



Legislative Briefs

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PUBLIC HEALTH EMERGENCY PLANNING AND REPORTING

2005 Wisconsin Act 198, passed by the legislature and signed by Governor Jim Doyle on March 24, 2006, modernizes and clarifies public health planning for the state. The act was introduced as 2005 Assembly Bill 881 by Representative J.A. Hines. The bill resulted from a national model for public health statutes that was analyzed by state public health organizations for provisions to include in Wisconsin law. The major purpose of the act is to make clear the framework and responsibilities of state government so that the government can accurately and efficiently respond during a public health emergency.

PROMOTING COOPERATION

Act 198 promotes cooperation among federal, state, and local governments, especially with American Indian tribes or bands and local health departments. It allows municipalities to contract with federally recognized American Indian tribes or bands in another state for services or the joint exercise of any powers or duties required or authorized, to the extent that federal law or the laws of the other state permit the joint exercise. Municipalities in Wisconsin may already contract with municipalities in another state.

The act also directs the Department of Health and Family Services (DHFS) to promote cooperation and formal collaborative agreements among the state, local health departments, federally recognized American Indian tribes or bands within the state, and the federal Indian Health Service with regard to public health planning, priority setting, information and data sharing, reporting, resource

allocation, funding, service delivery, and jurisdiction.

Act 198 requires that, in public health planning, DHFS collaborate with local health departments on an ongoing basis, and consult with private and public sector entities.

NEW REPORTING REQUIREMENTS

Communicable Diseases in Animals. Under Act 198, the Department of Agriculture, Trade and Consumer Protection (DATCP) is directed to provide reports of any communicable diseases (as determined by DHFS) of animals to the local health officer for the area in which the animal is located and to DHFS. Previous law directed DATCP to provide such reports to DHFS alone. Reports of animal disease are provided to DATCP from a veterinarian or the Department of Natural Resources.

Communicable Diseases in Humans. Under Act 198, a health agency of a federally recognized American Indian tribe or band is now authorized to report to a local health officer the appearance of a communicable disease or the death of someone having a communicable disease.

The law is also amended to specify that laboratories shall report specimen results that indicate that an individual providing a specimen has, or has died of, a communicable disease. Current law already requires laboratories to report results that DHFS finds necessary for the surveillance, control, diagnosis, and prevention of communicable diseases.

The law is further amended to allow anyone having knowledge or reason to believe that any person has a communicable disease to

report such facts to DHFS. Formerly, the law only specified that such reports be made to the local health officer.

Act 198 amends the law on reporting of deaths of public health concern to specify incidents of communicable disease. If a coroner or medical examiner knows or suspects that a deceased person had a communicable disease that must be reported to a local health officer or the state epidemiologist, the coroner or examiner is required to report the communicable disease to DHFS and the local health department within 24 hours of learning of the disease.

Prescription Drugs. Under Act 198, a requirement for pharmacies and pharmacists to report an unusual increase in the number of certain prescriptions dispensed or nonprescription drug products sold by the pharmacist or pharmacy is amended to include a time limit of 24 hours. The act also permits pharmacies or pharmacists to make the required report to either DHFS, as in previous law, or to a local health department.

FURTHER DUTIES OF DHFS

The duties of DHFS regarding the public health system are clarified by Act 198. It provides that DHFS shall perform or facilitate the performance of the following:

- monitor the health status of populations to identify and solve community health problems;
- investigate and diagnose community health problems and hazards;
- inform and educate individuals about health issues;
- mobilize public and private sector collaboration and action to identify and solve health problems;
- develop policies, plans, and programs that support individual and community health efforts;
- enforce statutes and rules;

- link individuals to needed personal health services;
- assure a competent public health workforce;
- evaluate effectiveness, accessibility, and quality of health services; and
- provide research to develop insights into and innovative solutions for health problems.

DHFS is also directed to develop a public health agenda by January 1, 2010, and at least every 10 years thereafter. DHFS may require Level II and Level III local health departments (departments which provide more than the minimum amount of services) to provide the services that it determines appropriately address the objectives or services specified in the public health agenda.

MEETING FUTURE CHALLENGES

In the event of an outbreak of Asian Bird Flu, an act of bioterrorism, or any other major incident compromising the safety of public health, it is critical that there are clear and open lines of communication between state agencies, local departments, federal agencies, the private sector, and the public citizenry. The communication problems which arose among federal, state, and local agencies during Hurricane Katrina in summer 2005 compelled the states to evaluate their approach to dealing with public emergencies. The Wisconsin Legislature took an important step by clarifying governmental responsibilities in an effort to foster efficient and effective emergency response. That process will continue as state governments continue to face public health challenges.

EFFECTIVE DATE

2005 Wisconsin Act 198 took effect April 8, 2006.

FOR FURTHER INFORMATION

View a copy of 2005 Wisconsin Act 198 at www.legis.state.wi.us/2005/data/acts/05Act198.pdf.