

2003-04 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Senate Committee on
Health, Children,
Families, Aging and
Long Term Care
(SC-HCFALTC)

Sample:

Record of Comm. Proceedings ... RCP

- 03hrAC-EdR_RCP_pt01a
- 03hrAC-EdR_RCP_pt01b
- 03hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ 03hr_sb0196b_pt03

➤ Miscellaneous ... Misc

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **

WC Corner
Barry Busby
449 alogma Blvd
54903-2808

No Date

AB 505
Unfunded

2003 SENATE BILL 196

June 12, 2003 - Introduced by Senators ROESSLER, A. LASEE, LASSA, ERPENBACH, ROBSON, WIRCH and DECKER, cosponsored by Representatives UNDERHEIM, GIELOW, HUNDERTMARK, LADWIG, ALBERS, BALOW, HAHN, HUBER, J. LEHMAN, OWENS, TAYLOR, M. WILLIAMS and WASSERMAN. Referred to Committee on Health, Children, Families, Aging and Long Term Care.

1 AN ACT *to amend* 69.01 (6g), 69.18 (1) (c) and 69.18 (1) (d); and *to create* 69.01
2 (12g), 69.01 (12m) and 69.18 (1) (cm) of the statutes; **relating to:** authorizing
3 a hospice nurse to make a pronouncement of death.

Analysis by the Legislative Reference Bureau

Under current law, a hospital, nursing home, or hospice that is the place of death of an individual may prepare a certificate of death for the individual and give it to the funeral director or other person who is authorized to move the corpse for final disposition. The physician of the deceased individual or, in certain circumstances, the coroner or medical examiner, must, within five days after the pronouncement of death, complete and sign a medical certificate for the death and mail the certificate or, within six days after the pronouncement of death, present the certificate to the funeral director or other person, who must file the certificate with the local registrar.

This bill authorizes a hospice nurse (a registered nurse who is employed by or under contract with a hospice) in a hospice that is directly involved with the care of a hospice patient to pronounce the date, time, and place of the patient's death, if the patient was generally under the care of a physician at the time of death and the death was anticipated.

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

SENATE BILL 196

1 **SECTION 1.** 69.01 (6g) of the statutes is amended to read:

2 69.01 (6g) "Date of death" means the date that a person is pronounced dead by
3 a physician, coroner, deputy coroner, medical examiner, or deputy medical examiner,
4 or hospice nurse.

5 **SECTION 2.** 69.01 (12g) of the statutes is created to read:

6 69.01 (12g) "Hospice" has the meaning given in s. 50.90 (1).

7 **SECTION 3.** 69.01 (12m) of the statutes is created to read:

8 69.01 (12m) "Hospice nurse" means a registered nurse, as defined in s. 146.40
9 (1) (f), who is employed by or under contract to a hospice.

10 **SECTION 4.** 69.18 (1) (c) of the statutes is amended to read:

11 69.18 (1) (c) A hospital, a nursing home, as defined in s. 50.01 (3), or a hospice,
12 ~~as defined in s. 50.90 (1), which~~ that is the place of death of a person may prepare a
13 certificate of death for the person and give the certificate to the person who moves
14 the corpse under par. (a).

notice of par

15 **SECTION 5.** 69.18 (1) (cm) of the statutes is created to read:

16 69.18 (1) (cm) 1. For purposes of preparation of the certificate of death and in
17 accordance with accepted medical standards, a hospice nurse in a hospice that is
18 directly involved with the care of a hospice patient who dies may pronounce the date,
19 time, and place of the patient's death if all of the following apply:

20 a. The patient was generally under the care of a physician at the time of death.

21 b. The death was anticipated.

22 2. Subd. 1. may not be construed to authorize a hospice nurse to certify under
23 sub. (2) (b) the cause of the patient's death.

24 **SECTION 6.** 69.18 (1) (d) of the statutes is amended to read:

SENATE BILL 196

1 69.18 (1) (d) A hospital, nursing home, or hospice, ~~as defined in s. 50.90 (1) (c),~~
2 may not release a corpse to any person under par. (a) unless the person presents a
3 notice of removal on a form prescribed by the state registrar, in duplicate, to the
4 administrator of the hospital, nursing home, or hospice. The administrator shall
5 retain one copy and forward the other copy to the local registrar of the registration
6 district in which the hospital, nursing home, or hospice is located.

7

(END)

SB
204

Senate Committee on Health, Children, Families, Aging and Long Term Care

KEEP IN MIND WE HAVE ANOTHER HEARING AT 10:00 ☺

Attendance of Members

The following members will be at the hearing: Senators Brown, Carpenter, Chvala Jauch, Kanavas, Robson and Schultz.

Not attending: Senator Welch (excused).

Voting

The hearing notice states, "An Executive Session may be held on any of the other items before the Committee."

If there are no major concerns raised relating to SB 243 and AB 37, you should hold an Executive session.

If you choose to go into Executive Session, the roll will be held open until 5 p.m.

Agenda

①

Senate Bill 243 (Roessler, Wieckert)

- Relating to: provision of dental and dental hygiene services to Medical Assistance recipients by a volunteer health care provider.
- **You have testimony prepared.**
- **Mara Brooks, WI Dental Association, told me they would have a dentist who is part of the Tri County Community Dental Clinic.**
- **I called Dr. Swanson to make him aware of the hearing. He was not sure if he would be able to attend.**


Senate Bill 204 (Harsdorf, Gielow)

Details

- Relates to authorizing a health benefit purchasing cooperative pilot project.
- The bill authorizes a pilot project in which one nonstock health benefit purchasing cooperative may be organized in each of five geographic areas of the state that are designated by the Commissioner of Insurance by rule.
- A Cooperative may be formed by one or more persons, defined by the bill as: any type of business, an association, a trade or labor organization, a municipality, or a self-employed individual.

X

- The purpose of the cooperatives is to provide health care benefits to the employees, members and officers of the members of each cooperative and to their dependents through a 3-year contract with a defined network plan.
- The health insurance risk of all cooperative members is pooled; the members are actively involved in designing the health care benefit options offered by the defined network plan; and all members purchase their health care benefits from the defined network plan (however, a person can choose a point of service option and pay the difference between what the provider charges and what the defined network plan would pay a participating provider).
- **Melissa Duffy (She used to work for Sen. Moen) from the WI Federation of Cooperatives will testify in favor with her co-worker Steve Rudolff. Both are new to the Federation.**
- **Melissa has organized for a Dairy farmer to testify and Senator Harsdorf will also testify in favor.**
- **Melissa informed me that the authority to form a nonstock health benefit purchasing cooperative currently exists. However, legislative support/authority to do so will help leverage federal funding.**
- **WI Federation of Cooperatives is working on a few amendments to the bill that will address an OCI concern relating to contracting with HMOs and language relating to "self-employed."**

 **Assembly Bill 73 (Ladwig, Stepp)**

- Relating to termination of parental rights and adoptive placement of a newborn child whose custody has been relinquished by his or her parent.
- A substitute amendment was adopted 8-0 by the Assembly Committee on Children and Families (Kestell, Ladwig, Albers, Jeskewitz, Vukmir, Sinicki, Miller and Krug). The bill passed as amended 8-0. **There is a Legislative Council memo in your binder which explains the substitute amendment.**
- The Substitute Amendment does the following:
 - *Specifies that the juvenile court has jurisdiction over the appointment and removal of a guardian for a child found to be in protection or services because custody of the child has been relinquished.
 - *Provides that venue for juvenile court proceedings relating to the relinquishment of a newborn child is the county in which the relinquishment occurred. (Under current law, the venue is the county where the child resides or is present.)
 - *Requires the court to include in the guardianship and custody order (described in the Leg. Council memo) a finding that there is probable cause to believe that a parent of the child has relinquished custody of the child.
 - *Provides that the DA, corporation counsel, or other appropriate official, not an agency, must file or join the TPR petition. In addition, the petition must be filed no later than 60 days after the date on which the juvenile court found probable cause to believe that the child was relinquished.
- **Representative Ladwig and DHFS will be testifying in favor.**

58196

Joint Hearing:

Senate Committee on Health, Children, Families, Aging and Long Term Care
Assembly Committee on Health

Attendance of Senate Members

The following members will be at the hearing: Senators Brown, Carpenter, Chvala, Jauch, Kanavas, Robson and Schultz.

Not attending: Senator Welch (excused).

Voting

The hearing notice states, "An Executive Session may be held on any of the other items before the Committee."

3

You may want to vote on Senate Bill 196/Assembly Bill 405.

If you choose to go into Executive Session, the roll will be held open until 5 p.m.

Agenda

Community Services Block Grant Legislative Hearing

- The purpose of the hearing is to satisfy the federal Community Opportunities, Accountability, and Training and Educational Services Act of 1998, under which WI receives its Community Services Block Grant funds and requires that there be a legislative hearing at least every 3 years in conjunction with the development of the state plan.
- DHFS will present material first.
- Dick Schlimm, WISCAP told us that the following people will be there to testify:
*Deborah Blanks, CEO, Milwaukee Social Development Commission & President of WISCAP.
*Char Thompson, Executive Director, Foundation for Rural Housing
*Karl Pnazek, CEO, CAP Services.
- Rep. Underheim asked Dick if Deborah, Char and Karl could all come up together when addressing the Committees. Dick told me that this is fine, unless opposition shows up like someone from the Tribes or Waukesha County. In this case, Dick would like them to address the Committee separately.

Senate Bill 196 and Assembly Bill 405 (Roessler, Underheim)

- Relating to: authorizing a hospice nurse to make a pronouncement of death.
- I put together a few talking points on this (taken from HOPE WI information).
- Melanie Ramey, Executive Director of "The HOPE Wisconsin" will be testifying in favor. She has recruited a doctor and three nurses to also testify in favor. DHFS will likely provide neutral testimony.
- The Coroner's Association will testify in opposition.

Obesity (Invited Speakers only)

Patrick Remington, M.D. M.P.H.:

- Associate Professor of Population Health Sciences, Dept. of Population Health Sciences UW Medical School
- WI Public Health and Health Policy Institute.

Dr. John Beasley:

- UW Professor of Family Medicine

Liz Freitick:

- Clinical Dietician at UW Hospital and Clinics

Sarah Stinski:

- Restaurant Association

DHFS-Group to discuss obesity grant

- Gary Radloff-Legislative Liaison
- Kimberly Swanson, Division of Public Health
- Patti Herrick, Division of Public Health

Invited speakers that could not attend:

- Doug Lee-Marshfield Community Action Program
- Dr. Patrick McBride-Cardiologist

Anticipated = terminally ill, hospice patient
(more or less to live)

nurse ^{pronounces} ~~calls~~ time of death, let the doctor
know & he certifies

20 states - Texas (2001), NC, Florida, ~~order~~
Texas

State Med Society
State Bd of Nursing

concern we might hear is from small
county coroners (power trip)

Underheim

An Act to amend 979.01 and to create (renumbering? Reenactment?) relating to: pronouncement of death by a registered nurse employed by a licensed hospice in anticipated deaths.

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

A person shall be medically and legally dead if:

In the opinion of a registered nurse employed in the State of Wisconsin by a licensed hospice as defined in HSS 131 and directly involved in the care of a patient, death has occurred and the following criteria are satisfied: (i) the patient is under the care of a physician when his death occurs; (ii) the patient's death is anticipated. The nurse shall have the authority to pronounce death in accordance with acceptable medical standards. However, if the circumstances of the death are not anticipated or the death requires an investigation by a coroner, the nurse shall notify the county coroner of the death and the body shall not be released to the funeral director.

This (?subdivision) shall not authorize a nurse to pronounce the cause of death or to certify the death. Determination of cause of death and certification shall continue to be the responsibility of the attending physician. This subdivision shall not relieve any registered nurse employed by a hospice from any civil or criminal liability that might otherwise be incurred for failure to follow statutes or Board of Nursing regulations.

Ch 979 is not the appropriate chpt.
Ch 69 would be more appropriate.
Debra will contact Melanie directly

SB 196

drop ca
off
for
cl...

We invite you to support our legislative initiatives for 2003. These initiatives are of great importance to the citizens of Wisconsin and will greatly improve end-of-life care in the state. They are:

We are opposed to SB 21 and AB 63 known as the "pharmacist's conscience" bills because:

1. A recent study has shown that a significant number of Wisconsin pharmacists might not dispense a valid prescription because they have incorrect knowledge or misconceptions about what is legitimate practice under federal or state policy.
2. If a pharmacist in a small town refuses to fill a prescription for pain medication this can result in a serious problem and suffering for the patient and family.
3. Although the bill says the pharmacist must contact the writer of the prescription if s/he is not going to fill it, this is not helpful. It is difficult to contact a physician and would only delay trying other sources to fill the prescription.
4. Many patients have access to only one pharmacy because of their insurance or HMO.

These bills adversely affect health care

We are opposed to AB 67 known as the "healthcare provider's conscience" bill because:

1. There is no need for this legislation. Current law forbids the employer from engaging in employment discrimination based creed and it has worked well.
2. It is outrageous that a healthcare provider could refuse to follow a legally executed power of attorney for health care document. The state urges people to complete advance directives and makes the forms available free but would allow a certain group to simply not honor them based on their "creed."
3. If a physician refuses to follow a patient's advanced directive she or he can only be disciplined if s/he refuses to transfer an incapacitated, terminally ill patient whose POA they are not honoring. It is generally not possible to transfer a terminally ill patient at all and HMO and PPO rules are further limiting.
4. Bill ignores the federal Patient Self Determination Act and can not prevent physicians and others from being sued under it for not following a patient's instructions.

We urge your support of a bill currently being drafted and sponsored by Representative Gregg Underheim and Senator Carol Roessler to permit licensed RNs employed by a licensed hospice to pronounce death.

1. There is a serious problem when a person dies at home and the hospice nurse must wait for a doctor and/or coroner to return her call. It can be hours, the body can't be moved or the phones used until the call comes. This causes great, unnecessary stress on families who are already in crises.
2. Legal problems often occur when there is a discrepancy between when the death occurred and the pronouncement. It can alter the time, date and even year.
3. Eighteen other states, including Iowa, permit RNs to pronounce death.

HOPE Wisconsin (Hospice Care Assoc)

The Hospice Organization and Palliative Experts of Wisconsin (HOPE)
3240 University Avenue, Suite 2
Madison, WI 53705

Phone: 608-233-7166

Fax: 608-233-7169

Email: Melr217@aol.com

www.wisconsinhospice.org

Our Mission

To provide education, legislative influence and partnership opportunities to all individuals and organizations in the State of Wisconsin who influence quality end-of-life decisions and care to strengthen the provision of hospice and palliative care.

Our Vision

A quality end-of-life will become a reality for all Wisconsin residents.

AN INVITATION FROM

*The Hospice Organization and Palliative Experts of
Wisconsin (HOPE)
The state organization of licensed hospice and palliative care
programs*

Care and Compassion....Always

Senate

Record of Committee Proceedings

Committee on Health, Children, Families, Aging and Long
Term Care

Senate Bill 196

Relating to: authorizing a hospice nurse to make a pronouncement of death.

By Senators Roessler, A. Lasee, Lassa, Erpenbach, Robson, Wirth and Decker;
cosponsored by Representatives Underheim, Gielow, Hundertmark, Ludwig, Albers,
Balow, Hahn, Huber, J. Lehman, Owens, Taylor, M. Williams and Wasserman.

June 12, 2003 Referred to Committee on Health, Children, Families, Aging and
Long Term Care.

September 16, 2003 PUBLIC HEARING HELD

Present: (8) Senators Roessler, Kanavas, Brown, Schultz,
Robson, Chvala, Jauch and Carpenter.

Absent: (1) Senator Welch.

Appearances For

- Senator Carol Roessler
- Eric Bauman, Middleton
- Royce DeBow, Jr., Delavan
- Kay Heggstad, M.D., WIM Medical Society and Hospice Care
Inc., Madison
- Becky Patterson, Black River Falls
- Linda Gilley, Comfort Care and Hospice Services Wausau
Hospital, Wausau
- Melanie Ramsey, The Hope of Wisconsin, Madison
- Keri Christianson, HOPE

Appearances Against

- President John Stanley, WI Coroners of Medical Examiners
Assoc., Madison

Appearances for Information Only

- None.

Registrations For

- Tony Driessen, Vitas Hospice
- John Quinn, RN, CHPN, Hospice Care Inc.
- Todd McVey, Hospice Care Inc

Registrations Against

- None.

September 17, 2003 EXECUTIVE SESSION HELD (polling)

Present: (9) Senators Roessler, Kanavas, Brown, Welch,
Schultz, Robson, Chvala, Jauch and Carpenter.
Absent: (0) None.

Moved by Senator Roessler that Senate Bill 196 be recommended
for passage.

Ayes: (8) Senators Roessler, Kanavas, Brown, Welch,
Robson, Chvala, Jauch and Carpenter.

Noes: (1) Senator Schultz.

PASSAGE RECOMMENDED, Ayes 8, Noes 1

Jennifer Halbur
Committee Clerk

To locate the nearest hospice
or palliative care program
visit our website at:

www.wisconsinhospice.org

or call us:

The HOPE of Wisconsin

608-233-7166 or

800-210-0220

Fax: 608-233-7169

Our email address is:

Melr217@aol.com

We are located at:

3240 University Ave, Suite 2
Madison, WI 53705

**HOSPICE IS
SPECIAL BECAUSE...**

Hospice care is rooted in the
centuries-old tradition of preparing
gifts for those embarking on a long
journey.

Today hospice is a special kind of
caring that helps people with a
terminal illness live their final
months in comfort and dignity

Hospice care provides....
physical, emotional and spiritual
support for patients, of all ages and
diagnoses, and their families in
whatever setting they are the most
comfortable.

Hospice brings a caring team right to
the patient's door-whether the home
is a house, apartment, nursing home
assisted living setting or a residential
hospice.

Care and Compassion...Always

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HOPE

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YOU

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KNOW US

BETTER

We are...

The Hospice Organization and Palliative Experts of Wisconsin (HOPE), the state organization representing virtually all of the 65 Hospice and palliative care programs in the state who collectively serve the needs of terminally ill people and their families

Our vision is...

A quality end-of-life will become a reality for all Wisconsin residents.

Our Mission is...

To provide education, legislative influence and partnership opportunities to all individuals and organizations in the State of Wisconsin who influence quality end-of-life decisions and care to strengthen the provision of hospice and palliative care.

We served...

13, 208 patients in 2001 with the following diagnoses:

*60% cancer
12% cardiovascular disease
6% pulmonary disease
3% Alzheimer's disease
6% ALS
1% diabetes
<1% HIV infection
12% other conditions
3,811 people volunteered at a hospice for a total of 149,964 hours.*

By days and levels of care:

*Total patient days: 615,783
Routine home care: 595,487
Continuous care: 3,208
Inpatient care: acute 14,679
Inpatient respite: 2,459*

Who pays...

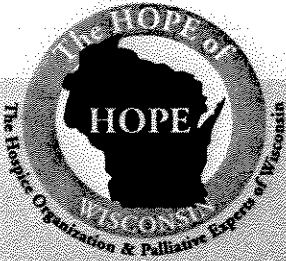
*Medicare
Medicaid
Private insurance carriers,
HMOs
Self pay*

Patients are accepted based on their health needs and not on their ability to pay.

Who is on the hospice team?

*A hospice director
physicians
nurses
counselors
spiritual leaders
social workers
dietitians
pharmacists
home health aides
volunteers*

Hospices are licensed and regulated by the State.



Melanie G. Ramey
Executive Director

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HOPE's Vision - A quality end of life will become
a reality for all Wisconsin residents.