



State of Wisconsin  
2023 - 2024 LEGISLATURE

LRB-3926/1

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## 2023 ASSEMBLY BILL 942

January 12, 2024 - Introduced by Representatives PALMERI, BALDEH, CONLEY, CONSIDINE, DRAKE, JOERS, O'CONNOR, RATCLIFF, SINICKI, SNODGRASS, SUBECK, ORTIZ-VELEZ and OHNSTAD, cosponsored by Senator FEYEN. Referred to Committee on Health, Aging and Long-Term Care.

**AN ACT** *to renumber* 50.035 (1); and *to create* 50.034 (3) (f), 50.034 (3) (g), 50.034 (3) (h), 50.034 (3m), 50.035 (1) (b), 50.035 (1m), 50.035 (7), 50.035 (8), 50.04 (2) (e), 50.04 (2k), 50.04 (2m), 50.15, 50.921, 50.922 and 50.935 of the statutes; **relating to:** fall prevention and recovery training, CPR and first aid certification, a duty to provide aid in certain residential facilities and hospices, and granting rule-making authority.

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### ***Analysis by the Legislative Reference Bureau***

Under this bill, the Department of Health Services must develop or identify fall prevention and recovery training programs for certain employees, as specified by DHS, and for patients and residents of residential care apartment complexes, community-based residential facilities, nursing homes, and hospices. Residential care apartment complexes, community-based residential facilities, nursing homes, and hospices must administer the fall prevention and recovery trainings to any employees that are required by DHS to receive the training and to patients and residents of the facilities.

In addition, under the bill, residential care apartment complexes, community-based residential facilities, nursing homes, and hospices must have at least one

**ASSEMBLY BILL 942****SECTION 1**

employee with current certification in CPR, at least one employee with current certification in first aid, and at least one employee who has received fall prevention and recovery training available on the premises at all times a resident or patient is present in the residential care apartment complex, community-based residential facility, nursing home, or hospice. The bill also imposes a duty upon residential care apartment complexes, community-based residential facilities, nursing homes, and hospices to administer CPR and first aid to patients and residents and to make an attempt to lift patients and residents who have fallen, appear to be uninjured, and cannot recover on their own. The bill exempts individuals and residential care apartment complexes, community-based residential facilities, nursing homes, and hospices from liability for civil damages for any act or omission of an individual administering CPR or first aid to a patient or resident or attempting to lift a fallen patient or resident if certain requirements are met.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

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

**SECTION 1.** 50.034 (3) (f) of the statutes is created to read:

50.034 (3) (f) Administer the training program under s. 50.15 (2) (a) to each employee of the residential care apartment complex who is required under s. 50.15 (2) (b) to receive the training.

**SECTION 2.** 50.034 (3) (g) of the statutes is created to read:

50.034 (3) (g) Administer the training program under s. 50.15 (3) to each resident of the residential care apartment complex within 30 days after the resident moves in to the residential care apartment complex.

**SECTION 3.** 50.034 (3) (h) of the statutes is created to read:

50.034 (3) (h) At all times during which a resident is present in the residential care apartment complex, have available on the premises at least one employee with current certification in cardiopulmonary resuscitation, at least one employee with current certification in first aid, and at least one employee who has

**ASSEMBLY BILL 942****SECTION 3**

received training in fall prevention, fall recovery, and proper techniques for lifting and moving residents.

**SECTION 4.** 50.034 (3m) of the statutes is created to read:

50.034 **(3m)** DUTY TO ADMINISTER AID. (a) Subject to any known declaration or do-not-resuscitate order under ch. 154, a residential care apartment complex has a duty to do all of the following:

1. Administer cardiopulmonary resuscitation before the arrival of emergency medical services to a resident who is nonresponsive or has a cessation of normal respiration. The cardiopulmonary resuscitation shall be administered by or under the direction of an individual who is certified in cardiopulmonary resuscitation and shall be performed in accordance with that individual's cardiopulmonary resuscitation certification training.

2. Administer first aid before the arrival of emergency medical services to a resident who is in distress. The first aid shall be administered by or under the direction of an individual who is certified in first aid and shall be performed in accordance with that individual's first aid certification training.

3. Make an attempt before the arrival of emergency medical services to lift a resident who has fallen, appears to be uninjured, and is unable to reasonably recover independently. The lift shall be attempted by or under the direction of an individual who has received training in first aid or in fall prevention, fall recovery, and proper techniques for lifting and moving residents and shall be performed in accordance with that individual's training.

- (b) A residential care apartment complex may not have, establish, or

**ASSEMBLY BILL 942****SECTION 4**

implement a policy that prevents an individual from providing appropriate cardiopulmonary resuscitation or first aid or attempting to lift a fallen resident who appears to be uninjured.

(c) A residential care apartment complex or an individual that administers cardiopulmonary resuscitation or first aid as provided in par. (a) 1. or 2. is not liable for any civil damages as the result of any act or omission by the individual administering the cardiopulmonary resuscitation or first aid, unless the individual did not act in good faith or acted with gross negligence while administering the cardiopulmonary resuscitation or first aid.

(d) A residential care apartment complex or an individual that attempts to lift a fallen resident as provided in par. (a) 3. is not liable for any civil damages as the result of any act or omission by the individual attempting the lift, unless the individual acted with gross negligence while attempting the lift, if any of the following are true:

1. The individual attempted the lift at the direction of a dispatcher from a public safety answering point, as defined in s. 256.35 (1) (gm).

2. The individual attempted the lift to prevent further imminent and serious injury to the fallen resident.

3. The fallen resident appeared to be uninjured, asserted a lack of injury, and requested assistance.

**SECTION 5.** 50.035 (1) of the statutes is renumbered 50.035 (1) (a).

**SECTION 6.** 50.035 (1) (b) of the statutes is created to read:

50.035 (1) (b) Each community-based residential facility shall administer the

**ASSEMBLY BILL 942****SECTION 6**

training program under s. 50.15 (2) (a) to each employee of the community-based residential facility who is required under s. 50.15 (2) (b) to receive the training.

**SECTION 7.** 50.035 (1m) of the statutes is created to read:

50.035 (1m) RESIDENT FALL PREVENTION TRAINING. Each community-based residential facility shall administer the training program under s 50.15 (3) to each resident of the community-based residential facility within 30 days after the resident moves in to the community-based residential facility.

**SECTION 8.** 50.035 (7) of the statutes is created to read:

50.035 (7) CPR AND FIRST AID CERTIFICATION. At all times during which a resident is present in a community-based residential facility, the community-based residential facility shall have available on the premises at least one employee with current certification in cardiopulmonary resuscitation, at least one employee with current certification in first aid, and at least one employee who has received training in fall prevention, fall recovery, and proper techniques for lifting and moving residents.

**SECTION 9.** 50.035 (8) of the statutes is created to read:

50.035 (8) DUTY TO ADMINISTER AID. (a) Subject to any known declaration or do-not-resuscitate order under ch. 154, a community-based residential facility has a duty to do all of the following:

1. Administer cardiopulmonary resuscitation before the arrival of emergency medical services to a resident who is nonresponsive or has a cessation of normal respiration. The cardiopulmonary resuscitation shall be administered by or under the direction of an individual who is certified in cardiopulmonary resuscitation and

**ASSEMBLY BILL 942****SECTION 9**

shall be performed in accordance with that individual's cardiopulmonary resuscitation certification training.

2. Administer first aid before the arrival of emergency medical services to a resident who is in distress. The first aid shall be administered by or under the direction of an individual who is certified in first aid and shall be performed in accordance with that individual's first aid certification training.

3. Make an attempt before the arrival of emergency medical services to lift a resident who has fallen, appears to be uninjured, and is unable to reasonably recover independently. The lift shall be attempted by or under the direction of an individual who has received training in first aid or in fall prevention, fall recovery, and proper techniques for lifting and moving residents and shall be performed in accordance with that individual's training.

(b) A community-based residential facility may not have, establish, or implement a policy that prevents an individual from providing appropriate cardiopulmonary resuscitation or first aid or attempted to lift a fallen resident who appears to be uninjured.

(c) A community-based residential facility or an individual that administers cardiopulmonary resuscitation or first aid as provided in par. (a) 1. or 2. is not liable for any civil damages as the result of any act or omission by the individual administering the cardiopulmonary resuscitation or first aid, unless the individual did not act in good faith or acted with gross negligence while administering the cardiopulmonary resuscitation or first aid.

(d) A community-based residential facility or an individual that attempts to

**ASSEMBLY BILL 942****SECTION 9**

lift a fallen resident as provided in par. (a) 3. is not liable for any civil damages as the result of any act or omission by the individual attempting the lift, unless the individual acted with gross negligence while attempting the lift, if any of the following are true:

1. The individual attempted the lift at the direction of a dispatcher from a public safety answering point, as defined in s. 256.35 (1) (gm).
2. The individual attempted the lift to prevent further imminent and serious injury to the fallen resident.
3. The fallen resident appeared to be uninjured, asserted a lack of injury, and requested assistance.

**SECTION 10.** 50.04 (2) (e) of the statutes is created to read:

50.04 (2) (e) At all times during which a resident is present in a nursing home, the nursing home shall have available on the premises at least one employee with current certification in cardiopulmonary resuscitation, at least one employee with current certification in first aid, and at least one employee who has received training in fall prevention, fall recovery, and proper techniques for lifting and moving residents.

**SECTION 11.** 50.04 (2k) of the statutes is created to read:

50.04 (2k) DUTY TO ADMINISTER AID. (a) Subject to any known declaration or do-not-resuscitate order under ch. 154, a nursing home has a duty to do all of the following:

1. Administer cardiopulmonary resuscitation before the arrival of emergency medical services to a resident who is nonresponsive or has a cessation of normal

**ASSEMBLY BILL 942****SECTION 11**

respiration. The cardiopulmonary resuscitation shall be administered by or under the direction of an individual who is certified in cardiopulmonary resuscitation and shall be performed in accordance with that individual's cardiopulmonary resuscitation certification training.

2. Administer first aid before the arrival of emergency medical services to a resident who is in distress. The first aid shall be administered by or under the direction of an individual who is certified in first aid and shall be performed in accordance with that individual's first aid certification training.

3. Make an attempt before the arrival of emergency medical services to lift a resident who has fallen, appears to be uninjured, and is unable to reasonably recover independently. The lift shall be attempted by or under the direction of an individual who has received training in first aid or in fall prevention, fall recovery, and proper techniques for lifting and moving residents and shall be performed in accordance with that individual's training.

(b) A nursing home may not have, establish, or implement a policy that prevents an individual from providing appropriate cardiopulmonary resuscitation or first aid or attempting to lift a fallen resident who appears to be uninjured.

(c) A nursing home or an individual that administers cardiopulmonary resuscitation or first aid as provided in par. (a) 1. or 2. is not liable for any civil damages as the result of any act or omission by the individual administering the cardiopulmonary resuscitation or first aid, unless the individual did not act in good faith or acted with gross negligence while administering the cardiopulmonary resuscitation or first aid.

**ASSEMBLY BILL 942****SECTION 11**

(d) A nursing home or an individual that attempted to lift a fallen resident as provided in par. (a) 3. is not liable for any civil damages as the result of any act or omission by the individual attempting the lift, unless the individual acted with gross negligence while attempting the lift, if any of the following are true:

1. The individual attempted the lift at the direction of a dispatcher from a public safety answering point, as defined in s. 256.35 (1) (gm).

2. The individual attempted the lift to prevent further imminent and serious injury to the fallen resident.

3. The fallen resident appeared to be uninjured, asserted a lack of injury, and requested assistance.

**SECTION 12.** 50.04 (2m) of the statutes is created to read:

**50.04 (2m) FALL PREVENTION AND RECOVERY TRAINING PROGRAM.** (a) Each nursing home shall administer the training program under s. 50.15 (2) (a) to each employee of the nursing home who is required under s. 50.15 (2) (b) to receive the training.

(b) Each nursing home shall administer the training under s. 50.15 (3) to each resident of the nursing home within 30 days after the resident moves in to the nursing home.

**SECTION 13.** 50.15 of the statutes is created to read:

**50.15 Fall prevention and recovery.** (1) **DEFINITION.** In this section, “hospice” has the meaning given in s. 50.90 (1).

(2) **EMPLOYEE TRAINING PROGRAM.** (a) The department shall develop or identify an evidence-based training program for employees of residential care

**ASSEMBLY BILL 942****SECTION 13**

apartment complexes, community-based residential facilities, nursing homes, and hospices that can be administered uniformly for each employee identified under par. (b) and contains instruction on fall prevention, fall recovery, and proper techniques for lifting and moving patients or residents. The training program under this paragraph shall consist of an initial training and ongoing competency trainings.

(b) The department shall, by rule, identify the types of employees of residential care apartment complexes, community-based residential facilities, nursing homes, and hospices who are required to receive the training under par. (a).

**(3) PATIENT OR RESIDENT TRAINING PROGRAM.** The department shall develop or identify a training program for patients and residents of residential care apartment complexes, community-based residential facilities, nursing homes, and hospices that contains instruction on fall prevention and fall recovery.

**SECTION 14.** 50.921 of the statutes is created to read:

**50.921 Fall prevention and recovery training.** (1) Each hospice shall administer the training program under s. 50.15 (2) (a) to each employee of the hospice who is required under s. 50.15 (2) (b) to receive the training.

(2) Each hospice shall administer the training under s. 50.15 (3) to each patient of the hospice within 30 days after the patient moves in to the hospice.

**SECTION 15.** 50.922 of the statutes is created to read:

**50.922 Staffing requirements.** At all times during which a patient is present in a hospice, the hospice shall have available on the premises at least one employee with current certification in cardiopulmonary resuscitation, at least one employee with current certification in first aid, and at least one employee who has

**ASSEMBLY BILL 942****SECTION 15**

received training in first aid or in fall prevention, fall recovery, and proper techniques for lifting and moving patients.

**SECTION 16.** 50.935 of the statutes is created to read:

**50.935 Duty to administer aid.** (1) Subject to any known declaration or do-not-resuscitate order under ch. 154, a hospice has a duty to do all of the following:

(a) Administer cardiopulmonary resuscitation before the arrival of emergency medical services to a patient who is nonresponsive or has a cessation of normal respiration. The cardiopulmonary resuscitation shall be administered by or under the direction of an individual who is certified in cardiopulmonary resuscitation and shall be performed in accordance with that individual's cardiopulmonary resuscitation certification training.

(b) Administer first aid before the arrival of emergency medical services to a patient who is in distress. The first aid shall be administered by or under the direction of an individual who is certified in first aid and shall be performed in accordance with that individual's first aid certification training.

(c) Make an attempt before the arrival of emergency medical services to lift a patient who has fallen, appears to be uninjured, and is unable to reasonably recover independently. The lift shall be attempted by or under the direction of an individual who has received training in first aid or in fall prevention, fall recovery, and proper techniques for lifting and moving patients and shall be performed in accordance with that individual's training.

(2) A hospice may not have, establish, or implement a policy that prevents an

**ASSEMBLY BILL 942****SECTION 16**

individual from providing appropriate cardiopulmonary resuscitation or first aid or attempted to lift a fallen patient who appears to be uninjured.

(3) A hospice or an individual that administers cardiopulmonary resuscitation or first aid as provided in sub. (1) (a) or (b) is not liable for any civil damages as the result of any act or omission by the individual administering the cardiopulmonary resuscitation or first aid, unless the individual did not act in good faith or acted with gross negligence while administering the cardiopulmonary resuscitation or first aid.

(4) A hospice or an individual that attempts to lift a fallen patient as provided in sub. (1) (c) is not liable for any civil damages as the result of any act or omission by the individual attempting the lift, unless the individual acted with gross negligence while attempting the lift, if any of the following are true:

(a) The individual attempted the lift at the direction of a dispatcher from a public safety answering point, as defined in s. 256.35 (1) (gm).

(b) The individual attempted the lift to prevent further imminent and serious injury to the fallen patient.

(c) The fallen patient appeared to be uninjured, asserted a lack of injury, and requested assistance.

**SECTION 17. Effective dates.** This act takes effect on the first day of the 13th month after publication, except as follows:

(1) The treatment of s. 50.15 takes effect on the day after publication.

**(END)**