



**Assembly Bills 184, 185, 186, 187, 188, and 189  
Recommendations by the  
2022 Study Committee on Uniform Death Reporting Standards**

**Testimony of Senator Joan Ballweg  
Assembly Committee on Health  
August 10, 2023**

Good morning, Chair Moses, and members of the committee. Thank you for hearing this package of bills, which were recommended unanimously after months of study and discussion by the 2022 Study Committee on Uniform Death Reporting Standards.

I had the pleasure to serve as chairperson of the committee, which was comprised of two senators, two representatives, and seven public members. The public members ranged in expertise, including two medical examiners, a public health nurse, a funeral director, and various mental health and research advocates.

The idea for a Study Committee on Uniform Death Reporting Standards came after I served as Chair of the Speaker's Task Force on Suicide Prevention in the 2019 legislative session.

The committee was tasked with analyzing ways to improve our data on deaths, with the idea that better data will better inform death prevention efforts, particularly in the context of suicide. To that end, the committee heard testimony about, and had in-depth discussions on, the need for more uniform information included in death records. Death record data relies heavily on the work of various actors, including funeral directors, physicians, and county medical examiners/coroners.

In addition, the committee heard testimony about efforts to gather death-related information using other tools beyond death records. For example, standardized suicide investigation forms and fatality review teams are ways that some public health and other professionals are gathering comprehensive data on certain kinds of deaths. The goal of these tools is to assist stakeholders in identifying risk factors that can better inform preventative efforts.

In the interest of time, I will not describe in detail each of the six bills being heard today, but rather explain the three specific themes under which the bills may be categorized, which were the product of robust discussion and consensus.



First, the committee devoted significant discussion to the value of fatality review teams. Many counties currently have review teams of various types, but no state law governs their use. These teams discuss individual deaths, in a confidential setting, with the goal of identifying risk factors and circumstances that surround the death, so as to inform future prevention strategies. Recognizing the value of these teams, Assembly Bill 188 codifies the existence of these teams in order to legitimize their practice, specify the confidential nature of their meetings, and clarify a team's ability to access certain records. In addition, three of the bills address the content of a death record and the process for creating a death record by:

- Allowing inclusion of up to two additional occupation entries to the death record to provide better data about decedents with multiple occupations (Assembly Bill 184).
- Requiring individuals to certify the cause and manner of death using an existing DHS electronic system to ensure timeliness, accuracy, and uniformity (Assembly Bill 185).
- Ensuring that medical examiners and coroners receive notice of certain deaths in order to determine whether to take jurisdiction, so as to assist in timely submission of certain death record data (Assembly Bill 189).

Finally, two bills seek to create more uniformity among medical certifications of cause and manner of death by:

- Requiring DHS to establish and encourage best practices for coroners and medical examiners when completing medical certifications and death investigations (Assembly Bill 187).
- Requiring DHS to promote and encourage appropriate training for any person who is authorized to complete and sign a medical certification (Assembly Bill 186).

Again, I appreciate the opportunities both to have chaired this study committee and to testify before you on these six bills. Legislative Council attorneys Amber Otis and Kelly McGraw are with me today to assist in answering any questions.



August 10<sup>th</sup>, 2023

Members of the Assembly Committee on Health, Aging and Long-Term Care

**Testimony on 2023 Assembly Bills 184, 185, 186, 187, 188, & 189**

*Relating to bills suggested by the Legislative Council Study Committee on Uniform Death Reporting*

Thank you, Chairman Moses and other members of the committee, for hearing these bills today. The proposals before you came from the Legislative Council Study Committee on Uniform Death Reporting Standards, for which I was honored to serve as the Vice-Chair. Our task was to review the current protocols for investigating causes of death, reporting deaths, and the uniformity of those practices across the state. As tragic as death can be, it can also be incredibly informative when it comes to identifying trends and potential shortcomings in our system and society. Improving the reporting requirements and processes for all types of death, but especially unexpected ones, can help strengthen the validity of this data.

Throughout the study committee meetings, we got to hear from multiple people across different professions that are involved in not only certifying a death, but reporting the necessary information to the Wisconsin Vital Records Office. Their presentations and testimonies shined a light on areas of the process that need improvement. The bills before you can be broken down into three major categories for the death reporting process: creating a death record, certification uniformity, and additional data sources regarding death.

Assembly Bill 184, 185, and 189 pertain to the creation of the death record. If one of the goals of this committee was to help identify trends and strengthen statistics, AB 184 helps with painting a better picture of the life of the recently deceased. It allows for adding more than one occupation for the individual, which can provide insight to different environmental factors that could have influenced health and wellbeing. AB 185 would aim to alleviate potential human error when filling out the death record by requiring the individuals signing the medical certification to use the electronic vital records system. Electronically entering this data would minimize the misinterpretations of what was written and then faxed, helping ensure the information used for the death record is accurate. Lastly, AB 189 puts a 24 hour timeline on when a hospital or similar institution needs to contact a medical examiner or coroner about a death in the facility to see if investigation is needed.

AB 186 and 187 recommend creating best practices and training for completing medical certifications, completing death investigations and filling out death reports. We heard throughout our meetings the importance of filling out a death record properly and how it seems that there is a disconnect with the medical world and the world of medical examiners and coroners. Establishing best practices would be a step towards uniformity across our 72 counties.

Lastly, AB 188 would officially recognize fatality review teams under state law. Currently, 45 counties in Wisconsin have created their own fatality review teams to help gather data and information on

STATE SENATOR

JESSE



JAMES

23<sup>RD</sup> DISTRICT

overdose deaths, child deaths, suicide deaths, as well as others. This bill helps implement parameters and scopes for these review teams, as well as protect the sensitive, confidential data they deal with.

Death can be a heavy subject, and collecting this information can be sensitive and difficult. We need to help those who are obtaining this data by making sure the system they are using is functioning properly and efficiently, which will then help with identifying overall issues and trends. Creating a uniform standard for this industry can change what type of data can be collected, what we can learn from it, and most importantly, how we can change it for the better. Thank you, and I will happily take any questions at this time.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Jesse James', is written over a horizontal line.

Senator Jesse James

23<sup>rd</sup> Senate District

[Sen.James@legis.wisconsin.gov](mailto:Sen.James@legis.wisconsin.gov)



State of Wisconsin  
Department of Health Services

Tony Evers, Governor  
Kirsten L. Johnson, Secretary

**TO:** Members of the Assembly Committee on Health, Aging and Long-Term Care

**FROM:** HJ Waukau, Legislative Director

**DATE:** August 10, 2023

**RE:** Legislative Study Committee on Uniform Death Reporting Standards Bills

The Department of Health Services (DHS) would like to submit testimony for information only on the bills put forward by the Legislative Study Committee on Uniform Death Reporting Standards (UDRS). DHS appreciates its collaboration with the UDRS Committee and the opportunity to provide feedback on all of the bills as they were being drafted and deliberated. Additionally, DHS would like to thank the UDRS Committee members for accepting a significant amount of DHS' feedback and for putting forward a package of bills that will help to update the death reporting and vital records processes. Six bills in all were drafted by the UDRS Committee with five directly impacting DHS operations and the Statewide Vital Records Information System (SVRIS). DHS takes no issue with AB 184, AB 186, or AB 187 as currently drafted; and AB 189 does not impact DHS operations. However, DHS recommends that AB 185 and AB 188 be amended to provide resources for DHS to carry out the tasks enumerated under both bills and to allow for a more efficient use of resources.

DHS testified twice in front of the UDRS Committee during its deliberations over the latter half of 2022. DHS' first testimony focused on delivering an overview to the Committee on the functions of the State Vital Records Office (SVRO), what constitutes a vital record, and the death records process.<sup>1</sup> This overview was provided at the request of the Committee Chairs and was intended to provide a foundation for all Committee members for their subsequent deliberations. In its second hearing, also at the request of the Committee, DHS presented on the state's interactions with the National Violent Death Reporting System (NVDRS) and State Unintentional Drug Overdose Reporting System (SUDORS); which are used to track violence-related and overdose deaths.<sup>2</sup>

AB 185 as drafted would require any person who completes and signs a medical certification to use the electronic system of vital records to complete the certification as required under law while eliminating the option to mail a death record to the filing party. Under AB 185 certifiers filing death records would no longer be allowed to use a "fax attestation form" as is allowed under existing law. Nationwide, 21 jurisdictions have some sort of requirement for electronic medical certification. Moving to an electronic records transfer system would require significant system upgrades and staff support to prepare for the additional users. Currently, all Wisconsin funeral homes, coroners, and medical examiners use the electronic system to file death records, while a majority of physician-submitted records are done via the fax attestation process.

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<sup>1</sup>2022 Legislative Council Study Committee on Uniform Death Reporting Standards, "Presentation by Lynette Childs, State Registrar, State Vital Records Office, and HJ Waukau, Legislative Director, Department of Health Services," Wisconsin State Legislature, July 18, 2022, [https://docs.legis.wisconsin.gov/misc/lc/study/2022/2407/010\\_july\\_18\\_2022\\_10\\_00\\_a\\_m\\_room\\_411\\_south\\_state\\_capitol/july18\\_dhs\\_presentation](https://docs.legis.wisconsin.gov/misc/lc/study/2022/2407/010_july_18_2022_10_00_a_m_room_411_south_state_capitol/july18_dhs_presentation).

<sup>2</sup>2022 Legislative Council Study Committee on Uniform Death Reporting Standards, "Presentation, National Violent Death Reporting system (NVDRS), by Lindsay Emer, PhD, NVDRS Coordinator, Wisconsin Department of Health Services (October 17, 2022)," Wisconsin State Legislature, October 17, 2022, [https://docs.legis.wisconsin.gov/misc/lc/study/2022/2407/030\\_october\\_17\\_2022\\_10\\_00\\_a\\_m\\_room\\_411\\_south\\_state\\_capitol/oct17presentation\\_dhs\\_1](https://docs.legis.wisconsin.gov/misc/lc/study/2022/2407/030_october_17_2022_10_00_a_m_room_411_south_state_capitol/oct17presentation_dhs_1).

In 2022, 8.8 percent of all medical certifications performed by physicians in Wisconsin were filed electronically using SVRIS. Utilizing the number of unique physicians that signed death certificates last year as a baseline, it is estimated that AB 185 would result in a net increase of over 5,000 new SVRIS users, equating to a 142 percent increase over the current user base. To account for this increase DHS would need 4.0 new full-time equivalent (FTE) positions, under the Information System Business Automation—Senior classification, at a cost of \$338,188 in program revenue annually to implement the requirements of AB 185. Two positions would be required to serve as system trainers for new users, maintain and perform ongoing training refreshers for established users, maintain end user documentation, and develop and maintain end user policy support. The other two FTEs would extend the capacity of existing analysts to meet the needs of the additional system users expected under this bill. Currently the SVRO has 5.0 FTEs to support existing program demands. States like South Carolina, Iowa, and Minnesota have similar programs as would be created under AB 185 and have supporting staffs of 8-to-10 FTEs. Funding to cover the increased staffing and costs would be covered by program revenue from fees appropriated under Wis. Stat. § 20.435(1)(gm) and assessed by SVRO. No new GPR funding would be needed.

AB 188 creates a new structure for fatality review teams in Wisconsin. Currently, fatality review teams operate in an ad hoc manner and there is no specific statutory authority related to fatality review teams. Rather there are only general provisions around confidentiality of records, access to records, and surveillance of public concerns. AB 188 would formalize this process by requiring DHS to establish a statewide fatality review program and permit DHS to create a statewide fatality review team. AB 188 would also define the duties, obligations, and structures of fatality review teams; the types of deaths to be reviewed; potential team members; and confer rulemaking authority on DHS for the development of the fatality review program. To help implement the provisions of AB 188, 4.0 new FTEs at a cost of \$317,223 GPR annually will be needed to satisfy the new programming requirements created by the bill. The four positions recommended by DHS would be as follows:

- *Human Services Program Coordinator*: who would be responsible for the overall coordination and oversight of the program, including supporting existing teams and providing support for new teams.
- *Program and Policy Analyst*: who would be responsible for supporting state and local teams and would lead dissemination of data and reports to stakeholders outlined in the proposal.
- *Public Health Educator*: who would support the Human Services Program Coordinator and Program and Policy Analyst in information dissemination and using findings from review teams to implement new best practices.
- *Epidemiologist Advanced*: who would support data needs of local teams, perform quantitative and qualitative analysis, and synthesize technical data for lay use.

Additionally, DHS recommends that maternal deaths also be added to the list of eligible deaths that could be investigated by the proposed Fatality Review Team program under AB 185. DHS currently reviews maternal deaths on an ad hoc basis utilizing federal funds. Adding maternal death reviews to the Fatality Review Teams' list of parameters would provide better alignment and structure, be a more efficient use of resources, and ensure this important work can continue.

Regarding the recommendations for both AB 185 and AB 188, DHS made similar recommendations to the UDRS Committee in writing, as the Committee debated the legislative proposals at its November 2022 and December 2022 hearings. In its comments to the UDRS Committee, DHS noted that it generally agreed with the concepts being advanced by the Committee, but resources would be necessary to implement the provisions of the bills.

DHS thanks the Assembly Committee on Health for the opportunity to submit testimony for information only on the UDRS Committee's package of bills. DHS is also appreciative for the significant amount of collaboration with the UDRS Committee and in that spirit would like to continue efforts to ensure the proposals contained in the bills can be put into effect.



**TO:** Assembly Committee on Health, Aging & Long-Term Care  
**FROM:** Jodi Bloch, Director, State & Local Government Relations  
**DATE:** Thursday, August 10, 2023  
**RE:** Support for Legislative Council Study Committee on Uniform Death Reporting Standards legislation

Chairman Moses and members of the committee, thank you for the opportunity to share written remarks with you today. Children's Wisconsin would like to acknowledge Senator Ballweg and all the members for their dedicated work on the Legislative Council Study Committee. My former colleague, Karen Ordinans, who has years of experience leading a child fatality review initiative and worked to inform the Study Committee's work, and Libbe Slavin, who leads the SafeKids statewide coalition lead by Children's, will share their strong support for AB 188. I also wanted to share Children's general support and feedback on the other pieces of legislation in this package.

Children's is the region's only independent health care system dedicated solely to the health and well-being of kids. As such, we offer a wide array of programs and services inside our hospital and clinic walls and out in our communities aimed at preventing injury and keeping kids and their families healthy, well and thriving. Our highly specialized teams are there for children and their families during some of their hardest moments, including, tragically, the heartbreaking experience of losing a child. Our trauma, emergency department and critical care teams offered their feedback on the legislation outlined below.

AB 185 – Requiring use of electronic system of vital records for medical certifications of death

Our team is supportive of an electronic system for certificates of death. We believe this would improve accessibility, streamline the process and hopefully reduce redundancies. We recommend ensuring that interoperability with electronic health records be explored to facilitate efficiency and not duplicative/separate processes.

AB 186 – Recommended training for signing medical certifications of death

Children's believes this legislation would help support consistency and accuracy of death data. This would be helpful for providers new to Wisconsin as well as for standardizing education for trainees. Access to training materials may help eliminate inconsistencies and confusion when filling out forms to ensure timely completion.

AB 187 – Requiring DHS to establish and encourage best practices for coroners and medical examiners

Our team supports the development of best practices and resources to support enhancing their practice.

AB 188 – Fatality review teams

We refer to the remarks shared by Karen Ordinans and Libbe Slavin outlining our shared support for this legislation.

AB 189 – Requiring notification of any death within 24 hours

Children's reports all death within one hour, so while this would not impact our practice, agree with the support for timely, accurate data on reportable deaths.

Thank you for the opportunity to share Children's Wisconsin's support for this legislation. I am happy to work with the Children's team to answer any questions through my contact information listed below.

Jodi Bloch  
Director, State & Local Government Relations  
Children's Wisconsin  
608-217-9508  
[jbloch@childrenswi.org](mailto:jbloch@childrenswi.org)

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# WFDA

WISCONSIN FUNERAL  
DIRECTORS ASSOCIATION

1881

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To: Members, Assembly Committee on Health, Aging, and Long-Term Care  
From: Wisconsin Funeral Directors Association  
Re: Support for Assembly Bill 185

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Founded in 1881, The Wisconsin Funeral Directors Association (WFDA) is the largest state trade association assisting funeral service professionals in Wisconsin. WFDA represents and supports funeral service professionals licensed in Wisconsin through continuing education, networking, advocacy, and promoting the high professional standards of its members in providing meaningful funeral services to families they serve. Providing meaningful funeral services to the families we serve is why we are here before you today.

As you have read in the Legislative Council explanation, under current practice today, the State Vital Records Information System (SVRIS) is used by funeral directors, medical examiners, and coroners regularly to finalize a death certificate. Those groups are required to input their information electronically into SVRIS. That requirement is not in place for physicians. As a result, in most cases, physicians complete a fax attestation form and send it via fax to the filing party for manual entry into SVRIS. This manual entry is most often done by the funeral director.

In many cases, final funeral arrangements cannot be made without a signed death certificate and the process of waiting on fax attestation forms causes unwanted delays. For example:

1. Current law requires a signed death certificate before a deceased can be released for cremation by a coroner/medical examiner. Frequent delays in getting the fax attestation signed in a timely manner lead to delays in planning funerals for families that choose cremation versus burial.
2. A death certificate is required to handle life insurance claims, bank account changes, and various other transactions pertaining to the deceased. The delays can put serious financial burdens on survivors trying to arrange for services or obtain life insurance proceeds to provide for their families and pay existing financial obligations.

The delays are a result of the inefficiency of the current process. Funeral directors rely on information provided by medical or hospice facility staff members. WFDA members frequently make numerous phone-calls to a facility or clinic to obtain the proper information to have the fax attestation completed. The calls and questions to facilities seeking accurate information are frustrating for everyone involved.

There are also many physicians that serve multiple facilities owned by the same health care organization. Sometimes the fax attestation may be received at a facility where the signing physician may not be in attendance for several days.

Additionally, since these documents are completed by hand, the legibility of the writing is commonly a concern as it can be very difficult to decipher the handwriting of many physicians. Furthermore, if a single "check box" is not completed, the document needs to be "rejected" and



FAX ATTESTATION FOR MEDICAL CERTIFICATION

State of Wisconsin, Department of Health Services, Division of Public Health, State Vital Records Office

TO: TRACKING NUMBER:
FROM: MYRHUM, MATT - MYRHUM-PATTEN FUNERAL & CREMATION SERVICE DATE AND TIME SENT: 07/17/2023 1:31:58 PM
PHONE NUMBER OF SENDER: (262) 334-2776

This form is intended only for use of the person or entity to which it is addressed. It contains confidential information. If you are not the intended recipient, you are notified that any review, use, copying, dissemination or distribution is strictly prohibited. Please call the sender phone number, above, for further information.

You have been selected as the medical certifier for the death record of

Promptly complete, sign, date and fax to 1-855-864-9936.

If you encounter issues using the above number, please try 1-608-234-5400.

DECEDENT'S NAME: DATE OF BIRTH:
DATE & TIME PRONOUNCED: AGE: YEARS SEX:
PLACE OF DEATH:

WI PHYSICIAN LICENSE NO. MEDICAL CERTIFIER'S MAILING ADDRESS CITY STATE WI ZIP CODE

DATE OF DEATH 07/11/2023 Actual Estimated
AUTOPSY PERFORMED? Yes No
DID TOBACCO/ALCOHOL USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

TIME OF DEATH 1510 Actual Estimated
PREGNANCY STATUS - complete only if decedent is female (statistical use only will not appear on certificate)

CAUSE OF DEATH (Chain of Events leading directly to death) - Enter the diseases or complications that caused death
Interval Between Onset and Death

Part I. CAUSE OF DEATH (Chain of Events leading directly to death) - Enter the diseases or complications that caused death
a. Malignant liver tumor struck 2 weeks
b.
c.
d.

Part II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I
Heart infection (endocarditis)

I attest the information I have provided is accurate to the best of my knowledge. I understand that the provided information, unless called into question, will appear on the certified copy of the death record.
NOTE: A cause of death that indicates any type of firearm or gun injury in any part of the cause, sudden unexpected death or unknown cause of death must be signed by the Coroner or Medical Examiner of jurisdiction. A certificate signed by the wrong medical certifier will be rejected. Contact the State Vital Records Office at DSHS160@wisconsin.gov with any questions. DSHS 160 (07/16/2017) (19) (medical certifier) must complete the cause of death and return it to the funeral director within 8 days of the date of death. PENALTY: Any person who willfully and knowingly supplies false information to be used in the preparation of a death certificate is guilty of a Class C felony per Wis. Stats. 939.24(1)(c).

PRINT LEGIBLY - CERTIFIER'S NAME, TITLE, AND LICENSE NUMBER

SIGNATURE - Certifier SIGN IN THE BOX BELOW
Date Signed (MM/DD/YYYY) 07/17/2023



WISCONSIN ACADEMY of FAMILY PHYSICIANS

Members of the Assembly Health Committee,

My name is Rod Erickson. I am a family physician, with 38 years of general family medicine practice, first in rural private practice, then with a large health system. I now practice teaching family medicine residents in Eau Claire. I was a member of the Wisconsin Medical Examining Board from 2012 to 2019. Today, I am testifying on behalf of the Wisconsin Academy of Family Physicians (WAFP).

The WAFP – a chapter of the American Academy of Family Physicians – represents 3,000 members, making the WAFP the single largest physician specialty group in Wisconsin. The mission of the WAFP is to promote excellence in health care and to improve the health of the people of Wisconsin through the advancement of the art and science of Family Medicine, the specialty of Family Medicine and the professional growth of Family Physicians.

On behalf of WAFP, I would like to comment on AB-185, which requires individuals who have the authority to complete a medical certification of death, including physicians, to use the state's electronic vital records system.

There are many good reasons to move forward with electronic submission of death certificates including expediency, accuracy, improved public health reporting, and if done correctly, improved efficiency for everyone.

However, I would like to raise the following concerns.

First, the current electronic system of vital records is cumbersome and outdated. This has been the universal response of multiple physicians I've asked who have used the current electronic system, if they are aware of it at all. Before requiring all authorized parties to use the electronic system of vital records to submit medical certifications of death, the Department of Health Services (DHS) needs to work with all relevant stakeholders to ensure that this system is improved. This may include the need for the Legislature to provide funding to DHS in a future state budget.

Second, another consideration is the amount of time that primary care physicians spend on administrative tasks. These tasks take a significant amount of time out of a physician's workday and can contribute to burnout. For example, according to a University of Wisconsin study that was published in the September/October 2017 edition of the *Annals of Family Medicine*, primary care physicians spend 5.9 hours of each workday on electronic health records (EHR) tasks. That's almost two hours of EHR work for every one hour of direct patient care. In my case, I spend X hours each workday on administrative tasks.

Third, while AB-185 delays implementation of its requirements by 24 months, it does not require DHS to improve the existing electronic vital records system. A system with a good interface and

interoperability will be readily adapted by those needing to use it. Coroners, medical examiners, and physicians are conscientious people who will do the right thing, provided there are no overly burdensome barriers.

For a system of electronic vital records to work properly, it will need to be vastly improved over the current system. Specifically, it should be made as intuitive and efficient to use as possible to help maximize the amount of time physicians spend on direct patient care. For example, during my tenure on the MEB, the current electronic prescription drug monitoring program (ePDMP) was implemented. It was a collaborative effort with the support and funding from the Legislature, along with input from stakeholders. Even after its development, it took additional effort and expense on the part of medical practices and health systems to create a smooth interface. The investment in the ePDMP system shows that a similar collaborative effort could also be undertaken to improve the state's electronic vital records system or create another viable alternative.

Again, for this effort to succeed, it must be done collaboratively with all stakeholders involved.

Thank you for your time and consideration,  
Rodney Erickson, MD  
Tomah, WI