

## BOARD OF HEALTH AGENDA

May 25, 2022, 5:15 PM

County Courthouse, Room 302 (Ground Floor)

**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*

1. Call to Order. Welcome Guests. Order of the Agenda. Request to pull items from Consent Agenda – 5 minutes
2. Public Comment-*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.* minutes  
  
*For those wishing to make written 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. If you wish to make a verbal comment, please attend the meeting in person and you will be called on during the public comment session.*
3. Consent Agenda (Action Required-approved for full content)- 5minutes
  - a. Approval of minutes from April 27, 2022, meeting-enclosed
  - b. Grant/Contract Related Budget Adjustments-enclosed
4. Business Item (Action Required)-15 minutes
  - a. Approval of 2022-2023 influenza vaccination fee-enclosed
  - b. Approval of Western Wisconsin Public Health Readiness Consortium (WWPHRC) additional funding and carryover- enclosed
  - c. Approval of Mobilizing Community for a Just Response funding-enclosed
5. Other information items from staff for the Board-30 minutes
  - a. COVID-19 Update and Discussion-verbal  
[Coronavirus and COVID-19 Information Hub \(arcgis.com\)](https://arcgis.com)
  - b. Health Department Report-enclosed
    - Correspondence/Media
    - Service Recognition:
      - Lori Reynolds, Office Associate, 5 years
      - Phillip Schumacher, Environmental Health Specialist, 10 years
  - c. Review and Discuss 2023 Budget Development Process-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.

- d. Health Department Program Presentation Discussion-verbal
- 6. Board member informational items-*10 minutes*
  - a. Public Health Policy/Advocacy
    - WPHA/WAHL DAB -enclosed
    - Advocacy Training June 22, 2022-verbal
  - b. Standing committee updates
    - City Council: [City Council Agendas | City of Eau Claire, Wisconsin \(eauclairewi.gov\)](http://eauclairewi.gov)
    - County Board: [2022 Meeting Agendas & Minutes | Eau Claire County \(eau-claire.wi.us\)](http://eau-claire.wi.us)
    - Ground Water Advisory Committee: [Groundwater Advisory | Eau Claire County \(eau-claire.wi.us\)](http://eau-claire.wi.us)
    - ARPA County Funding: [ARPA Committee | Eau Claire County \(eau-claire.wi.us\)](http://eau-claire.wi.us)
    - Other
  - c. Board Evaluation-will be sent prior to the meeting
- 7. Requests from Board members for future agenda items to be given consideration-*5 minutes*
- 8. Next business meeting – June 22, 2022
- 9. Adjourn

**April 27, 2022, Board of Health Meeting  
County Courthouse, Room G-302**

The Board of Health convened in open session at 5:16 pm  
The meeting was called to order by Mery Price

**Board Members Present  
Quorum is reached**

Mery Price  
Mark Kaeding  
Terry Miskulin  
Emily Berge  
Jennifer Eddy  
True Vue (5:25pm)

**Board Members  
Absent:**

Don Bodeau

**Staff Members Present:**

Lieske Giese  
Tegan Ruland  
Hannah Artz  
Cortney Sperber  
Marisa Stanley  
Gina Holt (recorder)

**Additional Staff Members:**

Sara Siebert

**Public:**

Martha Nieman

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

- None

**Public Comment:**

- None

**Thank you recognition of outgoing County Board Appointed Board of Health Member Martha Nieman**

**The new Health Department Communication Specialist Sarah Seifert was introduced.**

**Consent Agenda**

- Approval of minutes from March 30, 2022, meeting
- Approval of Grant/Contract Related Budget Adjustments
- Approval of Stipend/Donation

***Motion to approve Consent Agenda:*** Mark Kaeding

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

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

**Business Item**

- Review and Receive Quarterly Financial Update
  - 2022 City tax allocation has not been recorded yet.
  - Receivables and deferred inflows are down due to City generated license invoices.
  - Fund balance amount is preliminary.

***Motion to receive Quarterly Financial Update as presented by Health Department staff:***

Jennifer Eddy

***2nd Motion:*** Emily Berge

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

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

- a. COVID-19 update
  - Case numbers are increasing.
  - Test volume remains low.
  - Focus continues to be on vaccination. Vaccine clinics will continue at the Health Department.
  - Cases for those 18 and under and over 65 continue to be contacted by Health Department Disease Investigators.
  - The Health Department has been offering COVID testing.
  - UWEC will end COVID testing at the end of May.
  - It is the intention to move COVID-19 into the communicable disease division instead of having it as a standalone unit.
  - We continue to follow CDC guidance.
  - COVID-19 Financial Update
    - Funding can be broken down into four “buckets”: COVID specific, State and Federal funding, fund balance, and tax levy.
    - Some funding was available for positions where the federal or state grant allowed for staff to work on COVID work. In 2022 we are no longer using non COVID grants to pay for COVID time.
    - Unspent tax levy went into fund balance for COVID expenditures in 2021.
    - We had contracts with hotels for people living in homelessness and that was a significant of money. We have spent more than \$300,000 on housing for those who are in quarantine/ isolation and don't have housing.
    - We are also working hard for staff to go back to their regular work.
    - New grants were received and in 2022 we are focusing on using that funding for COVID costs in 2022. The one exception to that is the ARPA funding. That funding lasts until 2024 and we are holding those funds right now. The focus of that funding will be on recovery.
    - The dollars for direct response will go to disease investigation staff and employees who have been contracted for vaccination and testing.
    - We have sufficient response funding, even if there were a surge.
    - There are clear pots of money that we will be able to use for recovery.
    - There is federal funding being distributed to states and it will eventually be distributed to local health departments.
- b. Director/Health Officer Report
  - PFAS update was appreciated.
- c. Preliminary 2021 Year End Financial report-close out 2021 budget
  - This is preliminary, we don't anticipate any major changes.
- d. 2021 Annual Report
  - These are key initiatives that we want to showcase and highlight the department.
  - This is a great resource for learning about what the Health Department does.
  - The City and County also put out annual reports.
- e. Strategic Plan Update
  - We are still making progress during this continuation year.
  - Planning for the next strategic plan is in place.

- The next strategic plan will be a three-year plan instead of five.
- f. Eau Claire Healthy Communities Update
    - Continued work to finalize the Community Health Improvement Plan in place.
    - High Risk Drinking and Prevention team continues to partner with the Alliance.
  - g. Quality Improvement Plan Update
    - Our QI plan remains in place. We have a cross divisional team; capacity has been limited due to COVID-19.
  - h. Workforce Development Update
    - We have a workforce development plan and team. This group will be reconvening in May after a hiatus do to COVID-19.
  - i. County Health Rankings
    - [Explore Health Rankings | County Health Rankings & Roadmaps](#)
    - The health rankings were released today.
    - They are released annually.
    - This is a resource to remind the community what goes into health as well as what can be improved upon.
  - j. Update/review running list of Health Department Community Priorities
    - This is a good reminder for some of the issues that the Health Department is focusing on.

**Board member informational items**

- a. Quarterly review of tracking BOH priorities
  - No changes since the last time this was brought to the board.
- b. WPHA /WAHL DAB Public Health Conference meeting WALHDAB
  - There is money in the budget if board members want to attend.
- c. Advocacy training update
  - Dates and times that work for all the board members may be difficult.
  - We are looking into recording the training, this may be helpful if board members need to come in late or leave early.
- d. Public Health Policy/Advocacy
  - Legislative session is over, but work is still going on with Committees.
  - The Legislative Highlights document is in draft form.
- e. Standing committee updates
  - City Council: [City Council Agendas | City of Eau Claire, Wisconsin \(eauclairewi.gov\)](#)  
May 10<sup>th</sup> Council will hold a work session on ARPA and remote attendance ordinance. Empower voting will allow City residents how to spend funding.
  - County Board: [2022 Meeting Agendas & Minutes | Eau Claire County \(eau-claire.wi.us\)](#)
  - Ground Water Advisory Committee: [Groundwater Advisory | Eau Claire County \(eau-claire.wi.us\)](#)
  - ARPA County Funding: [ARPA Committee | Eau Claire County \(eau-claire.wi.us\)](#)
  - Other
- f. Board Evaluation discussion-
  - If board members have any input on the questions, please reach out to Merey. The evaluation will go out in the next few weeks and be shared at the May Board meeting.

**Requests from Board members for future agenda items to be given consideration**

- a. None made

Next scheduled BOH meeting is May 25, 2022, at 5:15 p.m.

Merrey Price adjourned the meeting at 7:14 p.m.

DRAFT

**Fact Sheet – 05/25/2022 Board of Health Meeting**

**Agenda Item 3.b**

**Grant/Contract Related Budget Adjustments**

Attached are contract related budget adjustments which impact the 2022 budget.

Budget Implication: Increase in 2022 budget for \$112,700.

Staff recommendation: Approve budget adjustment as indicated.

<b>Name</b>	<b>Funding Source</b>	<b>Description</b>	<b>Contract Start</b>	<b>Contract End</b>	<b>Contract Amount</b>	<b>In Adopted Budget</b>	<b>Increase (Decrease) in Budget</b>
Strategic Prevention Framework - Partnerships for Success (SPF-PFS)	Substance Abuse and Mental Health Services Administration (SAMHSA)	Carry over from grant year 1 to 2 to fund Community Health Educator position, student advocacy advisor work at 5 schools in the county, and ID check books for county retailers.	09/01/21	08/31/22	\$412,241	\$300,000	\$112,200
1815 Heart Disease Prevention	US Department of Health and Human Services	Funds cover cost to complete last phase of the Medication Therapy Management program (carry over from previous year).	07/01/21	06/30/22	\$21,500	\$21,000	\$500
			<b>Total</b>		<b>\$433,741</b>	<b>\$321,000</b>	<b>\$112,700</b>



**Fact Sheet – 05/25/2022 Board of Health Meeting**

**Agenda Item 4.a**

**Influenza (Flu) Shot Fee**

Preventing influenza in the community is a core public health service. Influenza can cause serious illness, hospitalization, and death, particularly among older adults, very young children, pregnant women, and those with certain chronic medical conditions. The best way to prevent influenza is to get a flu shot. It will be even more important for the public to get a flu shot during the 2022-23 season to help differentiate between influenza and COVID-19 since many of their symptoms are similar.

So far during the 2021-2022 influenza season, there have been 10 cases of hospitalized influenza reported in Eau Claire County. Mitigation strategies such as masking may have helped keep this number down. January 1 through March 18, 2020, there were 51 reported cases of hospitalized influenza, but none reported during the rest of the 2020-21 season. The 2018-19 influenza season saw 58 cases; the 2017-18 season had 143. The health department works to assure that individuals have the opportunity to receive their annual vaccine by working with area providers but also by providing flu shots at health department clinics.

Eau Claire County flu vaccination rates as reported in the WI Immunization Registry are indicated below:

<b>Age Group</b>	<b>% Vaccinated 2019-20</b>	<b>% Vaccinated 2020-21</b>	<b>% Vaccinated 2021-22 (as of 4/25/22)</b>
All vaccine-eligible residents, ages 6 mo. and older	35%	37%	36%
Children, ages 6 mo. through 18 years	37%	35%	32%
Middle school children, ages 11-15 years	33%	33%	30%
Adult working population, ages 19 – 64 years	28%	31%	30%
Adults, ages 19 and older	35%	38%	37%
Adults, ages 65 and older	62%	63%	63%

The Medicare payment allowances for the 2022-23 influenza season have not yet been announced but are anticipated to be similar to the amounts for the previous influenza season. The average Medicare reimbursement rate for the 2021-22 influenza season was \$36.75 per shot. The average charge at Eau Claire pharmacies in 2021-22 was \$35-\$42 per shot.

The Health Department’s estimated total cost per shot administered is \$51.94. The flu shot fee was waived in both 2020-21 and 2021-2022 seasons to promote compliance and remove barriers to getting flu vaccine during the two years of the Covid-19 Pandemic. We propose again waiving the fee for the 2022-23 influenza season to continue to remove barriers in access to flu vaccine as our community continues with Covid-19 disease spread. Adults with insurance will be encouraged to go to their normal healthcare provider or pharmacy for vaccination. In the 2021-22 influenza season, all 100 doses purchased by the Health Department, were administered to high-risk populations (homeless/incarcerated/free clinic). In addition, this year the Wisconsin Immunization Program had some free adult doses available for local health departments. Of those doses, 70 have been administered to this point. These were administered to adults regardless of insurance status.

**Budget Implications:**

The health department purchased 100 doses of influenza vaccine for the 2022-23 season. The total purchase cost anticipated is \$1813.50.

**Staff Recommendation:**

Waive the fee for the 2022-2023 influenza season.

*Prepared By: Jacqueline Krumenauer, Communicable Disease Division Manager and Christina Writz Vaccine Coordinator*

**Fact Sheet – 5/25/2022 Board of Health Meeting****Agenda Item 4.b****Western Wisconsin Public Health Readiness Consortium (WWPHRC)**

The Western Wisconsin Public Health Readiness Consortium (WWPHRC) was just notified of receipt of \$70,394 carry-over funding from the Department of Health Services Office of Preparedness and Emergency Health Care (OPEHC), with Eau Claire City-County Health Department as the fiscal agent to support preparedness in sixteen counties and two tribal health clinics. This funding is allocated through a unique model in which the counties and tribes listed below agree for the state to direct a percentage of their public health emergency preparedness funding to WWPHRC. This specific allocation is State approved carryover funding that was unable to be spent last year due to the pandemic.

WWPHRC has additionally received \$100,000 directly from the Department of Health Services Office of Preparedness and Emergency Health Care (OPEHC), with Eau Claire City-County Health Department as the fiscal agent, to provide additional capacity and local public health subject matter expertise to support community preparedness activities statewide.

The funding will assist members in developing local capacity to effectively respond to all types of health emergencies, including bioterrorism, infectious disease outbreaks, and natural disasters. This will occur following the mission and purpose listed below.

**Mission** - Protect the health and safety of the citizens living in the jurisdictions of the member agencies by supporting and promoting the professional development of individuals and organizational members in public health emergency preparedness.

**Purpose** - Help members develop local capacity to effectively respond to all types of health emergencies including, bioterrorism, infectious disease outbreaks, and natural disasters. This occurs through networking, coordinating, standardizing, and centralizing our resources and planning efforts among members.

The membership includes:

- Bad River Tribe
- Barron County
- Buffalo County
- Burnett County
- Chippewa County
- Clark County
- Douglas County
- Dunn County
- Eau Claire City-County
- Jackson County
- Monroe County
- Pepin County
- Pierce County
- Polk County
- Rusk County
- St. Croix County
- St. Croix Tribe
- Washburn County

**Budget Implication:** Funding received will cover costs associated with program staffing, program operations, public and partner messaging, and purchasing supplies/materials as approved by the membership. ECCCHD will receive \$10,000 of indirect funding for staff time associated with the health officer and fiscal staff to support this grant.

**Staff recommendation:** Approve acceptance of the \$170,394 with a grant period of July 1, 2021-June 30, 2022 to support the operations of WWPHRC.

*Prepared by* **Brittany Fry, WWPHRC**



## Fact Sheet –Board of Health Meeting 05/25/2022

### Agenda Item 4.c

#### DHS Mobilizing for Just Response

The Eau Claire City-County Health Department applied for and received the competitive Mobilizing for Just Communities grant of \$84,102 from the Wisconsin Department of Health Services, Division of Public Health (DPH). The overall goal of the state funding is to support local public health and community-based organizations in addressing health inequities and the broader consequences of the COVID-19-pandemic. Statewide, the Mobilizing grant supports applicants who will develop new and build upon existing relationships and partnerships within the community and adapt strategies to meet identified needs and build community empowerment focusing on pandemic-related barriers with particular focus on social determinants of health and institutional bias.

This project will advance health equity by building on the successes and lessons learned from our Community Health Equity Workgroup, which was part of our COVID-19 Incident Command Structure. We hope to continue collaboration with community partners that represent a wide variety of groups such as our Hmong, ALICE, low-income, Hispanic/Latinx, and non-English speakers, about the impact of COVID-19 in their communities. The change the Eau Claire City-County Health Department (ECCCHD) hopes to see as a result of our grant work is a structured framework to intentionally engage with our community partners to promote an equitable and preventative response to COVID-19 and all the areas of health it impacts. We aim to adapt and sustain these efforts into the future by increasing the level of community involvement, impact, trust, and communication flow. To do this, we intend to explore two main strategies:

- Work with the Community Health Equity Workgroup for increased outreach, engagement and involvement with community partners, collaboration, and shared leadership within our structure for post-Covid work.
- Explore Community Health Worker Models to integrate into ECCCHD and partner organizational structure.

We believe these strategies, developed in partnership with our community will set us up for better engagement and success in addressing top health priorities and the social determinants of health at the root of the problem. We envision our community will take a deeper look at the root causes of problems while simultaneously working on achievable activities to further build community unity and equity with this strategic planning.

**Budget Implication:** Funding received will used to hire a grant staff and related expense.

**Staff Recommendation:** Approve acceptance of the DHS Mobilizing for Just Communities award for \$84,102 which runs May of 2023.

*Prepared by Cortney Sperber, Policy and Systems Division Manager*

## Board of Health Meeting 05/26/2022

### Agenda Item 5.b

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

##### New Employees

Our Regulation & Licensing Division has a new employee! Nolan Fadness joined our team and will be working in our Housing Program. Nolan joins us from the City of Eau Claire as a previous Inspections Technician.

The ECCCHD Laboratory has 2 new team members that joined us! Jordan Corrigall is a new Environmental Health Aide that joined the Environmental Sciences division. Jordan is currently a student at UWEC majoring in Environmental Public Health. Jordan will graduate in May of 2024. He will be conducting beach & pool sampling, food sampling, and helping out with outreach events in the community.



Thea Bohl is our new Environmental Health intern who is primarily involved in the vector surveillance program. She will be conducting tick drags, setting mosquito traps, and assisting the laboratory team with vector identification. Thea is a high school student with the Osseo-Fairchild School District. We are very excited to have them join our team!

Bev Walden, RN and Kristy Polden, RN have joined our Communicable Disease Division Team as of yesterday. Bev had worked as a Public Health Nurse with ECCCHD a few years ago and left when her husband accepted a temporary assignment in Hawaii. Both Bev and Kristy have been working with us on a temporary basis with the COVID-19 unit with a focus on working with community partners and leading the COVID-19 vaccination group. We're excited to have such knowledgeable nurses joining our team!



##### Amazing Eau Claire Clean-Up

On Saturday April 23, a health department team participated in the 14<sup>th</sup> annual, "The Amazing Eau Claire Clean-Up," which send volunteers throughout the city to pick up litter and help beautify our city. The Eau Claire Parks, Recreation, and Forestry department organizes this event. The health department team's assignment was to help in the community gardens. The team worked all morning in various capacities,

including spreading mulch, weeding, organizing, and making drop-offs at the county brush site. It was a great opportunity to make a difference in the community!

### **Operations**

Email addresses will be changing for all health department employees. The Eau Claire County IS team has started rolling



out our new “eauclairecounty.gov” domain. The change is needed due to new state and federal requirements. Over the next few months IS will be making the following change to email addresses housed in the county systems. Email addresses will be changed from @co.eau-claire.wi.us to @eauclairecounty.gov. Email may already be received at these addresses but may not yet show as sent from them. Previous email addresses will continue to work so there will be no impact on things like receiving emails from external distribution lists.

### **PHAB Year 4 Annual Report**

As a nationally accredited health department we are responsible for submitting an annual report to the Public Health Accreditation Board about ongoing compliance with the high standards set forth. Attached is the feedback we received following the submission of this report. We continue to focus on building and sustaining a strong health department to serve our community.

### **Clinical Services**

April was Sexually Transmitted Infection (STI) Awareness Month. During this month more focus is put on the importance of STI testing and where to get services. On April 27, the ECCCHD Family Planning Clinic participated in several events at UWEC. Along with UWEC Student Health Services and Planned Parenthood, we held a Snapchat Takeover of UWEC’s Snapchat account to help spread the word about local reproductive health clinics and services. A snapchat takeover is when an agency allows another user to create content on their snapchat account for a period of time. It is an effective method for growing Snapchat audiences and exposing content to a new audience. UWEC Student Health Services and the Reproductive Health Clinic also provided outreach swag to students on campus in the Davies Center over lunch time. The ECCCHD family planning clinic additionally participated in a project put on by UWEC students focusing on the importance of informing the public on education and accessibility of reproductive health.

### **Environmental Sciences – Laboratory Audits and Certifications**

The ECCCHD Laboratory was a very busy place on May 10, 2022 as all lab staff took part in routine audits that involved a staff visit from the state agency that certifies their respective testing. The microbiology laboratory successfully passed its extensive laboratory certification requirements and on-site biennial audit (without ANY discrepancies) with the Department of Agriculture, Trade and Consumer Protection (DATCP) for milk, food and water testing. During the on-site laboratory inspection, the auditor thoroughly reviews 2 prior years of all associated documentation regarding quality control & quality assurance measures, sample collection processes, testing procedures and result verification, thermometer calibration requirements and equipment maintenance. DATCP also requires the laboratory staff to complete annual milk & water proficiency testing, both of which were successfully passed earlier this year, which renews the full certification of both microbiology analysts.

The on-site audit for the chemistry laboratory was also completed by the Wisconsin DNR on the same day. This audit is required once every 3 years in order to keep state certifications for analysis of nitrate, arsenic, lead, copper, and volatile organic compounds in water samples covered by the Safe Drinking Water Act, as well as

lead in soil samples. During the audit, all records and policies from the past 3 years are reviewed including sample intake, data recording, sample preservation, analysis methods, equipment maintenance, and quality control.

These audits are a time-consuming process and a huge accomplishment for our amazing laboratory team. Fulfilling the requirements to maintain the various laboratory certifications is not a one-day process, as it involves sustained updates to protocols and procedures, accurate recordkeeping, and significant attention to detail by our team every day. A special thank you goes out to Anna, Savannah and Tristin for their ongoing hard work in the laboratory!



**Review Form for  
PHAB Annual Report Section II  
Form Released: January 2019**

Each year accredited health departments must submit an annual report to PHAB attesting to their continued conformity and describing their performance management and quality improvement efforts. The review of Section II of the annual reports is overseen by the Evaluation and Quality Improvement (EQI). This review is aimed at supporting the maintenance and advancement of a performance management and quality improvement culture in the accredited health department.

The form below includes the reviewer’s comments and recommendations for best practices, based on the information provided in the health department’s annual report.

<b>Health Department Name</b>
Eau Claire City-County Health Department
<b>Month Review Form Submitted</b>
May 2022
<b>Overall Impressions</b>
<p>Thank you for completing and submitting your Annual Report. Congratulations on your efforts to build on your successes and on your continued commitment to public health.</p> <p>Over the past couple of years, Eau Claire City-County Health Department has faced the challenge of responding to the COVID-19 pandemic – thank you for your work and leadership. It is evident that the department actively used performance improvement expertise to help with response efforts – such as creating community metrics that are available for many audiences. Thank you for sharing your experiences and accomplishments throughout the Annual Report which highlight how the department remains dedicated to serving Eau Claire City-County residents.</p> <p>PHAB staff and the Evaluation and Quality Improvement Committee have reviewed your Annual Report. The Evaluation and Quality Improvement Committee has the following feedback specific to your performance management and quality improvement efforts.</p>
<b>Performance Management, Quality Improvement Plan, and Culture</b>
<p><b>Staff Ownership, Monitoring &amp; Revising PM Measures:</b></p> <ul style="list-style-type: none"> <li>• ECCCHD has continued progress with some of the department’s established performance standards and measures. Data was shared consistently with the department staff and Board of Health members.</li> <li>• Despite the demands of the pandemic, ECCCHD used their existing process of reporting data, considering any follow-up action, and communicating with others. This process can be expanded upon as staff have capacity. Nice work here!</li> <li>• Over the next year, the use of platforms like Tableau and Clear Impact will be explored – these may help staff “see data” through a different lens. The process of developing data dashboards through technology can be helpful in opening conversations with staff about what measures they find most meaningful and relevant. Staff tend to feel greater ownership in a performance management structure when they have consistent access to data and can visualize the connections between their</li> </ul>



work and the overall goals of the organization. It may be helpful to ensure there is a system in place for monitoring and reporting while the other platforms are being explored.

- ECCCHD, if not done already, may consider how to tell the story of how the pandemic impacted the public health system, the services the department was able to provide, and the community served by the department, by reviewing its PM data/measures.
- ECCCHD notes that staff are encouraged to identify or implement a QI project for any measures that are not trending in the correct direction. Excellent! This helps connect the dots for staff on how performance management and quality improvement go hand in hand.

### **Leadership Support for PM**

- Establishing metrics, using real time data, reporting progress, and engaging staff in informal improvement efforts illustrates a culture of quality that is supported and facilitated by ECCCHD leaders.
- There are many ways that leaders can support PM, especially around supporting staff engagement by fostering transparency and open dialogue. Leaders can attend PM/QI training alongside staff, invest in professional development related to PM/QI, incorporate discussion about PM and QI into all-staff meetings, visibly celebrate the learning that happens through QI, create safe spaces for discussion of performance challenges, and identify & address staff concerns about PM/QI.
- ECCCHD routinely reports performance management data to the Board of Health as well as other stakeholders - excellent!

### **Revision of QI Plan and Training:**

- ECCCHD has plans to review the department's QI Plan once the QI team can begin meeting again.
- In general, the process of reviewing and updating a QI plan offers an opportunity to gather staff input on the plan and its implementation, and to build that feedback into the revision process. As staff (new and existing) gain experience with improvement tools, their learnings and guidance can be used to enhance how it is incorporated into the QI plan, for example. Gathering staff input can support staff engagement and buy-in, and ensure the plan is informed by the 'voice of the customer.' The revision process also gives the department an opportunity to reflect on any lessons learned about its QI capacity through the COVID-19 response.
- Upon the release of PHAB's Standards and Measures Version 2022, the department may want to revisit the QI Plan requirements.
- Staff are excellent sources of feedback on a department's existing QI training options, and an evaluation of current training options could be helpful in future years. In addition to a QI organizational assessment, consider incorporating questions that will help learn about the strengths and limitations of current QI training offerings, as well as what staff may want from QI training as options/needs expand.
- If not doing so already, the department may explore how QI training is centrally located and accessed by staff, such as a shared online site like SharePoint. A guide can be developed that provides a suggested order for accessing materials, as well as tools for processing the content (e.g., study guide, key points, reflection questions). Health departments can also form discussion groups that meet periodically to discuss specific readings or a review of previous QI projects using a discussion guide or a facilitator. These strategies might help ECCCHD staff continue to get the most out trainings, the existing archive of completed QI projects, and help advance engagement.

### **Customer Feedback & Reporting Results**

- ECCCHD illustrated its commitment to quality by implementing multiple customer feedback loops. Excellent!
- As ECCCHD continues to refine its reporting processes/dashboards, it might be helpful to gather feedback from staff, partners, and the Board of Health about how the health department approached communication during the pandemic and what strategies they should carry forward. Health departments have expanded their communication networks and methods during this time and likely have lessons that could apply to more typical times.

### **Institutionalized CQI**

- While the department noted a decrease in activities such as revising the QI plan and the QI Core Team meeting regularly, there were examples throughout the report of how ECCCHD's culture of quality has been maintained during a very stressful time, great work. This includes using SharePoint as a platform for QI sharing, informal QI projects related to COVID-19, and consistently communicating with staff for real-time data and metrics.
- COVID-19 offers an opportunity to explore the degree to which CQI is institutionalized from a new angle. It allows a department to explore when/where/how quality improvement processes were activated to both respond and adapt to the crisis. This reflection might allow ECCCHD to explore what dimensions of a culture of quality are most well developed and which require more nurture.
- One starting point for the department to consider as staff become reengaged with QI is emphasizing the practice of **documenting** current QI activities. This can help set the tone that even "informal" projects need to be documented so that lessons learned, tools used, etc. can be captured.

### **Responses to Questions from Health Department**

The health department selected these three topics for last year's Annual Report. Consider revisiting those suggestions in addition to these:

#### **Gaining Buy-In (for PM, QI, and SP):**

- There is no doubt that this pandemic has placed incredible strain on the public health workforce. Engaging staff and building ownership are critical during times of stress and challenges. Strategies like being transparent and encouraging open dialogue, recognizing staff at all levels, and emphasizing your organizational values and mission can help to build upon staff ownership and fostering a culture of quality during stressful times.
- Consider:
  - Including these key pieces as standing meeting agenda items to share progress updates, project successes, or lessons learned
  - Including expectations about specific involvement in job descriptions or acknowledging participation for PM, QI and SP work in annual employee evaluations
  - Fostering a community of practice for collaborative learning or connecting PM/QI mentors with PM/QI learners. Providing ongoing support and learning opportunities will help new staff become more confident working with PM/QI. This could be accomplished internally with the health department or also neighboring health departments.
  - Creating a communications calendar to routinely share PM/QI and Strategic Plan information
  - Hosting a yearly event to celebrate QI champions, projects, successful completion of QI Planning objectives, etc. This could be expanded to include Strategic Plan and PM milestones and goals as well.

#### **Finding and/or Providing Training on PM & QI:**

- Public Health Training Centers have many valuable on-demand training options: [Regional Public Health Training Centers - NNPHI](#)
- Consider researching options **following** the completion of an organizational assessment. One or two high priority areas/themes may bubble up and specific trainings may be more beneficial.
- Consider connecting with neighboring health departments that could share resources, consultants, or training costs.

#### **Selecting Performance Measures:**

- It may be helpful to identify a criteria matrix for selecting performance measures that is most helpful to ECCCHD's goals. As an example, criteria may include:
  - High-Yield – objectives need to focus on outcomes that will affect the largest number of people by the largest amount possible relative to the amount of effort applied.

- High-Impact – objectives need to be set at a challenging, yet attainable level. Using the SMART terminology, objectives need to be Specific, Measurable, Achievable, Realistic and Time Framed.
  - ECCCHD may also consider including **equity** as a component: [From SMART to SMARTIE Objectives \(cdc.gov\)](#)
- Systems-Oriented – objectives need to address changes in systems, whether these reflect health systems, social systems, community systems, organizational systems, etc., rather than a collection of limited efforts affecting a specific or small group of individuals unless hotspot-type data justify a more targeted effort.
- Benchmarks – objective measures need to be benchmarked against a known measure or value. Future trends in these objective measures (targets) need to be based upon both past trends and anticipated impact of process objectives rather than a linear rate of change (i.e., do not simply reduce a measure by 4% per year every year). Make sure the benchmarks are not too easily achieved, nor too challenging – though stretch goals are helpful.
- Promising or evidence-based practice – proposed strategies need to be based upon a promising or evidence-based practice for a given topic area.

*We are updating our Strategic Plan this year. An area of improvement identified for our department was to better incorporate QI plan and performance measures into our strategic plan. Are there any tools or resources that you would recommend using? Or are there a few organizational strategic plans that you would suggest looking at as examples?*

- NACCHO's Measuring What Matters resource may be helpful for ECCCHD: [Measuring What Matters in Public Health \(naccho.org\)](#) This resource speaks to specifically how to align PM with other plans, such as QI and the CHIP.
- Consider connecting through the Public Health Performance Improvement Network with other health departments for specific examples. pHIN is an excellent learning community where you can ask others for tools, templates, and ideas from colleagues across the country.
- ECCCHD is encouraged to review the requirements related to the Strategic Plan and the Quality Improvement Plan in Version 2022 Reaccreditation requirements. For example, Measure 9.1.4.A, Required Documentation 1, asks for a narrative description of how performance management, QI, the CHIP, and the SP are integrated. *“The health department could, for example, use performance management data analyses to identify programs or processes appropriate for a QI project, determine where resources should be allocated or adjusted to improve efficiencies or effectiveness, or to identify an unmet community need. Linkages to the state/Tribal/community health improvement plan (CHIP) or strategic plan could include, for example, including in the performance management system objectives aligned to specific strategic planning or CHIP priorities or objectives.”* This may help shape how the plans align with each other while being developed or revised. The department can reach out to their assigned PHAB Accreditation Specialist with questions about interpretation or clarity for these measures.

#### **Other Comments**

Responding to the COVID-19 pandemic has given ECCCHD the ability to create even more robust partnerships and connections – such as with University of Wisconsin-Eau Claire. The Annual Report notes this mutually positive experience – consider how to maintain these relationships that may benefit ECCCHD in the future. Thanks to the ECCCHD for remaining flexible and responsive, and dedicated to the community's health during an unprecedented time.

Also related to COVID-19, ECCCHD received grant funding utilized by the Community Health Equity Work group. This allowed for further understanding of existing barriers and four very specific strategies to be employed. Excellent work!

PHAB partnered with accredited health departments to develop a new education series, *Emerging Stronger*, to share how health departments have strengthened their work throughout the pandemic. The three short on-

demand modules discuss health equity, supportive work environments, and strategies for maintaining the community health assessments and improvement plans are available. Modules are available in Bridge.

Version 2022 of the Standards and Measures has recently been released. All information, frequently asked questions, and a recorded webinar is available on PHAB's website: [Version 2022 - Public Health Accreditation Board \(phaboard.org\)](https://www.phaboard.org)

**Board of Health Meeting 5/25/2022**

**Agenda Item 5.b**

**April 2022 Media Contacts**

**INTERVIEW**

4/5/2022	Title: When can 50+ get their booster shot	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.wqow.com/news/you-ask-we-answer/you-ask-we-answer-when-can-people-age-50-get-the-2nd-booster/article_028b3d5c-b526-11ec-836f-178caefe51bf.html">https://www.wqow.com/news/you-ask-we-answer/you-ask-we-answer-when-can-people-age-50-get-the-2nd-booster/article_028b3d5c-b526-11ec-836f-178caefe51bf.html</a>	
4/21/2022	Title: Health officials discuss additional COVID booster	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.weau.com/2022/04/21/health-officials-discuss-additional-covid-19-booster/">https://www.weau.com/2022/04/21/health-officials-discuss-additional-covid-19-booster/</a>	
4/30/2022	Title: Spring prescription drug take back in Eau Claire County	Topic: Healthy Living and Prevention Staff: Sarah Dillivan-Pospisil
	Link: <a href="https://www.weau.com/2022/05/01/spring-prescription-drug-take-back-day-eau-claire-county/">https://www.weau.com/2022/05/01/spring-prescription-drug-take-back-day-eau-claire-county/</a>	

**PRESS RELEASE**

4/26/2022	Title: Free Medicine Disposal Event in Eau Claire County on Saturday, April 30th	Topic: Healthy Living and Prevention Staff: Sarah Dillivan-Pospisil
	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>	
4/26/2022	Title: Free Medicine Disposal Event in Eau Claire County on Saturday, April 30	Topic: Healthy Living and Prevention Staff: Sarah Dillivan-Pospisil
	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>	

**PRINT ARTICLE**

4/21/2022	Title: Ec County and Marshfield Clinic host prescription drug take-back event	Topic: Healthy Living and Prevention Staff:
	Link: <a href="#">Not Available</a>	



Eau Claire City-County  
Health Department

# *Service Recognition Certificate*

*In recognition of 5 years  
of faithful and dedicated service  
to the health department  
and community.*

This certificate is presented to

**Lori Reynolds**  
Office Associate

Signature Director/Health Officer

5 / 2 5 / 2 0 2 2

Date

Signature President, Board of Health

5 / 2 5 / 2 0 2 2

Date



Eau Claire City-County  
**Health Department**

# *Service Recognition Certificate*

*In recognition of 10 years  
of faithful and dedicated service  
to the health department  
and community.*

This certificate is presented to

***Phil Schumacher***

Environmental Health Specialist

Signature Director/Health Officer

5 / 2 5 / 2 0 2 2

Date

Signature President, Board of Health

5 / 2 5 / 2 0 2 2

Date

**Informational Item – 05/25/2022 Board of Health Meeting**  
**Agenda Item 5.c**  
**2023 Budget Planning**

Every year we begin the upcoming budget cycle with a discussion about process and assumptions. This is an opportunity for the Board of Health and health department leadership to share priorities and perspectives on key issues that will impact the 2023 budget. The draft budget, based on this input and year-to-date trends, will be presented at the July Board of Health meeting.

**2023 Budget Timeline**

- Discuss broad BOH budget considerations at May BOH meeting
- Present departmental budget priorities and assumptions for brief review at June BOH meeting
- Board of Health is presented draft of 2023 budget at July BOH meeting for review and approval
- Submit draft budget to City in July and submit to County by August
- Meetings with City and County leadership and fiscal staff to discuss budget details in July and August
- Joint meeting between City, County, and health department to review Equalized Value and tax levy funding from City and County in August
- Fees reviewed and approved at August BOH meeting
- Present budget to County Finance & Budget Committee and City Council in Fall
- Tax levy adopted as part of City and County Budget in November during legislative meetings
- Final health department budget confirmed/approved at December BOH meeting

**Budget Information**

**Expenses**

- Personnel – Wages and benefits are approximately 86% of the current 2022 adopted budget
  - Planned step increases and economic wage increases – Consider economic increases used by the City and County which are yet to be determined for 2023 (the 2022 economic wage increases were: Health Department – 2.5%, County – 2.5%, and City – 1.25% in January and 1.25% in July).
  - Health insurance premiums – These are not to exceed rate increase of 2% for 2023 and will be determined between July and September (this is contingent upon 90% or greater participation in the health promotion program for 2022).
  - WRS contributions – The employer contribution is currently 6.5% and we are typically notified by the State of any changes in July.
  - Employee retirements - Consider status changes of employees (we are aware of 3-4 tentatively planned retirements by the end of 2023, and a total of 6 employees are eligible based on years of service and age).
  - Consider staffing/personnel needs for prioritized services and potential 2022-2023 activities for COVID 19 – connect to Performance Management Plan and Strategic Plan.
  - Department considering potential living wage policy.
- Contractual/Utilities/Fixed Charges/Supplies – These categories are 13% of the current 2022 adopted budget
  - We do not anticipate significant changes at this time.



- Use recommendation from City and County for line item increases as appropriate for related changes.
- Equipment/Capital Purchases/Debt Service – These categories combined are less than 1% of the current 2022 adopted budget
  - Capital purchases are based on our replacement schedules for office updates and equipment purchases over \$5,000.
  - The Capital Improvement Plan (CIP) will be prepared prior to July BOH Meeting.

#### Revenue

- Uncertain in tax levy funding for the City and the County. This will be based on equalized value and net new construction which is finalized by the State in mid-August, as well as internal conversations and City Council and County Board decisions.
- Funding for federal grants is unknown. Proposed federal and state budgets for next fiscal year are still uncertain at this time.
- Several COVID grants from 2021 carried over into 2022 and are allowable to carry over to 2023.
- Fees continue to support costs.
- Changes in additional DATCP Retail Food Establishment - Not Serving Meals licensing will result in updates to the licensing fees with uncertain impact at this point.

**Eau Claire City-County Health Department  
Budget Comparison**

Description	2017		2018		2019		2020		2021		2022
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual (Prelim)	Budget
<b>Revenue</b>											
City Tax Levy	\$ 1,786,000	\$ 1,785,700	\$ 1,824,900	\$ 1,824,900	\$ 1,887,100	\$ 1,887,100	\$ 1,918,600	\$ 1,918,600	\$ 1,955,400	\$ 1,955,400	\$ 1,989,800
County Tax Levy	\$ 1,157,100	\$ 1,157,115	\$ 1,200,500	\$ 1,200,468	\$ 1,214,200	\$ 1,214,200	\$ 1,243,200	\$ 1,243,200	\$ 1,283,100	\$ 1,283,090	\$ 1,334,200
<b>Subtotal Tax Levy</b>	<b>\$ 2,943,100</b>	<b>\$ 2,942,815</b>	<b>\$ 3,025,400</b>	<b>\$ 3,025,368</b>	<b>\$ 3,101,300</b>	<b>\$ 3,101,300</b>	<b>\$ 3,161,800</b>	<b>\$ 3,161,800</b>	<b>\$ 3,238,500</b>	<b>\$ 3,238,490</b>	<b>\$ 3,324,000</b>
City Debt Payment	\$ 18,300	\$ 18,300	\$ 17,900	\$ 17,900	\$ 16,900	\$ 16,900	\$ 16,500	\$ 16,500	\$ 16,200	\$ 16,200	\$ 15,800
County Debt Payment	\$ 11,200	\$ 11,170	\$ 10,900	\$ 10,875	\$ 10,400	\$ 10,323	\$ 10,100	\$ 10,064	\$ 9,800	\$ 9,837	\$ 9,600
Sewage System Maint	\$ 93,700	\$ 93,250	\$ 95,000	\$ 96,595	\$ 97,000	\$ 97,750	\$ 98,000	\$ 99,105	\$ 100,000	\$ 99,250	\$ 103,000
License & Permits	\$ 618,900	\$ 662,942	\$ 695,400	\$ 700,393	\$ 726,100	\$ 704,557	\$ 729,000	\$ 605,292	\$ 694,700	\$ 650,355	\$ 708,800
Charges for Services	\$ 149,600	\$ 459,037	\$ 265,000	\$ 492,190	\$ 484,500	\$ 434,936	\$ 447,700	\$ 276,874	\$ 380,900	\$ 296,692	\$ 341,400
Grants & Contracts	\$ 1,737,800	\$ 1,905,844	\$ 1,725,700	\$ 1,650,632	\$ 1,478,500	\$ 1,858,848	\$ 2,074,500	\$ 4,734,621	\$ 2,928,500	\$ 4,086,114	\$ 3,062,800
<b>Total Revenue</b>	<b>\$ 5,572,600</b>	<b>\$ 6,093,358</b>	<b>\$ 5,835,300</b>	<b>\$ 5,993,953</b>	<b>\$ 5,914,700</b>	<b>\$ 6,224,614</b>	<b>\$ 6,537,600</b>	<b>\$ 8,904,256</b>	<b>\$ 7,368,600</b>	<b>\$ 8,396,938</b>	<b>\$ 7,565,400</b>
<b>Fund Balance Use*</b>	<b>\$ 60,200</b>	<b>\$ (382,543)</b>	<b>\$ 191,600</b>	<b>\$ 95,069</b>	<b>\$ 283,800</b>	<b>\$ (121,663)</b>	<b>\$ 222,100</b>	<b>\$ (1,287,405)</b>	<b>\$ 209,800</b>	<b>\$ 529,719</b>	<b>\$ 369,700</b>
<b>Expense</b>											
Personnel	\$ 4,924,500	\$ 4,814,772	\$ 5,271,400	\$ 5,059,132	\$ 5,435,900	\$ 5,217,547	\$ 5,891,200	\$ 6,315,573	\$ 6,271,500	\$ 6,733,995	\$ 6,815,900
Other	\$ 708,300	\$ 840,701	\$ 695,500	\$ 854,103	\$ 712,600	\$ 781,400	\$ 756,000	\$ 1,248,854	\$ 1,144,400	\$ 2,165,880	\$ 1,069,200
Capital	\$ -	\$ 55,342	\$ 60,000	\$ 175,787	\$ 50,000	\$ 104,004	\$ 112,500	\$ 52,425	\$ 162,500	\$ 26,782	\$ 50,000
<b>Total Expense</b>	<b>\$ 5,632,800</b>	<b>\$ 5,710,815</b>	<b>\$ 6,026,900</b>	<b>\$ 6,089,022</b>	<b>\$ 6,198,500</b>	<b>\$ 6,102,951</b>	<b>\$ 6,759,700</b>	<b>\$ 7,616,851</b>	<b>\$ 7,578,400</b>	<b>\$ 8,926,657</b>	<b>\$ 7,935,100</b>
<b>Fund Balance at Year End</b>	<b>\$ 993,257</b>	<b>\$ 1,436,000</b>	<b>\$ 1,244,400</b>	<b>\$ 1,340,931</b>	<b>\$ 1,057,131</b>	<b>\$ 1,462,594</b>	<b>\$ 1,240,494</b>	<b>\$ 2,749,999</b>	<b>\$ 2,540,199</b>	<b>\$ 2,220,280</b>	<b>\$ 1,850,580</b>

\*Numbers in brackets add to Fund Balance

Other Information	2017	2018	2019	2020	2021	2022
Economic Wage Increase	2.00%	2.00%	2.00%	2.00%	2.00%	2.50%
Health Ins Premium Increase	5.00%	5.00%	4.00%	4.00%	2.00%	1.00%
Employer Share of WRS	6.80%	6.70%	6.55%	6.75%	6.75%	6.50%

Approved 2022 Health Department fees and licences											
Code	Entity That Approves the Fee		2022 Health Department fees and licences <i>(new and altered fee amounts and names are shown in red)</i>	Last Increase	2020 Adopted Fees	2021 Adopted Fees	2022 Approved Fees	% Change 2021 to 2022	% of cost covered	Notes	
5473	City	Bee Keeping - City Approves the Fee	Pre-inspection Fee	New in 2015	\$95.00	\$95.00	\$95.00	0%	6%		
1233	City		License	2019	\$40 City \$35 Health	\$40 City \$35 Health	\$40 City \$35 Health	0%			
5475	City		Penalty/Late Fee	New in 2015	\$36.00	\$36.00	\$36.00	0%			
5474	City		Re-inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%			
	City		Operating without a License Fee	New in 2020	\$150.00	\$150.00	\$150.00	0%			
5470	City	Poultry Keeping - City Approves the Fee	Pre-inspection Fee	New in 2018	\$95.00	\$95.00	\$95.00	0%	16%	City portion of license fee reduced from \$40 to \$10 for 2021 after review by Board of Health in 2020. Operating without a License Fee reduced due to change in City portion.	
1234	City		License	New in 2018	\$40 City \$50 Health	\$10 City \$50 Health	\$10 City \$50 Health	0%			
5472	City		Penalty/Late Fee	New in 2018	\$36.00	\$36.00	\$36.00	0%			
5471	City		Re-inspection Fee	New in 2018	\$125.00	\$125.00	\$125.00	0%			
	City		Operating without a License Fee	New in 2020	\$180.00	\$180.00	\$120.00	-33%			
1372	City	Refuse & Recycling - City Approves the Fee	License - Refuse Hauler	Decr in 2018	\$96 City Plus \$41 Health	\$96 City Plus \$41 Health	\$96 City Plus \$41 Health	0%	98%		
	City		Operating without a License Fee - Refuse Hauler	New in 2020	\$274.00	\$274.00	\$274.00	0%			
1373	City		License - Recyclables Hauler	Decr in 2018	\$33 City Plus \$41 Health	\$33 City Plus \$41 Health	\$33 City Plus \$41 Health	0%			
	City		Operating without a License Fee - Recyclables Hauler	New in 2020	\$148.00	\$148.00	\$148.00	0%			
1368	City		License - Refuse/Recycler Combination	Decr in 2018	\$129 City Plus \$82 Health	\$129 City Plus \$82 Health	\$129 City Plus \$82 Health	0%			
	City		Operating without a License Fee - Refuse/Recycler Combination	New in 2020	\$422.00	\$422.00	\$422.00	0%			
5190	City		Penalty/Late Fee	New in 2020	\$100.00	\$100.00	\$100.00	0%			
1374	City		Reinspection Fee	2018	\$125.00	\$125.00	\$125.00	0%			
1330	City	Massage Parlor - City Approves the Fee	License - Massage Facility		\$85 City Plus \$10 Health	\$85 City Plus \$10 Health	\$85 City Plus \$10 Health	0%	88%		
5335	City	Housing - City Approves the Fee	Inspection Fee	New in 2018	\$90.00	\$90.00	\$90.00	0%	29%	*One time fee	
5533	City		Re-inspection Fee	New in 2018	\$125.00	\$125.00	\$125.00	0%			
5334	City		Rental Registration Fee *	New in 2018	\$5.00	\$5.00	\$5.00	0%			
	City		Housing Advisory Board Filing Fee	New in 2020	\$50.00	\$50.00	\$50.00	0%			
5513	Board of Health	Tattoo/Body Piercing Program	Body Art Practitioner's Education Verification Fee*	New in 2019	\$80.00	\$80.00	\$80.00	0%	58%	*One time practitioner fee  88% of allowable costs are covered under DSPS	
5521	Board of Health		Plan Review Fee - Tattoo Facility	2019	\$180.00	\$180.00	\$180.00	0%			
5518	Board of Health		Pre-Inspection Fee - Tattoo Facility	2019	\$180.00	\$180.00	\$180.00	0%			
5514	Board of Health		Permit Fee- Tattoo Facility	2019	\$359.00	\$359.00	\$359.00	0%			
	Board of Health		Operating without a License Fee - Tattoo Facility	2019	\$718.00	\$718.00	\$718.00	0%			
5522	Board of Health		Plan Review Fee - Body Piercing Facility	2019	\$180.00	\$180.00	\$180.00	0%			
5519	Board of Health		Pre-Inspection Fee - Body Piercing Facility	2019	\$180.00	\$180.00	\$180.00	0%			
5515	Board of Health		Permit Fee - Body Piercing Facility	2019	\$359.00	\$359.00	\$359.00	0%			
	Board of Health		Operating without a License Fee - Body Piercing Facility	2019	\$718.00	\$718.00	\$718.00	0%			
5523	Board of Health		Plan Review Fee - Combination Tattoo/Body Piercing Facility	2019	\$333.00	\$333.00	\$333.00	0%			
5520	Board of Health		Pre-Inspection Fee - Combination Tattoo/Body Piercing Facility	2019	\$333.00	\$333.00	\$333.00	0%			
5516	Board of Health		Permit Fee - Combination Tattoo/Body Piercing Facility	2019	\$665.00	\$665.00	\$665.00	0%			
	Board of Health		Operating without a License Fee - Combination Tattoo/Body Piercing Facility	2019	\$1,330.00	\$1,330.00	\$1,330.00	0%			
5517	Board of Health		Permit Fee- Temporary Body Art Facility	2019	\$665.00	\$665.00	\$665.00	0%			
	Board of Health		Operating without a License Fee - Temporary Body Art Facility	2019	\$1,330.00	\$1,330.00	\$1,330.00	0%			
5190	Board of Health			Penalty/Late Fee		\$100.00	\$100.00	\$100.00			0%
5512	Board of Health			Reinspection Fee	2018	\$125.00	\$125.00	\$125.00			0%

Code	Entity That Approves the Fee		2022 Health Department fees and licences <i>(new and altered fee amounts and names are shown in red)</i>	Last Increase	2020 Adopted Fees	2021 Adopted Fees	2022 Approved Fees	% Change 2021 to 2022	% of cost covered	Notes			
5427	Board of Health	Mobile and Manufactured Home Program	Pre-Inspection Fee - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	\$321.00	\$321.00	\$321.00	0%	72%	99% of allowable costs are covered under DSPS  No Change in Cost Coverage			
5421	Board of Health		License - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	\$642.00	\$642.00	\$642.00	0%					
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	\$1,284.00	\$1,284.00	\$1,284.00	0%					
5428	Board of Health		Pre-Inspection Fee - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	\$454.00	\$454.00	\$454.00	0%					
5422	Board of Health		License - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	\$907.00	\$907.00	\$907.00	0%					
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	\$1,814.00	\$1,814.00	\$1,814.00	0%					
5429	Board of Health		Pre-Inspection Fee - Manufactured and Mobile Home Community (51 to 100 Sites)	2020	\$564.00	\$564.00	\$564.00	0%					
5423	Board of Health		License - Manufactured and Mobile Home Community License (51 to 100 Sites)	2020	\$1,127.00	\$1,127.00	\$1,127.00	0%					
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (51 to 100 Sites)	2020	\$2,254.00	\$2,254.00	\$2,254.00	0%					
5430	Board of Health		Pre-Inspection Fee - Mobile Home Community (101 to 175 Sites)	2019	\$709.00	\$709.00	\$709.00	0%					
5424	Board of Health		License - Manufactured and Mobile Home Community License (101 to 175 Sites)	2020	\$1,418.00	\$1,418.00	\$1,418.00	0%					
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (101 to 175 Sites)	2020	\$2,836.00	\$2,836.00	\$2,836.00	0%					
5431	Board of Health		Pre-Inspection Fee - Manufactured and Mobile Home Community (176 or More Sites)	2020	\$754.00	\$754.00	\$754.00	0%					
5425	Board of Health		License - Manufactured and Mobile Home Community License (176 or More Sites)	2020	\$1,508.00	\$1,508.00	\$1,508.00	0%					
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (176 or more Sites)	2020	\$3,016.00	\$3,016.00	\$3,016.00	0%					
5190	Board of Health		Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%					
5426	Board of Health		Reinspection Fee	2018	\$125.00	\$125.00	\$125.00	0%					
5323	Board of Health		Lodging Program	Pre-inspection Fee - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2019	\$129.00	\$129.00	\$129.00			0%	84%	
5311	Board of Health			License - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2019	\$257.00	\$257.00	\$257.00			0%		
	Board of Health			Operating without a License Fee - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2019	\$514.00	\$514.00	\$514.00			0%		
5324	Board of Health	Pre-inspection Fee - Hotel/Motel (5 to 30 Rooms)		2019	\$166.00	\$166.00	\$166.00	0%					
5312	Board of Health	License - Hotel/Motel (5 to 30 Rooms)		2019	\$332.00	\$332.00	\$332.00	0%					
	Board of Health	Operating without a License Fee - Hotel/Motel (5 to 30 Rooms)		2019	\$664.00	\$664.00	\$664.00	0%					
5325	Board of Health	Pre-inspection Fee - Hotel/Motel (31 to 99 Rooms)		2019	\$266.00	\$266.00	\$266.00	0%					
5313	Board of Health	License - Hotel/Motel (31 to 99 Rooms)		2019	\$531.00	\$531.00	\$531.00	0%					
	Board of Health	Operating without a License Fee - Hotel/Motel (31 to 99 Rooms)		2019	\$1,062.00	\$1,062.00	\$1,062.00	0%					
5326	Board of Health	Pre-inspection Fee - Hotel/Motel (100 to 199 Rooms)		2019	\$360.00	\$360.00	\$360.00	0%					
5314	Board of Health	License - Hotel/Motel (100 to 199 Rooms)		2019	\$720.00	\$720.00	\$720.00	0%					
	Board of Health	Operating without a License Fee - Hotel/Motel (100 to 199 Rooms)		2019	\$1,440.00	\$1,440.00	\$1,440.00	0%					
5328	Board of Health	Pre-inspection Fee - Hotel/Motel (200 or More Rooms)		New in 2019	\$450.00	\$450.00	\$450.00	0%					
5315	Board of Health	License - Hotel/Motel (200 or More Rooms)		New in 2019	\$900.00	\$900.00	\$900.00	0%					
	Board of Health	Operating without a License Fee - Hotel/Motel (200 or More Rooms)		New in 2019	\$1,800.00	\$1,800.00	\$1,800.00	0%					
5327	Board of Health	Pre-inspection Fee - Bed & Breakfast Establishment		2019	\$178.00	\$178.00	\$178.00	0%					
5320	Board of Health	License - Bed & Breakfast Establishment		2019	\$355.00	\$355.00	\$355.00	0%					
	Board of Health	Operating without a License Fee - Bed & Breakfast Establishment		2019	\$710.00	\$710.00	\$710.00	0%					
5190	Board of Health	Penalty/Late Fee			\$100.00	\$100.00	\$100.00	0%					
5321	Board of Health	Re-Inspection Fee		2018	\$125.00	\$125.00	\$125.00	0%					

Code	Entity That Approves the Fee		2022 Health Department fees and licences <i>(new and altered fee amounts and names are shown in red)</i>	Last Increase	2020 Adopted Fees	2021 Adopted Fees	2022 Approved Fees	% Change 2021 to 2022	% of cost covered	Notes
5419	Board of Health	Recreational Water Program	Pre-Inspection Fee - Seasonal Pool	2019	\$361.00	\$361.00	\$361.00	0%	69%	
5411	Board of Health		License - Seasonal Pool	2019	\$722.00	\$722.00	\$722.00	0%		
	Board of Health		Operating without a License Fee - Seasonal Pool	2019	\$1,444.00	\$1,444.00	\$1,444.00	0%		
5432	Board of Health		Pre-Inspection Fee - Year-Round Pool	2019	\$498.00	\$498.00	\$498.00	0%		
5412	Board of Health		License - Year-Round Pool	2019	\$995.00	\$995.00	\$995.00	0%		
	Board of Health		Operating without a License Fee - Year-Round Pool	2019	\$1,990.00	\$1,990.00	\$1,990.00	0%		
5433	Board of Health		Pre-Inspection Fee - Water Attraction (Seasonal)	2019	\$395.00	\$395.00	\$395.00	0%		
5413	Board of Health		License - Water Attraction - (Seasonal)	2019	\$789.00	\$789.00	\$789.00	0%		
	Board of Health		Operating without a License Fee - Water Attraction (Seasonal)	2019	\$1,578.00	\$1,578.00	\$1,578.00	0%		
5434	Board of Health		Pre-Inspection Fee - Water Attraction (Year-Round)	2019	\$530.00	\$530.00	\$530.00	0%		
5414	Board of Health		License - Water Attraction (Year-Round)	2019	\$1,059.00	\$1,059.00	\$1,059.00	0%		
	Board of Health		Operating without a License Fee - Water Attraction (Year-Round)	2019	\$2,118.00	\$2,118.00	\$2,118.00	0%		
5435	Board of Health		Pre-Inspection Fee - Water Attraction with up to 2 Slides/Basin	2019	\$577.00	\$577.00	\$577.00	0%		
5415	Board of Health		License - Water Attraction with up to 2 Slides/Basin	2019	\$1,154.00	\$1,154.00	\$1,154.00	0%		
	Board of Health		Operating without a License Fee - Water Attraction with up to 2 Slides/Basin	2019	\$2,308.00	\$2,308.00	\$2,308.00	0%		
5436	Board of Health		Pre-Inspection Fee - Additional Water/Pool Slide/Basin	2019	\$213.00	\$213.00	\$213.00	0%		
5416	Board of Health		License - Additional Water/Pool Slide/Basin	2019	\$426.00	\$426.00	\$426.00	0%		
	Board of Health		Operating without a License Fee - Additional Water/Pool Slide/Basin	2019	\$852.00	\$852.00	\$852.00	0%		
5190	Board of Health		Penalty/Late Fee	2019	\$100.00	\$100.00	\$100.00	0%		
5418	Board of Health		Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
5147	Board of Health	Retail Food Establishment - Serving Meals (Restaurant Program)	Plan Review Fee - Complex: > \$500,000 sales	2020	\$994.00	\$994.00	\$733.00	-26%	69%	
5150	Board of Health		Pre-inspection Fee - Complex: > \$500,000 sales	2020	\$994.00	\$994.00	\$733.00	-26%		
5104	Board of Health		License - Complex: > \$500,000 sales	2020	\$1,988.00	\$1,988.00	\$1,465.00	-26%		
	Board of Health		Operating without a License Fee - Complex: > \$500,000 sales	2020	\$3,976.00	\$3,976.00	\$2,930.00	-26%		
5142	Board of Health		Plan Review Fee - Complex: \$100,000 - \$499,999 sales	2020	\$835.00	\$835.00	\$635.00	-24%		
5134	Board of Health		Pre-inspection Fee - Complex: \$100,000 - \$499,999 sales	2020	\$835.00	\$835.00	\$635.00	-24%		
5102	Board of Health		License - Complex: \$100,000 - \$499,999 sales	2020	\$1,669.00	\$1,669.00	\$1,270.00	-24%		
	Board of Health		Operating without a License Fee - Complex: \$100,000 - \$499,999 sales	2020	\$3,338.00	\$3,338.00	\$2,540.00	-24%		
5139	Board of Health		Plan Review Fee - Complex: <\$100,000 sales	2020	\$656.00	\$656.00	\$525.00	-20%		
5131	Board of Health		Pre-inspection Fee - Complex: <\$100,000 sales	2020	\$656.00	\$656.00	\$525.00	-20%		
5114	Board of Health		License - Complex: <\$100,000 sales	2020	\$1,312.00	\$1,312.00	\$1,050.00	-20%		
	Board of Health		Operating without a License Fee - Complex: <\$100,000 sales	2020	\$2,624.00	\$2,624.00	\$2,100.00	-20%		
5148	Board of Health		Plan Review Fee - Moderate: > \$500,000 sales	2020	\$608.00	\$608.00	\$515.00	-15%		
5151	Board of Health		Pre-inspection Fee - Moderate: > \$500,000 sales	2020	\$608.00	\$608.00	\$515.00	-15%		
5103	Board of Health		License - Moderate: > \$500,000 sales	2020	\$1,215.00	\$1,215.00	\$1,030.00	-15%		
	Board of Health		Operating without a License Fee - Moderate: > \$500,000 sales	2020	\$2,430.00	\$2,430.00	\$2,060.00	-15%		
5143	Board of Health		Plan Review Fee - Moderate: \$100,000 - \$499,999 sales	2020	\$511.00	\$511.00	\$458.00	-10%		
5135	Board of Health		Pre-inspection Fee - Moderate: \$100,000 - \$499,999 sales	2020	\$511.00	\$511.00	\$458.00	-10%		
5101	Board of Health		License - Moderate: \$100,000 - \$499,999 sales	2020	\$1,021.00	\$1,021.00	\$915.00	-10%		
	Board of Health		Operating without a License Fee - Moderate: \$100,000 - \$499,999 sales	2020	\$2,042.00	\$2,042.00	\$1,830.00	-10%		
5140	Board of Health		Plan Review Fee - Moderate: <\$100,000 sales	2020	\$401.00	\$401.00	\$383.00	-4%		
5132	Board of Health		Pre-inspection Fee - Moderate: <\$100,000 sales	2020	\$401.00	\$401.00	\$383.00	-4%		
5113	Board of Health		License - Moderate: <\$100,000 sales	2020	\$802.00	\$802.00	\$765.00	-5%		
	Board of Health		Operating without a License Fee - Moderate: <\$100,000 sales	2020	\$1,604.00	\$1,604.00	\$1,530.00	-5%		
5149	Board of Health		Plan Review Fee - Simple: > \$500,000 sales	2020	\$423.00	\$423.00	\$375.00	-11%		
5152	Board of Health		Pre-inspection Fee - Simple: > \$500,000 sales	2020	\$423.00	\$423.00	\$375.00	-11%		
5106	Board of Health		License - Simple: > \$500,000 sales	2020	\$846.00	\$846.00	\$750.00	-11%		
	Board of Health		Operating without a License Fee - Simple: > \$500,000 sales	2020	\$1,692.00	\$1,692.00	\$1,500.00	-11%		
5144	Board of Health		Plan Review Fee - Simple: \$100,000 - \$499,999 sales	2020	\$356.00	\$356.00	\$338.00	-6%		
5136	Board of Health		Pre-inspection Fee - Simple: \$100,000 - \$499,999 sales	2020	\$356.00	\$356.00	\$335.00	-6%		
5105	Board of Health		License - Simple: \$100,000 - \$499,999 sales	2020	\$712.00	\$712.00	\$670.00	-6%		
	Board of Health		Operating without a License Fee - Simple: \$100,000 - \$499,999 sales	2020	\$1,424.00	\$1,424.00	\$1,340.00	-6%		
5141	Board of Health		Plan Review Fee - Simple: <\$100,000 sales	2020	\$280.00	\$280.00	\$278.00	-1%		
5133	Board of Health		Pre-inspection Fee - Simple: <\$100,000 sales	2020	\$280.00	\$280.00	\$278.00	-1%		
5112	Board of Health		License - Simple: <\$100,000 sales	2020	\$559.00	\$559.00	\$555.00	-1%		
	Board of Health		Operating without a License Fee - Simple: <\$100,000 sales	2020	\$1,118.00	\$1,118.00	\$1,110.00	-1%		
5138	Board of Health		Plan Review Fee - Pre-Packaged (PP)	2020	\$174.00	\$174.00	\$174.00	0%		
5130	Board of Health		Pre-inspection Fee - Pre-Packaged (PP)	2020	\$174.00	\$174.00	\$174.00	0%		
5111	Board of Health		License - Pre-Packaged (PP)	2020	\$348.00	\$348.00	\$348.00	0%		
	Board of Health		Operating without a License Fee - Pre-Packaged (PP)	2020	\$696.00	\$696.00	\$696.00	0%		
5115	Board of Health	License - Independent Food Prep/Service (Add'l)	2020	\$219.00	\$219.00	\$219.00	0%			

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	Board of Health	Operating without a License Fee - Independent Food Prep/Service (Add'l)	2020	\$438.00	\$438.00	\$438.00	0%	69%			
5116	Board of Health	License - Transient Retail Food - Serving Meals	New in 2017	\$200.00	\$200.00	\$200.00	0%				
	Board of Health	Operating without a License Fee - Transient Retail Food - Serving Meals	New in 2017	\$400.00	\$400.00	\$400.00	0%				
5120	Board of Health	Plan Review Fee - Special Organization (SO)	New in 2020	\$201.00	\$201.00	\$201.00	0%				
5119	Board of Health	Pre-inspection Fee - Special Organization (SO)	New in 2020	\$201.00	\$201.00	\$201.00	0%				
5118	Board of Health	License - Special Organization (SO)	New in 2020	\$401.00	\$401.00	\$401.00	0%				
	Board of Health	Operating without a License Fee - Special Organization (SO)	New in 2020	\$802.00	\$802.00	\$802.00	0%				
5155	Board of Health	Inspection Fee - Temporary/Mobile	2010	\$60.00	\$60.00	\$60.00	0%				
5190	Board of Health	Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%				
5418	Board of Health	Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%				
5427	Board of Health	Plan Review Fee - Process Potentially Hazardous Sales of at least \$1,000,000 (11)	2020	\$752.00	\$752.00	\$752.00	0%	80%			
5251	Board of Health	Pre-inspection Fee - Process Potentially Hazardous Sales of at least \$1,000,000 (11)	2020	\$752.00	\$752.00	\$752.00	0%				
5224	Board of Health	License - Process Potentially Hazardous Sales of at least \$1,000,000 (11)	2020	\$1,504.00	\$1,504.00	\$1,504.00	0%				
	Board of Health	Operating without a License Fee - Process Potentially Hazardous Sales of at least \$1,000,000 (11)	2020	\$3,008.00	\$3,008.00	\$3,008.00	0%				
5246	Board of Health	Plan Review Fee - Process Potentially Hazardous Sales of at least \$25,000 but less than \$1,000,000 (22)	2020	\$327.00	\$327.00	\$327.00	0%				
5250	Board of Health	Pre-inspection Fee - Process Potentially Hazardous Sales of at least \$25,000 but less than \$1,000,000 (22)	2020	\$327.00	\$327.00	\$327.00	0%				
5223	Board of Health	License - Process Potentially Hazardous Sales of at least \$25,000 but less than \$1,000,000 (22)	2020	\$653.00	\$653.00	\$653.00	0%				
	Board of Health	Operating without a License Fee - Process Potentially Hazardous Sales of at least \$25,000 but less than \$1,000,000 (22)	2020	\$1,306.00	\$1,306.00	\$1,306.00	0%				
5245	Board of Health	Plan Review Fee - Process Non-Potentially Hazardous Sales of at least \$25,000 (33)	2020	\$251.00	\$251.00	\$251.00	0%				
5249	Board of Health	Pre-inspection Fee - Process Non-Potentially Hazardous Sales of at least \$25,000 (33)	2020	\$251.00	\$251.00	\$251.00	0%				
5222	Board of Health	License - Process Non-Potentially Hazardous Sales of at least \$25,000 (33)	2020	\$502.00	\$502.00	\$502.00	0%				
	Board of Health	Operating without a License Fee - Process Non-Potentially Hazardous Sales of at least \$25,000 (33)	2020	\$1,004.00	\$1,004.00	\$1,004.00	0%				
5244	Board of Health	Plan Review Fee - Process Non-Potentially or Potentially Hazardous Sales of less than \$25,000 (44)	2020	\$119.00	\$119.00	\$119.00	0%				
5248	Board of Health	Pre-inspection Fee - Process Non-Potentially or Potentially Hazardous Sales of less than \$25,000 (44)	2020	\$119.00	\$119.00	\$119.00	0%				
5221	Board of Health	Process Non-Potentially or Potentially Hazardous Sales of less than \$25,000 (44)	2020	\$238.00	\$238.00	\$238.00	0%				
	Board of Health	Operating without a License Fee - Process Non-Potentially or Potentially Hazardous Sales of less than \$25,000 (44)	2020	\$476.00	\$476.00	\$476.00	0%				
5211	Board of Health	License - Non-Processing (55)	2020	\$207.00	\$207.00	\$207.00	0%				
	Board of Health	Operating without a License Fee - Non-Processing (55)	2020	\$414.00	\$414.00	\$414.00	0%				
5240	Board of Health	License - Transient Retail Food	Decr in 2020	\$150.00	\$150.00	\$150.00	0%				
	Board of Health	Operating without a License Fee - Transient Retail Food	Decr in 2020	\$300.00	\$300.00	\$300.00	0%				
	Board of Health	License - Mobile Retail Prepackaged Food	New in 2022	New Fee in 2022	New Fee in 2022	\$150.00	New Fee in 2022				
	Board of Health	Operating without a License Fee - Mobile Retail Prepackaged Food	New in 2022	New Fee in 2022	New Fee in 2022	\$300.00	New Fee in 2022				
5252	Board of Health	License - Micro Market (Individual)	New in 2019	\$40.00	\$40.00	\$40.00	0%				
	Board of Health	Operating without a License Fee - Micro Market (Individual)	New in 2020	\$80.00	\$80.00	\$80.00	0%				
5253	Board of Health	License - Micro Market (Multiple in Same Facility)	New in 2019	\$60.00	\$60.00	\$60.00	0%				
	Board of Health	Operating without a License Fee - Micro Market (Multiple in Same Facility)	New in 2020	\$120.00	\$120.00	\$120.00	0%				
5190	Board of Health	Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%				
5242	Board of Health	Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%				
5160	Board of Health	License - Satellite Kitchen	2020	\$265.00	\$265.00	\$265.00	0%			57%	
5161	Board of Health	License - Limited Food Preparation	2020	\$350.00	\$350.00	\$350.00	0%				
5162	Board of Health	License - Unlimited Food Preparation	2020	\$475.00	\$475.00	\$475.00	0%				
5163	Board of Health	License - Unlimited Food Preparation and Transport	2020	\$579.00	\$579.00	\$579.00	0%				

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5451	Board of Health	Campground Program	Plan Review Fee - Campground (1 to 25 Sites)	2019	\$152.00	\$152.00	\$152.00	0%	85%			
5451	Board of Health		Pre-inspection Fee - Campground (1 to 25 Sites)	2019	\$152.00	\$152.00	\$152.00	0%				
5439	Board of Health		License - Campground (1 to 25 Sites)	2019	\$303.00	\$303.00	\$303.00	0%				
5451	Board of Health		Operating without a License Fee - Campground (1 to 25 Sites)	2019	\$606.00	\$606.00	\$606.00	0%				
5457	Board of Health		Plan Review Fee - Campground (26 to 50 Sites)	2019	\$198.00	\$198.00	\$198.00	0%				
5455	Board of Health		Pre-inspection Fee - Campground (26 to 50 Sites)	2019	\$198.00	\$198.00	\$198.00	0%				
5440	Board of Health		License - Campground (26 to 50 Sites)	2019	\$395.00	\$395.00	\$395.00	0%				
	Board of Health		Operating without a License Fee - Campground (26 to 50 Sites)	2019	\$790.00	\$790.00	\$790.00	0%				
5458	Board of Health		Plan Review Fee - Campground (51 to 100 Sites)	2019	\$251.00	\$251.00	\$251.00	0%				
5452	Board of Health		Pre-inspection Fee - Campground (51 to 100 Sites)	2019	\$251.00	\$251.00	\$251.00	0%				
5441	Board of Health		License - Campground (51 to 100 Sites)	2019	\$501.00	\$501.00	\$501.00	0%				
	Board of Health		Operating without a License Fee - Campground (51 to 100 Sites)	2019	\$1,002.00	\$1,002.00	\$1,002.00	0%				
5459	Board of Health		Plan Review Fee - Campground (101 to 199 Sites)	2019	\$273.00	\$273.00	\$273.00	0%				
5453	Board of Health		Pre-inspection Fee - Campground (101 to 199 Sites)	2019	\$273.00	\$273.00	\$273.00	0%				
5442	Board of Health		License - Campground (101 to 199 Sites)	2019	\$546.00	\$546.00	\$546.00	0%				
	Board of Health		Operating without a License Fee - Campground (101 to 199 Sites)	2019	\$1,092.00	\$1,092.00	\$1,092.00	0%				
5462	Board of Health		Plan Review Fee - Campground (200 or more Sites)	New in 2019	\$276.00	\$276.00	\$276.00	0%				
5463	Board of Health		Pre-inspection Fee - Campground (200 or more Sites)	New in 2019	\$276.00	\$276.00	\$276.00	0%				
5461	Board of Health		License - Campground (200 or more Sites)	New in 2019	\$552.00	\$552.00	\$552.00	0%				
	Board of Health		Operating without a License Fee - Campground (200 or more Sites)	New in 2019	\$1,104.00	\$1,104.00	\$1,104.00	0%				
5460	Board of Health		Plan Review Fee - Educational/Recreational Facility	2019	\$149.00	\$149.00	\$149.00	0%				
5454	Board of Health		Pre-inspection Fee - Educational/Recreational Facility	2019	\$149.00	\$149.00	\$149.00	0%				
5443	Board of Health		License - Educational/Recreational Facility	2019	\$298.00	\$298.00	\$298.00	0%				
	Board of Health		Operating without a License Fee - Educational/Recreational Facility	2019	\$596.00	\$596.00	\$596.00	0%				
5444	Board of Health		License - Special Event Campground (1 to 25 Sites)	2019	\$303.00	\$303.00	\$303.00	0%				
	Board of Health		Operating without a License Fee - Special Event Campground (1 to 25 Sites)	2019	\$606.00	\$606.00	\$606.00	0%				
5445	Board of Health		License - Special Event Campground (26 to 50 Sites)	2019	\$395.00	\$395.00	\$395.00	0%				
	Board of Health		Operating without a License Fee - Special Event Campground (26 to 50 Sites)	2019	\$790.00	\$790.00	\$790.00	0%				
5446	Board of Health		License - Special Event Campground (51 to 99 Sites)	2019	\$501.00	\$501.00	\$501.00	0%				
	Board of Health		Operating without a License Fee - Special Event Campground (51 to 99 Sites)	2019	\$1,002.00	\$1,002.00	\$1,002.00	0%				
5447	Board of Health		License - Campground (100 to 199 Sites)	2019	\$546.00	\$546.00	\$546.00	0%				
	Board of Health		Operating without a License Fee - Special Event Campground (100 to 199 Sites)	2019	\$1,092.00	\$1,092.00	\$1,092.00	0%				
5448	Board of Health		License - Campground (200 or more Sites)	New in 2019	\$552.00	\$552.00	\$552.00	0%				
	Board of Health		Operating without a License Fee - Special Event Campground (200 or more Sites)	New in 2019	\$1,104.00	\$1,104.00	\$1,104.00	0%				
5190	Board of Health		Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%				
5450	Board of Health		Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%				
5636	Board of Health		Wells	Permit Fee - Well	2009	\$75.00	\$75.00	\$75.00		0%	100%	
5612	Board of Health		POWTS Permits	Permit Fee - Non-Pressure In-Ground < 1000gpd	2019	\$498.00	\$498.00	\$498.00		0%	91%	
5613	Board of Health			Permit Fee - Non-Pressure In-Ground 1001-4999gpd	2020	\$899.00	\$899.00	\$899.00		0%		
5614	Board of Health			Permit Fee - Non-Pressure In-Ground 5000-8000gpd	2020	\$1,115.00	\$1,115.00	\$1,115.00		0%		
5615	Board of Health	Permit Fee - Non-Pressure In-Ground > 8000gpd		2020	\$1,331.00	\$1,331.00	\$1,331.00	0%				
5616	Board of Health	Permit Fee - In-Ground Pressure < 1000gpd		2020	\$889.00	\$889.00	\$889.00	0%				
5633	Board of Health	Plan Review Fee - In-Ground Pressure < 1000gpd			\$250.00	\$250.00	\$250.00	0%				
5617	Board of Health	Permit Fee - In-Ground Pressure 1001-4999gpd		2020	\$1,095.00	\$1,095.00	\$1,095.00	0%				
5618	Board of Health	Permit Fee - In-Ground Pressure 5000-8000gpd		2020	\$1,290.00	\$1,290.00	\$1,290.00	0%				
5619	Board of Health	Permit Fee - In-Ground Pressure > 8000gpd		2020	\$1,452.00	\$1,452.00	\$1,452.00	0%				

Code	Entity That Approves the Fee	2022 Health Department fees and licences <i>(new and altered fee amounts and names are shown in red)</i>	Last Increase	2020 Adopted Fees	2021 Adopted Fees	2022 Approved Fees	% Change 2021 to 2022	% of cost covered	Notes
5620	Board of Health	Permit Fee - At-Grade, Mound, Drip, Sand Filters < 1000gpd	2020	\$933.00	\$933.00	\$933.00	0%	91%	
5633	Board of Health	Plan Review Fee - At-Grade, Mound, Drip, Sand Filters < 1000gpd		\$250.00	\$250.00	\$250.00	0%		
5621	Board of Health	Permit Fee - At-Grade, Mound, Drip, Sand Filters 1001-4999gpd	2020	\$1,333.00	\$1,333.00	\$1,333.00	0%		
5622	Board of Health	Permit Fee - At-Grade, Mound, Drip, Sand Filters 5000-8000gpd	2020	\$1,582.00	\$1,582.00	\$1,582.00	0%		
5623	Board of Health	Permit Fee - At-Grade, Mound, Drip, Sand Filters > 8000gpd	2020	\$1,798.00	\$1,798.00	\$1,798.00	0%		
5624	Board of Health	Permit Fee - Holding Tanks < 1000gpd	2020	\$498.00	\$498.00	\$498.00	0%		
5625	Board of Health	Permit Fee - Holding Tanks 1001-4999gpd	2020	\$563.00	\$563.00	\$563.00	0%		
5626	Board of Health	Permit Fee - Holding Tanks 5000-8000gpd	2020	\$617.00	\$617.00	\$617.00	0%		
5627	Board of Health	Permit Fee - Holding Tanks > 8000gpd	2020	\$649.00	\$649.00	\$649.00	0%		
5701	Board of Health	Permit Fee - Other Modification to Existing System (e.g. Pre-Treatment devices)	2020	\$498.00	\$498.00	\$498.00	0%		
5628	Board of Health	Transfer/Renewal Fee		\$30.00	\$30.00	\$30.00	0%		
5629	Board of Health	Permit Fee - Reconnection, Privy, Composting Toilet, Incinerating Toilet		\$70.00	\$70.00	\$70.00	0%		
5612	Board of Health	Permit Fee - Public/Commercial Non-Pressure In-Ground <1000gpd	2020	\$498.00	\$498.00	\$498.00	0%		
5630	Board of Health	Plan Review Fee - Public/Commercial Non-Pressure In-Ground <1000gpd		\$250.00	\$250.00	\$250.00	0%		
5613	Board of Health	Permit Fee - Public/Commercial Non-Pressure In-Ground 1001-2000gpd	2020	\$899.00	\$899.00	\$899.00	0%		
5631	Board of Health	Plan Review Fee - Public/Commercial Non-Pressure In-Ground 1001-2000gpd		\$325.00	\$325.00	\$325.00	0%		
5614	Board of Health	Permit Fee - Public/Commercial Non-Pressure In-Ground 2001-5000gpd	2020	\$1,115.00	\$1,115.00	\$1,115.00	0%		
5632	Board of Health	Plan Review Fee - Public/Commercial Non-Pressure In-Ground 2001-5000gpd		\$400.00	\$400.00	\$400.00	0%		
5634	Board of Health	Filing and Review Fee - Soil & Site Evaluation Reports		\$50.00	\$50.00	\$50.00	0%		
5635	Board of Health	Application Fee - Wisconsin Fund		\$120.00	\$120.00	\$120.00	0%		
5637	Board of Health	Plat Approval Fee		\$50.00	\$50.00	\$50.00	0%		
5530	Board of Health	License - Incinerator	Decr in 2019	\$79.00	\$79.00	\$79.00	0%	80%	
	Board of Health	Operating without a License Fee - Refuse/Recycler Combination	New in 2020	\$158.00	\$158.00	\$158.00	0%		
5190	Board of Health	Penalty/Late Fee	New in 2020	\$100.00	\$100.00	\$100.00	0%		
5531	Board of Health	Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
5640	Board of Health	Laboratory Fee - Total Coliform (Includes E.Coli presence/absence)	2019	\$21.00	\$21.00	\$21.00	0%	100%	*Private samples not accepted ^Requires advanced scheduling
5642	Board of Health	Laboratory Fee - Heterotrophic Plate Count	2019	\$27.00	\$27.00	\$27.00	0%		
5644	Board of Health	Laboratory Fee - Nitrate - Nitrogen	2019	\$21.00	\$21.00	\$21.00	0%		
5645	Board of Health	Laboratory Fee - pH (water)	2018	\$10.00	\$10.00	\$10.00	0%		
5647	Board of Health	Laboratory Fee - Total Hardness (quantitative)	2019	\$38.00	\$38.00	\$38.00	0%		
5648	Board of Health	Laboratory Fee - Fluoride	2019	\$21.00	\$21.00	\$21.00	0%		
5528	Board of Health	Laboratory Fee - Spore Ampules	2019	\$17.00	\$17.00	\$17.00	0%		
5650	Board of Health	Laboratory Fee - Copper	2019	\$23.00	\$23.00	\$23.00	0%		
5651	Board of Health	Laboratory Fee - Manganese	2019	\$23.00	\$23.00	\$23.00	0%		
5652	Board of Health	Laboratory Fee - Zinc	2019	\$23.00	\$23.00	\$23.00	0%		
5653	Board of Health	Laboratory Fee - Magnesium	2019	\$23.00	\$23.00	\$23.00	0%		
5654	Board of Health	Laboratory Fee - Cadmium	2018	\$31.00	\$31.00	\$31.00	0%		
5655	Board of Health	Laboratory Fee - Chromium	2018	\$31.00	\$31.00	\$31.00	0%		
5656	Board of Health	Laboratory Fee - Arsenic	2018	\$31.00	\$31.00	\$31.00	0%		
5657	Board of Health	Laboratory Fee - Calcium	2019	\$23.00	\$23.00	\$23.00	0%		
5658	Board of Health	Laboratory Fee - Iron	2019	\$23.00	\$23.00	\$23.00	0%		
5659	Board of Health	Laboratory Fee - Nickel	2019	\$23.00	\$23.00	\$23.00	0%		
5660	Board of Health	Laboratory Fee - Lead	2018	\$31.00	\$31.00	\$31.00	0%		
5661	Board of Health	Laboratory Fee - VOC's	2018	\$150.00	\$150.00	\$150.00	0%		
5662	Board of Health	Laboratory Fee - Methamphetamine*	2019	\$45.00	\$45.00	\$45.00	0%		
5641	Board of Health	Laboratory Fee - E. coli (Quantitative)^	2019	\$27.00	\$27.00	\$27.00	0%		
5526	Board of Health	Laboratory Fee - pH (food)*	New in 2019	\$21.00	\$21.00	\$21.00	0%		



Code	Entity That Approves the Fee		2022 Health Department fees and licences <i>(new and altered fee amounts and names are shown in red)</i>	Last Increase	2020 Adopted Fees	2021 Adopted Fees	2022 Approved Fees	% Change 2021 to 2022	% of cost covered	Notes	
5525	Board of Health	Public Health Laboratory (Continued)	Laboratory Fee - Sterility verification* ^	New in 2019	\$31.00	\$31.00	\$31.00	0%	100%	*Private samples not accepted ^Requires advanced scheduling	
5527	Board of Health		Laboratory Fee - PCR analysis ( <i>b. burgdorferi</i> - deer tick)* ^	New in 2019	\$34.00	\$34.00	\$34.00	0%			
5529	Board of Health		Laboratory Fee - Pseudomonas	2018	\$27.00	\$27.00	\$27.00	0%			
5830, 5837	Board of Health	Radon	Short-term Radon Test Kit	2015	\$10.00	\$10.00	\$10.00	0%	100%		
5831, 5837	Board of Health		Long-term Radon Test Kit	2015	\$25.00	\$25.00	\$25.00	0%			
5838	Board of Health		Long-term Radon Test Kit - Nontax	2015	\$25.00	\$25.00	\$25.00	0%			
5840	Board of Health	Prenatal Care Coordination	Prenatal Care - Risk Assessment	2021	\$105.00	\$112.00	\$115.00	3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
5841	Board of Health		Prenatal Care - Plan Development	2021	\$105.00	\$112.00	\$115.00	3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
5842	Board of Health		Prenatal Care Education - Ongoing Care Coordination - In Office - RN/RD - Per Visit	2021	\$53.00	\$56.00	\$57.00	2%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
5843	Board of Health		Prenatal Care Education - Ongoing Care Coordination - Home Visit - RN/RD - Per Visit	2021	\$105.00	\$112.00	\$115.00	3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
5844	Board of Health		Prenatal Care Case Management and Documentation RN or RD - Per 15 Minutes	2021	\$26.00	\$28.00	\$29.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
5721 (MA) or 5720 (Dispen)	Board of Health	Communicable Disease	TB Case Management - per 15 minutes	2021	\$26.00	\$28.00	\$29.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB Oral Med Administration - 15 Mmin	2021	\$26.00	\$28.00	\$29.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB DOT Symptom/Treatment Monitoring 15 min 99401	2021	\$26.00	\$28.00	\$29.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB DOT Symptom/Treatment Monitoring 30 min 99402	2021	\$53.00	\$54.00	\$57.00	6%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB DOT Symptom/Treatment Monitoring 45 min 99403	2021	\$79.00	\$84.00	\$86.00	2%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB DOT Symptom/Treatment Monitoring 60 min 99404	2021	\$105.00	\$112.00	\$115.00	3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB Pt Education and Guidance - 15 min	2021	\$26.00	\$28.00	\$29.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	5714, 5715,		Board of Health	TB Skin Test	2021	\$34.00	\$36.00	\$37.00	3%	100%	
	5722		Board of Health	TB Travel for DOT ≥ 45 minutes	New in 2021	NA	\$84.00	\$86.00	2%	100%	
	5722		Board of Health	TB Travel for DOT ≥ 60 minutes	New in 2021	NA	\$112.00	\$115.00	3%	100%	
5731, 5732	Board of Health	Hepatitis B Vaccine	2021	\$72.00	\$89.00	\$90.00	1%	100%	Large increase in vaccine cost for 2021		
5733	Board of Health	Influenza Vaccine	2019	\$40.00	NA	NA	NA	N/A	Fee exempt 2021 - 2022 flu season, 2022-2023 to be reviewed in Summer of 2022		
5739	Board of Health	HIV Test	2019	\$30.00	\$30.00	\$30.00	0%	100%			
	Board of Health	Reproductive Health	Initial Eval/Mgmt (12-17 yrs) 99384	2019	\$315.00	\$330.00	\$330.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Initial Eval/Mgmt (18-39 yrs) 99385	2019	\$315.00	\$330.00	\$330.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Initial Eval/Mgmt (40-64 yrs) 99386	2019	\$315.00	\$330.00	\$330.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Periodic Re-eval/Mgmt (12-17 yrs) 99394	2019	\$315.00	\$330.00	\$330.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Periodic Re-eval/Mgmt (18-39 yrs) 99395	2019	\$315.00	\$330.00	\$330.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Periodic Re-eval/Mgmt (40-64 yrs) 99396	2019	\$315.00	\$330.00	\$330.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Wet Mount	Decr in 2018	\$14.00	\$14.00	\$14.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Urinalysis	Decr in 2018	\$7.00	\$7.00	\$7.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Hemoglobin	Decr in 2018	\$8.00	\$8.00	\$8.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Dispensing Fee-New Fee April 2017	Decr in 2020	\$190.00	\$190.00	\$190.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit new pt 10 minute 99201	2019	\$105.00	\$110.00	N/A	N/A	100%	Effective 1/1/2021, the 10 minute new office visit E&M code (99201) was discontinued.	
	Board of Health		Reproductive Health - Office Visit new pt 20 minute 99202	2019	\$180.00	\$190.00	\$190.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit new pt 30 minute 99203	2019	\$260.00	\$280.00	\$280.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit new pt 45 minute 99204	2019	\$395.00	\$420.00	\$420.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit established pt 5 minute 99211	2019	\$49.00	\$50.00	\$50.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
Board of Health	Reproductive Health - Office Visit established pt 10 minute 99212	2019	\$105.00	\$110.00	\$110.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.			

Code	Entity That Approves the Fee	2022 Health Department fees and licences <i>(new and altered fee amounts and names are shown in red)</i>	Last Increase	2020 Adopted Fees	2021 Adopted Fees	2022 Approved Fees	% Change 2021 to 2022	% of cost covered	Notes		
5736	Board of Health	Reproductive Health (continued)	Reproductive Health - Office Visit established pt 15 minute 99213	2019	\$175.00	\$190.00	\$190.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit established pt 25 minute 99214	2019	\$260.00	\$280.00	\$280.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Pregnancy	2018	\$21.00	\$21.00	\$21.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Glucose	Decr in 2018	\$11.00	\$11.00	\$11.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lab handling fee	2020	\$24.00	\$24.00	\$24.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Scope of Cervix 57452	2019	\$260.00	\$270.00	\$270.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Biopsy of Cervix 57455	2019	\$340.00	\$355.00	\$355.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Biopsy of Cervix and Curettage 57454	2019	\$365.00	\$380.00	\$380.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lesions 1-14 (male) 17110	2019	\$265.00	\$275.00	\$275.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lesions 15+ (male) 17111	2019	\$315.00	\$330.00	\$330.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lesions Anal (female) 46900	2019	\$580.00	\$600.00	\$600.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lesions Vulva (female) 56501	2019	\$315.00	\$330.00	\$330.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Nexplanon Insertion	2019	\$330.00	\$340.00	\$340.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Nexplanon Removal	2019	\$380.00	\$390.00	\$390.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Nexplanon Insertion and Removal	2019	\$540.00	\$560.00	\$560.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - IUD Insertion	2019	\$170.00	\$180.00	\$180.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - IUD Removal	2019	\$225.00	\$235.00	\$235.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Medications and Supplies			Varies	Varies	Varies		100%	Fees represent quarterly 340B pricing or amount set through cost analysis per policy.
	5734		Board of Health	Lead Program	Blood Lead Testing	2021	\$51.00	\$55.00	\$55.00	0%	100%
Board of Health		Initial Investigation	2021		\$820.00	\$950.00	\$922.00	-3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
Board of Health		Follow-up Clearance Investigation	2021		\$320.00	\$357.00	\$346.00	-3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
Board of Health		Nursing Education Home Visit	2021		\$160.00	\$169.00	\$172.00	2%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	

Legislative TRACKER		WPHA/WALHDAB 2021-2022 Legislative Grid Updated: April 13, 2022			
Bill #	Bill Description	Position	Initially reviewed	Resources/Status	Notes
<a href="#">AB1093/SB1025</a>	Location of deaths from COVID-19	Neutral/Monitor	3/17/2022		Decided not to weigh in unless moves forward
<a href="#">AB1090</a>	Restricting compulsory vaccination during a state of emergency to only vaccines for which the vaccine manufacturer is liable for injury.	Neutral/Monitor	3/17/2022		Decided not to weigh in unless moves forward
<a href="#">SB1072</a>	Coverage of tests for sexually-transmitted diseases by health policies and plans	Neutral/Monitor	3/17/2022		Reach out to authors if moves forward related to treatment options in addition to prevention.
<a href="#">SB1048</a> (Companion to <a href="#">AB1124</a> )	Public health campaign for prevention of tobacco and electronic cigarette use and a grant program to support organizations working on youth vaping and cessation services	Neutral/Monitor	3/17/2022		Consider comments to authors or supporting TPCM in doing so.
<a href="#">SB1042</a> (Companion to <a href="#">AB1119</a> )	Correction of inaccurate communicable disease data	Neutral/Monitor	3/17/2022		Watch to see traction.
<a href="#">SB 915</a> (Companion to <a href="#">AB 977</a> )	Anti-trans legislation; bans health care professionals from providing gender affirming care to trans youth and prohibits any entity that provides said care from receiving public funds	Oppose	2/23/2022		
<a href="#">SB 598</a> (Companion to <a href="#">AB 562</a> )	A "Dont Say Gay" bill; requires public and charter schools to notify parents before providing any curriculum/activity/program/etc that includes content covering sexual orientation, gender identity, gender expression or gender. Also allows parents to "opt out" a child from this content	Oppose	2/23/2022		
<a href="#">SB 927</a> (Companion to <a href="#">AB 976</a> )	Peer recovery specialists	Support	2/23/2022		
<a href="#">SB 1066</a> (Companion to <a href="#">AB 1098</a> )	Relating to: the establishment of a family and medical leave insurance program; family leave to care for a grandparent, grandchild, or sibling and for the active duty of a family member; the employers that are required to allow an employee to take family or medical leave; creating an individual income tax deduction for certain family or medical leave insurance benefits; allowing a local government to adopt ordinances requiring employers to provide leave benefits;	Support	2/23/2022	<a href="https://www.wpha.org/resource/resmgr/2022/pa_committee/WI_FMLI_Joint_Sign_On_Letter.pdf">https://www.wpha.org/resource/resmgr/2022/pa_committee/WI_FMLI_Joint_Sign_On_Letter.pdf</a>	More details: <a href="https://www.paidleaveforwi.org/">https://www.paidleaveforwi.org/</a> . Added as <a href="#">organizational introduction memo</a>
<a href="#">SB 1039</a> (Companion to <a href="#">AB 1131</a> )	local health officer orders to control the 2019 novel coronavirus	Oppose	2/18/2022		Sent a "do not sponsor" memo to all legislators on 2/22/22.
<a href="#">SB 1011</a> (Companion to <a href="#">AB995</a> )	parental opt-out from face covering requirements in school buildings and on school grounds and requiring school boards to offer pupils a full-time, in-person option	Oppose	2/17/2022	AB 995 passed the Assembly on 2/22/22. AB 995 passed Senate on 3/8/22. Governor vetoed AB995 on 4/8/22.	
<a href="#">SB788</a> (Companion to <a href="#">AB810</a> )	Restricting a person's operating privilege to vehicles equipped with an ignition interlock device	Neutral/Monitor	2/17/2022		

<a href="#">SB902</a> (Companion to <a href="#">AB935</a> )	FoodShare work and FoodShare Employment and training requirements and drug testing	Oppose	2/17/2022	AB 935 passed the Assembly on 2/17/22 and passed the Senate on 2/22/22. Governor vetoed AB 935 on 4/15/22.	
<a href="#">SB886</a> (Companion to <a href="#">AB912</a> )	No business may be declared essential or nonessential during an emergency	Neutral/Monitor	2/17/2022		
<a href="#">SB 791</a> (Companion to <a href="#">AB815</a> )	Expanding the treatment alternatives and diversion programs	Support	2/17/2022	Passed Senate on 2/15/22.	
<a href="#">AB 1066</a> (No Senate companion bill yet)	terms of office for certain appointed local officers	Oppose	2/17/2022		
<a href="#">AB409</a> (Companion to <a href="#">SB403</a> )	Battery or threat to a public officer and providing a penalty	Neutral/Monitor	2/17/2022	Confirmation by legislature's in-house non-partisan legal counsel that it includes health officials. SB403 passed Senate on 1/25/22.	For health equity purposes, decided to not register for this bill. Supportive of health officers being included but primary focus on safety of police officers.
<a href="#">SB1000</a> (Companion to <a href="#">AB1075</a> )	Limits local health orders related to infectious diseases to 60 days	Oppose	2/8/2022	Memo sent to legislature not to sponsor; action alert listed here: <a href="https://www.wpha.org/news/news.asp?id=595580">https://www.wpha.org/news/news.asp?id=595580</a>	Request members to testify. Sent a "do not sponsor" memo to all legislators on 2/10/22.
<a href="#">SB 394</a> (Companion to <a href="#">AB 396</a> )	Advanced Practice Registered Nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures and granting rule-making authority	Support	1/24/2022	SB 394 passed the Senate on 1/25/22. Passed Assembly on 2/17/22 with an amendment. Senate passed the Assembly-amended version of this bill on 3/8/22. The Governor vetoed SB 394 on 4/15/22.	Letter drafted to be sent to Governor in support. Judy Aubey and PHN Section contacted Jamie Michael to request WPHA/WALHDAB support; Amendment support.
<a href="#">SB 912</a> (Companion to <a href="#">AB 936</a> )	Failure to accept employment to remain eligible for Medical Assistance.	Oppose	2/4/2022	AB 936 passed the Assembly on 2/17/22 and passed the Senate on 2/22/22. Governor vetoed AB 936 on 4/15/22.	Geof brought this to the PA Committee's attention.
<a href="#">SB 905</a> (Companion to <a href="#">AB 934</a> )	Disenrollment of ineligible individuals from and redeterminations of eligibility for the Medical Assistance program and database confirmation for public assistance program eligibility.	Oppose	2/4/2022	AB 934 passed the Assembly on 2/17/22 and the Senate on 2/22/22. Governor vetoed AB934 on 4/15/22.	Geof brought this to the PA Committee's attention.
<a href="#">SB 894</a> (Companion to <a href="#">AB 987</a> )	Peer review of administrative rules, comments to proposed statements of scope, and review of proposed groundwater enforcement standards	Oppose	2/4/2022		Geof brought this to the PA Committee's attention.
<a href="#">AB 955</a> (Companion to <a href="#">SB 918</a> )	Hazard pay, paid medical leave, and health coverage for frontline health care workers, eligibility expansion under the Medical Assistance program	TBD	1/20/2022		Will contact bill sponsor to see if she intended to include front line public health workers.

<a href="#">SJR 84</a> (Companion to <a href="#">AJR 112</a> )	Modifies the state constitution to require legislative oversight on state executive branch federal funding spending decisions	Oppose	1/20/2022	Passed Senate on 1/23/22. Passed Assembly with an amendment on 2/23/22. Assembly amended version passed Senate on 3/8/22. Will need to pass again during the 2023-2024 legislature before it is added to a general election ballot. The Governor neither signs nor vetoes Joint Resolutions.	Concern about potential impact of federal public health funding sent to the state.
<a href="#">AB 348</a> (Companion to <a href="#">SB 355</a> )	Raising the legal age for sale, purchase, and possession of cigarettes and nicotine and tobacco products, providing a legal age for sale, purchase, and possession of vapor products, and providing a penalty	Support		Passed Assembly on 2/23/22. Senate was scheduled to vote on bill on 3/8/22 but referred bill to the Senate Committee on Senate Organization instead.	Potential discussion at February meeting.
<a href="#">SB 355</a> (Companion to <a href="#">AB 348</a> )	Raising the legal age for sale, purchase, and possession of cigarettes and nicotine and tobacco products, providing a legal age for sale, purchase, and possession of vapor products, and providing a penalty	Support with Comment	2/17/2022 & Reviewed previously		Potential discussion at February meeting.
<a href="#">AB 855</a>	Leaving a firearm in an unlocked vehicle and providing a penalty.	Neutral/Monitor	12/16/2021		Review with other partners - Children's, MCW, Office of VP, Will bring back in February pending time sensitivity
<a href="#">AB 862</a> (Companion to <a href="#">SB 809</a> )	Containers or trigger locks provided at a firearm sale and providing a penalty.	Neutral/Monitor	12/16/2021; 3/17/2022		Review with other partners - Children's, MCW, Office of VP, Will bring back in February pending time sensitivity.
<a href="#">AB 861</a>	Storage of a firearm in residence if child is present and providing a penalty	Neutral/Monitor	12/16/2021		Review with other partners - Children's, MCW, Office of VP, Will bring back in February pending time sensitivity.
<a href="#">AB 498</a> (Companion to <a href="#">SB 502</a> )	Reducing age from 21 to 18 for a concealed firearm license	Oppose	1/20/2022	Passed Assembly on 1/20/22.	
<a href="#">AB 495</a> (Companion to <a href="#">SB 484</a> )	Allows concealed gun licensees to possess a firearm in a vehicle on school grounds	Oppose	1/20/2022	Passed Assembly on 1/20/22. Passed Senate on 2/15/22. Governor vetoed on 4/8/22.	
<a href="#">AB 805</a>	Providing state aid to reimburse public and private schools that provide free meals to all pupils for the costs of those meals and making an appropriation.	Support	11/18/2021		Introduced on January 4, 2022.
<a href="#">AB 752</a> (Companion to <a href="#">SB 735</a> )	Training to Address Student Mental Health	Neutral/Monitor	11/18/2021		Hoven follow up with bill sponsor (Rep. Vining) and DPI
<a href="#">AB749</a> (Companion to <a href="#">SB732</a> )	School Based Mental Health Services Grants	Neutral/Monitor	11/18/2021		Hoven follow up with bill sponsor (Rep. Vining) and DPI

<a href="#">SB-677</a> (Companion to <a href="#">AB-727</a> )	Commercial Nitrogen Optimization Pilot Program	Support	11/18/2021	AB727 passed the Assembly on 2/23/22. AB727 passed Senate on 3/8/22. Governor signed AB727 on 4/8/22.	Environmental Health Section support
<a href="#">SB-678</a> (Companion to <a href="#">AB-728</a> )	Expands Eligibility for Nitrate-Contaminated Wells under Well Compensation Grant Program	Support	11/18/2021	Passed Senate on 1/25/22.	Environmental Health Section support
<a href="#">AB-619</a> (Companion to <a href="#">SB-600</a> )	Decriminalizing fentanyl testing strips	Support	10/21/2021	Passed Criminal Justice & Public Safety Committee on November 10, 2021. Senate companion bill (SB600) signed into law.	
<a href="#">SB-600</a> (Companion to <a href="#">AB-619</a> )	Decriminalizing fentanyl testing strips	Support	10/21/2021	Passed both the Assembly and Senate on 1/25/22. Governor signed SB 600 into law on 3/16/22.	
<a href="#">Assembly Bill 292</a> (Companion to <a href="#">SB 312</a> )	Relating To: Composition of local boards of health	Support	5/4/2021	Passed Assembly on 1/20/22. Senate companion bill (SB 312) signed into law on 3/18/22.	
<a href="#">Senate Bill 312</a> (Companion to <a href="#">AB 292</a> )	Relating To: Composition of local boards of health	Support	4/23/2021	Passed Senate on 2/22/22. Passed Assembly on 2/24/22. Governor signed into law on 3/18/22.	
<a href="#">SB-670</a> (Companion to <a href="#">AB-696</a> )	Mandate MA coverage for certain dental services	Support	10/21/2021		
<a href="#">SB-666</a> (Companion to <a href="#">AB-700</a> )	Remove the sales tax on breastfeeding equipment and supplies	Support	10/21/2021		
<a href="#">SB-669</a> (Companion to <a href="#">AB-699</a> )	Establish pregnancy as a qualifying event for employer-sponsored health plans	Support	10/21/2021		
<a href="#">SB-665</a> (Companion to <a href="#">AB-701</a> )	Repeal Wisconsin's birth cost recovery law	Support	10/21/2021		
<a href="#">SB-668</a> (Companion to <a href="#">AB-697</a> )	Mandate insurance coverage of maternal mental health risk screenings	Support	10/21/2021		
<a href="#">SB-667</a> (Companion to <a href="#">AB-698</a> )	Provide an at-home wellness visit within the first two weeks of delivery	Support	10/21/2021		
<a href="#">SB-649</a> (Companion to <a href="#">AB-663</a> )	Farm to School & Farm to Fork Grants	Support	10/21/2021		
<a href="#">SB-648</a> (Companion to <a href="#">AB-662</a> )	Food Security	Support	10/21/2021		
<a href="#">SB-646</a> (Companion to <a href="#">AB-665</a> )	Regional Farm Support	Support	10/21/2021		
<a href="#">AB-592</a> (Companion to <a href="#">SB-562</a> )	Postpartum Legislation	Support	10/21/2021	Hearing held on SB 562 on 10-27-21	
<a href="#">AB-36</a> (Companion to <a href="#">SB-30</a> )	Permitting pharmacists to prescribe certain contraceptives, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures	Support	10/21/2021	AB36 passed Assembly on 10/27, sent to Senate; SB30 approved by Senate Health Cmte. on 2/11/21.	
<a href="#">AB-675</a> (Companion to <a href="#">SB-662</a> )	ensures that natural immunity is protected in the State of Wisconsin	Oppose	10/21/2021	Passed Assembly on 1/25/22. Passed Senate (with a Senate amendment) on 2/15/22. Assembly passed Amended bill on 2/23/22. Governor vetoed bill on 4/8/22.	
<a href="#">SB-662</a> (Companion to <a href="#">AB-675</a> )	ensures that natural immunity is protected in the State of Wisconsin	Oppose	10/21/2021	See Assembly companion bill AB 675 for further action.	

<a href="#">Assembly Bill 604</a> (No companion bill introduced)	Related To: Pay for performance grant requirements, housing navigator grants, use of public lands to provide temporary residence for homeless, making an appropriate, and providing a penalty	Oppose with Comment	10/21/2021	Passed, 55-39 after hearing 10/27; bill sent to Senate	Affordable housing is a public health issue.
<a href="#">Assembly Bill 606</a> (Companion to <a href="#">SB-631</a> )	Related To: Creating a sales tax exemption for materials used to construct workforce housing developments or to conduct workforce housing rehabilitation projects	Neutral/Monitor	10/21/2021	Passed Assembly on October 26, 2021	
<a href="#">Assembly Bill 607</a> (No companion bill introduced)	Related To: A workforce housing rehabilitation loan program	Support	10/21/2021	Passed Assembly on October 26, 2021. Governor signed on 4/8/22.	
<a href="#">Assembly Bill 493</a> (Companion to <a href="#">SB-503</a> )	Relating to: certification of abortion providers under the Medical Assistance program.	Oppose	10/8/2021	SB 503 passed Senate on 10/20/21 and the Assembly on 10/27/21; bill will be sent to Governor.	
<a href="#">Assembly Bill 528</a> (Companion to <a href="#">SB-504</a> )	Relating to: certification of abortion providers under the Medical Assistance program.	Oppose	10/8/2021	Assembly Health Committee approved AB 528 on 10/19/21.	
<a href="#">AB 584</a> (No companion bill introduced)	Relating to: make WI a “universal vaccine purchasing state”	Support	9/16/2021		
<a href="#">AB-585</a> (No companion bill introduced)	Relating to: allow dentists to administer all childhood vaccines	Neutral/Monitor	9/16/2021		
<a href="#">AB-583</a> (No companion bill introduced)	Relating to: allow 16 and 17 year olds to consent to getting vaccines without their parents’ consent	Support	9/16/2021		
<a href="#">Assembly Bill 419</a> (Companion is <a href="#">SB-361</a> )	Relating to: Regulating and addressing PFAS	Support	9/10/2021	In Assembly Government and Accountability & Oversight Committee	
<a href="#">Senate Bill 493</a> (Companion is <a href="#">AB-476</a> )	Relating to: Requiring an employer to provide reasonable accommodations for an employee who is breast-feeding	Support	9/9/2021	In Senate Committee on Labor and Regulatory Reform	
<a href="#">Senate Bill 355</a> (Companion is <a href="#">AB-348</a> )	Relating to: Raising legal age for sale, purchase, and possession of cigarettes and nicotine and tobacco products	Support	9/7/2021		
<a href="#">Assembly Bill 476</a> (Companion is <a href="#">SB-493</a> )	Relating to: Requiring an employer to provide reasonable accommodations for an employee who is breast-feeding	Support	7/27/2021	In Assembly Labor and Integrated Employment Committee	
<a href="#">Assembly Bill 477</a> (Companion is <a href="#">SB-452</a> )	Relating to: A state minimum wage	Support	7/27/2021	In Assembly Labor and Integrated Employment Committee	
<a href="#">Senate Bill 452</a> (Companion is <a href="#">AB-477</a> )	Related To: A state minimum wage	Support	7/27/2021	In Senate Committee on Labor and Regulatory Reform	
<a href="#">Assembly Bill 196</a> (Companion to <a href="#">SB 322</a> )	Relating To: Prohibiting transgendered females from participating in girls’ sports	Oppose	6/15/2021	Passed Assembly on June 16, 2021; Passed Senate Committee on Human Services with a negative recommendation on October 19, 2021.	
<a href="#">Senate Bill 322</a> (Companion to <a href="#">AB 196</a> )	Relating To: Prohibiting transgendered females from participating in girls’ sports	Oppose	6/15/2021	Passed Senate Human Services Committee with a negative recommendation on October 19, 2021	
<a href="#">Assembly Bill 299</a> (Companion to <a href="#">SB 383</a> )	Relating To: Prohibiting proof of vaccination for COVID-19 as a condition of receiving business and government services	Oppose	6/7/2021	Passed Assembly on June 16, 2021. Passed Senate on 2/15/22. Governor vetoed bill on 4/15/22.	Sent letter to Governor on 2/25/22 requesting that he veto bill.

<a href="#">Assembly Bill 309</a> (Companion to <a href="#">SB 336</a> )	Relating To: Prohibiting discrimination based on vaccination status	Oppose	6/7/2021	Passed Assembly Committee on Ethics on June 9, 2021	
<a href="#">Assembly Bill 316</a> (Companion to <a href="#">SB 342</a> )	Relating To: Prohibiting discrimination based on whether a person has received a COVID-19 vaccine	Oppose	6/7/2021	Passed Assembly on 1/25/22. Passed Senate on 3/8/22. Governor vetoed on 4/15/22.	
<a href="#">Assembly Bill 347</a> (Companion to <a href="#">SB375</a> )	Relating To: Prohibiting University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus.	Oppose	6/7/2021	Passed Assembly Committee on Ethics on June 9, 2021	
<a href="#">Senate Bill 383</a> (Companion to <a href="#">AB 299</a> )	Relating To: Prohibiting proof of vaccination for COVID-19 as a condition of receiving business and government services	Oppose	6/7/2021	In Senate Health Committee. See AB 299 for further legislative action.	
<a href="#">Senate Bill 337</a> (Companion to <a href="#">AB 303</a> )	Relating To: Prohibiting businesses from discriminating against customers due to vaccination record	Oppose	6/7/2021	In Senate Health Committee	
<a href="#">Senate Bill 336</a> (Companion to <a href="#">AB 309</a> )	Relating To: Prohibiting discrimination based on vaccination status	Oppose	6/7/2021	In Senate Health Committee	
<a href="#">Senate Bill 342</a> (Companion to <a href="#">AB 316</a> )	Relating To: Prohibiting discrimination based on whether a person has received a COVID-19 vaccine	Oppose	6/7/2021	In Senate Health Committee. See Assembly companion bill (AB 316) for further action.	
<a href="#">Senate Bill 375</a> (Companion to <a href="#">AB 347</a> )	Relating To: prohibiting University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus.	Oppose	6/7/2021	In Senate Committee on Universities and Tech Colleges	
<a href="#">Assembly Bill 303</a> (Companion to <a href="#">SB 337</a> )	Relating To: Prohibiting businesses from discriminating against customers due to vaccination record	Oppose	6/1/2021	Passed Assembly Committee on Ethics on June 9, 2021	
<a href="#">Senate Bill 361</a> (Companion to <a href="#">AB-419</a> )	Relating To: Regulating and addressing PFAS	Support	5/27/2021	In Senate Committee on Labor and Regulatory Reform	
<a href="#">Assembly Bill 169</a> (Companion to <a href="#">SB 181</a> )	Relating To: licensing of dental therapists	Support	3/24/2021	In Assembly Committee on Organization	
<a href="#">Assembly Bill 174</a> (Companion to <a href="#">Senate Bill 188</a> )	Relating To: Revoking supervision, parole, or probation if a person is charged with a crime	Oppose	3/24/2021	In Assembly Criminal Justice Committee	
<a href="#">Senate Bill 188</a> (Companion to <a href="#">AB 174</a> )	Relating To: Revoking supervision, parole, or probation if a person is charged with a crime	Oppose	3/24/2021	Passed Senate Committee on June 17, 2021	
<a href="#">Assembly Bill 131</a> (Companion to <a href="#">SB 152</a> )	Relating To: Sealant products	Support	3/15/2021	Hearing on 3/25/21	
<a href="#">Assembly Bill 140</a> (Companion to <a href="#">SB 156</a> )	Relating To: PFAS mitigation	Support	3/15/2021	Passed Assembly Committee on Environment on May 6, 2021	
<a href="#">Senate Bill 152</a> (Companion to AB 131)	Relating To: Sealant products	Support	3/15/2021	In Senate Committee on Natural Resources	
<a href="#">Senate Bill 156</a> (Companion to AB 140)	Relating To: PFAS mitigation	Support	3/15/2021	Passed Senate Committee on April 8, 2021	
<a href="#">Senate Bill 181</a> (Companion to AB 169)	Relating To: Licensing of dental therapists	Support	3/10/2021	Passed Senate on April 14	
<a href="#">Senate Bill 8</a>	Relating To: COVID-19 Vaccination distribution	Oppose	3/2/2021	Passed Senate on Feb. 16, 2021	
<a href="#">Assembly Bill 66</a> (Companion to SB 59)	Relating To: Community Health Center Grants	Support	2/23/2021	In Assembly Health Committee	
<a href="#">Assembly Bill 88</a> (Companion to SB 87)	Relating To: Requiring face coverings in certain situations	Support	2/23/2021	In Assembly Health Committee	
<a href="#">Assembly Bill 92</a> (Companion to SB 86)	Relating To: Grants to hospitals for expanding psychiatric bed capacity	Support	2/23/2021	In Assembly Health Committee	



<a href="#">Senate Bill 87</a> (Companion to AB 88)	Relating To: Requiring face coverings in certain situations	Support	2/23/2021	In Senate Committee	
<a href="#">Assembly Joint Resolution 6</a> (Companion to SJR 9)	Relating To: Proclaiming February 2021 as American Heart Month	Support	2/23/2021	Passed Legislature on Feb 16, 2021	
<a href="#">Assembly Joint Resolution 8</a>	Relating To: Proclaiming racism a public health crisis	Support	2/23/2021	In Assembly Rules Committee	
<a href="#">Senate Joint Resolution 9</a> (Companion to AJR 6)	Relating To: Proclaiming February 2021 as American Heart Month	Support	2/23/2021	Passed Senate on Feb 15, 2021	
<a href="#">Senate Bill 86</a> (Companion to AB 92)	Relating To: Grants to hospitals for expanding psychiatric bed capacity	Support	2/18/2021	Passed Senate Committee on March 19, 2021	
<a href="#">Assembly Bill 23</a> (Companion to SB 4)	Relating To: Prohibiting Government officials from mandating a COVID-19 vaccine	Oppose	2/11/2021	Vetoed by Governor	
<a href="#">Assembly Bill 24</a> (Companion to SB 7)	Relating To: Closure of places of worship	Neutral	2/11/2021	Vetoed by Governor	
<a href="#">Assembly Bill 25</a> (Companion to SB 5)	Relating To: Prohibiting mandatory vaccination as condition of employment	Oppose	2/11/2021	Passed Assembly on March 23, 2021	
<a href="#">Assembly Bill 32</a> (Companion to SB 22)	Relating To: Drinks to Go	Oppose	2/10/2021	Signed into law	
<a href="#">Senate Bill 59</a> (Companion to AB 66)	Relating To: Community Health Center Grants	Support	2/8/2021	Passed Senate Committee on Feb 11, 2021	
<a href="#">Senate Bill 56</a> (Companion to AB 70)	Relating To: Remote orders and pick up of alcohol	Oppose	2/3/2021	Passed Senate by voice vote on March 23, 2021	
<a href="#">Senate Bill 57</a>	Relating To: Alcohol Delivery	Oppose	2/3/2021	Public hearing held in Senate Committee on Feb 4, 2021	
<a href="#">Senate Bill 22</a> (Companion to AB 32)	Relating To: Drinks to Go	Oppose	2/1/2021	Irrelevant with final passage of AB 32	
<a href="#">Senate Joint Resolution 3</a>	Relating To: Terminating COVID-19 public health emergency	Oppose	1/25/2021	Passed Legislature on Jan 28, 2021	
<a href="#">Assembly Bill 5</a>	Relating To: Facilitating COVID-19 vaccine distribution	Neutral	1/20/2021	Passed Assembly on Jan 28, 2021	
<a href="#">Senate Bill 4</a> (Companion to AB 23)	Relating To: Prohibiting government officials from mandating COVID-19 vaccination	Oppose	1/18/2021	Dead with veto of AB 23	
<a href="#">Senate Bill 5</a> (Companion to AB 25)	Relating To: Prohibiting mandatory vaccination as condition of employment	Oppose	1/18/2021	Passed Senate Committee on Jan 21, 2021	
<a href="#">Senate Bill 7</a> (Companion to AB 24)	Relating To: Closure of places of worship	Neutral	1/18/2021	Dead with veto of AB 24	
<a href="#">Assembly Bill 1</a>	Relating To: Pandemic Relief	Oppose	1/5/2021	Vetoed by the Gov. on Feb 5, 2021	
<a href="#">Assembly Bill 385</a>	Related To: Refundable income tax credit for bicycle purchases and making an appropriation.	TBD			
<a href="#">Assembly Bill 70</a> (Companion to SB 56)	Relating To: Remote orders for the sale of alcohol beveraged to picked up on retail license	Oppose		Senate companion bill (SB56) passed Senate on 3/23/21. No movement on Assembly bill.	
<a href="#">Assembly Bill 71</a>	Related To: Alcohol beverages delivery	Oppose			
<a href="#">Assembly Joint Resolution 4</a>	Related To: Terminating the COVID-19 public health emergency	Oppose			



# Governor's Health Equity Council

## Recommendations Executive Summary

### Executive Summary

In March of 2019 Governor Tony Evers established the Governor's Health Equity Council (GHEC), issuing Executive Order 17 and charging the Council with developing a comprehensive plan designed to improve "all determinants of health including access to quality healthcare, economic and social factors, racial disparities, and the physical environments" and "address health disparities in populations based on race, economic status, educational level, history of incarceration and geographic location" by 2030. At the time that GHEC was established, none of us could have predicted just how drastically the world would change in ways that would bring new attention and awareness to preexisting and emerging health disparities along with a renewed sense of urgency to not only combat these health disparities, but to address the conditions which produce them. The newly appointed members of GHEC, originally 34 members strong, first met as a formal body virtually on September 30, 2020, where the council, under the leadership Chairwoman Gina Green-Harris, began to set a course to establish this body of work. In July of 2021, Dr. Michelle Robinson was appointed Vice-Chairwoman to the Council to provide additional strategic and operational leadership as the Council transitioned into a subcommittee structure to better discuss and develop the solutions outlined in this plan.

Health Equity, as this Council defines it, means "that everyone has a fair and just opportunity to be as healthy as possible (Braveman et al., 2017)." The Council – which is composed of a racially and ethnically, geographically, and professionally diverse set of health and health equity subject-matter experts – recognized that despite the tremendous and disparate impacts that the once-novel Covid-19 pandemic had on wellbeing and longevity these outcomes were the results of preexisting gaps in access to critically important resources such as good paying jobs, safe and quality education and housing, social and community supports, access to healthcare, and clean water and air. Even more, the Council recognized that these gaps were experienced unevenly based on where you resided, how much income and wealth you have access to, or your racial or ethnic background; therefore, improving our state's health and wellbeing requires addressing the obstacles impairing our overall health, as well as those producing disparate health outcomes. For that reason, the Council chose to center its recommendations on addressing upstream drivers of health focusing on three core types of factors: economic, social and the physical environment.

In light of these areas of focus, the ideas and recommendations generated as part of its subcommittees were similarly structured to address Representation/Decision-Making/Access (Power), Targeted Programming for Under-resourced Communities (Programs) and Structural Inequities (Policy). Over the last eighteen months, the members of this body have been diligently working to identify and develop the proposals included in this plan, and we are excited to share them now. In total, the Council adopted twenty recommendations representing a variety of policy and implementation approaches aimed at addressing issues such as access and quality of care, reenforcing existing and creating new pathways for economic opportunity, building critical infrastructure to close gaps in accessing technology, and strengthening our ability to proactively respond to threats to our collective wellbeing due to climate change.

# Complete List of Governor's Health Equity Council Recommendations

The recommendations listed should be taken as a package as not every member agreed with each specific recommendation, but members agreed that these recommendations reflected the general consensus of the Council and

## Health and Community Services

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### Community Health Workers

This recommendation calls for the creation of a Community Health Worker (CHW) certification process and establishment of standards for CHW certification. In addition, the recommendation calls for the services provided by certified CHWs, within their scope of practice, to become reimbursable under a newly established community health benefit in Wisconsin's Medicaid program.

### Post-partum Medicaid Eligibility

This recommendation calls for the Wisconsin Medicaid program to further extend the post-partum eligibility period to the end of the month in which the 365th day post-partum occurs. In addition, the recommendation includes support for the Wisconsin Medicaid program's development of a housing benefit, urges the Medicaid program to prioritize pregnant and post-partum members for this benefit, and calls for increases to the amounts provided in food assistance programs.

### Health Services for Immigrant Populations

This recommendation calls for the creation of a state program that provides family planning service benefits to individuals presently ineligible due their immigration status. In addition, the recommendation calls for exploring ways to extend the emergency service Medicaid benefit to presently ineligible individuals.

### Dental Health for Kids

This recommendation calls for the Wisconsin Medicaid program to reimburse for services provided by community dental health coordinators within their scope of practice. In addition, the recommendation calls for the Wisconsin Medicaid program to pursue effective reimbursement strategies to incentivize the provision of dental services to children.

### Health Care Workforce

This recommendation calls for Wisconsin to fund health care profession navigators' work with schools and employers, to provide awareness, exposure, and experience of various health care careers to students. In addition, the recommendation calls for improvements to health care career training and pathways to training at state universities and technical colleges, and improvements to dual enrollment programs for high-school students simultaneously enrolled in health care profession training programs.

### Broadband Internet

This recommendation supports the recommendations contained within the Governor's Task Force on Broadband Access and the Public Service Commission's State Broadband Plan, namely those with a focus on improving digital equity – creating a digital equity fund, establishing an internet assistance program, and increasing broadband expansion grant funding across urban and rural communities.

## Education and Housing

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### Tuition Waivers for Enrolled Members of Wisconsin Tribal Nations

This recommendation calls for enrolled members of tribal nations in Wisconsin to receive a waiver of tuition costs while attending a public four-year college or university as an undergraduate student or a two-year college or technical school in Wisconsin.

## Homeownership

This recommendation calls for Wisconsin to increase the portion of existing federal funding to support ongoing and new community land trust initiatives around the state. In addition, the recommendation calls for new funding for local partners providing homeownership support services, including educational services and financial supports to qualifying individuals.

## Taxes, Wages, and Wealth

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### Minimum Wage

This recommendation calls for Wisconsin to implement incremental increases to minimum wage over the next three years, and for the creation of a taskforce to be charged with developing a viable pathway to implementing a \$15 per hour (or equivalent) minimum wage, with a specific focus on an implementation plan that ensures appropriate supports to small and local business owners to sustainably achieve this goal.

### Basic Income

This recommendation calls for Wisconsin to implement a guaranteed income pilot program to reach individuals living in poverty in five marginalized communities throughout the state. In addition, this recommendation calls for a rigorous evaluation of the program's economic and health impacts to participants and communities.

### Baby Bonds

This recommendation calls for Wisconsin to provide an initial payment to all babies born in the state and for additional annual payments ranging from \$100 to \$2500 based on family income into an account that will become available when the child turns 18. The funds would be eligible for expenses such as education, purchasing a primary residence home, starting or expanding a business, obtaining a license or certification, retirement investment, and medical expenses. In addition, this recommendation calls for a taskforce to be charged with developing implementation policies for administering the program.

### Earned Income Tax Credit

This recommendation calls for Wisconsin to extend eligibility for the state's Earned Income Tax Credit to adults without dependent children, increase the credit for households with children, and allow abused spouses to claim the credit. In addition, the recommendation calls for state executive agencies to develop and implement a plan to increase the number of Wisconsinites who receive the federal Earned Income Tax Credit, particularly among adults without dependent children.

## Justice

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### Employment of Formerly Incarcerated Persons

This recommendation calls for Wisconsin to create a tax credit for employers who employ formerly incarcerated individuals, make investments in worker cooperative development focused on providing opportunities to formerly incarcerated individuals, and further evaluate and develop re-entry programs providing training and employment opportunities.

### Transitional Services and Diversion Programs

This recommendation calls for Wisconsin to increase the use of peer support services in prison pre-release and transitional service programs. In addition, this recommendation calls for implementing a peer-led, community-based deferred prosecution and diversion pilot program.

### Health Care of Incarcerated Persons

This recommendation calls for Wisconsin to implement reforms for incarcerated pregnant people, including increasing deferred prosecution and diversion opportunities, aligning state statute with federal law and guidelines related to shackling, and supporting doulas to provide pre-natal, birthing, and post-natal support.

## Governance

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### Health Equity Council Permanence

This recommendation calls for the State to make permanent the work and purpose of the Governor's Health Equity Council. Potential pathways include forming an advisory body to the Department of Health Service's Office of Health Equity, establishing the Council in State statute, transitioning to a grassroots network, among others.

### Transgender Health and Safety

This recommendation calls for Wisconsin to establish an Interagency Council on Transgender Health and Safety, composed of members from state agencies and the community, to provide trainings, technical support, analysis, and recommendations to address the unique health and social needs of transgender persons.

### Environmental Justice

This recommendation supports the recommendation contained within the Governor's Task Force on Climate Change to create an Office of Environmental Justice charged with designing and advising on inclusive and equitable climate policies.

### Health Data

This recommendation calls for a variety of State Executive agency actions, including for agencies to examine existing data sharing agreements and opportunities for improvements, include a wider range of race and ethnicity options in collecting data, provide guidance for health equity analyses and communications, and assess administrative burdens borne by individuals receiving health and social service public benefits.

### Maternal Mortality Review Process

This recommendation calls for Wisconsin to increase the staffing and other resources dedicated to reviewing incidents of maternal mortality within the state, with a special focus on incorporating family interviews into the review process.

## The Path Forward

Achieving health equity in Wisconsin means that every Wisconsinite has access to the conditions and resources they need in order to achieve their optimal health and wellbeing – regardless of where they are born, the level of resources their birth family had access to, or the color of their skin, or cultural background. Therefore, advancing health equity in Wisconsin makes sense all across our state, and it is simply the right thing to do. Yet, in a period of heightened political and partisan divisiveness, particularly towards efforts to bring attention to and remedy historic and present injustices, we have sought ways to cut through the noise so that we can recenter conversations on the moral imperative that is being erased in those discussions: there are actual lives on the line. Existing gaps in the opportunity to live long and healthy lives, and quantifiable differences in people's experiences with health and wellbeing across our state, mean that the lives of real people – infants, children, adults, and our elders – are being cut too short, too often due to factors that we as a state, and as an interconnected community, have the power and the obligation to change. Nevertheless, the Council recognizes that actionable, common-sense recommendations alone may not be sufficient to garner buy-in. And so, in addition to developing formal recommendations, the Council took upon the task of developing a rationale for this work – that health equity is about creating, together, a stronger Wisconsin that truly works for ALL of us – one, which can serve as a counter to prevailing narratives which stoke division and pit individuals against one another. You can engage with this effort by reviewing the Prelude and Principles to this report.

The recommended actions contained within this report, if implemented, will improve our state's overall health and wellbeing, save lives, improve individual and community-level educational and economic standing, and advance health equity across Wisconsin to the benefit of each of us. At the same time, we would be remiss if we did not also acknowledge that in order to truly achieve our primary goal - optimizing the health and wellbeing of all Wisconsinites by working to eliminate health disparities and improve the health of every individual residing in our state – will require much more. It requires that we be willing to identify and adopt transformative ideas, beyond those included within this plan, designed to remedy imbalances in influence and access, and advance policies and programs that create and foster the essential conditions required if we are to achieve this goal. This work is only the start. We encourage and invite all Wisconsinites to engage with the twenty ideas presented in this plan. It is within our power to create a Wisconsin that

truly works for each of us. To do so will require bravery and partnership among the residents of our state and will require our leaders in power be willing to do the right things to move us FORWARD towards a more fair, just, and equitable future.

## Governor’s Healthy Equity Council

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<b>Dr. Amy DeLong</b>	Family Physician and Medical Director, Ho-Chunk Nation Department of Health
<b>Andrea Werner</b>	Senior Vice President, Bellin Health
<b>Vincent Lyles</b>	System Vice President Community Relations, Advocate Aurora Health
<b>Diane Erickson</b>	Clinic Administrator, Red Cliff Band of Lake Superior Chippewa Indians
<b>Elizabeth Valitchka</b>	Strategic Advisor, Wisconsin Department of Children and Families
<b>Ellen Sexton</b>	Senior Vice President, Head of Specialty business at Humana
<b>Gale Johnson</b>	Director, Wisconsin Well Woman Program, Department of Health Services (DHS)
<b>Gina Green-Harris</b>	Director, Center for Community Engagement and Health Partnerships, UW School of Medicine and Public Health, Wisconsin Alzheimer’s Institute, GHEC Chair
<b>Guy (Anahkwet) Reiter</b>	Executive Director, Menikanaehkem Inc.
<b>Isaak Mohamed</b>	Somali Liaison, Community Health Worker, Barron City Council
<b>Janel Hines</b>	Vice President, Community Impact, Greater Milwaukee Foundation
<b>Dr. Jasmine Zapata</b>	Chief Medical Officer and State Epidemiologist for Community Health, DHS
<b>Jerry Waukau</b>	Tribal Health Director, Administrator of the Menominee Tribal Clinic
<b>Dr. Julie Mitchell</b>	Commercial Medical Director, Anthem Blue Cross Blue Shield of Wisconsin
<b>Lilliann Paine</b>	University of Wisconsin Milwaukee School of Public Health, Board Member
<b>Lisa Peyton-Caire</b>	Founder and President, Foundation for Black Women’s Wellness
<b>Lt. Gov. Mandela Barnes</b>	Lt. Governor, State of Wisconsin
<b>Maria Barker</b>	Director of Latinx Programming and Initiatives, Planned Parenthood of WI
<b>Mary Thao</b>	IT Consultant, Marshfield Clinic; Owner, Thao Consulting, LLC
<b>Tamra Oman</b>	Statewide Program Director, FREE Campaign
<b>Dr. Michelle Robinson</b>	Director, Office of Health Equity DHS, GHEC Vice Chair
<b>Patricia Metropulos</b>	President and CEO, Kathy’s House
<b>Paula Tran</b>	State Health Officer and Division of Public Health Administrator, DHS
<b>Sandra Brekke</b>	Senior Executive Assistant, Morgridge Institute for Research
<b>Karen Timberlake</b>	Secretary-designee, Wisconsin Department of Health Services
<b>Shiva Bidar-Sielaff</b>	Vice President, Chief Diversity Officer-UW Health - School of Medicine and Public Health
<b>Stacy Clark</b>	Prevention Program Supervisor, Sixteenth Street Community Health Centers
<b>Tia Murray</b>	Founder and CEO, Harambee Village Douglas; PhD student at University of Wisconsin
<b>Dr. Tito Izard</b>	President and CEO, Milwaukee Health Services, Inc.
<b>Wanda Montgomery</b>	Director of Community Partnerships, Children’s Hospital of Wisconsin
<b>William Parke-Sutherland</b>	Health Policy Analyst, Kids Forward

# Prelude and Principles to the Report

The Wisconsin of today is a sum of the history of the land and the economies it has supported, the people, past and present, who have inhabited this place, the reasons for why and how they have come to live here, and the politics and policy, from the local to the global, that intersect with the people and communities of this state. The [Population Health Institute's State Health Report Card](#), [Department of Health Services' State Health Assessment](#) and [Minority Health Report](#) have invariably and consistently shown how measures of the burden of chronic and acute diseases, the rates of death and illness, and health-related behaviors vary by age, income, race, and so many other ways society classifies and characterizes people. Other reports and research abound, reiterating and detailing these many ways health conditions and outcomes vary at national, state, county, and neighborhood levels.

Wisconsin hovers not only in the shadow of our collective and full history, but also our present, as we continue to look for ways to navigate the shadow of the current pandemic, the unexpected event which has consumed our lives and likely, your lives, for much of the past two years. While consuming our attention and focus, the pandemic has also caused in some cases substantial and long-lasting illness and has taken the lives of far too many. The Covid-19 pandemic has helped to shine light on the state of existing gaps in health equity in Wisconsin, and further revealed the human, community and societal costs of those gaps. In Wisconsin, as in other states, people with limited incomes and minority populations, especially Black and Brown Wisconsinites, have been the hardest hit in terms of cases, hospitalizations, and deaths. These outcomes are the direct result of the histories, present realities, and structural barriers confronting these people, their families, and their communities – low wages and poor working conditions, inadequate housing, limited transportation options, and more – to health and wellbeing. These shadows, our history and our present, are foundational for understanding and addressing contemporary health disparities impacting Wisconsinites and their communities across the state. This work begins with understanding that these health disparities are systemic, unjust and largely avoidable.

While some have attributed these differences to personal and individual failings, the reality is that social, economic, and environmental conditions, and differences in the ability of some groups to shape their own future, are the underlying causes. Poorer health outcomes of all sorts are concentrated among communities and populations who have experienced some form of exclusion, whether historically or contemporary, whether economically, socially, and/or racially. That exclusion has taken many forms, including the colonization of Native Americans and their land, slavery and Jim Crow, the disenfranchisement of women and people of color, restrictions on immigration of Asian, Latino, and Black people, housing segregation, over-policing and incarceration, hiring discrimination, anti-LGBTQ norms and policies, structural poverty, and more. How exclusion plays out has morphed over our history but has remained a feature of our democracy as it benefits the self-interests of the powerful.

These forms of exclusion are what drives health outcomes: they have grave influences on peoples' ability to earn a sustaining wage, to participate in our democratic society, to have choices about the food they eat and places they live, and to feel welcome wherever they may go. Exclusion, discrimination, inequitable policies, programs, and access to resources are not only morally wrong, they are economically shortsighted and contribute to less freedom, and less well-being, for all of us. And with this, we must plot a course for a different future, one defined by fairness and inclusion, where we remove the unequal obstacles remaining in our midst so that there becomes an equal opportunity for everyone to live their life to the fullest. In service to this goal, we have identified a set of principles that will help guide our way forward.

## Guiding Principles

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Wisconsin's strength comes from our ability to bring together hardworking people from different places and of different races to share our traditions and forge a better future. For this to be a place where everyone can thrive, we cannot let the self-interests of the powerful divide us based on what someone looks like, where they come from, or how much money they have. We must stand up for each other and come together to foster inclusive and welcoming communities across our state that support everyone's health and well-being, regardless of their race or ethnicity, their socioeconomic status, gender, age, educational level, experience with the criminal justice system, or their sexuality.

We can center a different set of principles from those that have recently driven our society, reexamining our programs, changing our policies, and rethink how we analyze our current situation to reflect what truly drives health and well-being for each of us and our communities. Black, White, Brown and Indigenous. We are coming together to build a Wisconsin that is for all of us. Together, we can make Wisconsin a place where everyone can thrive. No exceptions.

To effectively pursue health equity and achieve a Wisconsin where everyone can thrive, we must embrace a shared set of standards of behavior and beliefs as a way of grounding and anchoring the work ahead, and which can serve as a framework to assess and evaluate the choices we, and those in power make. This new set of behaviors and beliefs must, instead of supporting the status of quo of exclusion, embrace and facilitate a new standard of radical inclusion. Under this tent, there is plenty of room for everyone. These shared standards, what we call principles, must stand counter to much of what we have been taught and much of what has recently driven our society: that we must all pull ourselves up by our own bootstraps, that we do not have enough to allow everyone to thrive, that our government is the source of our problems, that economic growth is our sole aim, and that we are powerless to change our future. These ideas have led to many of the inequities in Wisconsin, and we can choose to live by a different set of principles.

As such, we offer the following principles as a way to elevate our conversations and support actions that move us beyond the reach of messages that serve to obstruct these pursuits. These principles reflect the Wisconsin we are committed to building and this council's commitment to our state.

### Everyone deserves respect and dignity

Our worth comes from being alive — regardless of where we come from and what we look like, and what we do. Across many beliefs, dignity and autonomy continues in death, as well.

### Everyone deserves a fair shot at thriving

The social, environmental, and economic policies and systems we make have the greatest influence on our opportunities to thrive. It is our job to transform our social fabric for health equity — so physical, mental, and social health and well-being are possible for everyone.

### In Wisconsin, we do not leave anyone behind

Our well-being is bound to each other, and we take care of each other. It is our collective responsibility to cultivate strong, healthy communities, for we understand that we all do better when **we all** do better.

### We believe all Wisconsinites should have a say in decisions that affect our lives

Everyone brings knowledge that should guide public decision making. Meaningful inclusion leads to better decisions—and people thrive when we see ourselves as valued members of our communities.

### Making Wisconsin better for all of us means changing what we do and how we do things

Change is both a process and an outcome and is necessary for progress. We're committed, hopeful, honest, and brave about the risks, transformation, and time it will take from each of us.

### Making all our communities healthy and safe starts with us

We have what it takes to transform Wisconsin so that everyone has what they need to provide for themselves and their families. We are facing complex issues, and we will need to address them individually, in our communities, and in our institutions. It is our nature as humans to be creative and creatively solve the problems we face. We collectively have the knowledge, resources, and the power to change our communities and our state so that we can all thrive.



**Let's Talk About Sex-ual Health Education: Comprehensive Sexual Education is a Necessity for  
Wisconsin Schools**

**2022 RESOLUTION**

**Comprehensive Sexual Education is a Necessity for Wisconsin Schools**

**WHEREAS**, there are over numerous differing types of sexual education being taught in Wisconsin that vary in accuracy, emphasis, and effectiveness, and lead to misunderstandings within the adolescent population; and

**WHEREAS**, consistent and inclusive sexual education is needed to support the rights of young people's knowledge of their own sexual health and identity development; and

**WHEREAS**, comprehensive sexual education (CSE) is developmentally and age appropriate, medically accurate, values neutral, culturally inclusive, and a relevant approach to teach adolescents about sexuality and healthy relationships; and

**WHEREAS**, providing comprehensive sexual health education in Wisconsin schools would improve mental health, decrease the rate of STIs and unintended pregnancy<sup>13</sup>, decrease the perpetration of sexual violence, and decrease the number of suicide attempts and completions<sup>14</sup>; and

**WHEREAS**, comprehensive sexual education includes information about reproductive development, contraception for preventing unintended pregnancies, barrier protection to prevent sexually transmitted infections (STIs), and information about choosing abstinence; and

**WHEREAS**, comprehensive sexual education includes topics otherwise not covered such as healthy sexual and nonsexual relationships, violence prevention, mental health, communication, positive development of self, consent, and healthy decision making; and

**WHEREAS**, Wisconsin Statute 115.35 established a health education program that requires instruction on STIs and human growth and development<sup>7</sup>; and

**WHEREAS**, Wisconsin Statute 118.019, Human Growth and Development Instruction, requires medically-accurate and age-appropriate information, prohibits discrimination based upon race, gender, religion, sexual orientation, or ethnic or cultural background or against sexually active pupils or children with disabilities; and

**WHEREAS** abstinence-only-until-marriage programs are proven by research to be ineffective, failing to delay sexual initiation or reduce sexual risk behaviors<sup>1</sup>; and

**WHEREAS** researchers also have found that abstinence-only-until-marriage programs violate adolescent human rights, withhold medically accurate information, stigmatize and exclude youth, reinforce gender stereotypes, and undermine public health<sup>2</sup>; and

**WHEREAS** abstinence-only curricula often do not account for reaching special populations such as young people with physical and cognitive disabilities<sup>4</sup> who deserve to learn about their sexual and reproductive health and rights, and which can contribute to preventing sexual violence and empower young people to make decisions that influence their health; and

**WHEREAS** in the US, the majority of young people have sex by the time they graduate high school including 19% of students in America reporting having had sexual intercourse by 9<sup>th</sup> grade, 34% of students by 10<sup>th</sup> grade, 47% by 11<sup>th</sup> grade, and 57% of students by 12<sup>th</sup> grade<sup>3</sup>; and

**WHEREAS**, providing comprehensive sexual education in all Wisconsin schools will decrease medical costs related to unintended pregnancy and STI treatment, and

**WHEREAS**, 1 in 3 women and 1 in 6 men will experience contact sexual violence in their lifetime; sexual assault has an estimated lifetime economic cost of more than \$120,000<sup>8</sup> per survivor excluding the cost of arrest, prosecution, imprisonment of offenders; and while CSE cannot prevent all sexual violence, preventing even half the occurrences would save billions of dollars<sup>9</sup>; and

**WHEREAS** comprehensive sexual education is evidence based, supported by the Centers for Disease Control<sup>10</sup>, American Academy of Pediatrics<sup>11</sup>, American Public Health Association<sup>12</sup>, American College of Obstetricians and Gynecologists<sup>13</sup>,

**THEREFORE, BE IT RESOLVED** that Wisconsin Public Health Association supports:

- Implementation of comprehensive, inclusive sexual education and the benefits it provides including delay of sexual initiation, positive youth development, affirmative consent, STI prevention, violence prevention, suicide prevention, and promotion of healthy relationships.
- Sexual education topics that include but are not limited to: puberty, adolescent development, anatomy, physiology, sexual orientation, gender, identity, gender expression, contraception, pregnancy, reproduction, STIs and HIV (prevention, transmission, treatment), reproductive rights to sexual health care, healthy relationships, family engagement, and interpersonal violence.
- Replacing all abstinence-only sexual education programs with comprehensive sexual education curricula in Wisconsin schools.
- Community-centered sexual education efforts including access and input from local obstetrician-gynecologists and other health care providers and encouraging adolescent advocacy within health care settings.

- Increased funding for comprehensive sexual health education in Wisconsin schools including federal funds for Teen Pregnancy Prevention Program (TPPP) and Personal Responsibility Education Program (PREP).
- Comprehensive, culturally sensitive sexual education as a requirement within Wisconsin schools.

**NOW BE IT FURTHER RESOLVED** that Wisconsin Public Health Association Opposes:

- Abstinence-only sex education programs and any other program which fails to meet the needs of young people by stigmatizing sex, excluding LGBTQ+ youth, and/or reinforcing harmful gender norms.
- Funding that promotes and sustains abstinence-only programs in Wisconsin.

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