JOAN BALLWEG
STATE SENATOR · 14TH SENATE DISTRICT

Senate Bills 173, 174, 175, 176, 177 and 178
Recommendations of the
2022 Study Committee on Uniform Death Reporting Standards

Testimony of Senator Joan Ballweg
Senate Committee on Health
September 20, 2023

Good morning, Chair Cabral-Guevara, and members of the committee. Thank you for hearing this package of bills, which were recommended unanimously after months of study and discussion by the 2022 Study Committee on Uniform Death Reporting Standards.

I had the pleasure to serve as chairperson of the committee, which was comprised of two senators, two representatives, and seven public members. The public members ranged in expertise, including two medical examiners, a public health nurse, a funeral director, and various mental health and research advocates.

The idea for the Study Committee on Uniform Death Reporting Standards came after I served as Chair of the Speaker's Task Force on Suicide Prevention in the 2019 legislative session.

The committee was tasked with analyzing ways to improve our data on deaths, with the idea that better data will better inform death prevention efforts, particularly in the context of suicide. To that end, the committee heard testimony about, and had in-depth discussions on, the need for more uniform information included in death records. Death record data relies heavily on the work of various actors, including funeral directors, physicians, and county medical examiners/coroners.

In addition, the committee heard testimony about efforts to gather death-related information using other tools beyond death records. For example, standardized suicide investigation forms and fatality review teams are ways that some public health and other professionals are gathering comprehensive data on certain kinds of deaths. The goal of these tools is to assist stakeholders in identifying risk factors that can better inform preventative efforts.

In the interest of time, I will not describe in detail each of the six bills being heard today, but rather explain the three specific themes under which the bills may be categorized, which were the product of robust discussion and consensus.

First, the committee devoted significant discussion to the value of fatality review teams. Many counties currently have review teams of various types, but no state law governs their use. These teams discuss individual deaths, in a confidential setting, with the goal of identifying risk factors and circumstances that surround the

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death, so as to inform future prevention strategies. Recognizing the value of these teams, Senate Bill 177 codifies the existence of these teams in order to legitimize their practice, specify the confidential nature of their meetings, and clarify a team's ability to access certain records.

In addition, three of the bills address the content of a death record and the process for creating a death record by:

- Allowing inclusion of up to two additional occupation entries to the death record to provide better data about decedents with multiple occupations (Senate Bill 173).
- Requiring individuals to certify the cause and manner of death using an existing DHS electronic system to ensure timeliness, accuracy, and uniformity (Senate Bill 174).
- Ensuring that medical examiners and coroners receive notice of certain deaths in order to determine whether to take jurisdiction, so as to assist in timely submission of certain death record data (Senate Bill 178).

Finally, two bills seek to create more uniformity among medical certifications of cause and manner of death by:

- Requiring DHS to establish and encourage best practices for coroners and medical examiners when completing medical certifications and death investigations (Senate Bill 176).
- Requiring DHS to promote and encourage appropriate training for any person who is authorized to complete and sign a medical certification (Senate Bill 175).

I have been working with stakeholders to draft amendments to a few of these bills. The Department of Health Services has requested an amendment to Senate Bill 177 which will add maternal death to the list of reviewable deaths. I have also drafted an amendment for Senate Bill 178 which will eliminate deaths that occur within 24 hours of a patient being placed in hospice care from the deaths that necessary to report to the Coroner or Medical Examiner.

Again, I appreciate the opportunities both to have chaired this study committee and to testify before you on these six bills. Legislative Council attorneys Amber Otis and Kelly McGraw are with me today to assist in answering any questions.

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STATE SENATOR **JESSE JAMES** 23RD DISTRICT

September 20th, 2023

Members of the Senate Committee on Health

Testimony on 2023 Senate Bills 173, 174, 175, 176, 177, & 178

Relating to bills suggested by the Legislative Council Study Committee on Uniform Death Reporting

Thank you, Chairwoman Cabral-Guevara and other members of the committee, for hearing these bills today. The proposals before you came from the Legislative Council Study Committee on Uniform Death Reporting Standards, for which I was honored to serve as the Vice-Chair. Our task was to review the current protocols for investigating causes of death, reporting deaths, and the uniformity of those practices across the state. As tragic as death can be, it can also be incredibly informative when it comes to identifying trends and potential short comings in our system and society. Improving the reporting requirements and processes for all types of death, but especially unexpected ones, can help strengthen the validity of this data.

Throughout the study committee meetings, we got to hear from multiple people across different professions that are involved in not only certifying a death, but reporting the necessary information to the Wisconsin Vital Records Office. Their presentations and testimonies shined a light on areas of the process that need improvement. The bills before you can be broken down into three major categories for the death reporting process: creating a death record, certification uniformity, and additional data sources regarding death.

Senate Bill 173, 174, and 178 pertain to the creation of the death record. If one of the goals of this committee was to help identify trends and strengthen statistics, SB 173 helps with painting a better picture of the life of the recently deceased. It allows for adding more than one occupation for the individual, which can provide insight to different environmental factors that could have influenced health and wellbeing. SB 174 would aim to alleviate potential human error when filling out the death record by requiring the individuals signing the medical certification to use the electronic vital records system. Electronically entering this data would minimize the misinterpretations of what was written and then faxed, helping ensure the information used for the death record is accurate. Lastly, SB 178 puts a 24 hour timeline on when a hospital or similar institution needs to contact a medical examiner or coroner about a death in the facility to see if investigation is needed.

SB 175 and 176 recommend creating best practices and training for completing medical certifications, completing death investigations and filling out death reports. We heard throughout our meetings the importance of filling out a death record properly and how it seems that there is a disconnect with the medical world and the world of medical examiners and coroners. Establishing best practices would be a step towards uniformity across our 72 counties.

Lastly, SB 177 would officially recognize fatality review teams under state law. Currently, 45 counties in Wisconsin have created their own fatality review teams to help gather data and information on

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overdose deaths, child deaths, suicide deaths, as well as others. This bill helps implement parameters and scopes for these review teams, as well as protect the sensitive, confidential data they deal with.

Death can be a heavy subject, and collecting this information can be sensitive and difficult. We need to help those who are obtaining this data by making sure the system they are using is functioning properly and efficiently, which will then help with identifying overall issues and trends. Creating a uniform standard for this industry can change what type of data can be collected, what we can learn from it, and most importantly, how we can change it for the better. Thank you, and I will happily take any questions at this time.

Respectfully,

Senator Jesse James
23rd Senate District
Sen.James@legis.wisconsin.gov

State of Wisconsin
Department of Health Services
Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Health

FROM: HJ Waukau, Legislative Director

DATE: September 20, 2023

RE: Legislative Study Committee on Uniform Death Reporting Standards Bills

The Department of Health Services (DHS) would like to submit testimony for information only on the bills put forward by the Legislative Study Committee on Uniform Death Reporting Standards (UDRS). DHS appreciates its collaboration with the UDRS Committee and the opportunity to provide feedback on all of the bills as they were being drafted and deliberated. Additionally, DHS would like to thank the UDRS Committee members for accepting a significant amount of DHS' feedback and for putting forward a package of bills that will help to update the death reporting and vital records processes. Six bills in all were drafted by the UDRS Committee with five directly impacting DHS operations and the Statewide Vital Records Information System (SVRIS). DHS takes no issue with SB 173, SB 175, or SB 176 as currently drafted; and SB 178 does not impact DHS operations. However, DHS recommends that SB 174 and SB 177 be amended to provide resources for DHS to carry out the tasks enumerated under both bills and to allow for a more efficient use of resources.

DHS testified twice in front of the UDRS Committee during its deliberations over the latter half of 2022. DHS' first testimony focused on delivering an overview to the Committee on the functions of the State Vital Records Office (SVRO), what constitutes a vital record, and the death records process.[1] This overview was provided at the request of the Committee Chairs and was intended to provide a foundation for all Committee members for their subsequent deliberations. In its second hearing, also at the request of the Committee, DHS presented on the state's interactions with the National Violent Death Reporting System (NVDRS) and State Unintentional Drug Overdose Reporting System (SUDORS); which are used to track violence-related and overdose deaths.[2]

SB 174 as drafted would require any person who completes and signs a medical certification to use the electronic system of vital records to complete the certification as required under law while eliminating the option to mail a death record to the filing party. Under SB 174 certifiers filing death records would no longer be allowed to use a "fax attestation form" as is allowed under existing law. Nationwide, 21 jurisdictions have some sort of requirement for electronic medical certification. Moving to an electronic records transfer system would require significant system upgrades and staff support to prepare for the additional users. Currently, all Wisconsin funeral homes, coroners, and medical examiners use the electronic system to file death records, while a majority of physician-submitted records are done via the fax attestation process.

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[1]2022 Legislative Council Study Committee on Uniform Death Reporting Standards, "Presentation by Lynette Childs, State Registrar, State Vital Records Office, and HJ Waukau, Legislative Director, Department of Health Services," Wisconsin State Legislature, July 18, 2022, https://docs.legis.wisconsin.gov/misc/lc/study/2022/2407/010_july_18_2022_10_00_a_m_room_411_south_state_capitol/july18_dhs_presentation.

[2]2022 Legislative Council Study Committee on Uniform Death Reporting Standards, "Presentation, National Violent Death Reporting system (NVDRS), by Lindsay Emer, PhD, NVDRS Coordinator, Wisconsin Department of Health Services (October 17, 2022)," Wisconsin State Legislature, October 17, 2022, https://docs.legis.wisconsin.gov/misc/lc/study/2022/2407/030_october_17_2022_10_00_a_m_room_411_south_state_capitol/oct17presentation_dhs_1.

In 2022, 8.8 percent of all medical certifications performed by physicians in Wisconsin were filed electronically using SVRIS. Utilizing the number of unique physicians that signed death certificates last year as a baseline, it is estimated that SB 174 would result in a net increase of over 5,000 new SVRIS users, equating to a 142 percent increase over the current user base. To account for this increase DHS would need 4.0 new full-time equivalent (FTE) positions, under the Information System Business Automation—Senior classification, at a cost of $338,188 in program revenue annually to implement the requirements of SB 174. Two positions would be required to serve as system trainers for new users, maintain and perform ongoing training refreshers for established users, maintain end user documentation, and develop and maintain end user policy support. The other two FTEs would extend the capacity of existing analysts to meet the needs of the additional system users expected under this bill. Currently the SVRO has 5.0 FTEs to support existing program demands. States like South Carolina, Iowa, and Minnesota have similar programs as would be created under SB 174 and have supporting staffs of 8-to-10 FTEs. Funding to cover the increased staffing and costs would be covered by program revenue from fees appropriated under Wis. Stat. § 20.435(1)(gm) and assessed by SVRO. No new GPR funding would be needed.

SB 177 creates a new structure for fatality review teams in Wisconsin. Currently, fatality review teams operate in an ad hoc manner and there is no specific statutory authority related to fatality review teams. Rather there are only general provisions around confidentiality of records, access to records, and surveillance of public concerns. SB 177 would formalize this process by requiring DHS to establish a statewide fatality review program and permit DHS to create a statewide fatality review team. SB 177 would also define the duties, obligations, and structures of fatality review teams; the types of deaths to be reviewed; potential team members; and confer rulemaking authority on DHS for the development of the fatality review program. To help implement the provisions of SB 177, 4.0 new FTEs at a cost of $317,223 GPR annually will be needed to satisfy the new programming requirements created by the bill. The four positions recommended by DHS would be as follows:

- *Human Services Program Coordinator:* who would be responsible for the overall coordination and oversight of the program, including supporting existing teams and providing support for new teams.
- *Program and Policy Analyst:* who would be responsible for supporting state and local teams and would lead dissemination of data and reports to stakeholders outlined in the proposal.
- *Public Health Educator:* who would support the Human Services Program Coordinator and Program and Policy Analyst in information dissemination and using findings from review teams to implement new best practices.
- *Epidemiologist Advanced:* who would support data needs of local teams, perform quantitative and qualitative analysis, and synthesize technical data for lay use.

Additionally, DHS recommends that maternal deaths also be added to the list of eligible deaths that could be investigated by the proposed Fatality Review Team program under SB 174. DHS currently reviews maternal deaths on an ad hoc basis utilizing federal funds. Adding maternal death reviews to the Fatality Review Teams' list of parameters would provide better alignment and structure, be a more efficient use of resources, and ensure this important work can continue.

Regarding the recommendations for both SB 174 and SB 177, DHS made similar recommendations to the UDRS Committee in writing, as the Committee debated the legislative proposals at its November 2022 and December 2022 hearings. In its comments to the UDRS Committee, DHS noted that it generally agreed with the concepts being advanced by the Committee, but resources would be necessary to implement the provisions of the bills.

DHS thanks the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families for the opportunity to submit testimony for information only on the UDRS Committee's package of bills. DHS is also appreciative for the significant amount of collaboration with the UDRS Committee and in that spirit would like to continue efforts to ensure the proposals contained in the bills can be put into effect.

WFDA

WISCONSIN FUNERAL DIRECTORS ASSOCIATION 1881

To: Members, Senate Committee on Health
From: Wisconsin Funeral Directors Association
Re: Support for Senate Bill 174

Founded in 1881, The Wisconsin Funeral Directors Association (WFDA) is the largest state trade association assisting funeral service professionals in Wisconsin. WFDA represents and supports funeral service professionals licensed in Wisconsin through continuing education, networking, advocacy, and promoting the high professional standards of its members in providing meaningful funeral services to families they serve. Providing meaningful funeral services to the families we serve is why we are here before you today.

As you have read in the Legislative Council explanation, under current practice today, the State Vital Records Information System (SVRIS) is used by funeral directors, medical examiners, and coroners regularly to finalize a death certificate. Those groups are required to input their information electronically into SVRIS. That requirement is not in place for physicians. As a result, in most cases, physicians complete a fax attestation form and send it via fax to the filing party for manual entry into SVRIS. This manual entry is most often done by the funeral director.

In many cases, final funeral arrangements cannot be made without a signed death certificate and the process of waiting on fax attestation forms causes unwanted delays. For example:

1. Current law requires a signed death certificate before a deceased can be released for cremation by a coroner/medical examiner. Frequent delays in getting the fax attestation signed in a timely manner lead to delays in planning funerals for families that choose cremation versus burial.
2. A death certificate is required to handle life insurance claims, bank account changes, and various other transactions pertaining to the deceased. The delays can put serious financial burdens on survivors trying to arrange for services or obtain life insurance proceeds to provide for their families and pay existing financial obligations.

The delays are a result of the inefficiency of the current process. Funeral directors rely on information provided by medical or hospice facility staff members. WFDA members frequently make numerous phone calls to a facility or clinic to obtain the proper information to have the fax attestation completed. The calls and questions to facilities seeking accurate information are frustrating for everyone involved.

There are also many physicians that serve multiple facilities owned by the same health care organization. Sometimes the fax attestation may be received at a facility where the signing physician may not be in attendance for several days.

Additionally, since these documents are completed by hand, the legibility of the writing is commonly a concern as it can be very difficult to decipher the handwriting of many physicians. Furthermore, if a single "check box" is not completed, the document needs to be "rejected" and sent back to the signing physician for thorough completion, which again leads to more delay and frustration for all parties involved.

All SVRIS users are required to complete each area required before completing a death certificate. When physicians sign electronically in the SVRIS system, the simple omissions that lead to untimely delays can easily be rectified.

WFDA understands the Wisconsin Hospital Association has shared with policymakers, both in the state legislature and the administration, that they would like their electronic medical records software to be interoperable within the SVRIS system before compliance is mandatory. WFDA is not opposed to their request and would also suggest that if there is a review of system interoperability, the review include all users of the SVRIS system as we all have varying software utilizing the system.

Thank you for your consideration and this opportunity to submit testimony today. We respectfully ask you to support Senate Bill 174.

Marshfield Clinic Health System

Testimony on Senate Bill 174

Katya Alcaraz Voelker, MD
Chief Medical Informatics Officer, Marshfield Clinic Health System

Senate Committee on Health
September 20, 2023

Chair Cabral-Guevara, Ranking Member Hesselbein and members of the Senate Committee on Health, thank you for the opportunity to submit testimony on Senate Bill 174. My name is Dr. Katya Alcaraz Voelker and I am a family medicine physician in Rice Lake and the Chief Medical Informatics Officer for Marshfield Clinic Health System. Today, I am speaking on behalf of Marshfield Clinic and the Wisconsin Hospital Association.

Wisconsin's hospitals and health systems support the intent behind Senate Bill 174, to streamline the process for completing information for a decedents death certificate. But the proposed public policy in Senate Bill 174 simply mandates that we use a state database without acknowledging the significant advancements health information technology has made over the last two decades to automate processes such as these and use these advancements to prevent further administrative burden on health care providers.

Why is this important? More technology is not always better, but implementing the right technology is. Marshfield Clinic Health System, like many other hospitals and health systems, has invested heavily into an electronic health record (EHR) system that attempts to consolidate patient care data from different members of the care team, increase knowledge, and therefore, reliability among a patient's care team and improve access and transparency for patients. Advancements of electronic health records have allowed for both provider-to-provider and immediate patient access to clinical information.

But where health care technology has created benefits, it has also created burdens. The documentation burden resulting from the data demands and evolution of electronic health records, along with exponentially increasing administrative burden placed on providers by insurance companies for prior authorization and utilization review, has increased the time providers spend on administrative duties rather than working with patients. Patients will also comment about the time providers spend behind a computer screen during an office visit, yet providers are simply trying to accurately memorialize their conversation with the patient in their EHR.

In my role as Chief Medical Informatics Officer, along with our team of IT professionals who work to improve the provider and patient experience through technology, I work each and every day to meet the (at times competing) goals of providing additional patient care information while reducing provider burden.
We collaborate with various departments within our health system to convert previously paper-based processes into electronic formats, keeping in mind the workflows of those who will use the tools. This consideration helps increase the likelihood of the process being executed correctly and efficiently within the normal routines of the provider or staff.

We've repeatedly found that changes imposed without taking into account the way individuals perform their work are often unsuccessful and may lead to more manual labor to ensure completion;

otherwise, gaps may ensue. This consideration is particularly important given the significant workforce shortages in healthcare.

Our approach aims to integrate information at the right place and time for both providers and staff members, resulting in more meaningful, efficient, and successful outcomes. Providers and staff have the best intentions for their patients, and our methods enable them to achieve those goals more seamlessly.

The federal government has encouraged the sharing of patient health information through federally certified EHR technology and by adopting standardized methods of exchanging information, like the Fast Healthcare Interoperability Resource (FHIR) standard used by electronic health records systems to exchange information. These standards allow databases to "speak" to one another seamlessly with minimal, if any, human intervention.

Similarly, Wisconsin's Department of Health Services has understood the importance of interoperability between health care providers records systems and public databases. For instance, Wisconsin's DHS public health division currently has the capability to electronically receiving the following data from certified electronic health record technology: cancer data, communicable disease reporting, immunizations, labs and syndromic surveillance. Additionally, the Department of Safety and Professional Services has implemented interoperability standards for the Prescription Drug Monitoring Program. Again, this health care data interoperability is not a new concept for state government but it must be purposefully done whenever policymakers consider legislative mandates like those in Senate Bill 174.

Interoperability can be achieved with Wisconsin's vital records system to streamline the role providers have in reporting death information. The Wisconsin Hospital Association is working right now with EHR vendors and the Wisconsin Department of Health Services to advance interoperability for death record information. Lawmakers should encourage state government to embrace interoperability and avoid mandating that providers use disparate, disconnected systems.

As we face a growing shortage of all types of health care workers, we cannot afford to waste the time of our clinicians on tasks that do not improve patient care. On behalf of the Wisconsin Hospital Association, we ask that you adopt an amendment to Senate Bill 174 that enables the efficient sharing of information between the state vital records system and health care providers.

Additionally, we ask that you delay any data submission mandate in Senate Bill 174 until the Department of Health Services publishes a notice in the administrative register certifying that the state registrar's electronic system of vital records meets federal electronic health record interoperability standards for electronically receiving and transmitting public health information and is capable of electronically receiving the information and certifications required to complete a death record under this act directly from a federally certified electronic health record.

WISCONSIN ACADEMY of FAMILY PHYSICIANS

Members of the Senate Health Committee,

My name is Rod Erickson. I am a family physician, with 38 years of general family medicine practice, first in rural private practice, then with a large health system. I now practice teaching family medicine residents in Eau Claire. I was a member of the Wisconsin Medical Examining Board from 2012 to 2019. Today, I am submitting written testimony on behalf of the Wisconsin Academy of Family Physicians (WAFP).

The WAFP – a chapter of the American Academy of Family Physicians – represents 3,000 members, making the WAFP the single largest physician specialty group in Wisconsin. The mission of the WAFP is to promote excellence in health care and to improve the health of the people of Wisconsin through the advancement of the art and science of Family Medicine, the specialty of Family Medicine and the professional growth of Family Physicians.

On behalf of WAFP, I would like to comment on Senate Bill 174, which requires individuals who have the authority to complete a medical certification of death, including physicians, to use the state's electronic vital records system.

There are many good reasons to move forward with electronic submission of death certificates including expediency, accuracy, improved public health reporting, and if done correctly, improved efficiency for everyone.

However, I would like to raise the following concerns.

First, the current electronic system of vital records is cumbersome and outdated. This has been the universal response of multiple physicians I've asked who have used the current electronic system, if they are aware of it at all. Before requiring all authorized parties to use the electronic system of vital records to submit medical certifications of death, the Department of Health Services (DHS) needs to work with all relevant stakeholders to ensure that this system is improved. This may include the need for the Legislature to provide funding to DHS in a future state budget.

Second, another consideration is the amount of time that primary care physicians spend on administrative tasks. These tasks take a significant amount of time out of a physician's workday and can contribute to burnout. For example, according to a University of Wisconsin study that was published in the September/October 2017 edition of the *Annals of Family Medicine*, primary care physicians spend 5.9 hours of each workday on electronic health records (EHR) tasks. That's almost two hours of EHR work for every one hour of direct patient care.

Third, while Senate Bill 174 delays implementation of its requirements by 24 months, it does not require DHS to improve the existing electronic vital records system. A system with a good interface and interoperability will be readily adapted by those needing to use it. Coroners,

medical examiners, and physicians are conscientious people who will do the right thing, provided there are no overly burdensome barriers.

For a system of electronic vital records to work properly, it will need to be vastly improved over the current system. Specifically, it should be made as intuitive and efficient to use as possible to help maximize the amount of time physicians spend on direct patient care. For example, during my tenure on the MEB, the current electronic prescription drug monitoring program (ePDMP) was implemented. It was a collaborative effort with the support and funding from the Legislature, along with input from stakeholders. Even after its development, it took additional effort and expense on the part of medical practices and health systems to create a smooth interface. The investment in the ePDMP system shows that a similar collaborative effort could also be undertaken to improve the state's electronic vital records system or create another viable alternative.

Again, for this effort to succeed, it must be done collaboratively with all stakeholders involved.

Thank you for your time and consideration,
Rodney Erickson, MD
Tomah, WI

WISCONSIN HOSPITAL ASSOCIATION

ADVOCATE. ADVANCE. LEAD.

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TO: **Senate Committee on Health**

FROM: **Kyle O'Brien, Senior Vice President Government Relations**
Ann Zenk, Senior Vice President Workforce & Clinical Practice

DATE: **September 20, 2023**

RE: **WHA Requests Amendment to Senate Bill 174 to Reduce Provider Burden, Promote Interoperability with Electronic Health Record Systems**

The Wisconsin Hospital Association (WHA) has been working closely with Epic Systems, the Funeral Service & Cremation Alliance of Wisconsin and the Wisconsin Funeral Directors Association on the changes that are necessary to make the state's vital records system operate more efficiently for all stakeholders involved in completing death certificates.

During the Legislative Council Study Committee's October 2022 meeting, Chair Ballweg asked the Department of Health Services about the ability for the State Viral Records Information System (SVRIS) to communicate directly with hospital and health system EHRs, often referred to as "interoperability". The Department has stated that they have similarly received these requests from physicians and hospitals when they discuss completing death data electronically.

There is a reason why the Department has received requests for interoperability from providers. A study conducted in 2016 by University of Wisconsin physicians and researchers, along with the American Medical Association, and published in the *Annals of Family Medicine* found that the average primary care physician spends **six hours every day** inputting information into an electronic health record. For every one hour of direct patient care a physician provided, they spent two hours working in the electronic health record. This is only one of many well documented studies about the time providers are required to spend behind a computer screen.

Why would we ask health care providers to manually input the same information into SVRIS that they are already entering into an electronic health record? The answer is, 'we shouldn't'. But that is what today's system requires under Senate Bill 174 without amendment.

Efforts to reduce the amount of screen time required of providers by government and insurance companies are critical. Every additional minute a provider spends in front of a screen or on the phone with SVRIS help desk for login support means one less minute that they can spend with a patient. These minutes add up and waste valuable provider time.

Interoperability can work in a variety of ways, including direct feeds of patient care data or simply allowing the user to access external portals through a single sign-on process. In fact, the Wisconsin Department of Health Services, through the Division of Public Health, already enables providers to submit certain public health information including cancer data, electronic case reporting data, immunization data, lab results to the

Wisconsin State Lab of Hygiene and syndromic surveillance data from certified hospital/health system electronic health record technology. These data transfers can happen in near real-time, making it easier for providers to fulfill their statutory requirements and provide an immediate completion of a medical certificate for a death record.

There is also a national trend emerging to make vital records data interoperable with hospital and health system EHRs. The Centers for Disease Control (CDC) published a white paper in 2021 showcasing the importance of creating standardized data exchanges that promote interoperability. The CDC's National Center for Health Statistics concludes this paper by stating that they remain "focused on adopting best practices for information exchange that *put less burden on data providers* while providing more timely and automated data to improve public health and public safety."

Wisconsin's hospitals and health systems care about these added burdens being placed on our state's providers. We ask that the committee and the state take steps to address these burdens, prior to implementing any state-level electronic reporting mandate on providers. We have convened the necessary stakeholders to make this change a reality, but we need the state legislature and the Wisconsin Department of Health Services to similarly make interoperability a priority.

WHA asks the committee to enact an amendment to Senate Bill 174 that delays any new electronic data submission mandates on health care providers until the Department of Health Services (DHS) has determined that SVRIS is capable of electronically receiving the information and certifications required to complete a death record under this act directly from a federally certified electronic health record.

If committee members have any additional questions, please contact WHA's Kyle O'Brien at kobrien@wha.org or by phone at (608) 274-1820.

WAFP

WISCONSIN ACADEMY of FAMILY PHYSICIANS

Members of the Senate Health Committee,

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However, I would like to raise the following concerns.

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Second, another consideration is the amount of time that primary care physicians spend on administrative tasks. These tasks take a significant amount of time out of a physician's workday and can contribute to burnout. For example, according to a University of Wisconsin study that was published in the September/October 2017 edition of the *Annals of Family Medicine*, primary care physicians spend 5.9 hours of each workday on electronic health records (EHR) tasks. That's almost two hours of EHR work for every one hour of direct patient care.

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medical examiners, and physicians are conscientious people who will do the right thing, provided there are no overly burdensome barriers.

For a system of electronic vital records to work properly, it will need to be vastly improved over the current system. Specifically, it should be made as intuitive and efficient to use as possible to help maximize the amount of time physicians spend on direct patient care. For example, during my tenure on the MEB, the current electronic prescription drug monitoring program (ePDMP) was implemented. It was a collaborative effort with the support and funding from the Legislature, along with input from stakeholders. Even after its development, it took additional effort and expense on the part of medical practices and health systems to create a smooth interface. The investment in the ePDMP system shows that a similar collaborative effort could also be undertaken to improve the state's electronic vital records system or create another viable alternative.

Again, for this effort to succeed, it must be done collaboratively with all stakeholders involved.

Thank you for your time and consideration,
Rodney Erickson, MD
Tomah, WI

Mental Health America
of Wisconsin

September 20, 2023

Re: Senate Bills 173, 174, 175, 176, 177, and 178

Dear Chairperson Sen. Cabral-Guevara and Members of the Committee:

Thank you for hearing this package of bills which deals with a difficult topic that brings joy to none, but where action can bring life and hope to so many. As the lead agency for coordinating suicide prevention strategies in Wisconsin, Mental Health America of Wisconsin played an instrumental role to inform these bills and supports the unanimous vote of approval the bills received by the Legislative Study Committee on Uniform Death Reporting Standards.

One of the primary strategies of suicide prevention in Wisconsin revolves around improving data surveillance around vital records.[1] After months of active research performed by the Legislative Study Committee, it became abhorrently clear that Wisconsin's vital records system depends entirely on obsolete technology and upon a workforce that lacks minimum core competencies. These effects can cause disastrous consequences for bereaved families who are unable to access death benefits, validate military service, or lay individuals to rest according to their religious beliefs. Reducing the effects of trauma, stress, and grief reduces suicide risk.

The ability for prevention programs to share and learn from vital record data is also crucial to developing strategies that respond to changes in the environment. Limiting vital records to one occupation loses access to essential public health information related to exposure to workforce dangers or stress. Further, public health objectives suffer from lack of effective data sharing. The bills proposed in this package provide permissive guidance on how to improve these practices by codifying statewide and national best practices.

Personally, I was honored and humbled to serve on the Legislative Study Committee on Uniform Death Reporting Standards as a subject-matter expert. Mental Health America of Wisconsin strongly supports the passage of SB173, SB174, SB175, SB176, SB177, and SB178. While each is strong in their own right, their impact to reduce suicide in Wisconsin is greater than the sum of their parts.

Thank you for your consideration.

Respectfully,

Brian J. Michel, J.D.
Chief Operating Officer
Mental Health America of Wisconsin

[1] Prevent Suicide Wisconsin. Suicide in Wisconsin: Impact and Response. September, 2020.