

**BOARD OF HEALTH AGENDA**  
**January 27, 2021 5:15 PM**  
**Virtual Meeting Via WebEX**

**Board of Health 2020-2024 Goals:**

*Maintain Health Department's fiscal stability  
Support and advocate for public health priorities  
Review new and changing community/Health Dept priorities  
Ongoing Board of Health improvements*

**Health Department Mission:**

*Promoting health and safety for all Eau Claire communities*

**Health Department Vision:**

*ECCCHD will be a leader in assuring healthy people in healthy communities*

**Location:** Remote Meeting via WebEx Events

**Dial In:** +1-415-655-0001

**Access Code:** 145 914 8868

*\*please remain muted when not speaking.*

*For those wishing to make public comment regarding an agenda item, you must e-mail Gina Holt at [gina.holt@co.eau-claire.wi.us](mailto:gina.holt@co.eau-claire.wi.us) at least 90 minutes prior to the start of the meeting. Your email will be shared with the Board of Health in advance of the meeting. If you also wish to speak regarding your email you will be called on during the public comment section.*

1. Call to Order. Welcome Guests. Order of the Agenda. Request to pull items from Consent agenda - 5 minutes
2. Public Comment– 5 minutes  
*The Board of Health and Eau Claire City-County Health Department welcome you. Statements pertinent to agenda items may be made by attendees during the public comment section. We do ask that statements are limited to three minutes per person. Written comments may also be provided.*
3. Thank you and recognition outgoing City-Appointment Board of Health Member: Elizabeth Spencer-enclosed
4. Welcome and introduction new City-Appointed Board of Health Member: True Vue
5. COVID-19 Update – 15 min  
[Coronavirus and COVID-19 Information Hub \(arcgis.com\)](#)  
[ShowDocument \(eauclairewi.gov\)](#)
6. Consent Agenda (Action Required – approval for full content) – 5 minutes
  - a. Approval of minutes from December 09, 2020 meeting-enclosed
  - b. Approval of minutes from January 12, 2021 Joint meeting between the Board of Health and Committee on Administration-enclosed
  - c. Approve continuation of contractual agreement with the WI Department of Natural Resources (DNR) community water samples-enclosed
  - d. Approval of NARCAN Direct Grant-enclosed

PLEASE NOTE: Due to requirements contained in the Wisconsin Open Meetings Law, only those matters placed on this agenda may be considered by the Board of Health at this meeting. If any member of the public desires that the Board of Health consider a matter not included on this agenda, he or she should contact a Board of Health Member or the Health Department Director to have the matter considered for placement on a future Board of Health agenda. Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request the service, contact the County ADA Coordinator at 839-4710, (FAX) 839-4854, (TDD) 839-4735 or by writing to the ADA Coordinator, Personnel Department, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

7. Business Item (Action Required – approval by item) – 40 minutes
  - a. Review and receive COVID-19 Public Health Expectations-to be sent prior to meeting
  - b. Quarterly Financial Review-enclosed
  - c. Approval of 2020 Routes to Recovery Funding-enclosed
  - d. Approval of 2020 CARES COVID-19 State of WI reallocations-enclosed
  - e. Approval of Overdose to Action Community Prevention Grant-Opioid Prescription Pathway Project 2020 reallocation-enclosed
  - f. Approval of 2021-2022 Federal COVID Response Funding-enclosed
  - g. Approval of CDC 1815 Diabetes and Heart Disease Grant Medication Therapy Management funding-enclosed
  - h. Approval of additional 2021 allocation - Family Foundations grant-enclosed
  - i. Approval of 2021 State Division of Public Health Contracts-enclosed
  - j. Approval of 2021 Health Department Director Performance Objectives - enclosed
8. Other policy and informational items from staff for the Board – Director – 15 minutes
  - a. Director/Health Officer Report-enclosed
  - b. Correspondence/Media-enclosed
  - c. Face Covering Ordinance Update – verbal
  - d. Communicable Disease Taskforce Update-enclosed
9. Board member informational items – 15 minutes
  - a. Public Health Policy/Advocacy
    - BOH/EC Healthy Communities January Legislative event report-enclosed
    - WPHA/WALHDAB Legislative Priorities
      - COVID 19-enclosed
      - State Biannual budget
    - Other
10. Requests from Board members for future agenda items to be given consideration –5 minutes
11. Next business meeting – February 24, 2021
12. Adjourn



Eau Claire City-County  
Health Department

## *Certificate of Appreciation*

*In recognition of 10 years  
of faithful and dedicated service  
to the Health Department  
and community.*

This certificate is presented to

***Elizabeth Spencer***  
Eau Claire City-County Board of Health

\_\_\_\_\_  
Signature Director/Health Officer

\_\_\_\_\_  
Signature President, Board of Health

**December 9, 2020 Board of Health Meeting  
County Courthouse, Room G-302**

The Board of Health convened in open session at 5:15 pm  
The meeting was called to order by Mery Price

**Board Members Present  
Quorum is reached**

Don Bodeau  
Jennifer Eddy  
Mark Kaeding  
Mery Price  
Terry Miskulin  
Emily Berge  
Martha Nieman  
Liz Spencer (5:24pm)

**Staff Members Present:**

Lieske Giese  
Jeff Robb  
Janice Vinopal  
Tegan Ruland  
Matt Steinbach  
Gina Holt (recorder)

**Order of Agenda Request to pull items from Consent Agenda**

- None made

**Public Comment:**

- None made

**Update on COVID-19**

- COVID question and answer/discussion: The current focus beyond required disease investigation is on testing and preparing for vaccine. New quarantine guidelines are being implemented. Mitigation plan document has been out for a few weeks and the intent is to show a gradient of what kinds of things would happen if things get worse/better. Board members are encouraged to reach out to either Lieske, Audrey Boerner, or Gina Holt with any input in the plan.
- City Council resolution on postponed communicable disease ordinance was discussed. Discussion on task force and criteria of creating the task force. Nick Smiar, Terry Weld and Mery Price have been working on putting together a task force to look at the proposed ordinances. As part of the process, community listening sessions will be held. The first meeting of the task force will be mid-January. The goal is to have a completed project no later than June 2021. No charter or scope has been developed at this point. Board members discussed adding a holistic health care provider to the group.

**Consent Agenda**

- Approval of minutes from October 28, 2020
- Approval of minutes from November 11, 2020
- Approval of Northwoods Coalition mini-grant

***Motion to approve Consent Agenda as presented by Health Department staff:*** Don Bodeau

***2nd Motion:*** Terry Miskulin

***Motion Carried:*** Yes (unanimous vote)

**Business Item**

- a. Review and receive COVID-19 Public Health Expectations
- Updated expectations that came out on November 13<sup>th</sup> were reviewed and discussed.
  - If a community member would like to complain about a business, they should utilize the COVID hotline. (715) 831-7425 There is no specific spot to report complaints on the website.

***Motion to review and receive COVID-19 Public Health Expectations as presented by Health Department staff:*** Martha Nieman  
***2nd Motion:*** Liz Spencer  
***Motion Carried: Yes (unanimous vote)***

- b. Approval of 2021 Budget
- The majority of fund balance use continues to be capital purchases.
  - There was a decrease in health insurance premiums for the year.
  - Federal and State COVID funding for 2021 is still unclear.
  - Carryforward for non-calendar year grants continue to take place.
  - The team continues to be concerned about licensed programs because businesses are in a tight spot. The upcoming license year will be starting again in March and we will know more on the effects about the budget at that time.

***Motion to approve 2021 Budget as presented by Health Department Staff:*** Emily Berge  
***2nd Motion:*** Liz Spencer  
***Motion Carried: Yes (unanimous vote)***

- c. Election of Board of Health President and Vice President

***Motion to elect Mery Price as President of Board of Health for 2021:*** Jennifer Eddy  
***2nd Motion:*** Liz Spencer  
***Motion Carried: Yes (unanimous vote)***

***Motion to elect Terry Miskulin as Vice President of Board of Health for 2021:*** Liz Spencer  
***Motion Carried: Yes (unanimous vote)***

- d. Review and approval of temporary PH emergency compensation policy
- Discussion on WIFLI report and the data that was provided.
  - More than 1800 hours have been either paid out or accrued as comp time between exempt and nonexempt employees not including management staff.
  - The 10 employees listed have been working between 60-80 hours a week for the last nine months without the ability to accrue comp time or being paid out at straight time.
  - The funding would be coming from COVID funding as well as tax levy. The intention would be to utilize existing 2020 funds.
  - The City and County managers are aware of the proposal as some of the funds would come from tax levy.
  - This would not affect any programs or services at the Health Department.

***Motion to Review and approval temporary PH emergency compensation policy at \$50,000 level example three as presented by Health Department Staff:*** Martha Nieman  
***2nd Motion:*** Liz Spencer

***Motion Carried: Yes (unanimous vote)***

- e. Review and approval of Updated Board of Health Priorities and Activities and November work session
  - This was discussed at the November work session. Some updates were discussed in February 2020 and were incorporated into the document presented.

***Motion to review and approve Updated Board of Health Priorities and Activities as presented by Health Department Staff: Martha Nieman***

***2nd Motion: Don Bodeau***

***Motion Carried: Yes (unanimous vote)***

**Other policy and informational items from staff for the Board**

- a. Director/Health Officer Report
  - Proclamation discussed
- b. Correspondence/Media
  - No discussion
- c. Retirement Recognition May Her-Public Health Aide– Bilingual
  - May has made an enormous difference during her time at the Health Department. She will be missed.

**Board member informational items**

- a. Board of Health Advocacy/Policy –
  - WPHA/WALHDAB Legislative Priorities and Proposed WI Assembly coronavirus relief package
    - Importance of advocating for public health was discussed.
    - Board members are encouraged to review WALHDAB material for advocacy ideas.
    - The Wisconsin State biannual budget will be developed over the next couple of months. It will be an important next step for Public Health input.
  - November work session-discussed during agenda item 6.e
  - Board membership update
    - Liz's term ends on 12/31/2020 and while she was willing to serve another term the City deemed that Liz had met the two-term limit described by the City. The City did agree to let Liz stay on the Board for allow enough time to recruit a diverse applicant pool. The City appointment committee meets again at the end of March. Update: The appointment committee meeting is scheduled the first week of January 2021.
  - Review and finalize draft of 2021 Board of Health Calendar
    - Dates were reviewed for 20201

**Closed session** - Motion to adjourn into closed session pursuant to Wisconsin Statutes 19.85(1)(c) for the purpose of considering employment, promotion, compensation, or performance evaluation of any public employee over which the governmental body has jurisdiction or exercises responsibility. To wit: Performance evaluation of Health Department Director, an employee over whom the Board of Health has supervisory control.

**Motion:** Martha Nieman

**2nd Motion:** Emily Berge

**Motion Carried on Roll Call Vote: Yes**

**Ayes:** Emily Berge, Don Bodeau, Liz Spencer, Jennifer Eddy, Mark Kaeding, Martha Nieman, Tery Miskulin

Meeting moves to closed session at 6:55 pm

The performance evaluation and compensation of Elizabeth Giese, Health Department Director/Health Officer was discussed. Following the Board discussion, the Director joined the closed session, and a verbal summary of the discussion was shared with her.

At 8:08 pm a motion was made by Martha Nieman and 2nd motion by Don Bodeau to move out of closed session and return to open session. The motion was carried by unanimous yes vote. The Board and the Director reconvened in open session.

**Staff present:** Director Elizabeth Giese

**Motion to increase Director Elizabeth Giese's annual rate of compensation by 2% effective immediately, Dec 9, 2020:** Mark Kaeding

**2nd motion:** Liz Spencer **Motion carried: Yes (Unanimous Vote)**

Next scheduled BOH meeting is January 27, 2021 at 5:15 p.m.  
Merey Price adjourned the meeting at 8:12 p.m.



## MINUTES

Eau Claire County

Joint: Committee on Administration & City – County Board of Health

Tuesday, January 12, 2021 at 2:30 p.m.

*Virtual Meeting*

**Present (Committee on Administration):** Gerald Wilkie, Ray Henning, Nick Smiar, Colleen Bates, Mark Beckfield

**Present (Board of Health):** Mark Kaeding, Elizabeth Spencer, Martha Nieman, Merey Price, Don Bodeau, Emily Berge, Jennifer Eddy

**Others:** Samantha Kraegenbrink – Assistant to the County Administrator, Lieske Giese, Charles Ellefsen, Jenessa Stromberger, Kathryn Schauf, Norb Kirk, Richard Eaton, Jessica Rubin, Matt Theisen, Gina Holt

**Public:** Judy Gatlin (County Board), Donald Mowry (County Board), others present with total of 50 online registrants

Chair Smiar called the Committee on Administration to order at 2:30 p.m.

Chair Price called the City-County Board of Health to order at 2:30 p.m.

Verbal roll call was taken by the Committee Clerk for Administration and noted above and verbal roll call was taken by Chair Price for the Board of Health and noted above.

Chair Smiar confirmed confirmation of meeting notice.

The following had written or verbal comments “not in favor of” File No. 20-21/100:

Kyle Woodman, Kayla Rick, Don Hakes, Brandon Rice, Larry Jankowski, Tonja Hagen, Carol Peuse, Cassie Draper, Dain Heyrman, Ralph Palmer, Jeffrey Machusak, Sarah Gordee, Andrew Klevgard, Amy Walker, Joshua Andrew, Heather Knutson, Benjamin Van Goor, Sarah Smoczyk, Ashley Hanson, Julie Dick, Aaron Dekker, Charles Reiter, Jason Baker, Tucker Teige, Angie Frank, Justin Frank, Ethan Frank, Tammy Dettbarn, Tom Herro, Tom Gorres, Gerald Galloway, Jaimie Galloway, Anne Dettinger, Paul Uhlig, Tony Jankowski, David Kincaid, April Duval, Mike Klotz, Ken Bolton, Kayla Brummond, Anne-Marie Kallenbach, Kayla Rick,

The following had written or verbal comments “in favor of” File No. 20-21/100:

Linda Larson, Rita Volbrecht, Adam Accola, Rita Dorsey, Kent Buell, Jessica Hammock, Kathryn Bushman, Sara Fuller, Sandra Ringle, Elizebeth Lindsay, Celeste Synder, Ronald Ricci, Tara Sabin, Alyson Jones, Barbara VanDreese, Betty Cowley, Teresa Oberweis, John Lee, Angela Swenson-Holzinger, Rebecca Pyun, Linda Carlson, Sue Leonard, Kris Sivertson, Kelly Murray, Thomas Sanford, Christina Milton, Mike Blazel, Cheryl Leonard, Nancy Soley, Christine Geffe, Shawn Geffe, Michael Geffe, Sarah Geffe, Karen Spires.

All written comments received prior to the meeting were forwarded to the Committee on Administration and the City-County Board of Health prior to the start of the Joint Committee meeting for review.

Motion was made by Supervisor Bates, seconded by Supervisor Nieman to open File No. 20-21/100 Ordinance File No. 20-21/100 – To create Chapter 8.35 of the Code: COVID-19 Communicable Disease Mask Requirement, up for discussion.





**MINUTES**

Eau Claire County

Joint: Committee on Administration & City – County Board of Health

Tuesday, January 12, 2021 at 2:30 p.m.

*Virtual Meeting*

Lieske Giese, Health Department Director, provided an overview of the ordinance including the evidence framing this best practice and the use of local legislation as a policy tool. Lieske Giese advised the one change from the state order was that this ordinance requires that a business posts a sign on their door. The committee and Board of Health discussed the ordinance including history, connection to State Order, and citation authority. Clarification was given on the decision of the \$200.00 fine. Attorney Stromberger advises that it is consistent with the current state order. It was advised that the Health Department could document violations and move forward with citations, law enforcement would not be used. The current process of education and documentation that is used by the health department with the State face covering order was described as well as information shared that education, shared advocacy with multiple organizations including health care partners and the Chamber were the focus of the health department's work. Supervisor Beckfield recommends more positive education and less feeling of threatening enforcement. Supervisor Bates recommends looking at the fines more closely and when that would be appropriate. BOH member Bodeau and Eddy provided support for the evidence for this policy. BOH member Neiman, and BOH member Spencer discussed value of face covering use as a strategy.

Chair Price called for a verbal roll call vote for the approval of File No. 20-21/100. 6 yes, 1 no (Mark Kaeding.) Motion is approved. At this time Chair Price called for the adjournment of the City-County Board of Health.

The City-County Board of Health was adjourned at 3:45 p.m.

Respectfully submitted by,

Samantha Kraegenbrink – Clerk of Committee on Administration  
Assistant to the County Administrator

**Fact Sheet – 1/27/2021 Board of Health Meeting****Agenda Item 6.c****Wisconsin Department of Natural Resources (WDNR)****Transient Non-Community Contract (TN)**

Since 1994, the Wisconsin Department of Natural Resources (WDNR) has annually contracted with ECCCHD to complete the required sampling and inspection of Transient Non-community (TN) water systems in Eau Claire County. TN water systems are systems that provide drinking water to the public (WDNR criteria for classification) through an on-site well. In Eau Claire County, TN systems most commonly exist at rural businesses and community gathering areas such as restaurants, hotels, churches, campgrounds, and parks. Currently, there are approximately 77 total TN water systems in Eau Claire County.

This contract annually reimburses the department \$154.00 for each TN system in Eau Claire County. Additionally, the department is reimbursed \$10.00 for each seasonal TN system, \$25.00 for a nonroutine annual site visit, \$50.00 for any additional trip to a facility for sample collection or enforcement action, and \$100.00 for each additional system evaluation performed due to an unsafe sample. The annual contract amount for this agreement is \$13,578, which has been calculated based upon the projected number of inspections and samples to be collected. ECCCHD has consistently fulfilled the obligations under the contract. Actual reimbursements commonly exceed the contract amount due to additional follow-up requirements related to unsafe samples. Additionally, the analyses of the water samples that are collected from these systems also contributes to ECCCHD's annual laboratory revenue.

The proposed annual contract amount represents a 12.2% (\$1,890) decrease from the 2019-2020 agreement, which is mainly attributable to a slight decrease in the number of systems over the past two years. Aside from the projected contract amount, there are no substantive changes from the prior agreement.

**Budget Implication:** Revenue from this contract and associated laboratory costs offset a portion of program expenses. The projected revenue under this contract is expected to be at least \$13,578 per year through 2022 and will go directly to covering personnel costs to conduct the inspections and annual site visits.

**Recommendation:** Approve continuation of contractual agreement with the Wisconsin DNR for reimbursement of collected water quality samples from Eau Claire County Transient Non-community (TN) water systems in 2021 and 2022.



## Fact Sheet –01/27/2021 Board of Health Meeting

### Agenda Item 6.d

#### NARCAN® Direct Grant

The Health Department applied for and received the NARCAN® Direct grant for Eau Claire County. This is the second year of the grant. Health departments, tribal health clinics, and syringe access programs had an opportunity to apply for Wisconsin's NARCAN® Direct Program. This program provides NARCAN® at no cost to participating agencies through an order on demand system. NARCAN® is the nasal spray formulation of naloxone, a drug used to reverse opioid overdoses. This program is funded by Wisconsin's share of the State Opioid Response grant from the Substance Abuse and Mental Health Services Administration.

Eau Claire County was awarded 6 cases of NARCAN (72- two- dose kits) to distribute to and train community organizations on how to administer the medication to those at risk and to people who may witness an opioid overdose. In year one of the grant, staff attended the Train the Trainer class and conducted training virtually to 12 staff @ Vantage Point Clinic and Assessment Center along with distributing NARCAN to the clinic. This upcoming year will include targeting law enforcement/EMS agencies (Altoona, Augusta, UWEC, Town of Washington), community behavioral health clinics (Department of Human Services, Chippewa Valley Free Clinic) and Department of Corrections who had requested doses of NARCAN.

Wisconsin's opioid epidemic has evolved rapidly in three waves. The first wave began in 1999 when deaths involving opioids began to rise following an increase in the prescribing of opioids for the treatment of pain. The second wave began in 2010 when deaths involving heroin began to rise as the drug was cheaper and more accessible than prescription opioids. In 2014 was when the third wave began when deaths involving synthetic opioids like fentanyl began to rise. This increase has been linked to fentanyl illegally manufactured and mixed with other drugs like heroin. Responding to the state's opioid epidemic is one of the top priorities. Through partnerships with state, tribal, county, and local agencies, Wisconsin's Department of Health Services approach to this epidemic empowers communities to reduce death and harm.

In 2020, Eau Claire County had 16 unintentional overdose related deaths. In 2019, Eau Claire County had 13 overdoses with 42 reported opioid-related emergency room visits. The state of Wisconsin had 916 overdoses and 2,549 opioid-related emergency room visits in 2019.

The grant is meant to reduce opioid-related overdose deaths in Wisconsin. The program aims to address the state's opioid epidemic by providing NARCAN to community agencies who do not have funding for NARCAN to distribute within their organization to prevent impending overdose deaths.

**Budget Implication:** None for product. Time for staff built in to other projects.

**Staff recommendation:** Accept the NARCAN® Direct Program which will allow Eau Claire County community agencies access to NARCAN as well as training on how to administer NARCAN to those who may witness an overdose.

*Prepared by Denise Wirth-Community Health Promotions Division Manager*

**EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT  
COVID-19 PREVENTION AND CONTROL COMMUNITY EXPECTATIONS  
EFFECTIVE JANUARY 25, 2021**

**WHEREAS**, on December 2019, a novel strain of the coronavirus was detected, a virus that causes a disease now named COVID-19, and it has spread throughout the world, including every state in the United States;

**WHEREAS**, on January 30, 2020, the World Health Organization declared COVID-19 to be a Public Health Emergency of International Concern; and on March 13, 2020, the President proclaimed a National Emergency in response to COVID-19;

**WHEREAS**, millions of people around the world have tested positive for COVID-19, including almost 25 million people in the United States, and more than 530,000 people in Wisconsin;

**WHEREAS**, as a novel disease with no certain immunity and currently limited available vaccine, the vast majority of the population is at risk of illness, hospitalization, long-term health issues, and death related to COVID-19 infection with some sub-populations being at higher risk;

**WHEREAS**, physical contact and close proximity to infected individuals, some of whom may be asymptomatic, causes the rapid spread of COVID-19, thereby endangering the public and placing undue strain on the healthcare system; and

**WHEREAS**, COVID-19 is present throughout Wisconsin, including in Eau Claire County with 10,350 Eau Claire County residents testing positive and 97 deaths as of January 24<sup>th</sup>, 2021;

**WHEREAS**, the State and Eau Claire County are now listed as being at a “Very High” activity level with the number of daily cases at a level that risks overwhelming our public health and healthcare systems;

**WHEREAS**, the first Wisconsin case of the variant strain of COVID-19 was identified in Eau Claire County, a strain that is known to spread in a more significant way;

**WHEREAS**, the case numbers have doubled and the deaths tripled since the last COVID-19 Prevention and Control Community Expectations update was done;

**WHEREAS**, all census tracts and age groups in the county have had a significant number of cases of COVID -19;

**WHEREAS**, Wisconsin State Law provides broad authority and power for local health officials to prevent, control, and suppress COVID-19;

**WHEREAS**, Wis. Stat. § 252.03 provides that every local health officer “*shall* promptly take *all* measures necessary to prevent, suppress and control communicable diseases”; and “*may* do

what is reasonable and necessary for prevention and suppression of disease”; and “may forbid public gatherings when deemed necessary to control outbreaks or epidemics”;

**WHEREAS**, as required by Wis. Stat. § 252.03, the Eau Claire City-County Health Department investigated the circumstances of COVID-19 appearing locally and made a full report to the Eau Claire City-County Board of Health on April 22, 2020 and at all subsequent Board of Health meetings, and the Wisconsin Department of Health Services via required electronic disease reporting;

**WHEREAS**, the Wisconsin Department of Health Services State Epidemiologist and State Health Officer provide communicable disease prevention and control and social distancing expectations informed by Wisconsin public health experts and the U.S. Centers for Disease Control;

**WHEREAS**, Governor Evers issued Executive Order #104 on January 19, 2021 declaring a state of emergency and public health emergency in the State of Wisconsin;

**WHEREAS**, Governor Evers issued Emergency Order #1 on January 19, 2021 requiring face covering use by all individuals;

**WHEREAS**, President Biden issued an executive order on January 20, 2021 requiring the use of face coverings at all federal buildings;

**WHEREAS**, based on the specific circumstances in Eau Claire County and my investigation of COVID-19 in Eau Claire County I have determined that these community-wide expectations are necessary to prevent the spread of, suppress, and control COVID-19 in Eau Claire County;

**WHEREAS**, these expectations are intended to replace the EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT COVID-19 PREVENTION AND CONTROL COMMUNITY EXPECTATIONS effective November 13<sup>th</sup>, 2020 in order to best address the current local conditions of COVID-19 in Eau Claire County.

**NOW THEREFORE**, I, Elizabeth Giese, director and health officer for all of Eau Claire County by the authority vested in me by the Laws of the State, including but not limited to Section 252.03 of the Wisconsin Statutes, state the following:

- 1 Individual Expectations.** All individuals are expected to meet the following public health and safety practices to prevent the spread of COVID-19. These health and safety practices are the best ways to slow spread of COVID-19.
  - Stay at home or place of residence as much as feasible.
  - If you travel and engage in activities that compromise physical distance, wear a cloth face covering, monitor symptoms, and limit close contact for 14 days after those activities or travel.

- When it is not feasible to stay at home because of required activities, maintain 6 feet distance from others and wear a properly fitting face covering whenever in a room or other enclosed space with individuals that are not within your household, unless a face covering will be medically compromising.
- Avoid gatherings of 10 or more individuals. Know the names and contact information for any individuals you are choosing to spend time with.
- Stay home when sick with symptoms consistent with COVID-19 and get tested. Do not go to work or school, or engage in other activities.
- Cooperate with any public health investigation as a COVID-19 case or close contact including required isolation and quarantine.
- Follow all public health orders or recommendations issued by the Wisconsin Department of Health Services.
- Take available opportunities to provide material and emotional support to fellow Eau Claire residents for whom staying at home poses financial and psychological hardships.
- Determine vaccination plan for COVID-19 when eligible.

**2 Expectations for Indoor and Outdoor Public Spaces and Buildings.** All public spaces and public buildings, including but not limited to schools and childcare, athletic spaces, businesses, government, and service providers, are expected to meet the following public health and safety practices to slow the spread of COVID-19.

- Implement measures to assure 6 feet can be maintained between individuals on the premises including but not limited to employees, students, customers, and members of the public.
- Limit the number of people on the premises, both indoors and outdoors, to meet this 6 feet physical distance expectation. This includes maintaining at least 6 feet of distance between households/parties in spaces with fixed seating (e.g. dining tables, bars, waiting areas, workstations, desks etc.) This shall not be construed to expect physical distancing between individuals from the same household.
- Reduce overall occupancy by 50%.
- Implement policies to assure the use of face coverings by employees, students, customers and visitors in indoor spaces and buildings, other enclosed spaces, and in outdoor situations in which

physical distancing cannot be maintained.

- Establish policies to prohibit any social activity that, by its very nature, promotes prolonged close contact (e.g. dancing, close contact sports, some types of performances) due to the inability to assure that 6 feet distance is maintained and the higher risk of COVID-19 spread. If held, it is expected that these activities be specifically organized in a way and with a deliberate design that decreases risks. Additionally, strategies are expected to be in place that assure a rapid response (contact tracing, testing, isolation, quarantine, messaging) for potential outbreaks which are more likely to happen in these activities.
- Increase standards of facility cleaning and disinfection to limit worker and patron exposure to COVID-19, as well as adopting protocols to clean and disinfect in the event of a positive COVID-19 case in the workplace.
- Adopt policies to actively screen and prevent employees, students, customers, visitors, and guests from entering the premises if they display COVID-19-like symptoms, have COVID-19, or have had contact with a person with a confirmed diagnosis of COVID-19.
- Adopt policies that actively support employees who are required to quarantine or isolate to stay home.
- Cooperate with public health investigations related to COVID-19 confirmed or suspected cases related to the entity or business operations, including excluding employees, students, others based on public health recommendations and assisting public health with identifying and contacting contacts of cases.
- To the greatest extent feasible, use technology to avoid meeting in person, including virtual meetings, teleconference, deliveries, drive-through item pick up, and remote work.
- Review and, as much as possible, adhere to the Wisconsin Economic Development Corporation guidelines on safe business practices, available here: <https://wedc.org/reopen-guidelines/> and other applicable State of Wisconsin regulatory, industry-specific guidance.

**Additional Expectations for One-on-One Personal Services.**

Services that may require closer than 6 feet of contact are expected to meet all of paragraph 2 above as well as the following:

- Obtain full contact information for all clients (to include full name, address, e-mail address, and phone number) with which the provider has had close contact so as to assist in any necessary contact tracing.
- Have providers wear a face shield in addition to face coverings.
- Implement measures to maximize distance and minimize duration of contact among clients in waiting rooms and workstations.

**Additional expectations for Mass Transportation.**

Operators of mass transportation are expected to meet paragraph 2 above and when 6 feet of physical distance cannot be maintained are additionally expected to do the following:

- Buses with set riders, such as those on a school bus route, are expected to have assigned seats and daily attendance taken.
- Operators of mass transportation are expected to actively screen riders regarding COVID-19-like symptoms prior to boarding.

**3 Expectations for Gatherings.** Gatherings are defined as planned or spontaneous events that occur with a number of people in attendance in a defined location for a prolonged period of time. Examples may include such events as a concert, festival, conference, sporting event, celebration, or other public or private social event. Large events are not recommended for any reason. Classroom settings in daycare, K-12, and college or university settings are not considered public gatherings but must consider all expectations in paragraph 2.

- Any public or private gathering is expected to be no more than 100 people indoors and no more than 250 people outdoors and must assure adherence to all other measures in paragraph 2 during the entire gathering including a strict adherence to physical distance.
- The indoor gathering of more than one household for socialization purposes is strongly discouraged.
- Constitutionally protected gatherings are encouraged to follow all COVID-19 physical distancing and face covering prevention strategies.
- Assigned or fixed seating in accordance with 6 feet physical distancing is strongly encouraged during any gathering.
- Organizers of gatherings are expected to document contact information of attendees for contact tracing purposes, to include each attendee’s name, address, e-mail address, and phone number.



- Organizers of gatherings are expected to actively screen and prevent attendance of individuals, including staff, volunteers, and attendees, who have symptoms of COVID-19.

**4. Follow Other Applicable Guidelines.** All individuals, organizations, schools, businesses, government bodies, and any other group are expected to follow:

- DHS guidelines located here: <https://www.dhs.wisconsin.gov/covid-19/index.htm> and <https://www.dhs.wisconsin.gov/covid-19/employers.htm>
- CDC guidelines located here: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>.
- Wisconsin Economic Development Corporation guidelines on safe business practices, available here: <https://wedc.org/reopen-guidelines/>;
- Other applicable State of Wisconsin regulatory and/or industry-specific guidance.
- State of WI Emergency Order #104 issued On January 19<sup>th</sup>, 2021 advising all individuals to take certain actions to protect their family, friends, and neighbors from COVID-19.

**5. Elderly people and those who are vulnerable as a result of underlying health conditions should take additional precautions.** People at high risk of severe illness from COVID-19 are urged to stay in their home or residence to the extent possible except as necessary to meet basic needs and seek medical care.

**6. Duration.** These expectations are effective immediately and shall remain in effect until superseding guidance is issued based on public health science and available data. Data shall be regularly examined to ensure the most salient recommendations are available to the public.



01/25/2021

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Elizabeth Giese

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Date

Eau Claire City-County Health Department

**Fact Sheet – 01/27/2021 Board of Health Meeting  
Agenda Item 7.b  
Quarter 4, 2020 Preliminary Financial Summary**

**Overview:** As a preface to the quarterly financial summary it is important to emphasize that 2020 Financial Statements at this point in the year are **EXTREMELY** preliminary. This is true every year but is a significant issue this year related to COVID-19. Major year-end adjustments will be worked on throughout January and February. Therefore, we will not have a true indication of where we will end the year until March of this year. As you are aware, it is not until summer that the final audited year-end is completed.

Some of the near-term adjustments that will be made are listed below:

- Wages and benefits are our biggest expense and at this point are relatively accurately portrayed. 2020 wages have been paid and any 2020 wages paid in 2021 have been accrued in 2020. Minor adjustments are expected in that category.
- Any 2020 revenue that is received during January and February of 2021 will be moved back into 2020. Therefore, revenue is largely understated at this point as revenue is received in the months after it is earned. For example, Department of Health Services grants/contracts are billed in January and revenue is received in February. This includes many COVID-19 related contracts.
- 2020 bills from vendors that are received in January and February are moved back to 2020. So many expense lines are understated at this point.
- All 2020 revenues and expenses will be looked at to make sure they have been reported in the correct year.
- Budget entries will also be made. This will not affect the bottom line, but it will illustrate budget to actual in a more meaningful way. Many grants have been received after our 2020 budget was adopted increasing our budget and many of our grants will continue into 2021 decreasing our budget.
- As previously discussed, we will estimate the amount that will go into fund balance due to unspent tax levy due to COVID-19 (staff redirected into COVID activities and funded by COVID Grants). Preliminary estimates indicate approximately \$700K could be put aside in fund balance for use in 2021 for the COVID effort.

See attached Quarterly Balance Sheet and Revenue/Expense Reports through December 31, 2020.

### **Balance Sheet**

Cash is up from the quarter. This is mainly due to the revenue received vs. expense paid, timing of Accounts Payable and Liabilities as well as timing of prepayments as well as receivables received.

### **Revenue and Expense Report**

Revenue and expenses are up mainly due to additional COVID Grants received (Routes to Recovery alone accounting for over \$1.2 Million) as well as the addition of several new grants received by the Health Department.

Some revenue categories decreased due to COVID. Categories such as Licenses and permits decreased due to the discounts allowed as well as a small number of facility closures, change in category due to revenue decreases or mobile food units not opening.

Additional revenue will be recorded as explained above and we will continue to analyze the effect of COVID on these line items.

### **Grants and Projects**

There were several grants that allowed us to charge COVID-19 expenses to those non-COVID grants, but others did not. Because of that, there were some grants that were not spent out which is unusual for us but reflected as a reality across the State. Some funders allowed us to carry over funds and others allowed us to purchase supplies and services which will assist in carrying out the objectives in 2021. We are in the process of reviewing the effect of COVID-19 on our grants and projects.

**Eau Claire City-County Health Department  
Balance Sheet  
As of December 31, 2020**

		Changes	
		Change from Prior Quarter	Change from Prior Yr
<b>Assets</b>			
Cash and Investments <i>(Cash in bank , petty cash, gift cards)</i>	\$ 2,111,090	\$ 498,157	\$ 678,115
Accounts Receivables <i>(Bills outstanding non government)</i>	\$ 107,963	\$ (87,046)	\$ 67,791
Due from other governments <i>(Bills outstanding government)</i>	\$ 163,651	\$ (164)	\$ (256,425)
Taxes Receivable	\$ 14,670	\$ 14,670	\$ (18,230)
Prepayments <i>(Payments made in advance i.e. health, life insurance)</i>	\$ 228,867	\$ (396,619)	\$ 130,971
Inventories <i>(Radon Kits)</i>	\$ 5,196	\$ -	\$ 4,209
Allowance for Doubtful Accts <i>(Estimate of uncollectables)</i>	\$ (150)	\$ -	\$ (1)
<b>Total Assets</b>	<b>\$ 2,631,287</b>	<b>\$ 28,998</b>	<b>\$ 606,430</b>
<b>Liabilities</b>			
Accounts Payable <i>(Amts owed incl. payroll taxes, health, life)</i>	\$ 473,481	\$ (311,844)	\$ 241,272
Accrued Liabilities <i>(Accrued Payroll done at year end)</i>	\$ 54,135	\$ 54,135	\$ (50,366)
Due to other governments <i>(Sales tax, state license fees, rent to County)</i>	\$ 14,838	\$ (6,202)	\$ (4,101)
Deferred Inflows <i>( Amt. Billed-not received, advance on contracts)</i>	\$ 286,078	\$ (72,540)	\$ 79,464
<b>Total Liabilities</b>	<b>\$ 828,532</b>	<b>\$ (336,451)</b>	<b>\$ 266,269</b>
<b>Fund Balances</b>			
Fund Balance <i>(Restricted, non-spendable prepayments, inventories)</i>	\$ 1,462,594	\$ -	\$ 121,663
Control Accounts <i>(Current year revenue over (under) expense)</i>	\$ 340,161	\$ 365,449	\$ 218,498
<b>Total Fund Balances</b>	<b>\$ 1,802,755</b>	<b>\$ 365,449</b>	<b>\$ 340,161</b>
<b>Total Liabilities and Fund Balances</b>	<b>\$ 2,631,287</b>	<b>\$ 28,998</b>	<b>\$ 606,430</b>

	<u>12/31/2019</u>	\$	(0)
<i>Non-Spendable Pre Payment</i>	\$ 97,896		
<i>Non-Spendable Inventory</i>	\$ 988		
<i>Restricted to Particular Projects</i>	\$ 37,584		
<i>Restricted - Capital Purchases</i>	\$ 360,660		
<i>Restrctied - Working Capital</i>	\$ 955,466		
<i>Restricted - Special Projects</i>	\$ 10,000		
<b>Fund Balance at 12/31/19</b>	<b>\$ 1,462,594</b>		

**Eau Claire City-County Health Department  
Revenue and Expense Statement  
As of December 31, 2020**

	Adoped Budget	YTD Actual	% of Revised Bdgt	Change from Prior Quarter	Change from Prior Yr
<b>Revenues</b>					
Intergovernmental <i>(Federal and state grants)</i>	\$ 1,686,000	\$ 3,431,654	203.5%	\$ 2,282,035	\$ 2,000,592
Licenses & Permits <i>(Lodging, restaurant, sanitary etc.)</i>	\$ 729,000	\$ 589,826	80.9%	\$ 134,841	\$ (114,731)
Charges for Services <i>(Water tests, vaccinations inspections etc.)</i>	\$ 177,000	\$ 143,435	81.0%	\$ 43,465	\$ (93,275)
Charges for Services - Intergov. <i>(Medicaid, schools, County tax)</i>	\$ 1,622,000	\$ 1,483,383	91.5%	\$ 449,754	\$ (37,116)
Misc revenue <i>(Gifts, reimbursements, non-governmental grants)</i>	\$ 303,100	\$ 284,537	93.9%	\$ 59,448	\$ (52,392)
Other Financing Sources <i>(Taxes from City, CDBG revenue)</i>	\$ 2,020,500	\$ 1,974,436	97.7%	\$ 965	\$ (20,421)
Other Budgeted Receipts <i>(Budget only-use of fund balance)</i>	\$ 222,100	\$ -	0.0%	-	\$ -
<b>Total Revenues</b>	<b>\$ 6,759,700</b>	<b>\$ 7,907,271</b>	<b>117.0%</b>	<b>\$ 2,970,508</b>	<b>\$ 1,682,657</b>
<b>Expenses</b>					
Personnel <i>(Payroll, benefits, auto allowance)</i>	\$ 5,891,200	\$ 6,316,959	107.2%	\$ 2,064,727	\$ 1,099,412
Contractual Services <i>(Postage, computer service, rent, advertising, audit, etc.)</i>	\$ 448,600	\$ 766,949	171.0%	\$ 339,344	\$ 280,351
Utilities <i>(Phones, garbage)</i>	\$ 34,700	\$ 47,662	137.4%	\$ 11,731	\$ 11,006
Fixed Charges <i>(License &amp; Permits, Workers Comp)</i>	\$ 16,200	\$ 15,385	95.0%	\$ 342	\$ 2,640
Supplies <i>(Office, lab, medical, equipment, gift cards, etc.)</i>	\$ 229,900	\$ 341,148	148.4%	\$ 188,915	\$ 123,163
Contributions & Other Payments <i>(Payments to other organizations)</i>	\$ -	\$ -	0.0%	\$ -	\$ (150)
Capital Purchases <i>(Long term purchases over \$5,000)</i>	\$ 112,500	\$ 52,425	46.6%	\$ -	\$ (51,579)
Other Financing Uses <i>(Debt service for debt on unfunded pension)</i>	\$ 26,600	\$ 26,582	99.9%	\$ -	\$ (684)
<b>Total Expenses</b>	<b>\$ 6,759,700</b>	<b>\$ 7,567,110</b>	<b>111.9%</b>	<b>\$ 2,605,059</b>	<b>\$ 1,464,159</b>
<b>Net Revenue Over / (Under) Expenses</b>	<b>\$ -</b>	<b>\$ 340,161</b>		<b>\$ 365,449</b>	<b>\$ 218,498</b>

## Financial Statement explanations

### Notes / what's included

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#### Balance Sheet Categories

##### Assets

Cash and Investments	Cash accounts - including petty cash
Accounts Receivables	Receivables
Due from other governments	Receivables from federal, state, local governments and school districts
Taxes Receivable	Amounts on the Tax Roles not yet received (Septic Maintenance, Reinspection Fees etc.)
Prepayments	Payments made in advance, e.g., health and life insurance
Inventories	Currently this includes radon test kits
L-T Receivables	Allowance for uncollectable accounts (clinic)

##### Liabilities

Accounts Payable	Payments owed for products and services received
Accrued Liabilities	Includes Accrued Payroll Expenses at Year End
Deposits	Grants not totally spent out (we may have to return)
Due to other governments	Sales tax payable, state license fees, county rent
Deferred Inflows	Amounts billed but not yet received; now also includes advance on contracts

##### Fund Balances

Fund Balance	Comprised of restricted amounts and non-spendable pre-payments and inventories
Control Accounts	Net of revenue and expense control accounts for current year

#### Revenues and Expense Categories

##### Revenues

Intergovernmental	Federal, state and other aid/grants
Licenses & Permits	License & permit revenue; e.g., lodging, restaurant, sanitary
Charges for Services	Fees for services rendered; e.g., water testing, vaccinations, inspection fees
Charges for Services - Intergovernmental	Services to governments; e.g., Eau Claire County tax levy, Medicaid payments, school districts
Misc revenue	Grants from non-government agencies, e.g., Security Health, United Way
Other Financing Sources	Tax Levy from the City of Eau Claire, Transfers from Community Development Block Grant - intensified housing
Other Budgeted Receipts	Fund balance use

##### Expenses

Personnel	Wages, payroll taxes and benefits
Contractual Services	Postage, computer service charges, rent, equipment leases, advertising, auditing, etc.
Utilities	Phones & garbage
Fixed Charges	Licenses & permits, workers compensation and property & liability insurance
Supplies	Office, lab, medical, etc.
Contributions & Other Payments	Miscellaneous payments made to outside organizations and consultants
Capital Purchases	Long term purchases - over \$5,000 each
Other Financing Uses	Transfers to debt service - in 2008, debt was issued to pay off the unfunded pension. This is the Health Department portion of the yearly amount. Obligation is expected to be paid off 4/1/2028.
Other Disbursements	Budgeted Excess of Revenue over Expenses which would go into Fund Balance

**Fact Sheet – 01/27/2021 Board of Health Meeting****Agenda Item 7.c****Routes to Recovery**

In May of 2020 Gov. Tony Evers launched the “Routes to Recovery: Local Government Aid Grants” program. This was a \$200 million effort aimed at helping local leaders address some of their most urgent and unique COVID-19 recovery needs. The program was administered by the Wisconsin Department of Administration (DOA) and allocated funds to every Wisconsin county, city, village, town and federally recognized tribe. Routes to Recovery Grants provided reimbursements for a broad range of unbudgeted local governmental expenditures incurred because of the COVID-19 pandemic.

The County of Eau Claire was allocated \$1,677,111 and the City of Eau Claire was allocated \$1,106,439. Because of the City-County relationship that the health department has with these entities we participated in conversations with these leaders about use of these funds locally. Out of these allocations, the Eau Claire City-County Health Department applied for and received \$1,223,017 for unbudgeted COVID-19 response efforts. The remaining allocations were utilized by the City and County for other non health department COVID-19 related expenses. Health Department funds were used to fund staff costs for new and redeployed staff for emergency operations, PPE, supplies, isolation housing for those experiencing homelessness among other expenses.

**Budget Implications:** Funding in the amount of \$1,223,017 for unfunded 2020 COVID-19 related activities from March through November 18<sup>th</sup>, 2020.

**Staff Recommendation:** Accept funding to cover unbudgeted expenses .

*Prepared by: Janice Vinopal, Budget Specialist*

**Fact Sheet – 01/27/2021 Board of Health Meeting**

**Agenda Item 7.d**

**COVID-19 Funding**

The Wisconsin Department of Health Services (DHS) has reallocated funds received from the Coronavirus Aids Relief and Economic Security Act, (CARES Act) in 2020 and previously approved by the BOH.

The following information outlines the effect the reallocation had on each grant awarded to the ECCCHD from DHS.

Activity	Description	Grant Period	Originally Approved by ECCCHS	New Allocation in Dec '20	Increase (Decrease) to ECCCHD
Pandemic Preparedness Plan Update	To convene local stakeholders to update their Public Health Preparedness Pandemic Plan for COVID-19 to match Wisconsin's statewide "Box it in" Strategy consisting of testing, isolation, quarantine and contact tracing.	3/1/2020-12/31/2020	\$30,000	\$52,187	\$22,187
Local Testing Coordination	To support LHD in meeting the increased testing needs of their community by supporting staffing, and resources to convene partners and coordinate or support local testing efforts.	3/1/2020-12/31/2020	\$154,300	\$103,078	(\$51,222)
Contact Tracing	To support local efforts associated with COVID-19 disease investigation, contact tracing and monitoring efforts.	3/1/2020-12/31/2020	\$875,500	\$946,950	\$71,450

**Budget Implications:** The reallocation results in an increase to original amount of the three projects of 42,415.

**Staff Recommendation:** Accept the additional funding.

*Prepared by: Janice Vinopal, Budget Specialist*



**Fact Sheet –01/27/2021 Board of Health Meeting****Agenda Item 7.e****Overdose to Action Community Prevention Grant  
Opioid Prescription Pathway Project**

In May of 2020, the Eau Claire City-County Health Department was awarded a three-year grant from the Wisconsin Department of Health Services, Division of Public Health (DPH) for the Overdose to Action Community Prevention Grant (OD2A) to build capacity in the Eau Claire community to prevent opioid overdoses. The OD2A is funded by the Centers for Disease Control and Prevention. The goal of this funding opportunity is to strengthen and enhance the capacity of communities. Emphasis will be placed on promoting strategies and activities that build local capacity to prevent morbidity and mortality associated with opioid overdoses. These include strategies that prevent opioid overuse, misuse, use disorder, overdose, and opioid-related harms.

We are currently in Year Two of the grant for \$85,000 which runs from 9/1/2020- 8/31/2021.

Due to the response for Coronavirus-19, many of the grantees were unable to spend out the first year of OD2A monies. The state has decided to distribute the remaining balance equally among the grantees who had funds left over. These funds are intended for expanding services described in our Scope of Work which include strategies to support education/awareness, technology updates for partners to report data as well as additional training.

This grant provides ECCCHD the opportunity to improve community understanding of opioid data, resources, and services to document the local context of the opioid epidemic, and to use data to inform action in the community. Through the work of the Overdose Fatality Review Team (OFRT) created in 2019, the ECCCHD and its partners have identified a need for improved understanding of the data available and data gaps related to opioid use and overdose in Eau Claire County. This project will also allow us to address the CDC strategy outcome of empowering individuals to make safer choices through enhancing community education for the public and partners. We also partner with the Boys and Girls Clubs of the Greater Chippewa Valley (BGCVCV) to empower individuals to make safer choices through educational programming to decrease initiation of opioid use and misuse. Lastly, this project will allow us to address CDC strategy outcomes, increased awareness, through expanding and enhancing current local education around safe medication storage, and safe disposal stigma allowing us to continue our work after the PFS- Prescription Drug Takeback funding is done.

**Budget Implication:** \$13,300 will be used to support education and awareness strategies, technology updates to report data, and training.

**Staff Recommendation:** Approve acceptance of the DHS Overdose to Action Community Prevention Grant award of an additional \$13,300 from Wisconsin Department of Health Services.

*Prepared by Denise Wirth, Community Health Promotion Division Manager*

**Fact Sheet – 01/27/2021 Board of Health Meeting****Agenda Item 7.f****2021 COVID-19 Response Funding**

It was announced this month by the State that \$86.2 Million in federal funding will be available for Local and Tribal Health Departments to support them with COVID-19 response. This funding is designated to help alleviate the immense strain the COVID-19 pandemic has placed on public health departments across the state and will be dedicated to off-setting COVID-19 related expenses, including surveillance, disease investigation, contact tracing, and vaccination efforts. It will additionally support testing and communication efforts.

\$32 Million will be specifically available for Contact Tracing and is allocated with a \$50,000 base to each department; ECCCHD will receive \$527,400 of that amount. This funding period runs from January -June of 2021.

\$54.2 Million will be available for other COVID-19 response including testing, contact tracing, surveillance, and vaccine administration and is allocated with a \$250,000 base to each department. ECCCHD will receive \$777,600 of that amount. This funding period runs from 10/1/2020-10/31/2022.

Reimbursements will be coming through CARS (Community Aids Reporting System) and contracts will be arriving this month (January).

The ECCCHD is in process of finalizing budgets for both of these funding sources. Expenses for 2021 for disease investigation/contact tracing activities alone were estimated at \$1.4 Million. Regular updates to the BOH will occur on these expenses and the matching revenue sources for COVID-19 response.

**Budget Implications:** Funding in the amount of \$1,305,000 (\$527,400 for Contact Tracing, \$777,600 for other COVID-related efforts, including vaccination) to cover current and future COVID response costs not yet designated in the 2021 budget.

**Staff Recommendation:** Accept funding.

*Prepared by Janice Vinopal, Budget Specialist*

**Fact Sheet Board of Health Meeting 01/27/2021****Agenda Item 7.g****Pharmacist Provided Cardiovascular Disease and Diabetes-Related Medication Therapy Management Program as part of Diabetes & Heart Disease Prevention Grant (1815)**

The Pharmacist Provided Cardiovascular Disease and Diabetes - Related Medication Therapy Management Program in Eau Claire County, Wisconsin is a collaborative partnership between the Eau Claire City-County Health Department (ECCCHD) & Pharmacy Society of Wisconsin (PSW) to participate in this research project. The purpose of this program is to improve the health, care, and medication management of patients diagnosed with cardiovascular disease (CVD) related conditions such as hypertension (HTN) (high blood pressure), hyperlipidemia (high cholesterol), and diabetes or prediabetes through education, medication therapy management (MTM), and care coordination provided by a pharmacist. This program is part of the Diabetes & Heart Disease Prevention Grant (1815) which we receive funding for in Eau Claire.

Sixty Medicaid eligible patients with prediabetes, diabetes, HTN, and/or hyperlipidemia will be identified as the priority population for this program. Participating pharmacies include: Mayo Clinic Health System (MCHS) - Clairemont Campus, Luther Campus, Westgate in Eau Claire and Wally Shong Hometown Pharmacy in Augusta, WI.

Promotion of MTM is a systematic provision of interventions to increase patient self-efficacy and commitment to their management of health problems. This includes interventions which increase engagement by pharmacists in regularly assessing patient health issues and progress. This study will allow participating pharmacies to receive additional reimbursement for providing case management services to those referred with cardiovascular disease or diabetes to demonstrate that MTM improves outcomes and may influence future reimbursement rates. Currently, participating pharmacies receive a small amount of reimbursement from the state Medicare and Medicaid programs to provide MTM.

This program is possible through the partnership with the Wisconsin Department of Health Services Chronic Disease Prevention and Management Grant (1815: Improving the Health of Americans through the Prevention and Management of Diabetes, Heart Disease, and Stroke) funded through the Centers for Disease Control and Prevention of which we are currently in year three of the five year grant.

Eau Claire County is one of two counties in Wisconsin who are participating in this research study, along with Oneida County.

Almost 1 in 4 adults in Eau Claire County has hypertension and over 1 in 4 has hyperlipidemia. Furthermore, 1 in 10 adults have been diagnosed with diabetes, with an additional 15% having prediabetes in Eau Claire County. 1 in 3 adults in Eau Claire County are non-adherent to their diabetes

medications as well as hypertension medication. Lastly, the top cause of death in Eau Claire County in 2016 was heart disease.

This program aligns with ECCCHD strategic plan priorities for 2017 - 2021 including: increasing utilization of program and population data and engaging the community in collaborative efforts to improve health and safety. It also aligns with the work of Healthy Communities Chronic Disease Action Team.

**Budget Implication:** \$9,733 will be used to support pharmacist technology and reimbursement, patient incentives, and supplies.

**Staff recommendation:** Accept \$9,733 from Wisconsin Department of Health Services for implementing the Medication Therapy Management Program to Improve the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke. This is in addition to the \$40,000 already received from the Diabetes & Heart Disease Prevention Grant (1815).

*Submitted by Denise Wirth, Community Health Promotion Division*

**Fact Sheet – 01/27/2021 Board of Health Meeting****Agenda Item 7.h****Wisconsin Family Foundations Comprehensive Home Visitation Program Grant Amendment**

Eau Claire, Chippewa, and Dunn Health Departments have received notification that the WI Department of Children and Families (DCF) has amended the Western Wisconsin Nurse-Family Partnership (NFP) Consortium contract to add additional funding in the 2020-2021 grant year. This funding will allow us to contract with a local mental health provider to fulfill the grant requirement that all grantees receive regular reflective practice consultation from a licensed mental health provider.

Reflective practice has huge benefits in increasing self-awareness, which is a key component of emotional intelligence, and in developing a better understanding of others. Reflective practice can also help home visiting staff to develop creative thinking skills and encourages active engagement in work processes. Reflection helps us to think about, plan and deliver high quality and safe care to our patients/clients.

Previously DCF had a statewide contract to provide this service to grantees. However, this grant year they have requested that each grantee work within their respective communities to identify a local provider and contract with them. We are fortunate to contract with Jennifer Wickham, MS, LPC, Ready2Thrive Counseling and Consulting, LLC who will be meeting with our Consortium weekly to provide reflective consultation.

**Budget Implication:**

\$14,400 for reflective practice consultation within the Western Wisconsin NFP Consortium.

**Staff recommendation:**

Accept Wisconsin Family Foundations Comprehensive Home Visitation Program funding amendment in the amount of \$14,400 from October 1, 2020 through September 30, 2021 to enter into a contract with Ready2Thrive Counseling and Consulting, LLC to provide reflective practice for our Consortium.

*Prepared by Beth Draeger, Healthy Beginnings Division*

**Fact Sheet – 01/27/2021 Board of Health Meeting****Agenda Item 7.i****2021 State Division of Public Health Contracts**

The Eau Claire City-County Health Department contracts with the Wisconsin Division of Public Health to provide public health services in a broad range of program areas that have been prioritized by the State and where State and Federal funding has been allocated for local use. These contracts are funded by a variety of funding sources but come to our department through a consolidated state process. Annually we share these contract programs areas with the Board of Health for review and approval.

This year we have made a revision to the process in an attempt to streamline and make more consistent the review and approval process for the Board of Health for WI Division of Public Health grants/contracts.

- In January BOH approves all CARS negotiated DPH standing contracts with allocations that are in the budget for that current year (2021) as a business agenda item. This will include both calendar year and non-calendar year contracts that have been budgeted.
- For Non-calendar year grants in this grouping, the quarterly Finance Report would indicate when the grant was confirmed at the expected amount rather than doing a full additional Fact sheet/Business item on that month.
- Additional Fact Sheet/Business item is ONLY done if there is:
  - A new funding source from Division of Public Health that has not been previously approved in the overall budgeted amount in December the previous year
  - A significant change in the allocation from what was presented in the January business item – either up or down
  - A significant change in terms of contract/grant even if dollar amount didn't change

Budget Implications: Funding has already been allocated in the 2021 budget approved in December.

Staff Recommendation: Approve WI Division of Public Health 2021 Contracts.

**Contracts with Department of Health Services  
January 2021**

Program	Budget Period	Contract Period	2021 Contract Amount	2020 Contract Amount	2019 Contract Amount
<b>Childhood Lead Poisoning Prevention-</b> Children at risk for lead poisoning who reside in Eau Claire County will receive an age-appropriate blood lead test. Throughout the 2021 contract period, residents from the jurisdiction Eau Claire County will be offered comprehensive follow-up services that are provided at a blood lead level greater than or equal to 5mcg/dL.	Jan – Dec, 2021	Annual Calendar Year	\$ 9,711	\$ 9,795	\$ 9,795
<b>HIV Prevention</b> - The Eau Claire Health Department will serve as the regional HIV Partner Services provider for 14 counties: Eau Claire, Washburn, St. Croix, Rusk, Pepin, Polk, Pierce, Dunn, Douglas, Clark, Burnett, Bayfield, Barron, and Chippewa. This is a contract to assure the expertise and capacity is available in the region for this type of service.	Jan – Dec, 2021	Annual Calendar Year	\$ 75,000	\$ 75,000	\$ 75,000
<b>Immunization</b> - To support the efforts of increasing the vaccination rates of the children residing in Eau Claire County who turn 24 months of age during the contract year with complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.	Jan – Dec, 2021	Annual Calendar Year	\$ 22,584	\$ 22,061	\$ 22,113
<b>Maternal and Child Health (MCH)</b> Implement at least two practice changes to advance health equity in MCH-funded activities. The Eau Claire City County Health Department, in collaboration with community partners, will implement and evaluate strategy to decrease rates of adolescent suicides.	Jan – Dec, 2021	Annual Calendar Year	\$ 46,642	\$ 47,445	\$ 47,944
<b>Radon Regional Information Center</b> - Radon Regional Information Center-The Eau Claire City-County Health Department is the WestCentral Radon Information Center serving Eau Claire, Chippewa, Clark, Buffalo, Trempealeau, Pepin, and Jackson counties. The information center provides radon information and sells test kits for residents and supplies local Health Departments.	Jan – Dec, 2021	Annual Calendar Year	\$ 9,773	\$ 9,773	\$ 10,859
<b>WIC</b> - Administration of the WIC program that provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.	Jan – Dec, 2021	Annual Calendar Year	\$ 387,710	\$ 392,697	\$ 392,697
<b>WIC Outreach</b> - To support outreach efforts for the WIC program.	Jan – Dec, 2021	Annual Calendar Year	\$ 8,773	\$ 8,773	\$ 8,810
<b>WIC Farmers Market</b> - The WIC Farmers' Market Nutrition Program (FMNP) is utilized by WIC staff as they administer the FMNP Program, provide education to WIC families as well as train local farmers so they can accept WIC benefits.	Jan – Dec, 2021	Annual Calendar Year	TBD	\$ 3,076	\$ 2,979
<b>WIC Peer Counseling</b> - Supports the Certified Breastfeeding Peer Counselor to reach women with relevant breastfeeding information and support through the WIC Project.	Jan – Dec, 2021	Annual Calendar Year	\$ 17,140	\$ 27,790	\$ 17,333
<b>CARES COVID 19 Contact Tracing and Disease Investigation-</b> To support local efforts associated with COVID-19 disease investigation, contact tracing and monitoring efforts.	Jan – June, 2021	Jan – June, 2021	\$ 527,400	Mar-Dec '20 946,950	\$ -
<b>Sexual Violence Prevention and Education</b> - To reduce the incidence of relationship violence and decrease pregnancy and STI's in Eau Claire County's adolescent population with evidenced based curriculum and collaborative programming.	Feb '20 – Jan '21	Feb 1, 2020- Jan 31, 2024	\$ 90,000	Feb '19-Jan '20 \$50,000 Proj Youth Dev	\$ -
<b>ELC CARES COVID 19</b> - To provide resources to support conducting surveillance to detect transmission that may be occurring in the community beyond travel and contact related cases.	Feb '20 – Sept '21	Feb '20 – Sept '21	\$ 28,100	\$ -	\$ -
<b>Title X Services.Reproductive Health</b> - Provide clinical, capacity building and infrastructure for the family planning clinic to provide women and men of reproductive age contraceptive, reproductive health, and/or early intervention care through the agency's family planning and reproductive health clinic services in Eau Claire City-County. Additionally, supports Advanced Practice Nurse Practitioner services regionally in Dunn, Eau Claire, Pepin, Pierce and St. Croix Counties.	Apr '20 – Mar '21		\$ 558,000	Jan-Dec '20 \$44,140 Apr '19-Mar '20 \$129,272	Jan-Dec '19 \$105,218 Sept '18-Mar '19 \$25,000
<b>DPH PHEP COVID 19</b> - To support LHD activities that align with any priority COVID-19 activities in the PHEP capacity domains	Apr '20 – Mar '21	Apr '20 – Mar '21	\$ 69,789	\$ -	\$ -
<b>MRC</b> - To support outreach and training activities to enable having a trained and vetting group of volunteers for public health emergency events.	July '20 - June '21	July 1, 2020 - June 30, 2021	\$ 4,500	\$ 4,500	\$ 4,500

Program	Budget Period	Contract Period	2021 Contract Amount	2020 Contract Amount	2019 Contract Amount
<b>Tobacco Prevention and Control Program + WI WINS.</b> The Eau Claire County Alliance for Substance Abuse Prevention Coalition will integrate tobacco prevention and control initiatives into an existing coalition and to focus on decreasing tobacco-related disparities. This will be done through engagement and collaboration among the populations impacted by tobacco-related disparities and organization and agencies that work with these populations.(\$50,000) This funding also includes WI Wins tobacco compliance checks activities.	July '20 - June '21	July 1, 2020- June 30, 2022	\$50,000 TCPC + \$4350 WI WINS = \$54,350	\$4088 WI WINS	Jan-Jun \$1,314 WI WINS
<b>Comm Disease Control &amp; Prevation</b> - Funding to be used for communicable disease, specifically disease surveillance, contact tracing, staff development and training, improving communication among health care professionals, outreach, and other infectious control measures.	July '20 - June '21		\$ 7,000	\$ 7,000	\$ 7,000
<b>BIOT Focus A Planning (PHP) Preparedness</b> - ECCCHD will work to enhance and improve public health emergency preparedness and response in Eau Claire County. Beginning in 2019 Medical Reserve Corp Funding (MRC) was included in the consolidated contract.	July '20 - June '21		\$ 52,436	\$ 59,560	\$ 60,019
<b>PHEP Scholarships</b> - Funding offered by the WI Division of Public Health Emergency Preparedness Program in the form of scholarships to attend conferences in order to improve preparedness efforts at the local and tribal level	Did not budget in 2021	July-June	\$ -	\$ 20,950	\$ 28,000
<b>WI Well Women Program</b> - Eau Claire will serve as the regional WI Well Women Coordinator for 8 counties: Eau Claire, Chippewa, Dunn, Jackson, Pepin, Pierce, Trempealeau and St. Croix.	July '20 - June '21	July 1, 2020 - June 31, 2021	\$ 69,083	\$ 69,083	\$ 69,083
<b>1815 Diabetes/Heart Disease Prevention</b> - ECCCHD will work on improving the health of Americans through prevention and management of Diabetes and Heart Disease and by implementing and evaluating a set of evidence-based strategies to prevent and control diabetes and cardiovascular disease (CVD) in high-burden populations.	July '20 - June '21	July 1, 2020- June 30, 2023	\$40,000+ addtl 9,733=\$49,733	\$ 40,000	\$ 30,026
<b>TB Dispensary</b> - The primary purpose of the ongoing agreement is to ensure that all persons in Wisconsin with suspect or confirmed tuberculosis infection or disease have access to appropriate evaluation, treatment and monitoring, regardless of insurance availability and therefore decrease the potential spread to others.	July '20 - June '21	Ongoing	Fee for Service	None charged	\$ 290
<b>PH Emergency Quarantine/Isolation</b> - COVID-19 funding to house and provide essentials for individuals to isolation or quarantine and stop further COVID-19 disease spread	August '20- June '21	August '20- June '21	expenses submitted	Mar-Jun '20 91,617	\$ -
<b>Overdose to Action Community Prevention Grant-</b> ECCCHD wil promote strategies and activities that build local capacity to prevent morbidity and mortality associated with opioid overdoses.	Sept '20- Aug '21	May1, 2020- 8/31/2022	85000 + \$13,300 = \$98,300	May-Aug '20 \$28,333	N/A
<b>Overdose Fatality Reviews-</b> The grant is meant to build on existing partnerships & initiatives to implement a comprehensive, statewide strategy to improve the collective response to overdose deaths throught the development, implementation, and enhancement of Overdose Fatality Reviews around the state of WI. This is a dual county grant shared with Dunn Co.	Sept '20- Aug '21	Sept 1, 2019- Aug 31, 2022	Funding from DPH \$35000	Funding from DOJ \$31,944	Funding from DOJ \$32,014
<b>ELC COVID-</b> Funding to support disease investigation, contact tracing, vaccination, and other activities to monitor and stop spread of COVID in our community	Oct '20 – Oct '22	Oct '20 – Oct '22	\$777,600 to be spent thru Oct '22	\$ -	\$ -
<b>Prevention</b> - The Eau Claire City-County Health Department (ECCCHD) will implement one evidence-based intervention to change community policies and norms related to substance abuse (alcohol compliance checks). The Eau Claire City-County Health Department (ECCCHD) will conduct one activity to meet or sustain National Public Health Performance Standards (i.e. improve agency operations or pursue accreditation readiness) by implementing an agency strategic plan.	Oct '21 - Sept 20	annual	TBD	\$ 17,420	\$ 16,631
<b>SNAP Nutritional Ed Grant</b> - WIC staff will provide the Fit Families Program to two-four year old low-income children and their families enrolled in WIC and will provide education & coaching on healthy eating habits and active lifestyles.	Oct '20 - Sept '21		\$ 16,301	\$ 16,301	\$ 15,981
<b>1817 Diabetes</b> - ECCCHD will coordinate diabetes prevention work in the Chippewa Valley by working with Wisconsin Department of Health Services and regional partners to support CDC-recognized suppliers of the National Diabetes Prevention Program (DPP), increasing awareness of pre-diabetes and the DPP program, eliminate barriers to participate in DPP, and explore e-referral systems and telehealth opportunities for DPP.	Oct '20 - Sept '21	Sept 1, 2019- Aug 31, 2023	TBD	\$ 230,480	\$ 230,149



**Elizabeth Giese - Health Department Director**

**DRAFT Performance Objectives - January 2021-December 2021**

1. Build and support capacity of new staff and board members to address core public health priorities given significant transitions.

2. Develop policies, strategies and capacity to address COVID-19 pandemic in Eau Claire County

**Performance Evaluation – Ongoing Position Description requirements**

**1. Performance Objectives**

Accomplishes current performance objectives established by BOH.

**2. Policy Facilitation and Execution**

Informs BOH of public health, personnel or organizational matters effecting Eau Claire City-County Health Department (ECCCHD), suggesting need for or change in policy.

Offers workable alternatives to the BOH for changes in policy, codes and ordinances.

Timely implements BOH actions in accordance with the intent of the BOH.

**3. Strategic Planning and Implementation**

Initiates and provides leadership in overall process of strategic planning.

Demonstrates the ability to effectively communicate relevant elements of strategic plan to staff and stakeholders.

Demonstrates flexibility in adjusting operational priorities to assist all divisions in meeting strategic goals.

Demonstrates knowledge of best practices in public health performance standards and incorporates these best practices into ECCCHD operations.

Provides BOH with periodic updates on strategic plan implementation.

Exhibits technical knowledge and competencies required of public health leaders.

Responsive to significant changes impacting ECCCHD or community.

Anticipates problems and develops effective approaches to solving them.

Effectively prioritizes goals and leads ECCCHD through any related changes.

Uses quality management tools and teams to continuously improve ECCCHD work processes.

**5. Fiscal Management Skills**

Develops and submits an annual budget to provide services at the level determined by the BOH.

Monitors operating expenditures and provides periodic reports to BOH.

Communicates and interprets budget and financial information in a clear and timely fashion.

Applies sound business management and accounting principles in controlling, monitoring, safeguarding and allocating resources consistent with the needs and goals of the ECCCHD.

**6. People Management Skills**

Conducts professional relationships and activities fairly, honestly and legally.

Fosters ethical behavior throughout the organization through personal example, management practices and training.

Delegates authority and responsibility, not just tasks.

Demonstrates sound judgment and decision-making in the handling of personnel actions.

Interactions and decisions contribute to staff feeling valued and gives credit to others when appropriate.

Fosters an environment that encourages open communication and continuous learning.

Assigns accountability, coordinates efforts, and oversees follow through to ensure results are achieved.

**7. Communication Skills**

Demonstrates concise, clear and understandable written and verbal communication targeted to audience.

Demonstrates ability to effectively persuade or influence others.

Promotes ECCCHD goals, achievements and requirements to appropriate people in the community and government, representing both the interests of the ECCCHD and the community.

**8. Regulatory Enforcement**

Responds to public health emergencies and initiates corrective actions and responses pursuant to federal, state and local laws, statutes and external communications.

Sees to the timely and fair enforcement of local, state and federal codes and ordinances within the ECCCHD purview.

**9. Community Relationships**

Develops and maintains effective working relationships with peers and leaders throughout city/county/state government and community.

Demonstrates availability, responsiveness and approachability in dealings with general public, media, government and community officials.

Builds alliances with community partners to promote and achieve essential services of public health.

## Board of Health Meeting 01/27/2021

### Agenda Item 8.a

#### Eau Claire City-County Health Department Report to the Board of Health

##### Staff Updates:

Kate Carothers, RN, BSN, IBCLC joined our team as our newest Nurse-Family Partnership nurse home visitor. Kate has a wealth of experience in labor and delivery as well as breastfeeding. She is excited to work with moms and help them reach their goals.

Sarah Nix, MS, RD, CD, CLS has joined the WIC team as our newest Public Health Dietitian. Sarah comes to us from Buffalo County WIC where she served as WIC Director. She is a native of Eau Claire and is very happy to be working in her home county.

##### Mindfulness at the Health Department

64 Health Department staff participated in at least one mindfulness practice that was provided over a 12-week period (October – December 2020.) A one-hour introduction to mindfulness was provided by [Dr. Ann Brand](#). Thereafter, mindfulness was led each Monday alternating between Ann and Health Department staff. Thank you to the following staff who led mindful moments: Emily Carlson, Sarah Dillivan-Pospisil, Beth Draeger, Allison Gosbin, Cortney Nicholson, Brenda Scheurer.

Preliminary survey results indicate staff appreciated the opportunity to practice mindfulness:

- “With having such a busy schedule due to covid, these mindfulness sessions have been extremely helpful to allow me to stop, be still and improve my focus.”
- “Overall, this was a great opportunity to take time out of busy and sometimes stressful days to refocus and recenter. I felt like I was more productive afterwards, and I looked forward to these sessions whether Ann Brand or a staff member was facilitating.”
- “I think that the health department and wellness team are offering all types of opportunities for self-care and it is very much appreciated :)”

Additionally, staff indicated the benefits they noticed in practicing mindfulness:

- “I use a few mindful breaths when I am feeling stressed, overwhelmed, or anxious and it really helps bring me back down to earth and get in the right mindset to deal with the situation.”
- “I am more relaxed, calm & can fall asleep super-fast.”
- “Better focus and more energy throughout the day.”
- “Designated break from work - helped me remember to rest and take breaks instead of feeling shame for resting. Also helped remind me that I'm not alone, there is a whole team experiencing this rollercoaster with me.”

64% of survey respondents indicated mindfulness was a relatively new experience for them and 80% indicated they'd like to continue and grow their practice of mindfulness.

##### WIC Buddy Program

The Wisconsin WIC program received a grant from the USDA to implement a new program called the Buddy Program throughout the state. The Eau Claire City-County Health Department WIC program was chosen to be one of the pilot sites. The goal of the Buddy Program is to connect WIC moms with other WIC moms who are pregnant or breastfeeding so they can support each other throughout their breastfeeding journey. We

encourage the moms to provide emotional support to one another. We want them to share in each other's challenges and success. We currently have 10 moms enrolled in the program.

**WIC Breastfeeding Facebook Support Group**

Another part of the USDA grant that the Wisconsin WIC program received was to start a Facebook group for WIC moms who are wanting to breastfeed or who are currently breastfeeding. The group is a supportive community for women who live in Western Wisconsin. The goal is to connect moms with others in the area who are facing similar challenges and reaching similar milestones so they can share experiences, ask questions, and support each other on their journeys. We currently have 55 women in our group. We also share several weekly posts to share related breastfeeding information and encourage conversation.

**Board of Health Meeting 1/27/2021**

**Agenda Item 8.b**

**December 2020 Media Contacts**

**INTERVIEW**

12/9/2020	Title: Free flu shots at North High School for kids 6 months to 18 years old	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.weau.com/2020/12/09/free-flu-shots-at-north-high-school-for-kids-6-months-to-18-years-old/">https://www.weau.com/2020/12/09/free-flu-shots-at-north-high-school-for-kids-6-months-to-18-years-old/</a>	
12/22/2020	Title: Health official reacts to COVID-19 contact tracing app	Topic: Communicable Disease Staff: Audrey Boerner
	Link: <a href="https://wqow.com/2020/12/22/health-official-reacts-to-covid-19-contact-tracing-app/">https://wqow.com/2020/12/22/health-official-reacts-to-covid-19-contact-tracing-app/</a>	
12/22/2020	Title: To require COVID-19 vaccines? Local health officials weigh-in	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.weau.com/2020/12/22/to-require-covid-19-vaccines-local-health-officials-weigh-in/">https://www.weau.com/2020/12/22/to-require-covid-19-vaccines-local-health-officials-weigh-in/</a>	
12/24/2020	Title: New system to help trace the spread of COVID-19 in Wisconsin	Topic: Communicable Disease Staff: Audrey Boerner
	Link: <a href="https://www.weau.com/2020/12/24/new-system-to-help-trace-the-spread-of-covid-19-in-wisconsin/">https://www.weau.com/2020/12/24/new-system-to-help-trace-the-spread-of-covid-19-in-wisconsin/</a>	
12/28/2020	Title: Local health officials concerned about potential post-holiday spike in COVID-19 cases	Topic: Communicable Disease Staff: Paulette Magur
	Link: <a href="https://wqow.com/2020/12/28/local-health-officials-concerned-about-potential-post-holiday-spike-in-covid-19-cases/">https://wqow.com/2020/12/28/local-health-officials-concerned-about-potential-post-holiday-spike-in-covid-19-cases/</a>	

**PRESS RELEASE**

12/7/2020	Title: Chippewa-Eau Claire Community Health Assessment Survey	Topic: Healthy Living and Prevention Staff: Cortney Draxler
	Link: <a href="https://www.eauclairewi.gov/government/our-divisions/health-department/there-s-more/news-releases">https://www.eauclairewi.gov/government/our-divisions/health-department/there-s-more/news-releases</a>	
12/9/2020	Title: Flu shot clinic media access	Topic: Communicable Disease Staff: Audrey Boerner
	Link: <a href="https://www.eauclairewi.gov/government/our-divisions/health-department/there-s-more/news-releases">https://www.eauclairewi.gov/government/our-divisions/health-department/there-s-more/news-releases</a>	

12/11/2020 Title: Health Dept provides additional information on new quarantine requirements Topic: Communicable Disease  
 Staff: Gina Schemenauer  
 Link: <https://www.eauclairewi.gov/government/our-divisions/health-department/there-s-more/news-releases>

**PRINT ARTICLE**

12/1/2020 Title: Local, state COVID stats as WI sets new record for COVID-19 deaths Topic: Communicable Disease  
 Staff:  
 Link: <https://www.weau.com/2020/12/01/local-state-covid-stats-as-wi-sets-new-record-for-covid-19-deaths/>

12/2/2020 Title: Well Water Testing Topic: Safe Food and Water  
 Staff: Tristin Faust  
 Link: [Not Available](#)

12/2/2020 Title: Well Water Testing Topic: Safe Food and Water  
 Staff: Tristin Faust  
 Link: [Not Available](#)

12/2/2020 Title: Well Water Testing Topic: Safe Food and Water  
 Staff: Tristin Faust  
 Link: [Not Available](#)

12/2/2020 Title: Local, state COVID-19 statistics as deaths pass 3,500 in WI Topic: Communicable Disease  
 Staff:  
 Link: <https://www.weau.com/2020/12/02/local-state-covid-19-statistics-as-deaths-pass-3500-in-wi/>

12/3/2020 Title: UPDATE: Eau Claire City-County Health Dept. gives COVID update Topic: Communicable Disease  
 Staff:  
 Link: <https://www.weau.com/2020/12/03/watch-live-eau-claire-city-county-health-department-gives-covid-update/>

12/4/2020 Title: Eau Claire sues Regency Inn, citing human trafficking, drug use Topic: Healthy Homes and Places  
 Staff:  
 Link: <https://www.news8000.com/eau-claire-sues-regency-inn-citing-human-trafficking-drug-use/>

12/4/2020 Title: Eau Claire City-County Health Department offering free flu shots next week Topic: Communicable Disease  
 Staff:  
 Link: <https://www.weau.com/2020/12/04/eau-claire-city-county-health-department-offering-free-flu-shots-next-week/>

12/8/2020 Title: COVID-19 surpasses accidents as 3rd leading cause of death in WI Topic: Communicable Disease  
 Staff:  
 Link: <https://www.weau.com/2020/12/08/covid-19-surpasses-accidents-as-3rd-leading-cause-of-death-in-wi/>

12/8/2020	Title: Repair work keeps Hobbs Ice Arena closed  Link: <a href="https://wqow.com/2020/12/08/repair-work-keeps-hobbs-ice-arena-closed/">https://wqow.com/2020/12/08/repair-work-keeps-hobbs-ice-arena-closed/</a>	Topic: Healthy Homes and Places Staff:
12/9/2020	Title: Free Flu Shots  Link: <a href="https://www.leadertelegram.com/features/health/health-matters-12-9-2020/article_a6eef513-b0f5-58b1-a386-7933ac5f0051.html">https://www.leadertelegram.com/features/health/health-matters-12-9-2020/article_a6eef513-b0f5-58b1-a386-7933ac5f0051.html</a>	Topic: Communicable Disease Staff:
12/10/2020	Title: Deaf community members in Eau Claire are being left behind in the COVID-19 pandemic  Link: <a href="https://blugoldmedia.org/4962/news/deaf-community-members-in-eau-claire-are-being-left-behind-in-the-covid-19-pandemic/">https://blugoldmedia.org/4962/news/deaf-community-members-in-eau-claire-are-being-left-behind-in-the-covid-19-pandemic/</a>	Topic: Communicable Disease  Staff: Audrey Boerner
12/10/2020	Title: Local, state COVID-19 stats as WI nears 4,000 deaths  Link: <a href="https://www.weau.com/2020/12/10/local-state-covid-19-stats-as-wi-nears-4000-deaths/">https://www.weau.com/2020/12/10/local-state-covid-19-stats-as-wi-nears-4000-deaths/</a>	Topic: Communicable Disease Staff:
12/10/2020	Title: UPDATE: Eau Claire City- County Health Department gives COVID update  Link: <a href="https://www.weau.com/2020/12/10/watch-live-eau-claire-city-county-health-department-gives-covid-update/">https://www.weau.com/2020/12/10/watch-live-eau-claire-city-county-health-department-gives-covid-update/</a>	Topic: Communicable Disease  Staff:
12/10/2020	Title: UWEC students create pandemic safety campaign for children  Link: <a href="https://wqow.com/2020/12/10/uwec-students-create-pandemic-safety-campaign-for-children/">https://wqow.com/2020/12/10/uwec-students-create-pandemic-safety-campaign-for-children/</a>	Topic: Communicable Disease Staff:
12/11/2020	Title: What new COVID quarantines mean for you  Link: <a href="https://wqow.com/2020/12/11/what-new-covid-quarantines-mean-for-you/">https://wqow.com/2020/12/11/what-new-covid-quarantines-mean-for-you/</a>	Topic: Communicable Disease Staff:
12/14/2020	Title: Local, state COVID-19 stats as state receives fewest test results in 3 months  Link: <a href="https://www.weau.com/2020/12/14/local-state-covid-19-stats-as-state-receives-fewest-test-results-in-3-months/">https://www.weau.com/2020/12/14/local-state-covid-19-stats-as-state-receives-fewest-test-results-in-3-months/</a>	Topic: Communicable Disease  Staff:



# Contagious Disease Ordinance Task Force

JANUARY 12, 2021



# Agenda

1. Introduction (Dave)
  - a. Ordinance History
  - b. Requirement of City Council Resolution 2020-356
  
2. Engagement Plan (Lieske)
  - a. Engagement process
  - b. Schedule
  - c. Reporting
  
3. Task Force Membership (Terry)
  - a. Describe selection process
  - b. Introduce members and roles/qualifications
  
4. Facilitator (Terry)
  - a. Role of facilitator
  - b. Possible facilitators

# Introduction

Ordinance History

Resolution 2020-356

## MOTION TO POSTPONE WITH DIRECTION

**MOTION TO POSTPONE AGENDA ITEM #21: ORDINANCE AMENDING CHAPTER 8.04 "CONTAGIOUS DISEASE" BY CREATING SECTION 8.04.021 ENTITLED "LOCAL HEALTH OFFICER ORDERS" OF THE CODE OF ORDINANCES OF THE CITY OF EAU CLAIRE AUTHORIZING THE LOCAL HEALTH OFFICER TO ISSUE ENFORCEABLE ORDERS WITH NECESSARY PROCEDURAL AND SUBSTANTIVE SAFEGUARDS, WITH THE FOLLOWING DIRECTION:**

**WHEREAS**, though there have been broad discussions regarding the proposed changes amending the "Contagious Disease" ordinance, there is a need for a deliberate pause; and

**WHEREAS**, the ability to take a step back can foster our community's ability to bring partners and perspectives to the table that will strengthen the long-term ability to look at the public health perspective; and

**WHEREAS**, public policy frameworks such as a City Council Work Session and a City Council Pre-Legislative Discussions can foster collaboration between staff and policy makers.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Eau Claire that the Public Health Director and City Manager bring a revised engagement plan and recommendations to form a task force to the Eau Claire City Council on or before Monday, January 25, 2021 in the form of a City Council Work Session, that includes an update on the proposed task force membership and community engagement, including a shared understanding of the process that will be used to engage our community on the strengths and limitations of amending Section 8.04.021.

**BE IT FURTHER RESOLVED** that the Eau Claire City-County Board of Health populate the task force membership.

**BE IT FURTHER RESOLVED** that the Public Health Department is the designated lead on the task force and engagement plans.

**BE IT FURTHER RESOLVED** that the Public Health Director and City Manager may consider and recommend a facilitator to assist in these efforts.

**BE IT FURTHER RESOLVED** that the Public Health Director and City Manager bring the findings of the community task force with recommendations to the city council on the proposed "Contagious Disease" ordinance, on or before June 8, 2021 in the form of a pre-legislative work session.

**BE IT FURTHER RESOLVED** by the City Council of the City of Eau Claire that any changes to this schedule must be approved by the Eau Claire City Council, and should be coordinated through the Eau Claire City Manager.

**BE IT FURTHER RESOLVED** that the Public Health Director and City Manager are authorized to apply their professional judgment to shorten the time frame.

# Introduction

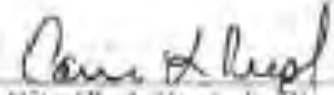
Resolution 2020-356

**BE IT FURTHER RESOLVED** that, should it be deemed a necessity, the City Council welcomes emergency legislative requests from the Public Health Department and shall act without haste to protect local public health.

Adopted,  
October 13, 2020

(SEAL)   
\_\_\_\_\_  
President Terry L. Weld

(SEAL)   
\_\_\_\_\_  
City Manager Dale Peters

(ATTESTED)   
\_\_\_\_\_  
City Clerk Carrie L. Riepl

# Engagement: Time line

December-  
January

Engage Taskforce  
with  
representative  
members –  
Business,  
Education,  
Government,  
Healthcare, Public  
Health



First Quarter 2021

Taskforce, Elected  
Officials, and  
General Public  
opportunity for  
shared  
understanding  
and input



No later than  
June, 2021

Final version of  
proposed  
Ordinance related  
to Communicable  
Disease Orders.  
Official public  
comment periods.  
Official governing  
body action

# Stakeholder Engagement Strategies

## Policy Makers:

City Council, County Board, Board of Health

- Updates at scheduled meetings
- Public listening sessions
- Legislative action

## Taskforce:

Members from across community

- At least monthly facilitated meetings
- Ask to represent their stakeholder group broadly
- Focus on information sharing and input
- Goal to build shared understanding and collaborative input to legislation

## General Public

- All taskforce meetings will be public meetings
- Planned informational session(s) for public with facilitator – assure reach to diverse populations
- Planned methods for input – assure reach to diverse populations
- Legislative public meetings

# Task Force Membership List

- ▶ Alissa Hladilek, RN (Mayo Clinic Health System, Infection Prevention & Control Dept, Manager)
- ▶ Anna Ziebell (UWEC Student Body President)
- ▶ Brandon Riechers (RCU President & CEO)
- ▶ Bruce Barker (CVTC President)
- ▶ Berlye Middleton (Uniting Bridges)
- ▶ City Council member (TBD)
- ▶ Crispin Pierce, PhD (UWEC Environmental Health)
- ▶ Don Bodeau, MD (Eau Claire City-County Board of Health)
- ▶ Emily Smith Nyguen, DC (Smith Chiropractic, LLC)
- ▶ Grace Crickette (UWEC Vice Chancellor)
- ▶ Jeff Halloin (HSHS Board of Directors, Chair)
- ▶ Joe Sanfelippo, PhD (Fall Creek School District, Superintendent)
- ▶ Ken Johnson, MD (Prevea, Chief Medical Officer & VP of Clinical Operations)
- ▶ Kimberly Cronk (Eau Claire County Board of Supervisors)
- ▶ Lori Whitis, MD (Chippewa Valley Free Clinic, Medical Director)
- ▶ Mai Xiong (Hmong American Leadership & Economic Development)
- ▶ Marisa Stanley, (Eau Claire City-County Health Dept, Asst Dir & epidemiologist)
- ▶ Michael Johnson (Eau Claire School District, Superintendent)
- ▶ Miriam Gehler (Marshfield Clinic Health System, Administrator)
- ▶ Scott Rogers (Eau Claire Area Chamber of Commerce, VP Governmental Affairs)

# Schedule

- ▶ City Council Work Session - January 12, 2021
- ▶ Public Engagement - January to June, 2021
- ▶ Pre-Legislative Work Session - June 8, 2021 or earlier
- ▶ City Council Action - Late Summer 2021



Questions or Comments?



Hello,

Thank you to everyone that was able to join us for the Winter Legislative Event, on Friday, January 8<sup>th</sup>, 2021. This event, which was sponsored by the Eau Claire City-County Board of Health and Eau Claire Healthy Communities, focused on housing and the connection to health outcomes in the Chippewa Valley. This was a challenging topic to tackle in a short time, but there was a lot of great discussion. A few main take-aways from the conversation are summarized below.

1. Housing is a complex issue that is intertwined with many other topics, including workforce issues, mental health, substance misuse, and access to healthcare. There are no easy solutions, but a variety of policy changes could make a difference.
2. Working with other organizations (Eau Claire Chamber, Wisconsin Public Health Association, Wisconsin Hospital Association, Wisconsin Counties Association, others) to coordinate potential “ask” or language related to housing would be more powerful.
3. The Return on Investment (ROI) of working on housing is an important consideration. Negative health outcomes cost money and lack of housing can also impact an employer’s ability to find/retain workers. ROI is used by many organizations as a talking point but still important to many legislators to know that there is cost savings.
4. It is critical to show that policy will make a positive impact. Bringing evidence-based solutions that community partners/topic experts are aware of to the table for discussion would be helpful to legislators. There is concern if funding is spent on things that do not work. The challenge of “proving” that prevention works is difficult, and this was discussed. Prevention is a long-term upstream approach that means something didn’t happen – a failure from school, an incarceration, an eviction, a challenging asthma diagnosis, a lead poisoned child, etc.
5. HOPE legislation is moving forward in the legislature and the connection between substance misuse and housing challenges is strong. Supporting this legislation was requested by legislators.
6. Workforce and housing are critically connected through issues such as employers finding workforce, ALICE population having the stressors of unavailable housing impacting their ability to work effectively, and having the workforce to do the rehabilitation and construction work. Bills are being worked on in the assembly related to some of these topics that may have a public hearing in January. Connecting housing bills to important health outcomes, especially for those people experiencing low income is important.
7. Homelessness legislation passed the assembly and is being considered by the Senate with potential hearings in January. Much of the work done on homelessness has been related to responding to the crisis. Additional efforts are needed to go upstream to prevent homelessness. Eau Claire SPRINT process discussed is an example. Considerable work is happening with local not for profits and government entities in Eau Claire on this topic but there are many challenges.
8. Additional issues of rehabilitation dollars for existing housing, challenges of power in landlord-tenant relationships, health status of rental properties, mobile home park licensing, and construction costs were also discussed.
9. Poverty is a significant issue in the Chippewa Valley. There is important work to be done to share the recent Poverty Report and describe issues we have in more rural parts of the state to those legislators that are more focused on Madison/Milwaukee.
10. Data on housing and homelessness is important to legislators. Review of existing reports was done during the meeting. Discussion was had related to the complexity of having good, reliable, and timely data. Health Department discussed homelessness data that is available from the Balance of State that will be shared.

We hope that these legislative events continue to strengthen our relationship between our local policymakers and community organizations and help us figure out how we can work together in the future. Attached is a list of attendees for your reference. Below are links to the reports shared prior or at the event.

- **Chippewa Valley Housing Taskforce: Chippewa Valley Housing Recommendations report-** Chippewa Valley Housing Task Force started in 2018 to learn about the regional housing market and to study potential solutions related to housing supply and affordability challenges in the Chippewa Valley. The report outlines a variety of short- and long-term potential strategies for local government, businesses, non-profits, and communities to consider.  
<https://www.eauclairewi.gov/home/showdocument?id=30411>
- **Wisconsin Relators Association special report-** This special report on falling behind addresses Wisconsin's workforce housing shortage to strengthen families, communities and our economy. The report covers causes and results of the housing shortage along with steps/roadmap to change. <https://www.wra.org/PressRelease/FallingBehind/>
- **WPHA/WALHDAB legislative priorities** – These state-wide public health membership organizations have prioritized housing and related health outcomes as a top advocacy issue. [https://cdn.ymaws.com/www.wpha.org/resource/resmgr/pa\\_committee/2018/WPHA\\_WALHDAB\\_Legislative\\_Fly.pdf](https://cdn.ymaws.com/www.wpha.org/resource/resmgr/pa_committee/2018/WPHA_WALHDAB_Legislative_Fly.pdf)
- **Summary of Eau Claire Sprint Cycle-** This report outlines the work of the “Sprint to end homelessness” in Eau Claire. The sprint structure challenges communities’ re-vision what’s possible and to solve complex problems through collaboration, iterative problem-solving, and a bias toward action over processing and planning in 100 days. Eau Claire launched its first Sprint Cycle on April 10, 2019, with a focus on individuals experiencing chronic homelessness and a bold goal of housing 16 individuals by July 31<sup>st</sup>. The report outlines potential next steps in order to move to ending homelessness in our community. (see attached)
- **Housing and Health in Seattle 1-pager** <https://www.housingconsortium.org/wp-content/uploads/2017/04/SeattleHnH-1.pdf>
- **The Relationship Between Housing and Health 1-pager**  
<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2016/the-relationship-between-housing-and-health>

If you were not able to attend the Healthy Eau Claire Annual Legislative Event and have questions please contact Cortney Draxler at [cortney.draxler@co.eau-claire.wi.us](mailto:cortney.draxler@co.eau-claire.wi.us).

Please save the date for our Healthy Eau Claire Annual Legislative Event on April 30<sup>th</sup> from 4-5:15pm.

## Health committee considers COVID-19 vaccine rollout

A state health official told the Assembly Committee on Health Thursday the limiting factor for the state's rollout of the COVID-19 vaccine is supply, while skeptical Republican lawmakers questioned the process for deciding who gets shots.

Committee Chair Rep. Joe Sanfelippo, R-New Berlin, raised concern about whether the state was moving as fast as it could to get vaccines to the public, saying the "disconnect" seems to be getting doses to vaccinators.

He called it "unacceptable" for mass vaccination of the general public to begin in summer and asked why a state committee is working on developing priority groups for vaccination, rather than relying on federal guidelines.

"It just seems like we're really getting bogged down in bureaucratic footsie," Sanfelippo said. "We should be focused on getting as many vaccinations out to as many people as quickly as possible."

Department of Health Services Assistant Deputy Secretary Lisa Olson said they believe it's important that discussions and decisions on how to allocate scarce COVID-19 vaccines take place through a public process.

Olson said they're also moving forward as the committee deliberates, including by opening eligibility for fire and police personnel to get shots next week. The biggest challenge is supply, she said.

"We have the system, we have the infrastructure in place and we are ready to go," Olson said. "We want nothing more than for as many as Wisconsinites as possible to be vaccinated as quickly as possible."

Rep. Dave Murphy, R-Greenville, **questioned** why federal data show the state behind others in administering COVID-19 vaccine doses, a list topped by West Virginia.

Wisconsin had to set aside around 200,000 doses of its allocation for a program vaccinating staff and residents at long-term care facilities, Olson said. And she said the federal government allocates vaccines based on population, not on the number in the first phase of vaccinations. Wisconsin has a larger proportion of the population in healthcare fields and long-term care facilities than other states, she said.

West Virginia also received a lot of Moderna vaccine, said Medical College of Wisconsin CEO Dr. John Raymond. Because of that, they were able to place provide doses in front-line pharmacy providers and physician offices, rather than use hubs with the ultra-cold storage capabilities required by the Pfizer-BioNTech vaccine, which is what Wisconsin received the most of in its initial weeks.

"I know it sounds bad if you want to compare 6 percent with the 2.5 percent," said Raymond, who spoke on behalf of the Wisconsin Medical Society and MCW. "From a public health perspective, there's no difference. We're not even close to having vaccinated enough people."

Raymond recommended that lawmakers push for getting less fragile vaccines, like Moderna, to Wisconsin and encourage regulators to approve other vaccine candidates as soon as possible.

He hopes that if more companies get approval for their shots, Wisconsin could complete mass vaccinations by March or April.

Wisconsin Hospital Association CEO Eric Borgerding said he understands the need for prioritizing doses, but warned against getting “bogged down in the minutiae of that prioritization” and in the process slowing down vaccination.

"We have been advocating for more flexibility so that parts of the state that are ready to go, that for example are ready to start vaccinating those populations that comprise 80 to 90 percent of the COVID deaths, can move forward to do that as quickly as possible," he said.

Danielle Womack, vice president of the Pharmacy Society of Wisconsin, called for scaling up vaccination efforts. She called for enrolling pharmacies as vaccinators quickly, activating the next phase of priority groups immediately, streamlining scheduling for vaccination appointments and distributing second doses effectively throughout the state.

Chris Borgerding, Wisconsin Dental Association director of government services, said his association has been working to connect local health departments and health systems with their members. Some counties got their dentists' first doses a few weeks ago, while some larger counties are struggling more, he said.

As of Thursday, 250 nursing homes in Wisconsin have been visited by vaccinators, with 24,355 residents and staff getting first doses, Olson said.

LeadingAge Wisconsin CEO John Sauer said upwards of 90 percent of nursing home residents are getting shots. About 60 to 65 percent of staff are getting vaccinated, with some nursing homes seeing more than 80 percent of staff getting shots.

He noted that all Wisconsin nursing homes are poised to receive their first visits by vaccinators by the end of the month.

"We have to be pleased with that effort," Sauer said. "Many of us didn't think that was going to happen within 30 days."

Meanwhile, Darren Rausch, health officer and director of the Greenfield Health Department and president-elect of the Wisconsin Association of Local Health Departments and Boards, **praised** Wednesday's announcement of \$86 million in federal funds for the state's local health departments to help with COVID-19 efforts. He called the money "significant," saying it works out to around \$439,000 for his city.

"Unfortunately, I can't say with certainty that this amount of dollars is sufficient, and there may need to be future federal allocations," he said.

## Lobbyist Report –

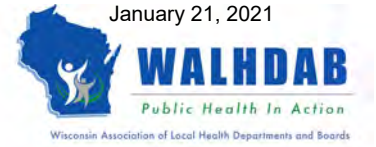
- COVID-19 Action
  - Assembly Bill 1
    - December Memo
    - Written Testimony
    - [Robin Lankton Op-ed](#)
    - [Press Release](#)
    - Senate Substitute Amendment 1
  - LRB-1359 – Vaccine Mandates
    - Cosponsorship Memo
  - LRB-1383 – Vaccine Mandates
    - Cosponsorship Memo
  - LRB-1360 – Closure of Places of Worship
    - Cosponsorship Memo

### Opposition Memo to LRB-1359, -1383, -1360

- Assembly Health Committee Hearing on Vaccination Rollout
  - Darren Rausch’s Testimony
  - [Rep. Sanfelippo Press Release](#)
- LRB-0105 – Preexisting Conditions
  - Cosponsorship Memo
- LRB-0840 – Contraceptive Prescriptions
  - Cosponsorship Memo
- LRB-0921 – Expanding Psych Bed Capacity
  - Cosponsorship Memo
- LRB-1338 – Retail sale of liquor
  - Cosponsorship Memo
- 2021-2022 Legislative Agenda Setting Process
  - COLE Request to Health Departments



## 2021-2022 Public Affairs Committee Representatives



### WPHA Members

Maureen Busalacchi  
Co-Chair  
Advancing a Healthier Wisconsin  
Endowment  
Term expires 12/31/2024 (every 4 years)

Geoffrey Swain  
Retired  
Term Expires 12/31/2022

Darren Rausch  
Greenfield Health Department  
Term Expires 12/31/2022

Kim LeBard-Rankila  
UW Superior  
Term Expires 12/31/2022

Lorraine Lathen  
Jump at the Sun Consultants  
Term Expires 12/31/2022

Niki Euhardy  
Winnebago County Health Department  
Term Expires 12/31/2024

Darcie Warren  
American Lung Association in WI  
Term Expires 12/31/2024

### WALHDAB Members

Linda Conlon (Northern Region)  
Co-Chair  
Oneida County Health Department  
Term Expires 12/31/2022 (every 4 years)

Elizabeth Giese (Western Region)  
Eau Claire City-County Health  
Department  
Term expires 12/31/2022

Ruth Wood (Western Region; BOH)  
Pierce County Board of Health  
Term Expires 12/31/2022

Ann Price (Northern Region)  
Florence County Health Department  
Term Expires 12/31/2022

Carol Quest (Southern Region)  
Watertown Health Department  
Term Expires 12/31/2022

Kirsten Johnson (Southeastern Region)  
Washington-Ozaukee Public Health  
Department  
Term Expires 12/31/2024

Amanda Dederich (Southern Region)  
Juneau County Health Department  
Term Expires 12/31/2024

### Lobbyists

#### Hoven Consulting

Erik Kanter & Tim Hoven

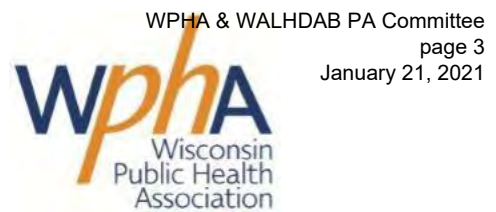
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DATE: December 15, 2020  
 TO: Members of the Wisconsin State Legislature  
 FROM: The Wisconsin Association for Local Health Departments and Boards  
 The Wisconsin Public Health Association  
 RE: Assembly Republican Pandemic Legislative Proposals

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The Wisconsin Association for Local Health Departments and Boards (WALHDAB) is the statewide organization of city, county and tribal local board of health members and health department administrators. WALHDAB members provide a unified forum for public health leadership development, advocacy, education, and forging of community partnerships for the improvement of public health at the local level.

The Wisconsin Public Health Association (WPHA) is the largest statewide association of public health professionals in Wisconsin. WPHA was established in 1948 and serves as the collective voice for public health in Wisconsin and is committed to building a healthier, safer state through policy, partnership and professional development of our members.

Together, WPHA and WALHDAB represent over 1,200 public health professionals in communities across Wisconsin, striving to prevent, promote, and protect the health of Wisconsin citizens.

We are encouraged to see reports in the media regarding recent meetings between Governor Evers, Speaker Vos, and Senator LeMahieu working towards bipartisan efforts to address the ongoing pandemic. We also understand the recent Assembly Republican proposals represent a starting point for continued discussions between Governor Evers, Speaker Vos, and Senator LeMahieu.

In reviewing the Assembly Republican proposals based on the December 1, 2020 Legislative Fiscal Bureau memo, WALHDAB and WPHA recognize several positive initiatives, such as efforts to double the local public health workforce. However, there are several initiatives in the Assembly Republican proposal package that are of great concern. Please find listed below candid thoughts and feedback.

**1. Local Health Officers' Authority to Close and Impose Capacity Restrictions on Businesses (Page 10, Item 10)**

**Request:** Remove this proposal

**Rationale:** This is unworkable for local economies, it is not based on science, and it runs counter to effective and long-established public health protocols. The proposal would have negative consequences for employees and businesses, and it jeopardizes the health of communities across Wisconsin.

Current law allows local health officers to protect public health in order to accomplish minimal negative impact on a given community's economy. This proposal eliminates the use of science and best practice, and it requires local health officers to impose maximum negative economic impact on all businesses.

"All types of businesses" are not at equal risk and even similar businesses, based on their specific practices may not all have the same risk. It is not fair to close or limit capacity at low-risk Business-types A, B, and C just because there is an elevated public health risk specific to Business-type D. For example, as written in the Republican Assembly proposal, if a public health risk is specific to a fitness club, a local health officer would have to close the fitness club, the grocery store, the gas station, the hardware store, and the bank, despite a lack of factual, scientific evidence that an equal risk is also present at

those other businesses. This is not fair to local economies, and it is not a fact-based approach in accordance with recommendations from experts.

Local public health officer protocols are supported and developed by trusted medical and public health professionals. Wisconsin Statute 252.03, which was written into law in 1982 after passage of a bipartisan bill signed by Republican Governor Lee Sherman Dreyfus, places trust in local health officers to utilize the best recommendations of experts.

In a recent validation of Chapter 252.03, a November 3, 2020 Brown County advisory referendum indicated nearly 60% of voters support the use of discretionary protocols by local health officers and oppose modifying the law.

The science is settled, and everyone agrees: the initial goal is to “stop the spread,” with the ultimate goal to “eliminate and eradicate the virus.” Policy proposals that hinder the ability of local health officers to employ practices that directly impact local outcomes do not serve either goal. We cannot eliminate the virus if local health officers do not have the tools to effectively stop the spread.

## 2. Protections for Threats against Local Health Officers

**Request:** Create a new criminal penalty for threats or intimidation of local health officers (LHOs), which will provide LHOs the necessary security and safety to do their jobs.

**Rationale:** Wisconsin’s LHOs have experienced increased hostility from individuals in communities they serve. There are examples of this in [Ozaukee County](#), [Milwaukee](#), and [Chippewa County](#), as well as [other communities](#) around the state.

35 other states have specific criminal penalties protecting local health officers. Similar protections already exist in Wisconsin for other professionals, like court and law enforcement officers ([940.203](#)).

## 3. Increase Local Public Health Staff (Page 9, Item 6)

**Request:** We appreciate the proposal and request language to clarify flexible use of new staff

**Rationale:** Local public health has been chronically underfunded since well before the pandemic and staffing shortages have long been a problem. This proposal should not dictate how new staff is utilized. For instance, while some jurisdictions may utilize new staff for a given pandemic-specific responsibility, other jurisdictions may need to fill in gaps in typical, non-pandemic responsibilities which have been neglected due to the pandemic. Allow locals to utilize new staff to best fulfill the public health needs of a localized community.

Local health officers follow science to protect health and safety. They rely on their education, training, and all available data to make objective, evidence-based decisions. An ongoing response to the pandemic cannot be successful without supporting the work of local public health officials.

Thank you for reviewing these recommendations. On behalf of both organizations we look forward to working with legislators in crafting policy initiatives that will benefit Wisconsin citizens. Should you have additional questions do not hesitate to contact either Tim Hoven ([tim@hovenconsulting.com](mailto:tim@hovenconsulting.com), 414-305-2011) or Erik Kanter ([erik@hovenconsulting.com](mailto:erik@hovenconsulting.com), 608-310-8833).



January 21, 2021



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



**WALHDAB**  
Public Health In Action  
Wisconsin Association of Local Health Departments and Boards

563 Carter Court, Suite B, Kimberly, WI 54136  
920-882-3650 · 877-202-4333

DATE: January 5, 2021  
TO: The Assembly Committee on Health  
FROM: The Wisconsin Association of Local Health Departments and Boards (WALHDAB)  
The Wisconsin Public Health Association (WPHA)  
RE: Restrictions on Public Health Orders in Assembly Bill 1

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WALHDAB is the statewide organization of city, county and tribal local board of health members and health department administrators. WALHDAB members provide a unified forum for public health leadership development, advocacy, education, and forging of community partnerships for the improvement of public health at the local level.

WPHA is the largest statewide association of public health professionals in Wisconsin. WPHA was established in 1948 and serves as the collective voice for public health in Wisconsin and is committed to building a healthier, safer state through policy, partnership and professional development of our members.

Together, WPHA and WALHDAB represent over 1,200 public health professionals in communities across Wisconsin, striving to prevent, promote, and protect the health of Wisconsin citizens.

WALHDAB and WPHA are deeply concerned about provisions in LRB-2232/1 or Assembly Bill 1 which will unnecessarily make it more difficult for local health departments to effectively manage their statutory responsibility to prevent and suppress disease during this pandemic. Most notable are the changes listed on page 8 of the Legislative Reference Bureau Analysis which:

- modifies long-standing statutes which grant authority to issue orders,
- prohibits closures in designated facilities, and
- prohibits the authority to require vaccination with designated exemptions.

The changes in the bill are based on an assumption that local response throughout the state has been unilateral and exceeded the statutory expectation that actions are “reasonable and necessary”. The bill further assumes actions are made without the required investigation and reporting to locally elected governing bodies. The reality is our local health officers have worked closely within their local units of government and with their locally elected officials to determine the best course of action necessary to protect their communities. While some of the decisions and actions may be unpopular among some, these decisions are evidence-based and made in real-time. In addition, there has been an extraordinary emphasis on community outreach and education to help support voluntary compliance with recommended best practices. As a result, the number of orders that have been issued by local health officers have been limited in quantity, supported by locally elected officials and supported by the majority of the public.

Wisconsin Chapter 252.03 was approved with overwhelming bi-partisan support and has functioned for over 4 decades. These legislators established a mechanism in statute that would provide the authority necessary to combat unprecedented and unimaginable threats to our public health. In recent months, public opinion has affirmed this same position. On Election Day 2020, a Brown County advisory referendum asked voters whether there should be county board approval of orders issued by local health officers. Over fifty-five percent said no, confirming support of current practice and current law.

Simply stated, Chapter 252.03 is a necessary and essential tool, not a hinderance, in protecting public health. Local health officers follow science to protect health and safety. They rely on their education, training, and all available data to make objective, evidence-based decisions. And they are accountable to their local board of health, the elected official(s) who appointed them, and their communities.

In addition, we request legislators to consider previous requests to include language to protect local health department staff. We ask the legislature to follow the lead of 35 other states by establishing penalties against those who harass and interfere with the work of our local health department staff. Failure to include this protection further complicates the local health department response and suggests a lack of consideration for these public employees work on our behalf.

The middle of a pandemic is no time to limit the work of local health officers. We need to support of local health officers and remain committed to the local decision-making as the keys to governance in Wisconsin. State leaders from both parties and all branches of state government have described the importance of local response to this unprecedented pandemic. We ask your support to provide the same tools our local health officers need to continue their work.

## **CO-SPONSORSHIP MEMORANDUM**

**TO: All Legislators**

**FROM: Sen. André Jacque  
Sen. Mary Felzkowski  
Sen. Chris Kapenga  
Sen. Howard Marklein  
Sen. Jerry Petrowski**

**DATE: January 13, 2021**

**RE: Co-Sponsorship of LRB 1359/1, Prohibiting Public Health Officers & DHS from Mandating COVID-19 Vaccination**

**DEADLINE: Friday, January 22<sup>nd</sup> at 5:00pm**

We are introducing LRB 1359/1 as standalone legislation to ensure Public Health Officers and the Wisconsin Department of Health Services (DHS) are not able to require vaccination or require a person to show proof of vaccination for COVID-19, identical to that provision within AB 1 as passed this year by the State Assembly.

While Wisconsin citizens are rightly concerned about the lagging roll-out by DHS of COVID-19 vaccine availability in our state, there remains public apprehension about the COVID vaccines by the general public, particularly given that their approval was expedited at breakneck speed and not as robustly examined and tested for long-term effects. At this point in time, there is little to no information about the use of these vaccines in infants and children, or in pregnant or breastfeeding women. Vaccines can kill or make some people with auto-immune disorders, such as Guillain-Barre Syndrome, very sick. Forcing the vaccination of millions of young and healthy citizens who perceive themselves to be at an acceptably low risk from COVID-19 is ethically disputed.

We don't know how long immunity conferred by the vaccines lasts, none of the trials were [designed to tell us](#) if the vaccine prevents serious disease or virus transmission, and, we don't yet know if they have any adverse effects on various subpopulations. It is critical to protect individual freedom in medical decisions- government coercion in relation to a vaccine will do nothing to protect the public trust and assure citizens that their rights are being protected.

It is important to recall that through the inherent complexity and novelty of the virus, but also human error, the pandemic has created no shortage of uncertainty and misinformation, which has at times reflected poorly on government and cast doubt on both scientific and governmental authority. It should also be noted that mandatory vaccination does not automatically increase vaccine uptake. A European Union-funded project on epidemics and pandemics, which took place several years before COVID-19, found no evidence to support this notion. Looking at Baltic and Scandinavian countries, the project's [report](#) noted that countries "where a vaccination is mandatory do not usually reach better coverage than neighbour or similar countries where there is no legal obligation".

A successful roll-out of COVID-19 vaccines will require time, communication, and trust, not heavy-handed big government mandates.

## **CO-SPONSORSHIP MEMORANDUM**

**TO: All Legislators**

**FROM: Sen. André Jacque  
Sen. Mary Felzkowski  
Sen. Chris Kapenga**

**DATE: January 13, 2021**

**RE: Co-Sponsorship of LRB 1383/1, Prohibiting Mandatory COVID-19 Vaccination for Employment**

**DEADLINE: Friday, January 22<sup>nd</sup> at 5:00pm**

We are introducing LRB 1383/1 as standalone legislation to ensure our state residents are not required to be vaccinated or show proof of vaccination for COVID-19 in order to maintain their employment or be considered for employment, identical to that provision included within AB 1, as passed this year by the State Assembly.

It is imperative that a person's choice of whether or not to receive a COVID-19 vaccine does not impact their ability to make a living and provide for their family. Additionally, forcing workers to decide between getting a vaccine or losing their job could hurt morale at a time anxiety is already high, and disrupt business operations if enough people refuse. In addition, without passage of this proposal, employees could resist vaccination because of safety concerns and claim protection under the National Labor Relations Act, which protects the rights of employees, both unionized and not, to engage in "concerted activity" regarding employment conditions.

As noted in the previous co-sponsorship memo, there remains public apprehension about the COVID vaccines by the general public, particularly given that their approval was expedited at breakneck speed and not as robustly examined and tested for long term effects. At this point in time, there is little to no information about the use of these vaccines in infants and children, or in pregnant or breastfeeding women. Vaccines can kill or make some people with auto-immune disorders, such as Guillain-Barre Syndrome, very sick. We don't know how long immunity conferred by the vaccines lasts for, none of the trials were [designed to tell us](#) if the vaccine prevents serious disease or virus transmission, and, we don't yet know if they have any adverse effects on various subpopulations.

It is critical to protect individual freedom in medical decisions. Wisconsin Family Action supports this proposal.

**To be added as a co-sponsor of this legislation, please reply to this email or contact Sen. Jacque's office at 6-3512 by 5:00pm on Friday, January 22<sup>nd</sup>.**

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

#### **Prohibiting vaccination against SARS-CoV-2 as condition of employment**

This bill prohibits an employer from requiring an individual to receive a vaccine against the SARS-CoV-2 coronavirus or show evidence of having received such a vaccine.

**CO-SPONSORSHIP MEMORANDUM**

**TO: All Legislators**

**FROM: Sen. André Jacque  
Sen. Duey Stroebel  
Sen. Alberta Darling  
Sen. Mary Felzkowski  
Sen. Chris Kapenga  
Sen. Howard Marklein  
Sen. Jerry Petrowski  
Sen. Van Wanggaard**

**DATE: January 13, 2021**

**RE: Co-Sponsorship of LRB 1360/1, Prohibiting Closure of Churches by Local Public Health Officers**

**DEADLINE: Friday, January 22<sup>nd</sup> at 5:00pm**

Citizens have a fundamental right to expect that their Constitutionally-protected religious freedom will be respected by officials at all levels of government, including the right to freely worship unencumbered by the government. Unfortunately, religious liberty has been trampled on by some unelected bureaucrats and elected officials in their response to COVID-19. With facilities like liquor stores and abortion clinics previously recognized by public health departments as essential businesses and being allowed to operate without harassment while churches and other places of worship were shut down, we must ensure that people's right to freely assemble and worship are not impeded.

We are be introducing the attached legislation, identical to a provision passed earlier this year by the Assembly within AB 1, to prohibit a repeat of this scenario and ensure that the response to COVID-19 will not again threaten religious expression and those who gather in places of worship as a faith community to pray for our nation.

Wisconsin Family Action supports this proposal.

**To be added as a co-sponsor of this legislation, please reply to this email or contact Sen. Jacque's office at 6-3512 by 5:00pm on Friday, January 22<sup>nd</sup>.**

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

This bill prohibits local health officers from closing or forbidding gatherings in places of worship to control outbreaks and epidemics of the 2019 novel coronavirus. Currently, local health officers have the statutory authority to do what is reasonable and necessary for the prevention and suppression of disease and forbid public gatherings when necessary to control outbreaks or epidemics, among other public health powers.

**Assembly Committee on Health  
PUBLIC HEARING**

Thursday, January 14, 2021  
10:00 AM  
411 South

**A Discussion on Wisconsin's COVID-19 Vaccine Distribution**

- Thank you for the invitation. My name is Darren Rausch, Health Officer/Director of the City of Greenfield Health Department serving a community of 37,000 residents in suburban Milwaukee County
  - I am pleased to join the public hearing today
  - I hope to lend the local public health department perspective to this important discussion
- The perspective I bring today is as a local public health official and public health scholar
  - Professionally, my full-time role is as local health officer at the City of Greenfield Health Department in suburban Milwaukee County
    - During the COVID-19 pandemic, I have worked with colleagues in health departments across Milwaukee County – as well as with other county partners – to create the Milwaukee County Unified Emergency Operations Center (UEOC)
    - Within the UEOC we've been working collectively to tackle the COVID-19 pandemic by strengthening our collective power across the county and across sectors; similar efforts are occurring in other parts of the state, both in local counties and regions
  - Additionally, I am an adjunct faculty member of the UW-Milwaukee Zilber School of public health in addition to being a current PhD candidate at UW-Milwaukee as well.
  - Formally, I am here to represent the Wisconsin Association of Local Health Departments and Boards (WALHDAB)
    - WALHDAB is the statewide leader and voice for local governmental public health
    - Within the organization, I am active as
      - A member of the COVID Committee
      - President-elect
- The role of local health departments in the COVID-19 pandemic is multi-faceted, including several key roles in management of the pandemic, disease investigation, and vaccination.
  - In the early months, our focus was primarily disease investigation and contact tracing
    - This included the management of the public health emergency in our respective jurisdictions
    - Also included assisting with coordinating testing and response within the community
    - This important work continues today, and will throughout the pandemic, because disease investigation, contact tracing, and testing remain effective tools to contain COVID-19
  - In summer, we needed to also begin planning for a COVID-19 vaccination campaign
    - Our effort builds on prior planning and exercising occurring over the past 18+ years

- Draws from previous similar experiences (H1N1 is most recent in 2009-2010), but our annual influenza vaccination clinics are mini-clinics that keep our plans fresh and current.
  - Our primary focus is on coordinating vaccine distribution plans in community in a way that is safe, quick and efficient
- The formal process for local health departments to obtain vaccine began in October
  - First, we needed to complete an application to become an approved vaccinator
  - Worked to identify populations in our communities that met anticipated priority groupings
  - Additionally, preparing and organizing for local vaccination included the ordering of vaccine supplies
    - Not only medical supplies, but also
    - Other supplies and equipment to support vaccination efforts
- The weekly ordering process for local public health opened the first week of January, after a focus the first few weeks on hospitals and healthcare systems
  - Process begins each Monday with a weekly survey sent to the Department of Health Services (DHS)
    - DHS is the gatekeeper since vaccine is allocated to the State by the federal government to the State
    - The survey collects key information on the site and the number of vaccines needed for the following week
    - This focus emphasizes completing vaccinations (“shots in arms”) rather than having vaccine sit in a freezer
  - Vaccine allocations are typically approved very late in the week – typically Friday – and arrives at local health departments early the following week
    - This permits the scheduling of clinics for the week with an assured amount of doses available
    - Mondays become an opportunity to reach out to the prioritized residents and/or employees in the jurisdiction who are eligible for vaccination; for Greenfield, this has meant scheduling clinics on Wednesdays and Thursdays weekly
  - It is important to recognize community partners helping in vaccination planning efforts
    - In Milwaukee County, we’re using a cross-sector partnership between health departments, human services, health care and others
    - Volunteers are important for our vaccination clinics, and include persons from other city departments, community volunteers, retired healthcare workers, students, and others
    - While local health departments are a large part of our state’s vaccination efforts, we are not the only. Many of those partners are also here with us today and we look forward to our continued work with all of them.
      - hospitals and health care systems (who are very active in Phase 1A)
      - pharmacies, healthcare clinics, federally qualified health centers, and others
      - And certainly all of the individual community volunteers who help staff our clinics
      - No one department can “do it all” in their community
- Each week, we’re also actively planning for future phases

- Most immediately, this week's announcement of expansion to police and fire
- Other populations in the SDMAC Phase 1B priorities: over 70 years, public-facing essential workers, school personnel)
  - 1B would include well over 450,000 persons statewide
  - Larger clinic operations will be required to vaccinate the larger anticipate volumes
- Lastly, let me focus on the needs (both short and long-term) for local public health in COVID-19 vaccination efforts
  - Vaccine supply has been the most limiting factor thus far; I repeat, vaccine supply from the federal government has been the limitation in getting "shots into arms"
  - Clearer communication to/for the public is VERY important
    - Currently, each health department is receiving dozens to hundreds of calls per day from residents
    - We need strong, clear and coordinated statewide messaging to inform residents
  - Support more points of access to vaccine (e.g., the pharmacies (was they are present) as a partner that is willing and able to help in the community, healthcare system, others)
    - Local public health was never anticipated to be the only vaccinators in the community
    - Significant vaccinations occur regularly for seasonal influenza through local healthcare systems and pharmacies; these organizations must be provided vaccine ASAP and definitely as Phase 1B begins
  - Human resources (including volunteers) (some departments have used retired physicians and nurses from WEAVR, others are using EMS personnel, nursing students, and others)
  - Funding
    - Local public health has been long underfunded nationally and statewide throughout my career
    - Local health departments are heavily reliant on federal allocations to combat the COVID-19 pandemic
    - Additional allocations were announced publically by Governor Evers yesterday - \$86M for local public health
      - These funds are dedicated to off-setting COVID-19 related expenses, such as vaccine administration
      - Also continue to support testing, disease investigation, and contact tracing
      - For Greenfield, this amounts to an allocation of \$439,000 through October 2022
        - Is this sufficient? I cannot say with absolute certainty.
        - So much depends on factors that are a bit unknown as we expand into the next phases
          - Do I need to rent commercial real estate?
          - Do I need to procure additional supplies?
          - Do I need to hire additional staff?
  - Public Health has been preparing for a pandemic
    - We're well positioned for success with COVID-19 vaccination efforts if provided the tools and resources I mentioned above
    - This work is not easy, and will continue to be challenging going forward, but we can recognize how much has been accomplished so far



- Over the years, we've worked annually with community partners – including hospitals, healthcare systems, pharmacies, and others – to plan for our current reality
- The participants on this public hearing are committed to COVID-19 in our communities, regions, and statewide
  - This commitment underscores how partners have stepped up and have working together for months
  - We're months in, and vaccination provides a glimpse of the light in controlling the COVID-19 pandemic in Wisconsin
- Thank you for the opportunity to speak today.
  - I'm happy to take any questions or comments from the Committee

## CO-SPONSORSHIP MEMORANDUM

**Date:** January 7, 2021

**To:** All Legislators

**From:** Sen. André Jacque  
Sen. Lena Taylor  
Rep. Gae Magnafici

**Re:** Co-sponsorship of LRB 0105/1, The Pre-Existing Condition Guaranteed Coverage Act

**DEADLINE: Thursday, January 21, 2021 at 5 p.m.**

We will be re-introducing the Pre-Existing Condition Guaranteed Coverage Act to ensure that no matter what happens at the national level, here in Wisconsin our residents won't be denied access to life-saving treatment or necessary healthcare just because of challenges they've already faced or continue to deal with in their health history.

Under current federal law, health insurance companies can't refuse coverage or charge more just because a person has a health problem (a "pre-existing condition") that they had before the date that new health coverage starts. LRB 0105/1 will enshrine pre-existing condition protections into Wisconsin law to ensure that all three elements of pre-existing condition protections would remain in place for state residents regardless of changes at the national level. Specifically, the Pre-Existing Condition Guaranteed Coverage Act provisions will prevent insurance companies from denying someone a policy because they have a pre-existing condition (the "guaranteed issue" requirement), refusing to cover services that people need to treat a pre-existing condition ("pre-existing condition exclusions"), or charging a higher premium based on a person's health status (the "community rating" provision). LRB 0105/1 also would ensure a health benefit plan or a self-insured governmental health plan is prohibited from imposing an annual or lifetime limit on the dollar value of benefits under the plan.

This proposal passed the Assembly last session with overwhelming bi-partisan support by a vote of 76-19 but was not taken up by the State Senate.

If you would like to co-sponsor this legislation, please reply to this email or contact Sen. Jacque's office at 6-3512, or Rep. Magnafici's office at 7-2365 by **Thursday, January 21<sup>th</sup> at 5 p.m.**

### *Analysis by the Legislative Reference Bureau*

This bill generally sets certain requirements and limitations on health insurance coverage in the event the federal Patient Protection and Affordable Care Act no longer preempts state law on the topic. Currently, the Affordable Care Act generally allows premium rates to be based only on individual or family coverage, rating area, age, and tobacco use; requires group and individual health insurance

## CO-SPONSORSHIP MEMORANDUM

DATE: Jan. 7, 2021

TO: All Legislators

FROM: Representatives Joel Kitchens and Gae Magnafici  
Senator Mary Felzkowski

RE: LRB-0840 and LRB-1246: relating to permitting pharmacists to prescribe certain contraceptives, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty.

DEADLINE: **Thursday, Jan. 21, 2021 at 5 p.m.**

We are introducing LRB-0840 and LRB-1246 to give women more choices with their reproductive healthcare and to reduce unplanned pregnancies, which can have a considerable impact on mothers, their families and society as a whole.

Under current state law, hormonal birth control is only available through a prescription from a physician or a nurse practitioner who has met the required qualifications. This legislative proposal would, under certain circumstances, allow pharmacists to prescribe hormonal contraceptive patches and self-administered oral hormonal contraceptives – including common birth control pills.

By policy, prescription drugs are so deemed because they either have high abuse potential or potentially harmful side effects that require a physician's oversight. Neither of those conditions apply to these products. While any pharmaceutical can have undesirable side effects in certain individuals, today's birth control formulations are as benign as most over-the-counter medications. In 2012, the American College of Obstetricians and Gynecologists endorsed the idea of making birth control available over the counter.

Because of what we now know, it is inadvisable to keep these artificial barriers intact that prevent women from being able to responsibly obtain birth control. There are currently at least 13 U.S. jurisdictions in America – including both red and blue states – that permit pharmacists to prescribe contraceptives.

This legislation will also benefit women who live in rural or underserved areas that have a limited number of healthcare providers. The American Medical Association says that close to 30 percent of all counties in Wisconsin do not have an OB/GYN. On the other hand, more than 90 percent of Americans live within five miles of a pharmacy.

**TO: All Legislators**

**FROM: Senators Kathy Bernier  
Representatives Jesse James**

**DATE: January 14, 2021**

**RE: Co-Sponsorship of LRB-0921 & LRB-0532, relating to:** grant to a hospital for expanding psychiatric bed capacity

**DEADLINE: Monday, February 1**

*This is a redraft of last session's bipartisan AB443 / SB405 which passed the Assembly unanimously and was set for a vote in the Senate before COVID hit.*

A mental health crisis is traumatic under any circumstances, but when the situation escalates to the point where a Chapter 51 emergency detention becomes necessary, the situation is often made worse by the need to transport individuals many hours away while restrained in the back of a squad car. The goal of LRB-0921 and 0532 is to reduce the time and stress of transporting emergency detention patients great distances from northern and western Wisconsin to Winnebago Mental Health Institute in Oshkosh by instead increasing the number of beds available regionally.

These bills won't solve Wisconsin's mental health crisis alone, but they will help those in crisis by keeping them closer to supporting family and friends, save county and local government resources and potentially serve as a model for similar efforts elsewhere in the state. Initial savings are estimated at \$2.7 million annually and could be much higher.

LRB-0921 and 0532 create a one-time \$15 million grant from the Building Commission (using unallocated bonding authority from the last budget) for the startup costs of renovating existing facilities and training new staff to add 22 new mental health beds at an Eau Claire area hospital. Ongoing expenses would be absorbed by the hospital. The new and currently existing beds would be split between a 33 adult bed location and a dedicated 18 bed adolescent location nearby. This expansion would dramatically help with the difficulties of transporting individuals under Chapter 51 emergency detention to Winnebago MHI for 29 counties in northern and western Wisconsin. Traveling the 300 plus miles from northwest Wisconsin to Oshkosh can take over five hours each way.

Since at least 2018, these 29 counties have consistently accounted for just over twenty percent of the individual admissions received at Winnebago MHI. By serving the vast majority of individuals from these counties closer to home and dramatically reducing this number, the current strain on Winnebago could be reduced as well.

If you wish to co-sponsor this legislation please contact Senator Bernier's office at 6-7511 by **Monday, February 1st at Noon.**

## CO-SPONSOR MEMORANDUM

**DATE:** January 12<sup>th</sup>, 2021  
**To:** All Legislators  
**From:** Representatives David Steffen and Senator Mary Felzkowski  
**Re:** Co-Sponsorship of LRB 1338/1  
**Deadline:** January 19<sup>th</sup>, 2021 at 5:00 PM

The hospitality industry has been amongst the hardest hit during this pandemic. Sadly, thousands of small independently owned restaurants, taverns and supper clubs have gone out of business since March. As of December, 2020 over 17% of restaurants in the United States have permanently closed and the unemployment rate in the hospitality industry has reached 40%.

In Wisconsin, the hospitality industry is a critical economic component to our state's economy. Small independently owned restaurants, taverns and supper clubs employ thousands and contribute to the local and state tax base. In addition these small businesses are major charitable contributors in their local communities.

Permitting restaurants, taverns and supper clubs to provide drinks to go is a small change that would help many of these small businesses survive. A version of drinks to go is currently permitted in 33 states plus the District of Columbia in response to COVID-19.

A survey of Wisconsin residents conducted in November 2020 shows that 76 percent of adults age 21+ would favor a proposal to allow for cocktails to go that would allow customers to purchase cocktails or mixed drinks (made with distilled spirits) with their takeout orders from restaurants. This is in addition to beer and wine, which is currently allowed for takeout only. Among this same group, 29 percent of adults age 21+ said the option of including alcoholic beverages with their order would make them more likely to choose one restaurant over another similar restaurant. Source: National Restaurant Association, online survey of 500 Wisconsin residents conducted November 24-29, 2020

This bill does not change current in person purchasing requirements but simply amends current law to allow a "Class B" licensed retailer to sell a cocktail or wine by the glass for consumption off premise if the restaurant/bar seals the container of with a tamper-evident seal before the cocktail is removed from the premises.

This important change will greatly benefit small independent restaurant, tavern and supper club owners and provide them another tool to survive and make it until the summer.

This proposal is supported by both the Tavern League of Wisconsin and the Wisconsin Restaurant Association. Please consider cosponsoring this proposal to help Wisconsin's small independent restaurants, taverns and supper clubs.

**To be added as a co-sponsor of this legislation, please reply to this email or contact Rep. Steffen's office at 6-5840 or Sen. Felzkowski's office at 6-2509 by 5:00pm on Tuesday, January 19<sup>th</sup>.**

*Analysis by the Legislative Reference Bureau*

*This bill allows certain alcohol beverage retailers to sell intoxicating liquor by the glass for consumption away from the licensed premises if the retailer seals the container of intoxicating liquor with a tamper-evident seal before the intoxicating liquor is removed from the premises.*

*Under current law, with limited exceptions, no person may sell alcohol beverages to a consumer unless the seller possesses a license or permit authorizing the sale. Except when issued to a winery, a "Class B" license authorizes the retail sale of intoxicating liquor, which includes wine and distilled spirits, by the glass for consumption on the licensed premises. A "Class B" license also authorizes the retail sale of wine, and of distilled spirits in municipalities that so authorize by ordinance, in original packages or containers for consumption off the licensed premises. "Class B" licenses are most commonly issued to taverns and restaurants. A "Class B" license issued to a winery authorizes only the sale of wine, not distilled spirits, by the glass for consumption on the licensed premises or in original packages or containers for consumption off the licensed premises.*

*This bill allows a "Class B" licensed retailer to sell intoxicating liquor by the glass for consumption off the licensed premises if the licensee seals the container of intoxicating liquor with a tamper-evident seal before the intoxicating liquor is removed from the premises. The bill thus allows the retailer to sell, for example, mixed-drinks and glasses of wine to-go in sealed containers. The bill provides the same authority to a winery holding a "Class B" license, but only for wine.*



**January 22, 2021**

***Incoming Biden Administration Shifts COVID Response Strategy***

With the inauguration of President Biden and Vice President Harris on Wednesday, a shift in COVID strategy began. In a memorial service on Tuesday and during his [inaugural address](#) President Biden highlighted the pandemic's immense death toll and his plans to end the pandemic, including a slew of [executive orders](#) signed this week aimed at tackling the pandemic:

1. Invoke the Defense Production Act to increase the supply of materials needed for vaccinations, testing, and personal protective equipment (PPE);
2. Increase federal reimbursement for states to employ emergency personnel and equipment;
3. Establish the Pandemic Testing Board, expand testing, and strengthen the public health workforce;
4. Increase access to COVID-19 treatment and clinical care;
5. Improve the collection, production, sharing and analysis of data to support an equitable COVID-19 response and recovery;
6. Take immediate action to convert vaccines into vaccinations;
7. Direct the Departments of Education and Health and Human Services (HHS) to provide guidance on safe reopening of schools;
8. Direct the Occupational Safety and Health Administration (OSHA) to immediately release clear guidance for employers to help keep workers safe from COVID-19 exposure;
9. Establish a COVID-19 Health Equity Task Force to provide specific recommendations to the President for allocating resources and funding in communities with inequities in COVID-19 outcomes by race, ethnicity, geography, disability, and other considerations; and
10. Presidential Directive to restore America's leadership, support the international pandemic response effort, promote resilience for future threats, and advance global health security and the Global Health Security Agenda.

Biden also ended the effort to withdraw from the World Health Organization. Dr. Anthony Fauci, Director of the National Center for Allergy and Infectious Diseases, met with the WHO executive board yesterday to re-engaged the U.S. in the work of the global health partnership.

The administration also released the [National Strategy for the COVID-19 Response and Pandemic Preparedness](#), a 200 page document organized around seven goals:

- Restore trust with the American people.
- Mount a safe, effective, and comprehensive vaccination campaign.
- Mitigate spread through expanding masking, testing, data, treatments, health care workforce, and clear public health standards.
- Immediately expand emergency relief and exercise the Defense Production Act.
  
- Safely reopen schools, businesses, and travel while protecting workers.
- Protect those most at risk and advance equity, including across racial, ethnic and rural/urban lines.
- Restore U.S. leadership globally and build better preparedness for future threats.

The strategy includes local and state health agencies as key partners in vaccine distribution, contact tracing, and testing as well as highlighting the need for data sharing at all levels of government. NACCHO continues to engage with new administration officials to advocate for the needs of local health departments as the new plan is rolled out.