



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary-Designee

TO: Members of the Study Committee on Uniform Death Reporting Standards

FROM: HJ Waukau, Legislative Director

DATE: November 15, 2022

RE: Committee Preliminary Draft Bill Discussion

The Department of Health Services (DHS) appreciates the partnership and dialogue with the members and staff of the Study Committee on Uniform Death Report Standards over these past few months. During our presentations DHS aimed to convey how the state's records processes operate, various constraints and limitations of the reporting process, and opportunities for improvement. We have found the conversations between DHS and the Committee productive and learned from the insights and experiences brought forth by Committee members, and the other groups invited to present before the Committee.

Conceptually, the bills put forward by the Committee are a productive step forward in beginning to update and improve the state's death reporting processes. We also appreciate that the Committee is providing DHS with some rulemaking authority necessary to implement the changes put forward in the bills. DHS welcomes these updates, and in analyzing these bills we have determined several recommendations that can augment and improve the measures being put forward. Most notably many of the requirements and provisions of the bills would require additional resources for DHS to successfully implement, specifically both funding and staffing authority. The entities within DHS that would be tasked with implementation would not be able to take on the new requirements and obligations laid out in the bills with only their existing resources. DHS also recommends that bills with enactment dates be amended to a minimum of one year to allow ample time for successful implementation.

In addition to the general comments above, DHS submits the following comments and recommendations for the Committee's consideration for the specified preliminary draft bills:

LRB-0460

- DHS is concerned that there could be unintended consequences of changing the date listed in Wis. Stat. 69.18 (1m) as this is the date that our electronic registration system went live and is the effective date of the format listed in current statute. Rather, DHS recommends to have the effective dates for only the newly created sections for Wis. Stat. 69.18 (1m)(c)3 and 69.18 (1m)(c)4, and leave Wis. Stat. 69.18 (1m) as is.
- Regarding use of the word "occupation" under newly created Wis. Stat 69.18(1m)(c)4, it would be preferred if it could be defined to include a limit on how many occupations would be able to be collected. The current construction is vaguer than DHS would prefer, and it makes no specification as to how many different occupations should be able to be collected. Further, having more than one occupation could cause confusion in reporting, impacting data quality.
- One item for the Committee to consider is that occupation data would not be sent to the National Center for Health Statistics (NCHS) and DHS would not receive industry/occupation codes back for research purposes.
- DHS recommends the Committee provide resources for the implementation of the requirements under the bill.

LRB-0521

- DHS recommends that the Committee grant DHS the authority to promulgate rules regarding the specified fatality review teams. This would allow DHS to successfully implement the intent of the fatality review teams and address any unforeseen circumstances in administering the teams not otherwise explicitly addressed in the current bill draft.
- DHS recommends that the age for child death review teams be limited to persons younger than either 18 or 21 years of age.
- DHS recommends that the age limits be removed from both the overdose fatality review team and suicide review team. While an argument could be made for overdose and suicide deaths under 18 years of age to be a part of the child death review team scope of work, DHS finds that it would be more appropriate for those types of reviews to be handled by the specified teams.
- DHS recommends the Committee include the creation of a “maternal mortality review team.”
- DHS would like clarification from the Committee on the intended structure of the “fatality review program” created under Wis. Stat. 250.22(2)(a). Is it the Committee’s intent to have DHS create a program which will oversee and administer all fatality review teams in the state?
- For all specified fatality review teams, the bill states that DHS “may” establish a specified review team, and in the succeeding paragraph states what DHS “shall” do with respect to each team. Is it the Committee’s intent for DHS to create specified fatality review teams, or leave at DHS’s discretion whether or not to implement the specified fatality review teams? DHS requests clarity on these provisions.
- Beginning on page 14, line 1, regarding child death review teams, DHS requests clarification on if all child deaths are to be referred to a state fatality review team, or only those child deaths specified in the bill?
- Beginning on page 15, line 13, DHS recommends the removal of the phrase “and infants who die suddenly and unexpectedly before one year of age.” Fetal infant mortality review teams currently review all infant deaths before one year of age regardless of manner of death.
- Beginning on page 16, line 2, delete everything beginning with “in which...” through “action and system change” on page 16, line 7. Experience has shown that it is difficult if not impossible for only one person to do the work of the review. This work requires multiple people to investigate.
- Beginning on page 19, line 12, amend (f) to read: “the department shall promulgate rules for the development of a secure database for use by suicide review teams.” DHS recommends this change as a database would be more appropriate for use by the team. Additionally, DHS would like to hear from the Committee on its intentions regarding the creation of a new suicide investigation form.
- DHS recommends the Committee provide resources for the implementation of the requirements under the bill.
- DHS recommends that the effective date be at least one year after enactment to allow for sufficient time to develop and recruit members to the specified fatality review teams.

LRB-0523

- The bill as currently drafted would still require the State Vital Records Office to maintain both the current fax and electronic records process. If the intent is to no longer allow faxes DHS recommends amending the bill to make it clearer that faxes will no longer be an appropriate method of delivery.
- If the intent of the Committee is to move to a fully electronic records submission process, DHS recommends also updating the following statutes to remove language that allows for death records to be mailed:

- Wis. Stats. 69.18 (2) (b), 69.18 (2) (d) 1, 69.18 (2) (d) 2, 69.18 (2) (d) 3, and 69.18 (1) (bm).
- DHS recommends deleting the phrase “on a frequent basis” to avoid confusion. If the Committee decides to keep the phrase DHS would need rule promulgation authority to implement.
- DHS recommends the Committee provide resources for the implementation of the requirements under the bill.
- DHS recommends that the effective date be at least one year after enactment to allow for DHS to conduct the requisite outreach and training for all medical certifiers.

LRB-0524

- DHS recommends the Committee provide resources for the implementation of the requirements under the bill.

LRB-0555

- DHS already carries out many of requirements of this proposed bill. We would be happy to share these materials with the Committee upon request.