



WISCONSIN LEGISLATIVE COUNCIL ACT MEMO

2005 Wisconsin Act 198
[2005 Assembly Bill 881]

Public Health and Related Issues

2005 Wisconsin Act 198 makes a number of changes in statutes related to public health, communicable diseases, and municipal contracting, as described in this memorandum.

Municipal Contracting

The statutes generally allow municipalities to contract with other municipalities and with federally recognized Indian tribes and bands in Wisconsin, for the receipt or furnishing of services or the joint exercise of any power or duty required or authorized by law. In addition, the statutes allow municipalities to contract with municipalities of another state for this purpose. Contracts between a municipality in Wisconsin and a municipality in another state are subject to approval by the Wisconsin Attorney General, except for contracts that relate to fire fighting or emergency medical services.

Act 198 also authorizes municipalities in Wisconsin to contract with federally recognized American Indian tribes or bands located in another state for the purposes described above, and subject to approval by the Wisconsin Attorney General, as described above.

Reporting of Animal Diseases

The statutes provide that veterinarians and the Department of Natural Resources (DNR) must report to the Department of Agriculture, Trade and Consumer Protection (DATCP) any diseases specified in DATCP rules each time a veterinarian or DNR discovers that such a disease is present in any animal in Wisconsin. The statutes require DATCP to provide the reports of these communicable diseases to the Department of Health and Family Services (DHFS).

Act 198 also requires DATCP to provide the reports to the local health officer for the area in which the animal is located.

This memo provides a brief description of the Act. For more detailed information, consult the text of the law and related legislative documents at the Legislature's Web site at: <http://www.legis.state.wi.us/>.

Cooperation

Act 198 requires that in public health planning, DHFS must collaborate with local health departments on an ongoing basis and must consult with private sector entities and public sector entities.

In addition, Act 198 requires DHFS to promote cooperation and formal collaborative agreements among any of the following with regard to public health planning, priority setting, information and data sharing, reporting, resource allocation, funding, service delivery, and jurisdiction: (1) the state; (2) local health departments; (3) federally recognized American Indian tribes or bands in Wisconsin; and (4) the federal Indian Health Service.

Public Health Duties of DHFS

In addition to other public health duties specified for DHFS in the statutes, Act 198 requires DHFS to perform or facilitate the performance of all of the following services and functions:

- Monitor the health status of populations to identify and solve community health problems.
- Investigate and diagnose community health problems and health hazards.
- Inform and educate individuals about health issues.
- Mobilize public and private sector collaboration and action to identify and solve health problems.
- Develop policies, plans, and programs that support individual and community health efforts.
- Enforce statutes and rules that protect health and ensure safety.
- Link individuals to needed personal health services.
- Assure a competent public health workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Provide research to develop insights into and innovative solutions for health problems.

Public Health Agenda

Prior to Act 198, the statutes included references to the public health agenda for the year 2000, which was published by DHFS in 1990. Those statutes also required that at least once every 10 years, DHFS must develop a successor document to that public health agenda. In addition, the statute related to the services required in order for a local health department to be classified as a Level II or Level III local health department referenced that document that was prepared in 1990.

Act 198 deletes references to the public health agenda developed in 1990 and instead requires DHFS to develop a public health agenda by January 1, 2010, and at least every 10 years after that. DHFS is required to promulgate rules that specify additional required services for Level II and Level III local health departments, including services that DHFS determines appropriately address objectives or services specified in the most recent public health agenda.

Communicable Disease Reports

Act 198 makes the following changes in the statutes that relate to communicable disease reporting:

- Under the statutes, any health care provider who knows or has reason to believe that a person treated or visited by the provider has a communicable disease, or has died with a communicable disease, must report this to the local health officer. Act 198 modifies the statute to allow the health agency of a federally recognized American Indian tribe or band to report this information to the local health officer.
- Prior to Act 198, the statutes required each laboratory to report as prescribed by DHFS those specimen results that DHFS finds necessary for the surveillance, control, diagnosis, and prevention of communicable diseases. Act 198 modifies this to also require reporting of those specimen results that indicate that an individual providing the specimen has a communicable disease, or has died with a communicable disease.
- Prior to Act 198, the statutes required that anyone having knowledge or reason to believe that a person has a communicable disease must report the facts to the local health officer. Act 198 modifies this to require that the report be either to the local health officer or to DHFS.
- Act 198 modifies the statutes that allow communicable disease reporting forms to be furnished by DHFS and distributed by a local health officer to also include references to forms appropriate for reporting animal diseases.

Reports by Pharmacists

Prior to Act 198, the statutes required that a pharmacist or pharmacy report to DHFS an unusual increase in the number of prescriptions dispensed or nonprescription drug products sold for the treatment of medical conditions specified by DHFS by rule, an unusual increase in the number of prescriptions dispensed for antibiotic drugs, and the dispensing of a prescription for the treatment of a disease that is relatively uncommon or may be associated with bioterrorism. The statutes provided that a pharmacist or pharmacy may not report personally identifying information, except that upon request by DHFS, a pharmacy or pharmacist must report to DHFS personally identifying information (other than a Social Security number) concerning an individual who is dispensed a prescription or purchases a nonprescription drug product described above.

Act 198 modifies this statute as follows:

- The statute is moved from the chapter dealing with the Department of Regulation and Licensing to the chapter dealing with the Pharmacy Examining Board.
- The report by the pharmacy or pharmacists must be within 24 hours and must be done electronically, by fax machine, by telephone, or in writing.
- The report must be made either to a local health department or to DHFS.
- In submitting a required report, the pharmacy or pharmacist is required to include personally identifying information, other than a Social Security number.

Reports by Coroners or Medical Examiners

Prior to Act 198, the statutes required that if a coroner or medical examiner is aware of the death of a person who, at the time of death, had an illness or health condition that is believed to be caused by bioterrorism or a novel or previously controlled or eradicated biological agent, the coroner or medical examiner must report this to DHFS and to the local health department within 24 hours. Act 198 modifies the statute to also require reporting by the coroner or medical examiner if he or she suspects that the person has a communicable disease that, under DHFS rules, must be reported to a local health officer or the state epidemiologist.

Effective Date: This Act takes effect on April 8, 2006.

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