



PAUL TITTL

STATE REPRESENTATIVE • 25TH ASSEMBLY DISTRICT

**Assembly Committee on Health
Assembly Bill 293 Testimony
May 17, 2017**

First of all, I would like to thank you, Chairman Sanfelippo and committee members, for allowing me to testify before you today on Assembly Bill 293.

The purpose of this bill is to provide \$2.5 million each year for local health departments to prevent and respond to communicable diseases. This funding will help departments in their efforts to track, monitor, report, contain and prevent communicable diseases.

There are several reasons funding is necessary. Familiar diseases, such as whooping cough, Hepatitis C, and tuberculosis, remain ever-present in Wisconsin. However, the list of communicable diseases continues to grow.

State law requires local health departments to perform tracking, surveillance, reporting, containment, and prevention activity on over 70 infectious diseases. Although the state requires health departments to perform these activities, the state offers neither a dedicated funding source nor financial assistance for local health departments to fulfill those mandates.

Wisconsin spends only \$15.10 per capita annually for state public health funding for local health departments compared to the national median of \$31.62. The request of \$2.5 million for each year of the biennium amounts to an increase of less than 50 cents in per capita funding.

The increase will not come close to bringing Wisconsin out of the bottom tier of public health spending nationally; but it will help our local health departments fight communicable diseases and protect the public.

Prevention is cheaper than treatment. According to the American Public Health Association, just \$10 per person each year in proven, community-based public health efforts could save the nation more than \$16 billion within five years. That is a \$5.60 return for every \$1 invested.

Under the bill, all local health departments would get some funding. DHS could also grant additional funding to departments with higher need according to factors presented in the bill.

Under the bill, local health departments would need to submit a financial report every two years indicating how they have used the funds.

More than 50 local jurisdictions have passed resolutions in support of this initiative since October 2016. This bill responds to their concerns by providing the dedicated funding for prevention of communicable diseases.

Thanks for hearing this bill today. I would be happy to answer any questions you might have.

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Luther S. Olsen

State Senator

14th District

TO: Assembly Committee on Health

DATE: Wednesday, May 17, 2017

SUBJECT: Testimony in favor of Assembly Bill 293

Thank you Chairman Sanfelippo and the Assembly Committee on Health for holding a hearing and allowing me to testify in favor of Assembly Bill 293.

Currently, the state of Wisconsin places over 20 mandates on our local health departments to perform various tracking, surveillance, reporting, containment, and prevention duties on over 70 infectious diseases. However, the state offers no dedicated funding source nor provides financial assistance for local health departments to fulfill the mandates.

Familiar diseases, such as whooping cough, Hepatitis C, and tuberculosis, remain ever-present. In 2016, 1,142 cases of whooping cough, which often affects children and can lead to hospitalization, were reported among Wisconsin residents. In total, the disease affected 61 of 72 counties. Reported cases of Hepatitis C increased 450% in the last six years. As recently as 2013, the state experienced an outbreak of tuberculosis. Last year, authorities confirmed 67 cases of Elizabethkingia, a bacteria found in water and soil, in Columbia, Dane, Dodge, Fond du Lac, Jefferson, Milwaukee, Ozaukee, Racine, Sheboygan, Washington, Waukesha and Winnebago counties. The disease caused 18 deaths.

Local health departments not only need to respond to and control these diseases, but they are required to respond to and control an ever-growing list of over 70 more. This legislation dedicates \$2.5 million of funding in each year of the biennium for all local health departments to prevent and respond to communicable diseases. The funds will allow local health departments to improve disease surveillance, investigation, prevention and control, as well as provide staff training and develop public awareness plans.

The Wisconsin Counties Association, Wisconsin Public Health Council, Wisconsin Public Health Association, and Wisconsin Association of Local Health Departments and Boards support the initiative. Additionally, 44 counties and multiple municipalities passed resolutions in support.

Thank you members, we ask for your support and would be more than happy to answer any questions.



WISCONSIN STATE ASSEMBLY

STATE REPRESENTATIVE
GORDON HINTZ

54th DISTRICT

Representative Gordon Hintz Testimony on Assembly Bill 293

Communicable Disease Control and Prevention Funding for Local Health Departments

Local health departments, like mine in Winnebago County, are in the forefront of fighting communicable diseases like hepatitis C, sexually transmitted diseases, measles or tuberculosis. The underfunding of communicable disease control and prevention stands in the way of the effectiveness of our health departments, and Wisconsin's health as whole. This is an important issue that I have been working closely with my Local Health Department on and encourage all the members of the Committee on Health to support.

- Winnebago County Health Department (WCHD) received over 1400 communicable disease reports for follow-up in 2016.
- Total expenditures in 2016 for communicable disease investigation, immunizations, and refugee health screenings totaled over \$440,000 (over 10% of the health department's total expenditures).
- About 85% of communicable disease expenses at WCHD come from local levy and the rest are primarily federal funds passed through the state.
- Staff are expected to be able to respond 24/7 as necessary to investigate highly contagious diseases, biological terrorism, naturally occurring outbreaks or other unusual occurrences of disease to control, identify source and prevent spread.

Currently, the state does not have a stable funding source to support our health departments and protect the public from communicable and infectious diseases. Due to poor funding, health departments are often short-staffed and low on resources, creating delays in basic follow-ups, and case-reporting. Health departments have little time to focus on sufficient and effective infectious disease prevention efforts. **Wisconsin ranks 41st in the country for state public funding for local health departments.** Our state health department invests only \$15.10 per capita, while the national average is \$39.32 per capita. It is unacceptable Wisconsin lags so far behind other states when it comes to investing in public health.

Resources are necessary if county health departments are going to effectively conduct communicable disease surveillance, investigation, and prevention. There are not enough resources available to deal or manage a food borne outbreak or tuberculosis outbreak, like the one that occurred in Sheboygan two years ago.

Wisconsin especially has seen a rise in communicable diseases, such as tuberculosis, influenza, pertussis and pneumonia. **The Department of Health Services recently reported a 450% increase in acute hepatitis C cases from 2011 to 2015**, mostly attributed to drug use and the opioid epidemic. Now more than ever we need to invest in communicable disease control and prevention.

This bill invests \$5 million over the 2017-2019 biennium to assist local health departments for communicable disease control and prevention. This bill is a step in the right direction in supporting our local health departments. This will allow local health departments to expand disease screening, improve staff training, and raise awareness, resulting in a significant increasing in our state's general health. Although this bill is only the start to solving a rising epidemic, investing in communicable disease control and prevention one of the most important ways to keep Wisconsin healthy and thriving. After working with the Winnebago County Health Director and on this bill I urge members of the committee to support Assembly Bill 293.

Information for Completing ACUTE AND COMMUNICABLE DISEASE CASE REPORT

WISCONSIN STATUTE CHAPTER 252.05 AND ADMINISTRATIVE RULE CHAPTER HFS 145 REQUIRE REPORTING OF COMMUNICABLE DISEASES. Persons required to report include any person licensed under ch. 441 and 448, Wis. Stats., or any other person having knowledge that a person has a communicable disease such as:

- A person in charge of infection control at a health care facility
- Laboratory directors
- School nurses, principals of schools and day care center directors

For further information see Wisconsin Administrative Rule HFS 145.

Diseases listed under categories I and II are to be reported to the local city or county health officer located in the local public health department of the patient's place of residence. Category III conditions must be reported directly to the state epidemiologist. Complete the "Demographic Data", "Morbidity Data" and "Reporting Source" sections for ALL diseases. For diseases preceded by an asterisk (*), provide immunization history. Follow-up epidemiologic information may be requested by local or state public health officials. Send copy "A" and copy "B" to the local health officer. Copy "C" may be retained with the patient's record.

REPORT THE FOLLOWING DISEASES TO YOUR LOCAL HEALTH AGENCY

CATEGORY I:

The following diseases are of urgent public health importance and shall be reported **IMMEDIATELY** by telephone or fax to the patient's local health officer upon identification of a case or suspected case. In addition to the immediate report, within 24 hours complete and mail an Acute and Communicable Diseases Case Report (DPH 4151) or enter the report into the Wisconsin Electronic Disease Surveillance System. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax ^{1,4,5}	Hantavirus infection ^{1,2,4,5}	*Pertussis (whooping cough) ^{1,2,3,4,5}	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) ^{1,2,3,4}	Yellow fever ^{1,4}
Botulism ^{1,4}	*Hepatitis A ^{1,2,3,4,5}	Plague ^{1,4,5}	Smallpox ^{4,5}	
Botulism, infant ^{1,2,4}	*Measles ^{1,2,3,4,5}	*Poliovirus infection (paralytic or nonparalytic) ^{1,4,5}	Tuberculosis ^{1,2,3,4,5}	Any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications ⁴
Cholera ^{1,3,4}	Meningococcal disease ^{1,2,3,4,5}	Rabies (human) ^{1,4,5}	Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) and Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection ^{1,4,5}	
*Diphtheria ^{1,3,4,5}	Outbreaks, foodborne or waterborne ^{1,2,3,4}	Ricin toxin ^{4,5}		
*Haemophilus influenzae invasive disease, (including epiglottitis) ^{1,2,3,5}	Outbreaks, suspected, of other acute or occupationally-related diseases	*Rubella (congenital syndrome) ^{1,2,5}		

CATEGORY II:

The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DPH 4151) or by other means or by entering the data into the Wisconsin Electronic Disease Surveillance System within 72 hours of the identification of a case or suspected case. See s. HFS 145.04 (3) (b).

Arboviral disease ^{1,2,4}	*Hepatitis B ^{1,2,3,4,5}	Meningitis, bacterial (other than <i>Haemophilus influenzae</i> , meningococcal or streptococcal, which are reportable as distinct diseases) ²	Streptococcal disease (all invasive disease caused by Groups A and B streptococci)
Babesiosis ^{4,5}	Hepatitis C ^{1,2}	*Mumps ^{1,2,4,5}	<i>Streptococcus pneumoniae</i> invasive disease (invasive pneumococcal) ¹
Blastomycosis ⁵	Hepatitis D ^{2,3,4,5}	Mycobacterial disease (nontuberculous)	*Tetanus ^{1,2,5}
Brucellosis ^{1,4}	Hepatitis E ^{3,4}	Psittacosis ^{1,2,4}	Toxic shock syndrome ^{1,2}
Campylobacteriosis (<i>campylobacter</i> infection) ^{3,4}	Histoplasmosis ⁵	Pelvic inflammatory disease ^{2,5}	Toxic substance related diseases:
Chancroid ^{1,2,4,5}	Influenza-associated pediatric death ^{1,2}	Q Fever ^{4,5}	Infant methemoglobinemia
Chlamydia trachomatis infection ^{1,2,4,5}	Influenza A virus infection, novel subtypes ^{1,2}	Rheumatic fever (newly diagnosed and meeting the Jones criteria) ⁵	Lead intoxication (specify Pb levels)
Cryptosporidiosis ^{1,2,3,4}	Kawasaki disease ²	Rocky Mountain spotted fever ^{1,2,4,5}	Other metal and pesticide poisonings
Cyclosporiasis ^{1,4,5}	Legionellosis ^{1,2,4}	Salmonellosis ^{1,3,4}	Toxoplasmosis
Ehrlichiosis (anaplasmosis) ^{1,5}	Leprosy (Hansen Disease) ^{1,2,3,4,5}	Syphilis ^{1,2,4,5}	Transmissible spongiform encephalopathy (TSE, human; CJD)
E. coli O157:H7, other Shiga toxin-producing E. coli (STEC); enteropathogenic E. coli, enteroinvasive E. coli, and enterotoxigenic E. coli ^{1,2,3,4}	Leptospirosis ⁴	Shigellosis ^{1,3,4}	Trichinosis ^{1,2,4}
Giardiasis ^{3,4}	Listeriosis ^{2,4}		Tularemia ⁴
Gonorrhea ^{1,2,4,5}	Lyme disease ^{1,2}		Typhoid fever ^{1,2,3,4}
Hemolytic uremic syndrome ^{1,2,4}	Lymphocytic Choriomeningitis Virus (LCMV) infection ⁴		*Varicella (chickenpox) ^{1,3,5}
	Malaria ^{1,2,4}		Vibriosis ^{1,3,4}
			Yersiniosis ^{3,4}

CATEGORY III:

The following diseases shall be reported to the state epidemiologist on an AIDS case report (DPH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DPH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15 (7) (b), Stats., and s. HFS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS)^{1,2,4}
Human immunodeficiency virus (HIV) infection^{2,4}
CD4+ T-lymphocyte <200/uL, or CD4+ T-lymphocyte percentage of total lymphocytes <14

KEY:

For diseases preceded by an (), indicate immunization history in the "Immunization data" box in the "Morbidity data" section.

¹Infectious diseases designated as notifiable at the national level.

²Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the EpiNet manual.

³Risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.

⁴Case investigation by local health department is needed.

⁵Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.



Manitowoc County Health Department

Mission: To Protect and Promote the Health of Manitowoc County in Partnership with our Community

Amy Wergin, Health Officer

Environmental Health • Public Health Nursing • W.I.C. Program

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Tuesday, May 16, 2017

To: The Assembly Committee on Health

From: Amy Wergin

Regarding: AB293 Communicable Disease Control and Prevention Funding


At their December 20, 2016 meeting, the Manitowoc County Board of Supervisors approved a Resolution Supporting Secure State Funding to Support Communicable Disease Control for Population Health. The resolution requested the state legislature to develop and enact with bipartisan support, funding of comprehensive, sustainable, effective, and evidence based communicable disease control and prevention for the public's health. We thank Representative Tittl, the former chair of the Manitowoc County Board of Health, for sponsoring AB293, a good first step in achieving this goal.

We live in a world where the next new communicable disease is only a plane ride away. The most recent emerging communicable disease in the US, Seoul Hanta Virus, was diagnosed in a Manitowoc County resident in late December. Seoul Hanta Virus is an airborne viral infection that is spread from rats to humans, causing hemorrhagic fever. This was the first case of Seoul Hanta Virus infection linked to a domestic rattery in the US. The interview with the original case resulted in identification of an additional 40 people in Wisconsin, Illinois and other states who had contact with rats connected to infected Rattery. 18 of the 40 were Manitowoc County residents, requiring interviewing and evaluation for possible infection. We also assisted in identifying the trading and selling of potentially infected rats to individuals and other breeders nationwide. Manitowoc County ordered the depopulation of the infected rattery in Manitowoc County and received assistance from the CDC, DHS and DATCP to euthanize the rats and have them sent to the CDC for testing. 51% of the Manitowoc County rats tested positive for Seoul Hanta Virus.

During January and February, staff costs for this investigation were nearly \$16,000. Manitowoc County incurred unbudgeted expenses of \$500 for additional equipment, supplies and shipping costs for Seoul Hanta Virus response.

AB293 will provide the first dedicated state funding to support the local response to communicable disease prevention and control. It will provide local health departments with funding to support the infrastructure needed to protect the health and safety of the people who live, work and play in our communities.



DATE: May 17, 2017
TO: Members of Assembly Committee on Health
FROM: Joan Theurer, RN, MSN, Health Officer 
SUBJECT: Assembly Bill 293 – The Local Health Protection Act

Greetings! One of the most critical functions of government is to protect its residents from public threats, including those threats posed by communicable disease. In 2016, Marathon County Health Department received 1,068 reports of 27 different communicable diseases. For each report received, the case report is investigated to prevent further spread; carrying out necessary control measures, and ensuring the person is adequately treated. Local health departments play a critical role in controlling the spread of communicable diseases, diseases that impact our schools, employers, and tourism.

Currently, Wisconsin has no dedicated, stable funding source for communicable disease control and prevention. Wisconsin ranks 41st in the nation for state public funding for local health departments – the median nationally is \$39.32 per capita, where Wisconsin's is \$15.10 per capita (Trust for America's Health). In 2016, the cost of carrying out communicable disease control and prevention activities was \$784,196 for Marathon County, having 91% of the cost born solely by the Marathon County tax payer.

Communicable diseases no know boundaries. Therefore, it is imperative that all local health departments in Wisconsin have sufficient resources to carry out basic infectious disease control and prevention activities required by the state. Assembly Bill 293 will invest \$2.5 million per year over the 2017-2019 biennium for local health departments to combat communicable disease; familiar diseases such as influenza, Hepatitis C, whooping cough, and tuberculosis as well as re-emerging diseases like measles, and new threats such as Ebola and Zika. The impacts of these diseases are real. In 2016, Marathon County received 81 cases of Hepatitis C, 121 reports of whooping cough (pertussis), and 4 new case of active tuberculosis. The costs associated with tuberculosis prevention and control alone was \$297,961.

I thank you for your time and consideration in supporting Assembly Bill 293, a bill that helps to ensure our residents and visitors are adequately protected from the threats posed by communicable diseases. Feel free to reach out to me with any questions you may have at this time.

GREEN LAKE COUNTY

DEPARTMENT OF HEALTH & HUMAN SERVICES

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May 17, 2017

Good Morning Representative Sanfelippo and members of the Assembly Committee on Health. I am Kathy Munsey and I work as the Health Officer for Green Lake County Public Health. I have over 28 years of experience in the public health field and I have been working at Green Lake County since 1989.

As a public health professional, I appreciate the opportunity to be here and testify about preventing the spread of communicable diseases, which is a serious topic facing my community and communities across Wisconsin.

Currently, Wisconsin has no dedicated, stable funding source for communicable disease control prevention or for follow-up of communicable diseases, and we lag far behind other states when it comes to investing in public health. According to Trust for America's Health, Wisconsin ranks 41st in the nation for state public funding for local health departments. The median nationally is \$39.32 per capita, but Wisconsin invests only \$15.10 per capita. As a result, local health departments struggle with sufficient resources, making it a challenge to carry out basic infectious disease functions required by the state. In our county of just over 19,000 people, we investigated over 150 acute and communicable diseases in 2016. The largest increase we have seen over the past few years is Hepatitis C cases and this directly relates to the opioid epidemic in our state and nationwide. The sharing of needles and the addiction issues make the follow-up on these cases much more complicated and time consuming. However, it is necessary to prevent spread of Hepatitis B, C and HIV and AIDs to others.

Green Lake County along with many other counties in our state have special populations, who because of religious beliefs or personal convictions, do not fully immunize their children. We also have many refugees in our state who are not fully immunized and therefore put others at risk for communicable diseases. This is of particular concern to those whose immune systems are weak due to age, and illnesses such as cancer. A recent mumps scare had our staff spring into action to prevent spread of this disease and contain it quickly.

Diseases such as TB, and Ebola, which we have dealt with can require daily contact with these clients to assure compliance with medication regimes. This is a huge strain on staff. One specific example comes from the Sheboygan County Division of Public Health (SCDPH) who received a report of an adult patient with pulmonary tuberculosis (TB) in 2013. Upon confirmation of her case, county health officials investigated her extended family members, who were working and attending school in the community. Several of the younger family members were in the Sheboygan school system, requiring the county to test over 100 students in a local middle school and high school. This rapid flurry of activity early in the outbreak led the local health department to recognize that SCDPH capacity was quickly being strained. The County Board Supervisors were called to session and supported additional resource allocation. Joint Finance Committee was going in session and county officials were able to secure an additional \$4.6 million to support the local efforts in response to the outbreak. The outbreak was able to be contained through the efforts of the local health department and resulted in eleven active cases and 43 latent tuberculosis infections diagnosed. In the previous 10 years, there were only 13 cases.

Another example occurred in early January 2017. A Manitowoc County breeder of pet Norway rats was diagnosed with Seoul Hantavirus (SHV), or Hemorrhagic Fever with Renal Syndrome. To date, two other Wisconsin residents have been diagnosed with acute SHV infection, for a total of three confirmed acute cases in Wisconsin.

- People can get hantavirus infections from having contact with, or being in close proximity to infected rodents, or their urine and droppings. It can also be transmitted through a bite from an infected rat.
- As of March 28, 2017, 20 Wisconsin public health jurisdictions have been involved in the investigation, which currently involves 28 ratteries (rat housing facilities) and thousands of rats being tracked or tested.
- Local public health agency staff have provided essential assistance during this investigation with patient and/or facility follow-up. This follow-up was necessary for gathering information from facility owners about illness status, rat sources and exposures, rat ownership, and inventory of rats in facilities. In addition, the public health staff helped to coordinate specimen collection and laboratory testing of exposed persons for Seoul virus infection, and served as primary liaisons

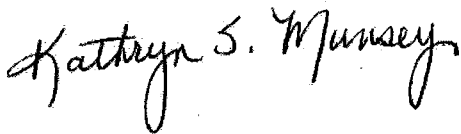
between the state and the individual rat owner/exposed person. In an effort to prevent the transmission of the virus to additional facilities, local health agency staff assisted DPH and CDC in determining the Seoul virus infection status of identified facilities, including witnessing blood specimen collection from rats in-person, coordinating shipping and submission of rat specimens to CDC for testing, and facilitating the placement of quarantine orders on implicated facilities. The amount of detail required for each facility during follow-up translates to many hours of staff time. To date, this investigation has cost over \$16,000 in Manitowoc County alone.

These are just a few of the hundreds of case scenarios that Public Health faces each and every year. In an effort to neutralize threats from communicable diseases facing our communities as well as a way to ease the burden on local taxpayers, I urge the Assembly Committee on Health to invest \$5 million in new funding over the 2017-19 biennium to combat communicable disease. It should be a top priority to control and prevent these threats – which total more than 70 - including familiar diseases such as influenza, Hepatitis C, whooping cough and tuberculosis, re-emerging diseases like measles and mumps and new exotic threats such as Zika, Ebola, Elizabethkingia and most recently Seoul Hanta Virus.

One of the most critical functions of government is to protect its citizens from public threats, including the threat posed by communicable diseases. It should be a top priority to control and prevent these threats because any delay in basic follow-up and contact tracing investigations can allow for opportunistic diseases to spread to vulnerable populations and become a crisis. That is why it is critical for us to focus more on **prevention** versus reaction. An investment of \$5 million in new funding over the 2017-19 biennium to combat communicable disease would give local health professionals access to resources that are desperately needed.

While this \$5 million request would be a considerable investment in Wisconsin's public health system during a time of fiscal constraint, it is long overdue and a small price to pay to protect the state, our economy and ultimately the lives of our citizens from a potential public health crisis.

As you and your legislative colleagues complete your work on the 2017-19 state budget bill, I ask you to seriously consider supporting critical funding for communicable disease control and prevention in Wisconsin. Thank you for your time and consideration. I'm happy to answer any questions at this time.

A handwritten signature in black ink that reads "Kathryn S. Munsey". The signature is fluid and cursive, with the first name "Kathryn" being more prominent than the last name "Munsey".

Kathryn S. Munsey, RN
Green Lake County Health Officer



Health Department

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Public Health
Prevent. Promote. Protect.

AB 293 Testimony Script/Local Health Protection Act

5/17/2017

Good Morning Rep. Sanfelippo and members of the Assembly Committee on Health. My name is Cindy Bodendein, and I am the Sauk County Health Officer and Department Director. I have been working at Sauk County since 1999, and have over 20 years of experience in the public health field. Our Sauk County Health Department has over 30 employees and provides services in 3 divisions within the department. The department has an environmental health program, Women, Infants and Children (WIC) and public health programming.

As a public health professional, I appreciate the chance to be here and testify about preventing the spread of communicable diseases. This is a serious topic facing not only my community, but 71 other health departments across Wisconsin. I also want to thank the bills authors Representative Paul Tittl, and Senator Luther Olsen for their leadership and commitment to addressing this important issue. I urge the Committee to support Assembly Bill 293, the Local Health Protection Act, which invests \$2.5 million per year over the 2017-2019 biennium for local health departments to combat communicable disease.

Sauk County has approximately 63,000 residents. Unique to Sauk County is the Lake Delton Area that attracts thousands of tourists each year. As a top vacation destination, there are many convention centers, restaurants, and water parks in the Wisconsin Dells area. Peak seasonal months of July and August see approximately 50,000 tourists a day come to Sauk County. According to the WI Dells Convention Bureau they estimate we have between 4-5 million guests visit us every year, - on the 20 square mile area relegated to the WI Dells tourism industry. This same 20 square miles has only 5,500 permanent residents. In recent years, there has been an increase in tourist activity year-round with the convention centers indoor water parks. Additionally, every four months approximately 4,000 international students come to work with our tourist population in the J1 Visa program. Students visit from countries such as Jamaica, Philippines, Turkey, Romania, Ukraine, China, Bulgaria, Taiwan, Russia, Ecuador and Moldavia. Some countries have fewer health requirements as far as mandatory vaccinations and communicable disease monitoring. These students are a valuable asset to our hospitality industry but, do bring unique challenges as well with health, language, and cultural barriers.

In January 2017, the Sauk County Board of Supervisors voted for our health department to become a full agent for the Department of Agriculture Trade and Consumer Protection for Food, Recreational and Safety Licensing. This is allowing us to do annual inspections of local restaurants, hotels, water parks, campgrounds, grocery stores, convenience stores, pools, etc. Our number of facility license renewals has currently doubled, to now 1153 inspections for

2017. We anticipate a surge in license requests with the Highway 12 corridor completion. The health department will now provide a quicker response to food and water borne outbreaks with local control of the licensing program.

In the past 3 years the cost of the time spent on Communicable Disease follow up by the whole department has increased from \$80,000 in 2014 to approximately \$100,000 in 2016. An investment of \$5 million in new funding over the 2017-19 biennium to combat communicable disease would give local health professionals access to resources that are desperately needed.

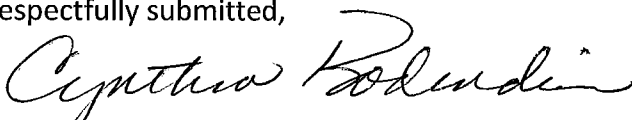
Local communicable disease trends show an increase of chlamydia, Hepatitis C, tuberculosis, and Lyme Disease. In addition to these diseases Sauk County recently has been involved in two Norovirus outbreaks. The first outbreak was at a convention center in the Lake Delton, and involved follow up with 400 individuals from four states. The outbreak investigation involved: Wisconsin State Department of Health sanitarians; epidemiologists; assisting local and state departments of health; family members; and Lake Delton area motels and restaurants. The second incident involved direct contact with a local school district administration for school closure recommendations. Education was provided for appropriate cleaning, and to parents who had concerns regarding their sick children. Information was provided in other languages due to the diversity of the school population. Norovirus is not counted on the Wisconsin Disease Surveillance System as an individual case, but rather as an outbreak. Nursing homes across the county are periodically calling for support during an internal norovirus or respiratory outbreak. When a local outbreak occurs, health department nursing staff reprioritizes assigned duties in order to assist in outbreak investigation.

The emerging threats such as Elizabethkinga, Ebola, and Zika viruses also have an impact on the department. The estimated time spent by the department from 2014 to 2016 on these diseases was over 400 hours. There was federal Ebola funding but it fell short of cost by \$12,000.00.

According to Trust for America's Health, Wisconsin ranks 41st in the nation for state public funding for local health departments. The median nationally is \$39.32 per capita, but Wisconsin invests only \$15.10 per capita. As a result, local health departments struggle with sufficient resources, making it a challenge to carry out basic infectious disease functions required by the state. The above examples provided are a sample of the short fall in funding for local health departments.

Again, I ask you to support Assembly Bill 293 and the critical funding it provides for communicable disease control and prevention in Wisconsin. Thank you for your time and consideration. I'm happy to answer any questions at this time.

Respectfully submitted,



Cynthia Bodendein RN, MSN

Sauk County Health Department Director

AB 293 Testimony

Good Morning members of the Assembly Committee on Health. My name is John L Smith and I work as a pharmacy technician at White Cross Pharmacy in Hurley. I am here today as an Elected Official representing both Iron County's Health Department as the Board of Health Chair and WALHDAB Co-President BOH.

As an elected official, I appreciate the chance to be here and testify about preventing the spread of communicable diseases, which is a serious topic facing my community and communities across Wisconsin. I also want to thank the bills authors Representative Paul Tittl and Senator Luther Olsen for their leadership and commitment to addressing this important issue.

Our County's six member health department provides daily prevention services for our 5,917 residents. The recent TB case in Iron County that began on 10/21/2016 and was released from quarantine on 04/03/2017 impacted our local resources a great deal. We continue to work with the client, state, and provider for follow up. The health department staff did routine follow up with numerous contacts and worked with the individual and provider on a daily to weekly basis. This included medication management, follow up appointments, disease management, sputum collection, etc... The amount of funds and resources in a small local health department on top of everyday tasks is taxing to our limited resources. The response cost to our department was an estimated \$7,000.00.

One of the most critical functions of government is to protect its citizens from public threats, including the threat posed by communicable diseases. It should be a top priority to control and prevent these threats because any delay in basic follow-up and contact tracing investigations can allow for opportunistic diseases to spread to vulnerable populations and become a crisis. That is why it is critical for us to focus more on prevention versus reaction. An investment of \$5 million in new funding over the 2017-19 biennium to combat communicable disease would give local health professionals access to resources that are desperately needed.

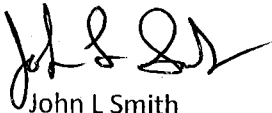
Currently, Wisconsin has no dedicated, stable funding source for communicable disease control and prevention for communicable diseases, and we lag far behind other states when it comes to investing in public health. According to Trust for America's Health, Wisconsin ranks 41st in the nation for state public funding for local health departments. The median nationally is \$39.32 per capita, but Wisconsin invests only \$15.10 per capita. As a result, local health departments struggle with sufficient resources, making it a challenge to carry out basic infectious disease functions required by the state. This includes a required reportable list of over 70 communicable diseases and 20 unfunded state mandates.

In an effort to neutralize threats from communicable diseases facing our communities, as well as a way to ease the burden on local taxpayers, I urge the Committee to support Assembly Bill 293, the Local Health Protection Act, which invests \$2.5 million per year over the 2017-2019 biennium for local health departments to combat communicable disease. It should be a top priority to control and prevent these threats – which total more than 70 - including familiar diseases such as influenza, Hepatitis C, whooping cough and tuberculosis, re-emerging diseases like measles and new exotic threats such as Zika, Ebola and Elizabethkingia.

While this \$5 million request would be a considerable investment in Wisconsin's public health system during a time of fiscal constraint, it is long overdue and a small price to pay to protect the state, our economy and ultimately the lives of our citizens from a potential public health crisis.

Again, I ask you to support Assembly Bill 293 and the critical funding it provides for communicable disease control and prevention in Wisconsin. Thank you for your time and consideration. I'm happy to answer any questions at this time.

Sincerely,

A handwritten signature in black ink, appearing to read 'JL Smith', with a stylized flourish at the end.

John L Smith

Iron County Board of Health Chair

WALHDAB CO-Pres BOH

May 17, 2017

Members of the Assembly Committee on Public Health

I am the president elect for the Wisconsin Public Health Association and the former co-chair of the public affairs committee. I have worked in public health for 18 years. Over the years I have listened to local health departments talk about infectious disease, heard about outbreaks in the news and encouraged Wisconsin citizens to get the influenza vaccine.

Through my colleagues I have learned about the significant amount of time, funding and staff it takes to prevent and manage communicable disease outbreaks. There is no dedicated, stable funding source for communicable disease and prevention. As a result, local health departments struggle to carry out the numerous mandates to protect Wisconsin's citizens. Some of these functions take a significant amount of time to execute. For example,

- **Quarantine:** This requires the identification of housing arrangements which may be long-term and may include contracting with a local hotel.
- **Contact tracing:** Staff interview those infected to identify other individuals who may be at risk, and follow up with identified individuals to alert them of the risk and/or test for the infectious disease.
- **Medication cost:** The medications necessary for communicable disease control are often expensive and sometimes need to be taken long-term.
- **Directly observed therapy:** Rather than writing a prescription and expecting an individual to adhere to the treatment, staff must observe the medication or therapy being delivered. This requires staff to schedule a visit, drive to the location, meet with the individual and then drive back to the office. This would be required seven days a week for the length of the therapy, which may be several months. This adds up to a significant amount of staff time.

These are just a few brief examples of the unfunded mandates that local public health departments are responsible for. Additionally, communicable disease is only a portion of what public health departments need to manage. With adequate funding, local health departments would be better equipped and prepared to protect individuals, communities and the entire state from communicable disease threats.

Thank you,

A handwritten signature in cursive script that reads "Kristen Grimes". The ink is dark and the signature is fluid, with a large initial 'K' and a stylized 'G'.

Kristen Grimes, MAOM, MCHES