



1995 ASSEMBLY BILL 305

April 8, 1995 - Introduced by Representatives WASSERMAN, UNDERHEIM, ROBSON, COGGS, GOETSCH, GRONEMUS, HAHN, HANDRICK, F. LASEE, KLUSMAN, LEHMAN, NASS, OLSEN, PLACHE, RILEY, RYBA, SERATTI, SPRINGER, WARD, WILLIAMS and L. YOUNG, cosponsored by Senators ROSENZWEIG and PETAK. Referred to Committee on Health.

1 **AN ACT to create** 50.33 (3) and 50.36 (1g) of the statutes; **relating to:** the
2 administration of oxytocis to induce labor of a pregnant woman.

Analysis by the Legislative Reference Bureau

Currently, an administrative rule of the department of health and social services (DHSS) (s. HSS 124.20 (5) (i) 8. c., Wis. adm. code) requires that, in hospitals, a physician who orders the administration of oxytocis must be present during the initiation of the infusion of oxytocis. ("Oxytocis" is defined in the rule as any of several drugs that stimulate a pregnant woman's uterus to contract and are used to initiate labor for childbirth at the culmination of pregnancy at the end of 9 months.) The rule also requires that the physician or a privileged designee of the physician be immediately available to intervene, if necessary, during the administration.

This bill prohibits DHSS from requiring that, in hospitals, a physician who orders the administration of oxytocis be present during the initiation of the infusion of oxytocis.

For further information see the *state and local* 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:

3 **SECTION 1.** 50.33 (3) of the statutes is created to read:
4 50.33 (3) "Physician" has the meaning given in s. 448.01 (5).
5 **SECTION 2.** 50.36 (1g) of the statutes is created to read:

