registrant, ~~except information under~~  
24 ~~sub. (2) (a),~~ to a federal agency, to any agency of the government of this state, or to  
25 any agency of a county, city, town, or village if the agency requests the information

1 for use in the conduct of its official duties, except that the state registrar may disclose  
2 information under sub. (2) (a) only in order to meet requirements for reporting under  
3 s. 253.12 (2) (a) 3.

4 **SECTION 7.** 253.12 (1) (a) (intro.) of the statutes is amended to read:

5 253.12 (1) (a) (intro.) “Birth defect” means any of the following conditions  
6 affecting a stillbirth or an infant or child that occurs prior to or at birth and that  
7 requires medical or surgical intervention or interferes with normal growth and  
8 development:

9 **SECTION 8.** 253.12 (1) (a) 1. of the statutes is amended to read:

10 253.12 (1) (a) 1. A structural malformation, deformation, disruption, or  
11 dysplasia.

12 **SECTION 9.** 253.12 (1) (b) of the statutes is renumbered 253.12 (1) (cm) and  
13 amended to read:

14 253.12 (1) (cm) “Pediatric specialty clinic” means a clinic that is located in a  
15 hospital or is a freestanding clinic, the primary purpose of which is to provide  
16 pediatric specialty diagnostic, counseling and medical management services to  
17 persons with birth defects by a physician subspecialist.

18 **SECTION 10.** 253.12 (1) (e) of the statutes is created to read:

19 253.12 (1) (e) “Research” means a systematic study through scientific inquiry  
20 for the purpose of expanding a field of knowledge, including environmental or  
21 epidemiological research or special studies.

22 **SECTION 11.** 253.12 (2) (a) (intro.) of the statutes is amended to read:

23 253.12 (2) (a) (intro.) Except as provided in par. (b), all of the following shall  
24 report in the manner prescribed by the department under sub. (3) (a) 3. a birth defect  
25 in a stillbirth or an infant or child:

1           **SECTION 12.** 253.12 (2) (a) 3. of the statutes is created to read:

2           253.12 (2) (a) 3. The division of the department that deals with vital statistics,  
3 with respect to the information received under s. 69.20 (3) (b) 3. or available under  
4 s. 69.20 (3) (d).

5           **SECTION 13.** 253.12 (2) (a) 4. of the statutes is created to read:

6           253.12 (2) (a) 4. The entity under contract under s. 153.05 (2m) (a), with respect  
7 to public use data files under s. 153.46 (1) (b).

8           **SECTION 14.** 253.12 (2) (am) of the statutes is amended to read:

9           253.12 (2) (am) Any hospital in which a birth defect is diagnosed in a stillbirth  
10 or an infant or child or treatment is provided to the infant or child may report the  
11 birth defect in the manner prescribed by the department under sub. (3) (a) 3.

12           **SECTION 15.** 253.12 (2) (b) of the statutes is amended to read:

13           253.12 (2) (b) No person specified under par. (a) need report under par. (a) if  
14 that person knows that another person specified under par. (a) or (am) has already  
15 reported to the department the required information with respect to the same birth  
16 defect of the same stillbirth or infant or child.

17           **SECTION 16.** 253.12 (2) (d) of the statutes is repealed and recreated to read:

18           253.12 (2) (d) If the parent or guardian of a stillbirth or an infant or child for  
19 whom a report is made under par. (a) decides, after having been informed by a  
20 physician or a physician's designee of the intent of the system under this section, not  
21 to consent to the release of identifying information concerning the stillbirth or infant  
22 or child and signs the form specified in sub. (5) (c), the department may not require  
23 a person specified under par. (a) 1., 2., or 3. to report information identifying the  
24 stillbirth or infant or child.

25           **SECTION 17.** 253.12 (2) (e) of the statutes is amended to read:

1           253.12 (2) (e) If the address of an infant or child or the place of delivery of a  
2 stillbirth for whom a report is made under par. (a) is included in the report, the  
3 department shall encode the address to refer to the same geographical location.

4           **SECTION 18.** 253.12 (3) (a) 1. (intro.) of the statutes is amended to read:

5           253.12 (3) (a) 1. (intro.) Establish and maintain an up-to-date registry that  
6 documents the diagnosis in this state of any stillbirth or infant or child who has a  
7 birth defect, regardless of the residence of the infant or child or place of delivery of  
8 the stillbirth. The department shall include in the registry information that will  
9 facilitate all of the following:

10          **SECTION 19.** 253.12 (3) (a) 1. c. of the statutes is amended to read:

11          253.12 (3) (a) 1. c. Development of primary preventive strategies to decrease  
12 the occurrence of birth defects without increasing abortions. The department may  
13 contract with an entity that the department determines is qualified to perform the  
14 development required under this subd. 1. c. Any material released by the  
15 department to the entity under the contract may be used only for the performance  
16 of this development and may not be used by an insurer, as defined in s. 600.03 (27),  
17 to limit or deny health care coverage to an individual. The entity under contract may  
18 not under this subd. 1. c. reveal information that may identify the subject of a report  
19 made under sub. (2).

20          **SECTION 20.** 253.12 (3) (c) of the statutes is amended to read:

21          253.12 (3) (c) The department shall, not more than 10 years from the date of  
22 receipt of a report under sub. (2), delete from any file of the department the name of  
23 a stillbirth or an infant or child that is contained in the report.

24          **SECTION 21.** 253.12 (4) (a) of the statutes is amended to read:

1           253.12 (4) (a) Make recommendations to the department regarding the  
2 establishment of a registry that documents the diagnosis in the state of a stillbirth  
3 or an infant or child who has a birth defect, as required under sub. (3) (a) 1. and  
4 regarding the rules that the department is required to promulgate under sub. (3) (a)  
5 2. and 3. on the birth defects to be reported under sub. (2) and on the general content  
6 and format of the report under sub. (2) and procedures for submitting the report. The  
7 council shall also make recommendations regarding the content of a report that,  
8 because of the application of sub. (2) (d), does not contain the name of the subject of  
9 the report.

10           **SECTION 22.** 253.12 (5) (a) 1. of the statutes is amended to read:

11           253.12 (5) (a) 1. The parent or guardian of a stillbirth or an infant or child for  
12 whom a report is made under sub. (2).

13           **SECTION 23.** 253.12 (5) (a) 2. of the statutes is amended to read:

14           253.12 (5) (a) 2. A local health officer, a local birth-to-3 coordinator or an  
15 agency under contract with the department to administer the children with special  
16 health care needs program, ~~upon receipt of a written request and informed written~~  
17 ~~consent from the parent or guardian of the infant or child~~ under the requirements  
18 of subs. (2) (d) and (5m). The local health officer may disclose information received  
19 under this subdivision only to the extent necessary to render and coordinate services  
20 and follow-up care for the infant or child or to conduct a health, demographic or  
21 epidemiological investigation. The local health officer shall destroy all information  
22 received under this subdivision within one year after receiving it.

23           **SECTION 24.** 253.12 (5) (a) 4. of the statutes is amended to read:

24           253.12 (5) (a) 4. A representative of a federal or state agency upon written  
25 request and to the extent that the information is necessary to perform a legally



1 authorized function of that agency, including investigation of causes, mortality,  
2 methods of prevention and early intervention, treatment or care of birth defects,  
3 associated diseases or disabilities. The information may not include the name or  
4 address of an infant or child or the place of delivery of a stillbirth with a condition  
5 reported under sub. (2). The department shall notify the parent or guardian of a  
6 stillbirth or an infant or child about whom information is released under this  
7 subdivision, of the release. The representative of the federal or state agency may  
8 disclose information received under this paragraph only as necessary to perform the  
9 legally authorized function of that agency for which the information was requested.

10 **SECTION 25.** 253.12 (5) (c) of the statutes is created to read:

11 253.12 (5) (c) By July 1, 2009, the department shall prescribe and distribute,  
12 and periodically distribute thereafter, to pediatric speciality clinics and local health  
13 departments copies of a form to be used by the parent or guardian of a stillbirth or  
14 an infant or child for whom a report is made under sub. (2) (a) in indicating any of  
15 the following:

16 1. Refusal under sub. (2) (d) by the parent or guardian to consent to the release  
17 of identifying information concerning the stillbirth or infant or child.

18 2. The decision under sub. (5m) by the parent or guardian to remove from the  
19 system any identifying information entered for the stillbirth or infant or child.

20 **SECTION 26.** 253.12 (5m) of the statutes is created to read:

21 253.12 (5m) REMOVAL OF IDENTIFYING INFORMATION. If the parent or guardian  
22 of a stillbirth or an infant or child for whom a report is made under sub. (2) (a) decides  
23 to withdraw consent to the release of identifying information concerning the  
24 stillbirth or infant or child, the parent or guardian may request from the local health  
25 department or the stillbirth's or infant's or child's physician the form specified in sub.

1 (5) (c). If the parent or guardian decides, after having been informed by the  
2 stillbirth's or infant's or child's physician or physician's designee of the information  
3 contained in the system under this section, and signs the form, the local health  
4 department, physician, or physician's designee shall forward the form to the division  
5 of the department that deals with public health. On receipt of the signed form, the  
6 department shall remove from the system under this section any information  
7 identifying the stillbirth or infant or child.

8 (END)