

5.14.2020 Call with Vos and Fitz

GTE: Scope statement is almost done and will be released today. We will share with Vos and Fitz. We kept it deliberately broad in nature so we will have flexibility in the rulemaking process. We need you to let us know what you will say yes to in the rule and what you are going to say no to.

SF: Appreciate the offer for input, mentioned to Maggie yesterday, that we need a back and forth on some general topics. Want to see something that addresses the emergence of hotspots or outbreaks around the state. Nursing homes remain a concern nationwide and here, as well as LTC and hospice situations. How will we get K-12 back up and running? His caucus continues to ask about that. When do school boards have to make a decision? What about UW and technical colleges? What about group gatherings? Spoke with Dan Kapanke about his plans for his baseball team. Wondering if DHS has an overall approach to gatherings like weddings, funerals, banquets, etc. Locals are wondering about office buildings, parades, and festivals. Wants a discussion between both caucuses, gov's office, and DHS. People are questioning the timelines on how quickly to move.

GTE: Rulemaking takes time and we are limited by that. Are you concerned about bars being at capacity?

SF: Spoke to some bars in Watertown. Ma and pa small corner bars are fine, maybe not nightclubs. Not more worried today than when gov order expired. What would you have done?

GTE: We would have had capacity limits or another mechanism when reopening. Similar to Texas approach.

SF: Likes WEDC guidelines. Asked Feyen and Randy Hopper to convene WEDC Board to expand on those. Business owners can manage these situations.

RV: Question for gov--what in the scope statement can't be done at the local level.

RN: 252.02 compared to 252.03--different types of authority for local vs state. Personally heard from about 50 local public health authorities about concerns about coordination between counties, also concerns about enforcement efforts since some counties don't have a county-wide public health authority.

RV: Do you believe that mayors and county executives don't have the power to ban gatherings?

RN: They do have tools in the statute but there is no ability for a unified coordinated approach. The state can provide that.

RV: Why do you need a rule for that?

RN: The reason for a rule is to provide uniformity. One of the challenges is also some local public health authorities going way beyond each other. Milwaukee's original SAH order was much more restrictive than the state's.

GTE: So RV are you suggesting no rule?

RV: No, I am just saying that my local public health officials already believe they have a mirror of the powers at the state.

GTE: I'd say that is accurate but maybe not the best way to do it.

RV: The strongest argument for a rule is so that everything in the state is the same?

RN: Yes, is a benefit to having a statewide approach. Helps with capacity to have a statewide approach on things like testing and isolation facilities. Happening in your own backyard and there are multiple health authorities involved. If we want the ability to address a hotspot that isn't being addressed locally we would need something on the books in terms of a rule.

GTE: Advantage to having statewide perspective here. You might live in one place but shop or go to eat in other places. It's confusing to know the rules place to place.

RV: End goal of scope statement or rule? Is it to work together on something or you draft something and we can offer input that you choose to listen to or not?

GTE: That's why I started by asking what you will say yes to. If you don't know what this is now please let us know soon. We have to write this but we would like your input and what you will say yes to.

RV: Trying to understand the reasoning for a rule and what tools you would get from it. Understand you've said clarity and coordinated statewide strategy,

GTE: Yes, that's right.

RV: Our caucuses feel boxed out of this process and we need to sell them on it. If we are going to say we are open to your ideas we need to know what those ideas are.

GTE: Rulemaking process is clear. Scope statement comes first. Then there is 10 days of waiting before we can start the rule.

RN: In terms of the plan, the Badger Bounce Back plan which is based on the president's plan is what we are looking at because it is phased. Very close to phase 1 which would have capacity limits. Let us know if there are nonstarters in phase 1 of BBB is probably a good starting point.

SF: All those plans are behind us. We're all open now. I want a scope statement based on moving forward. There will be mass gatherings in the state of Wisconsin and students will come to dorms in the fall. Scope statement should move forward. We don't need gating criteria. Open to DHS talking about tracing and testing but we are open now. Think about nursing homes and LTC. What does the state look like over the next six months?

MG: BBB incorporates all of the things you just talked about. Again, what do you like and not like? Mass gatherings, testing and tracing, LTC, all mentioned and addressed in phases.

SF: I see that in the plan but I would think that a scope statement would include those and how we monitor going forward. Maybe that is the place you start with this.

RV: Can you explain how to move between the phases? I can't find it anywhere.

GTE: It's always been around monitoring the same criteria. If things are going to hell in a handbasket things might get slowed down.

RV: So between phase 1 and phase 2 there are no metrics its just your judgment call?

GTE: No, we use the same criteria. If there were surges we would say there is a problem and we would maybe put other parameters on reopening things like bars.

RN: One thing to talk about is whether you want a phased approach. In terms of back and forth there we can talk about clearer criteria to move from phase to phase.

RV: Its pretty hard to put in a rule that moving from phase to phase is determined by how you feel.

RN: That is not what we are saying. To me it sounds like you want clearer criteria if there were a phased approach in order to not reject it.

MG: Its not when we feel like it. It says in the plan that the criteria are the same for going from SAH to phase 1, and then between phases. We need to turn the dial, give things time to settle because we know we will see increases as more people are around each other, then move on when its safe.

SF: Looking at the diagram now. Bars, restaurants, and businesses are all open. Higher education and K-12 are a huge hill to overcome. Daycares are open. Everything is behind us. If you're going to do a scope statement it needs to look forward. For better or worse we're all open except schools.

GTE: In a perfect world we would have opened up bars with parameters like other states did instead of seeing some of these places bursting at the seams.

SF: When was the last time you were in Walmart or Home Depot on a Saturday? Are you kidding me? You can't be serious.

GTE: Yes I am serious.

SF: Those places are bursting at the seams every weekend.

GTE: I have seen lines outside, at least they are doing something.

SF: Costco in SP is out of control. is bursting at the seams every weekend. I don't buy what you're saying. Lets tackle the big stuff in the future.

GTE: What authority should the state have if there is a catastrophic increase in numbers?

SF: No, someone should call Barry Alvarez and ask if there will be football in August.

GTE: No, I am asking what we do if there is a large outbreak because we have bad situations or too many people in one place. Do we do nothing?

SF: Kwik Trip is limiting customers. Some people are doing this.

RV: On BBB, you say that people should wash their hands, cover coughs, stay home if sick, we should all just tell people to keep doing those things. It will give people confidence we are taking the virus seriously. Fitz is right to think about moving forward. The idea of adopting a rule to close bars again is very remote. I am concerned about a large outbreak and how do the locals deal with that? How do we coordinate between Racine, Kenosha, and Burlington for example. Interested in what is our broader response if there is a multijurisdiction outbreak.

GTE: Want to clarify. Something that addresses how the state helps to handle multijurisdictional issue would be OK?

RV: Open to the ability of the DHS to help coordinate a more regional response. All of us should be on the same page to help if there is a large outbreak. WE have to deal with it no matter how we do it,. We all have different perspectives. A lot of people are getting out but they are doing good things and have best practices. We should say there are good practices Rs and Ds agree on.

MG: With all due respect we have that plan already and are working with your county to address an outbreak.

RV: So you don't need a rule?

MG: Don't understand what you are asking for. We are coordinating already. Are you asking us to promulgate a rule on how to handle an outbreak?

RV: Trying to understand the need for a rule. If you need the ability to force people to work together that is one thing. The reason in my region is because of a large immigrant population, Difference in culture of people living much closer and working closer together. Trying to understand the need for a rule from DHS to accomplish something other than what you are already doing.

GTE: So we have a list of things that may or may not be helpful in a rule. We will get our scope statement out and you can go back to your caucuses to address schools and emerging hotspots.

SF: Want to go back to testing and tracing. Will it all continue at the same level?

GTE: Yes, it has to.

SF: Federal funds--is it coming in and how is it happening?

MG: We are receiving funds, working with Treasury to get additional specificity and guidance. Still don't have all the information we need from the feds but are working with agencies and will have information to share soon. We don't know when we will get more federal money. After the decision we need to be prepared for spikes and need to make this money last.

SF: What about UI?

MG: Mass hiring, call centers, interdepartmental transfers. Bringing on new staff every week. Continue to address claims processing and adjudication.

GTE: Also an update on contact tracers. Large number of people express interest in the positions. Plan to hire about 1,000 and have had nearly 4k applications. There will likely be surges and we need big time help.

RV: On UI, have you considered having people work a second shift?

MG: DWD is working around the clock.

RV: Concerned about the public getting through.

MG: Will talk to DWD and get back to you.

RV: About contact tracers, I have gotten complaints from my local public health dept and they said you're hiring people for their region and won't use their staff. Are you working with locals?

MG: Locals are always the first option for contact tracing. State support is to augment local public health when they are surging. It's not a substitution, it is amplifying and supporting.

RV: Let's all agree to ramp down the rhetoric. I will try to keep doing that and all agree to keep doing that.

GTE: Yes, but we will continue to suggest that people stay at home as much as they can because that is a good health practice.

RV: Yes but we don't want people to feel bad if they leave the house.

MG: Moving along, DWD and DCF are in the process of rulemaking. They have submitted scopes. Any flags on your end?

SF: Sen. Nass says he's geared up. Haven't talked to Ballweg.

MG: Any flags that you're aware of?

SF: Will check with Nass and Mike.

GTE: Let's stay in touch.

RV: Next steps?

GTE: We will get the scope statement out then let's get together mid next week. We have a 10 day cooling off period where we can't write rules but let's hear what your folks have to say and connect next week.