

➤ Hearing Records ... HR

**** 07hr_ab0483_SC-PHSILTCP_pt01**



WISCONSIN STATE
LEGISLATURE ...
PUBLIC HEARING
COMMITTEE RECORDS

2007-08

(session year)

Senate

(Assembly, Senate or Joint)

Committee on
Public Health, Senior
Issues, Long Term
Care and Privacy

(SC-PHSILTCP)

(FORM UPDATED: 07/02/2010)

COMMITTEE NOTICES ...

➤ Committee Reports ... CR

**

➤ Executive Sessions ... ES

**

➤ Public Hearings ... PH

**

➤ Record of Comm. Proceedings ... RCP

**

**INFORMATION COLLECTED BY
COMMITTEE FOR AND AGAINST
PROPOSAL ...**

➤ Appointments ... Appt

**

Name:

➤ Clearinghouse Rules ... CRule

**

➤ Hearing Records ... HR (bills and resolutions)

**

➤ Miscellaneous ... Misc

**

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Vote Record

Committee on Public Health, Senior Issues, Long Term Care and Privacy

Date: 2/7/08

Moved by: Cowles

Seconded by: Kreitlow

AB 483
 SB _____
 Clearinghouse Rule _____
 AJR _____
 SJR _____
 Appointment _____
 AR _____
 SR _____
 Other _____

A/S Amdt _____
 A/S Amdt _____ to A/S Amdt _____
 A/S Sub Amdt _____
 A/S Amdt _____ to A/S Sub Amdt _____
 A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:

- Passage
 Adoption
 Confirmation
 Concurrence
 Indefinite Postponement
 Introduction
 Rejection
 Tabling
 Nonconcurrency

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Tim Carpenter, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Spencer Coggs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Pat Kreitlow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Dale Schultz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Robert Cowles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>5</u>	<u>0</u>	_____	_____

Motion Carried

Motion Failed





J.A. HINES

STATE REPRESENTATIVE · 42ND ASSEMBLY DISTRICT

Testimony Before the Senate Committee on Public Health, Senior Issues, Long Term Care and Privacy in Support of Assembly Bill 483 January 23, 2007

Good morning. I would like to thank Chairman Carpenter for scheduling a hearing on Assembly 483 and giving me the opportunity to testify before the committee this morning.

Since the 1980's experts have recommended statutory reform to improve the public health system; however, no straightforward model existed. In April of 2000, the Public Health Statute Modernization Collaborative was created to try to address this need. The Collaborative was a multi-disciplinary group comprised of representatives from five states and nine national organizations and government agencies, assisted by experts in specialty areas of public health.

The Collaborative presented their model in 2003. Since then, due to the efforts of the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards, and the State Division of Public Health, the model was analyzed by individuals throughout Wisconsin's public health system to see which parts of the model needed to be included in Wisconsin's statutes to keep our state up to date.

Because of these efforts, I introduced AB 881 last session, which was the most comprehensive update to Wisconsin's public health statutes in decades. AB 881, which became 2005 Act 198, removed outdated language in the statutes and required greater communication between all levels of government to better recognize and better respond to a potential outbreak or emergency.

Assembly 483 is a trailer bill to 2005 AB 881 and reorganizes and updates the public health statutes dealing mainly with human health hazards and provides local governments the needed tools protect their citizens from public health threats.

Assembly Bill 483 does the following:

- Clarifies that a county, city, village, or town with a local health department may enact an ordinance concerning abatement or removal of a human health hazard and also enforce that ordinance
- Provides a more relevant and current definition of a human health hazard to include any substance or situation that could spread infectious disease



- Encourages physicians to volunteer their services to local health departments by providing liability protection to volunteer physicians.
- Provide local governments greater flexibility in developing community health improvement plans and requiring the public be involved in the process.

I understand there have been some concerns raised over the proposed change in the definition of a human health hazard. The reason the change was included in this bill is because, like other parts of our public health statutes, the current definition needs to be updated to reflect current times and give our public health officials the tools they need to protect our citizens.

Wisconsin has always been a national leader when it comes to public health and this bill will only strengthen that fact and I am proud to be a part of this effort. I would urge the committee to support Assembly bill 483, as amended in the Assembly.





Wisconsin Public Health Association
Wisconsin Association of Local Health
Departments and Boards



TO: Chairman Carpenter and members of the Public Health, Senior Issues, Long Term Care and Privacy Committee

FROM: Michael Welsh - Wisconsin Public Health Association;
Wisconsin Association of Local Health Departments and Boards

DATE: January 23, 2008

RE: Written testimony in favor of Assembly Bill 483

Chairman Carpenter and members of the Committee, thank you for the opportunity to provide testimony today on Assembly Bill 483 – the Public Health Modernization Act II. On behalf of the Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards, I would respectfully request your support for this important legislation.

Together, WPHA and WALHDAB represent over 1,100 members statewide, from state and local public health officials to public health professionals working in academia and the private sector. Both organizations are dedicated to improving, promoting and protecting public health in Wisconsin through effective leadership, education and advocacy.

In 2000, a nationwide public health collaborative – funded by the Robert Wood Johnson Foundation – was formed to develop a public health modernization model act for individual states to use as a guide. Assembly Bill 483 is a result of that work.

Last session, the Legislature approved the first Public Health Modernization Act (2005 WI Act 198) to overhaul Wisconsin’s outdated public health statutes. Assembly Bill 483 is follow-up legislation to last session’s bill and would complete nearly a decade of work to modernize the state’s public health laws and strengthen Wisconsin’s public health system.

Assembly Bill 483, which was approved unanimously by the Assembly last month, will help ensure local health departments across the state have the legal tools necessary to promote and preserve public health.

More specifically, AB 483 (as amended by ASA 1) would do the following:

1. **Confirm the current statutory authority of local health officers to obtain a special inspection warrant to abate a human health hazard. The bill also confirms the current authority of local health officers to inspect property in cases of emergency.**
2. **Modify the current statutory definition of *Human Health Hazard* to include any substance, activity or condition that has the potential “to endanger life” or to “generate and spread infectious diseases.” The redefinition would allow a local health officer to eliminate any condition that poses a serious health hazard that cannot be resolved with any other activity, intervention or law.**

3. **Provide local health departments with the ability to enact an ordinance concerning the abatement of a human health hazard that is as least as restrictive as state law.**
4. **Provide local health departments with the discretion to hire any of the following public health department personnel: a.) A public health nutritionist; b.) A public health educator; and c.) A public health dental hygienist**
5. **Provide local health departments with the authority to develop community health improvement plans in lieu of developing a list of priority public health services. This provision would provide a local health department with greater flexibility to implement the services and functions to best serve their community.**
6. **Eliminate all exceptions to the current law that requires local health officers to meet certain minimum qualifications. This provision would ensure all local health officers in Wisconsin are qualified to fulfill their duties (current local health officers would be "grandfather-in").**
7. **Provide state agency status (i.e., state medical liability coverage) to physicians who volunteer their services – free of charge – to local health departments. This provision would provide an incentive to physicians to volunteer for public health programs.**
8. **Renumber – but not modify – numerous public health statutes dealing with emergency medical services, minority health, the statewide poison control system, etc.**

In closing, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Public Health Association would once again ask you to support AB 483 (as amended), as this important legislation would allow local health departments to more effectively preserve and promote public health.

Thank you.





State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Kevin R. Hayden, Secretary

January 23, 2008

TO: Senate Committee on Public Health, Senior Issues, Long Term Care and Privacy
FROM: Katie Plona, DHFS legislative liaison
RE: Assembly Bill 483

Senate Carpenter and committee members, thank you for the opportunity to address your committee today in support of Assembly Bill 483.

My name is Katie Plona, legislative liaison for the Department of Health and Family Services. With me today is Chuck Warzecha, director of the Bureau of Environmental and Occupational Health in our Division of Public Health.

The Department supports this legislation because it will provide additional legal clarity to our public health statutes and assist the 93 local health departments with which the Department works very closely. Both the Assembly Committee on Public Health and the full Assembly unanimously passed AB 483.

DHFS worked last session with Rep. Hines and other partners, such as the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Environmental Health Association, to develop and pass the "Model Health Act" law. This Act grew out of a national collaborative effort to do a major update to public health law throughout the country to give public health entities the tools they need to strengthen the public health system in regards to public health preparedness and response.

We were pleased to work again this session with Rep. Hines and others to draft the legislation before you. DHFS believes that this language, not addressed in the last session due to time constraints, is necessary to finalize the "Model Health Act."

The highlights of this legislation that are most helpful to our local health department partners and DHFS include:

- Expands local volunteer physician indemnification from only immunization practice and policies to broader local public health programs
- Requires local health departments to include policymakers and the public in the development of local community health improvement plans to address local public health priorities in their respective jurisdictions
- Makes consistent, the qualifications for all local health officers in our local public health workforce
- Defines a human health hazard and clarifies the local health officer authority in the investigation and abatement of a human health hazard

There have been some questions about the update in AB 483 to the definition of a human health hazard. AB 483 revises human health hazard in statute to more clearly include hazards that include the spread of infectious disease. The current definition has been interpreted to include infectious disease related hazards in the past. However, the recent focus on bioterrorism preparedness and pandemic influenza has increased the importance of making that more clear in the statute. This revised definition of a human health hazard in AB 483 is consistent with the national model definition.

Traditional examples of a human health hazards related to infectious disease include the control of rats and other vermin that can spread disease during an outbreak, or closing beaches contaminated with *e. coli* bacteria. A newer example would be the ability to order proper disposal of infectious waste during a pan flu outbreak.

Of course non-infectious disease hazards still include other types of hazards like the house with 200 cats or the chipping lead paint on windows and children's toys.

Thank you again for this opportunity to share the Department's perspective on AB 483. We are happy to answer any questions you may have.



WISCONSIN ASSEMBLY
2007-2008 SESSION
Speaker Huebsch

AB 483
BY HINES
PUBLIC HEALTH STATUTORY CHANGES
PASSAGE

AYES - 97 NAYS - 0 NOT VOTING - 2 PAIRED - 0

A	N	NV	NAME	A	N	NV	NAME	A	N	NV	NAME
A			ALBERS (R)	A			KESTELL (R)	A			SCHNEIDER (D)
A			BALLWEG (R)	A			KLEEFISCH (R)	A			SEIDEL (D)
A			BENEDICT (D)	A			KRAMER (R)	A			SHERIDAN (D)
A			BERCEAU (D)	A			KREUSER (D)	A			SHERMAN (D)
A			BIES (R)	A			KRUSICK (D)	A			SHILLING (D)
A			BLACK (D)	A			LASEE (R)	A			SINICKI (D)
A			BOYLE (D)	A			LEMAHIEU (R)	A			SMITH (D)
A			COLON (D)	A			LOTHIAN (R)	A			SOLETSKI (D)
A			CULLEN (D)	A			MASON (D)	A			STASKUNAS (D)
A			DAVIS (R)	A			MEYER (R)	A			STEINBRINK (D)
A			FIELDS (D)	A			MOLEPSKE (D)	A			STONE (R)
A			FITZGERALD (R)	A			MONTGOMERY (R)	A			STRACHOTA (R)
A			FRISKE (R)	A			MOULTON (R)	A			SUDER (R)
A			GARTHWAITE (D)	A			MURSAU (R)	A			TAUCHEN (R)
A			GOTTLIEB (R)	A			MURTHA (R)	A			TOLES (D)
A			GRIGSBY (D)	A			MUSSER (R)	A			TOWNSEND (R)
A			GRONEMUS (D)	A			NASS (R)	A			TRAVIS (D)
A			GUNDERSON (R)	A			NELSON (D)	A			TURNER (D)
X			GUNDRUM (R)	A			NERISON (R)	A			VAN AKKEREN (D)
A			HAHN (R)	A			NEWCOMER (R)	A			VAN ROY (R)
A			HEBL (D)	A			NYGREN (R)	A			VOS (R)
A			HILGENBERG (D)	A			OTT, A. (R)	A			VRUWINK (D)
A			HINES (R)	A			OTT, J. (R)	A			VUKMIR (R)
A			HINTZ (D)	A			OWENS (R)	A			WASSERMAN (D)
A			HIXSON (D)	A			PARISI (D)	A			WIECKERT (R)
A			HONADEL (R)	A			PETERSEN (R)	X			WILLIAMS, A. (D)
A			HRAYCHUCK (D)	A			PETROWSKI (R)	A			WILLIAMS, M. (R)
A			HUBLER (D)	A			POCAN (D)	A			WOOD (R)
A			JESKEWITZ (R)	A			POPE-ROBERTS (D)	A			YOUNG (D)
A			JORGENSEN (D)	A			PRIDEMORE (R)	A			ZEPNICK (D)
A			KAUFERT (R)	A			RHOADES (R)	A			ZIEGELBAUER (D)
A			KERKMAN (R)	A			RICHARDS (D)	A			ZIPPERER (R)
A			KESSLER (D)	A			ROTH (R)	A			SPEAKER (R)

IN CHAIR: GOTTLIEB

NO VACANT DISTRICTS





**WISCONSIN LEGISLATIVE COUNCIL
AMENDMENT MEMO**

2007 Assembly Bill 483

**Assembly
Amendment 1**

Memo published: December 7, 2007

Contact: Richard Sweet, Senior Staff Attorney (266-2982)

Assembly Bill 483 makes a number of changes in the laws dealing with public health. Among the changes made by the bill are amending the definition of “human health hazard,” modifying the statutes regarding local health officers’ powers with respect to human health hazards, and allowing counties and municipalities with local health departments to enact ordinances concerning abatement or removal of human health hazards.

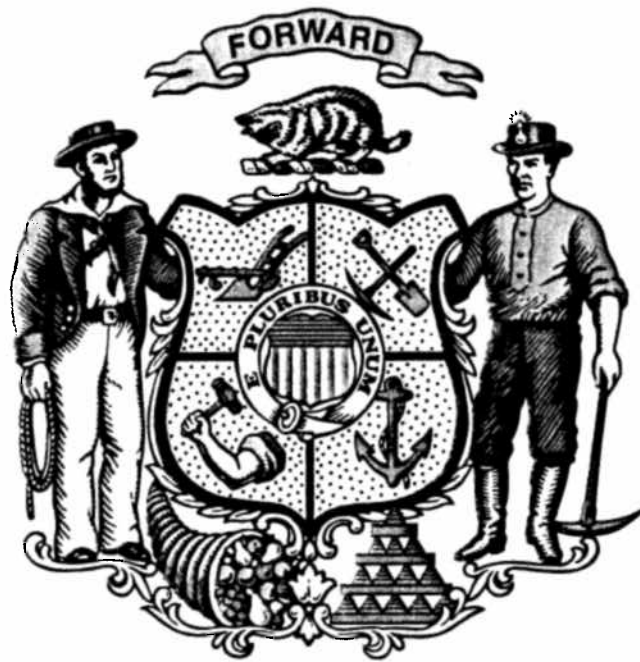
Assembly Amendment 1 removes from the bill the provisions relating to local health officers’ authority with regard to human health hazards, thereby retaining current law on the issue. However, the amendment retains the provisions of the bill that amend the definition of “human health hazard” and allow counties and municipalities with local health departments to enact ordinances concerning abatement or removal of human health hazards.

In addition, the amendment modifies the section of the statutes that relates to issuance of special inspection warrants--s. 66.0119, Stats. Under current law, a peace officer may apply for, obtain, and execute a special inspection warrant for inspection purposes. That section of the statutes states that a special inspection warrant is not required in cases of emergency. The term “peace officer” in current law is drafted in such a manner that it might include local health officers or their designees. The amendment modifies the current definition of “peace officer” in s. 66.0119, Stats., to specifically include local health officers or their designees.

Legislative History

The Assembly Committee on Public Health recommended adoption of Assembly Amendment 1, and passage of the bill as amended, both on votes of Ayes, 8; Noes, 0.

RNS:jal:wu





WISCONSIN LEGISLATIVE COUNCIL

*Terry C. Anderson, Director
Laura D. Rose, Deputy Director*

TO: REPRESENTATIVE J. A. HINES
FROM: Richard Sweet, Senior Staff Attorney
RE: 2007 Assembly Bill 483, as Amended (Public Health)
DATE: February 1, 2008

This memorandum describes the provisions of 2007 Assembly Bill 483, as amended by Assembly Amendment 1. The bill passed the Assembly after adoption of Assembly Amendment 1. (References in this memorandum to “the bill” are to Assembly Bill 483, as amended.)

SPECIAL INSPECTION WARRANTS

The bill modifies the section of the statutes that relates to issuance of special inspection warrants--s. 66.0119, Stats. Under current law, a peace officer may apply for, obtain, and execute a special inspection warrant for inspection purposes. That section of the statutes states that a special inspection warrant is not required in cases of emergency. The term “peace officer” in current law is drafted in such a manner that it might include local health officers or their designees. The bill modifies the current definition of “peace officer” in s. 66.0119, Stats., to specifically include local health officers or their designees.

HUMAN HEALTH HAZARDS

Current law defines the term “human health hazard” to mean “...a substance, activity or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity or condition is not abated.” The bill modifies the definition so that the term “human health hazard” is defined as “...a substance, activity or condition that is known to have the potential to cause acute or chronic illness, to endanger life, to generate or spread infectious diseases, or otherwise injuriously to affect the health of the public.”

In addition, the bill provides authorization for a county, city, village, or town with a local health department to enact an ordinance concerning abatement or removal of a human health hazard that is at least as restrictive as the state statute on human health hazards.

LOCAL HEALTH OFFICERS

Current law specifies qualifications for local health officers. It also provides that notwithstanding the required qualifications, in a county with a human services department, the local health officer does not need to meet these requirements if the county employs at least one person who meets the requirements. The bill repeals this exception, but makes the requirements applicable only to local health officers hired on or after the effective date of the bill.

SUBORDINATE PERSONNEL IN LOCAL HEALTH DEPARTMENTS

Current law requires a local health officer to appoint all necessary subordinate personnel and assure that they meet appropriate qualifications. The bill specifies that the term "subordinate personnel" may include a public health educator, a public health nutritionist (who is a certified dietician who meets specified credentialing requirements), or a public health dental hygienist, who meets qualifications specified by the Department of Health and Family Services (DHFS) by rule.

STATE AGENCY STATUS FOR CERTAIN PHYSICIANS

The bill creates a provision stating that a physician who is not an employee of a local health department and who provides services, without compensation, for programs and services provided by a local health department that require medical oversight is, for the provision of the services he or she provides, a state agent of DHFS for purposes of specified statutes. Those statutes relate to representation by the state in legal actions, payment of judgments, and limitations on damages.

COMMUNITY HEALTH IMPROVEMENT PLANS

Current law requires local health departments to involve key policymakers and the general public in determining a set of high priority public health services and assure access to those services to every member of the community. The bill modifies this law by requiring local health departments to involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement services and functions specified in current law.

CREATION OF AN EMERGENCY MEDICAL SERVICES CHAPTER AND RENUMBERING OF OTHER STATUTES

Current ch. 146, Stats., which is entitled "Miscellaneous Health Provisions," contains a number of provisions relating to emergency medical services (EMS). The bill renumbers those provisions to be part of a new chapter of the statutes, ch. 256, Stats., which will be entitled "Emergency Medical Services." This chapter will follow chs. 250 to 255, Stats., which generally set forth the statutes related to public health.

In addition, four other provisions in the "Miscellaneous Health Provisions" chapter of the statutes are renumbered to be part of the public health statutes. Statutes related to minority health and American Indian health are moved to ch. 250, Stats.; and statutes related to poison control and reporting of wounds and burn injuries are moved to ch. 255, Stats.

As a result of the creation of ch. 256, Stats., relating to EMS, and the other renumbering described above, numerous cross-references throughout the statutes to the current provisions are changed to reflect the renumbered provisions.

Feel free to contact me if I can be of further assistance.

RNS:jb;wu