**Date:** March 08, 2022

To: Dean Robert N. Golden, MD, UW-SMPH - Dr. Richard Moss, Designated Representative

Karen Timberlake, Secretary-designee, DHS - Dr. Jon Meiman, Designated Representative

Preston Cole, Secretary, DNR - Greg Pils, Designated Representative

Randy Romanski, Secretary, DATCP - Gilbert (Gil) Kelley, Designated Representative

James Morrison, Chair Greg Pils, Vice Chair Jessica Blahnik, Member Dr. Robert Corliss, Member Gina Green-Harris, Member Dr. German Gonzalez, Member Gilbert (Gil) Kelley, Member Jeffrey Kindrai, Member Dr. Jon Meiman, Member Dr. Richard Moss, Member Zana Sijan, DNR Alternate Steve Geis, DNR Alternate Paula Tran, DHS Alternate Anna Benton, DHS Alternate

FROM: Dr. James Schauer, Secretary

Director, Wisconsin State Laboratory of Hygiene

RE: Wisconsin State Laboratory of Hygiene Board of Directors Meeting

Wisconsin State Laboratory of Hygiene

\*\*\*Online Meeting\*\*\*

March 15, 2022, 1:00 p.m. - 4:00 p.m.

CC: Cynda DeMontigny

Kevin Karbowski Jan Klawitter Dr. Errin Rider David Webb

# WISCONSIN STATE LABORATORY OF HYGIENE BOARD OF DIRECTORS

## **MEETING NOTICE**

Tuesday, March 15, 2022 1:00 p.m. – 4:00 p.m.

Conference Line: 1(877) 336-1828 Access Code: 4271573

**Notice is hereby given** that the Wisconsin State Laboratory of Hygiene Board of Directors will convene at 1:00 p.m. on <u>Tuesday</u>, <u>March 15</u>, <u>2021</u> via teleconference.

**Notice is further given** that matters concerning Wisconsin State Laboratory of Hygiene issues, program responsibilities or operations specified in the Wisconsin Statutes, which arise after publication of this notice may be added to the agenda and publicly noticed no less than two hours before the scheduled board meeting if the board Chair determines the matter is urgent.

**Notice is further given** that this meeting may be conducted partly or entirely by teleconference of videoconference.

**Notice is further given** that questions related to this notice, requests for special accommodations, or requests for a public appearance are addressed by the Wisconsin State Laboratory of Hygiene Administrative Offices by phone at (608) 890-0288 or in writing to the Wisconsin State Laboratory of Hygiene, 465 Henry mall, Madison, Wisconsin, 53706

ORDER OF BUSINESS: See agenda.

Respectfully submitted,

In Ja Sola

James J. Schauer, PhD, P.E., M.B.A.
Secretary, Wisconsin State Laboratory of Hygiene Board of Directors
Director, Wisconsin State Laboratory of Hygiene

Wisconsin State Laboratory of Hygiene Board of Directors Meeting March 15, 2022 1:00 p.m. – 4:00 p.m.

## \*\*\*ONLINE MEETING\*\*\*

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March 15, 2022

## PROCEDURAL ITEMS

Item 1. ROLL CALL

## **Description of Item:**

Roll call of attendance at Board Meeting led by Board Chair

## **Suggested Board Action:**

Submit roll call

## **Staff Recommendation and Comments:**

Roll call will be recorded by Board Secretary

#### PROCEDURAL ITEMS

#### Item 2. APPROVAL OF MINUTES

## **Description of Item:**

The draft minutes of the December 21, 2022 board meeting are submitted for approval as well as the February 18, 2022 special board meeting.

#### **Suggested Board Action:**

Motion: Approve the draft minutes of the December 21, 2022 board meeting as submitted and approve the draft minutes of the February 18, 2022 special board meeting.

## **Staff Recommendation and Comments:**

Approve draft minutes

Once approved, minutes become part of the public record and area posted on the WSLH website: <a href="http://www.slh.wisc.edu/about/board/board-meetings-agendas-and-minutes/">http://www.slh.wisc.edu/about/board/board-meetings-agendas-and-minutes/</a>.

#### **APPROVED MINUTES**

Special Meeting
February 18, 2021
11:00AM – 1:00PM
Wisconsin State Laboratory of Hygiene
2601 Agriculture Drive
Madison, WI 53718

#### Attendees:

**WSLH/DNR Participants:** Dave Webb, Dr. Jamie Schauer, Jan Klawitter, Kevin Karbowski, Camille Danielson, Erin Mani, Noel Stanton, Tom Trainor (DNR Chemist)

**Board Members:** Chair Jim Morrison, Vice Chair Greg Pils, Dr. Richard Moss, Dr. German Gonzalez, Dr. Jon Meiman, Jeff Kindrai, Gina Green-Harris, DNR Alternate – Zana Sijan

**Northern Lake Service, Inc. Participants:** RT Krueger, Steve Hefter, Grant Johnson, GK Williams

Public Attendees: Jim Rosenberg, Ron and Winnie Krueger

1. Call to Order – Roll call by Chair James Morrison 11:05am

Issues with Zoom connection caused a small delay

2. Approval of Agenda

3. Scheduled Public Hearings

4. Adjournment 1:03PM

Chairman Jim Morrison introduced himself and requested brief introductions for the benefit of Mr. RT Krueger, president of Northern Lake Service, Inc. (NLSI), which were made by each board member, followed by WSLH staff.

Chairman Morrison then invited Mr. RT Krueger to introduce himself, and others present, supporting him: Employees Steve Hefter (Northern Lake Service Inc. (NLSI) Lab Manager) and

Grant Johnson (NLSI Assistant to QA Officer/Special Projects); GK Williams (NLSI Board Member); and Jim Rosenberg (Northern Regional Economic Development Director, WEDC)

Chairman Morrison stated that the purpose of holding this Special Meeting was to provide a forum to hear the concerns that Mr. Krueger had shared with UW-Madison Chancellor Blank in a letter dated Dec 21, 2021. This letter was one of three exhibits submitted by Mr. Krueger and provided to Board Members.

Chairman Morrison advised that this session would allow Mr. Krueger to present these concerns and then allow response by Dave Webb on behalf of the WSLH, and then the Board would have the opportunity to discuss what actions they should or could take, regarding the presented concerns.

Chairman Morrison then yielded the floor to RT Krueger to present.

RT Krueger offered his thanks to Chairman Morrison and the Board. He informed the board that he is the second-generation president of Northern Lakes Service, Inc., which was started by his father in 1974. One of the first certified labs in Wisconsin, the lab employs 31 staff full-time in Crandon and 3 at their Waukesha facility. The lab has a focus on environmental compliance, testing for waste/drinking/groundwater, and works directly for municipalities via contracts. NLSI has been performing PFAS testing for nine years.

Mr. Krueger stated that he initially had two issues to address. The first was his having had made contact to protest the Wisconsin State Laboratory of Hygiene's (WSLH) pursuit of UCMR5 (Fifth Unregulated Contaminant Monitoring Rule) program approval.

The second issue was with WSLH's PFAS pricing. In doing their research and speaking with WSLH employees, they found that the WSLH website had posted incorrect prices. The matter was looked into and the website corrected, although Mr. Krueger stated that he was not provided any explanation as to why the wrong prices had been posted. Since that matter was addressed, Mr. Krueger advised that, at this meeting, he would only focus on the UCMR5 approval being pursued by WSLH.

Mr. Krueger advised that, under jurisdiction of DNR and run through the United States Environmental Protection Agency (EPA), and utilizing methods which are "hot off the press," laboratories participate in three years of testing, where their investment must be recouped. Once UCMR is done, the instrumentation can be pretty much considered obsolete.

Mr. Krueger emphasized that NLSI has achieved a reputation of excellence, and that UCMR program participation is an important revenue stream for NLSI. He referred to the fact that NLSI has many loyal customers throughout the state, as well as some outside of the state, because they are a trusted laboratory.

UCMR has a 5-year cycle, with 30 analytes per cycle and Mr. Krueger emphasized that UCMR is a program, run through EPA. He stated that he is in no way arguing against WSLH testing compounds; his complaint involves WSLH's participation in the UCMR program. He was surprised to find out and the past 4 UCMR rounds WSLH had not participated and it seemed to be competition for his laboratory.

Mr. Krueger wrote a letter to WSLH director, Dr. Jamie Schauer, but the response he received, in his estimation, didn't seem to reflect an understanding of their competition. Mr. Krueger then filed a formal complaint, writing to the UW-Madison Chancellor, Rebecca Blank. In January 2022, Mr. Krueger received a response from the UW-Madison Office of the Chancellor, which advised that by state statute the WSLH Board, not the university, is authorized to "approve the laboratory of hygiene budget, set fees, set priorities and make final approval of laboratory resources so that the laboratory can act in response to agencies' planned objectives and program priorities" and referred Mr. Krueger to the WSLH Board of Directors. On January 19, 2022, Mr. Krueger had a conversation with WSLH Assistant Director, David Webb, and during that time Mr. Krueger was advised there was no formal documentation of what led to the Lab's decision to continue to participate, that it was left solely to Director Schauer.

Mr. Krueger, cited the WSLH's Board of Directors Policy and Procedures, Article 3, §3.04, which reads as follows:

Board Approval Required. The Director shall seek Board approval for all of the following contracts, prior to execution. (See Appendix 2 for sample form.):

a) Any contract which the Director feels may present either public policy or private competition questions which should be resolved by the Board.

along with WSLH Board of Directors Policy and Procedures Appendix 2, Criteria for Approval of Contracts Under Sections 3.04 and 3.05, and WSLH Board of Directors Policy and Procedures Appendix 3, a form for assessing contracts prior to execution.

Mr. Krueger asserted that the Board did not complete an evaluation process and believes that a process should be performed before any effort is made before WSLH enters into programs.

Mr. Krueger referred to Appendix 2 regarding the issue of competition with the private sector and asserting that unfair competition, should be avoided whenever possible.

(The specific text of Appendix 2 reads:

5. "The issue of competition with the private sector is not one of absolute prohibition rather one of unfair competition. In general, however, competition with the private sector should be avoided whenever practical.")

Dr. Schauer's response to Mr. Krueger, additionally cited in his letter to Chancellor Blank, was referred to by Mr. Krueger: "The WSLH application to support the UCMR5 program is focused on the national need for PFAS testing that we believe will not be met by existing accredited labs across the country."

Mr. Krueger said our research indicates 70-90 thousand samples, approx. half will be over 6-8 EPA labs, with half targeted for small business – rough math – Would 180.month for small and 13 labs approved and at least that many – Leaves fewer than 100 monthly on the free market – 40,000/month

Mr. Krueger believes this is not an appropriate program for WSLH to participate in, without adversely affecting business. NLSI is already competing with large, multi-state labs and doesn't want publicly-supported competition from within their own state.

Mr. Krueger referenced a Wisconsin Public Radio interview given by Dr. James Hurley, director of the Wisconsin Sea Grant Institute, that aired only hours after a phone conversation with WSLH staff about WSLH's pursuit of UCMR5 certification. The interview was about the 2018 Husky Energy oil refinery explosion in Superior, WI. Mr. Krueger said NLSI provided extensive testing in support of the response but was not mentioned by name by Dr. Hurley, who said that only one lab in the state was capable of testing and not even the State Lab could do the testing. In the interview Dr. Hurley referenced subsequent grant funding given to the WSLH by Sea Grant. Mr. Krueger said this public grant money enabled the WSLH to compete with the private sector, and it is unfair competition.

Mr. Krueger cited other opportunities that WSLH has for funding, while NLSI has more limited analytical services and can only generate revenue via those services. They make enough from one test in order to cover doing another test. NLSI does not have grants or public funding opportunities.

In conclusion, Mr. Krueger requested that WSLH not pursue UCMR certification and wanted the WSLH contracts process to be re-evaluated.

#### **END OF Mr. Krueger Presentation**

#### **BEGINNING of Dave Webb Presentation**

WSLH Environmental Health Division Director Dave Webb then gave his presentation focusing on three areas –

- PFAS Approval timelines and process
- Testing capability and capacity
- Pricing

#### UCMR/UMCR-5 -

DNR had asked WSLH to develop PFAS testing capability. WSLH had worked with DNR in 2018 to develop capabilities. WSLH also worked with the Association of Public Health Laboratories (APHL) as there is a national need, and our method was publicly shared.

March 2021 application for UCMR5 certification, proficiency tests going on right now, with March 2022 approval if February 2022 proficiency tests are passed. EPA holding stakeholders meetings in mid-March 20200. As UCMR5 evolves, samples would be collected. It would be about 2 years of sampling and reporting in 2026.

Large Public Water Systems (PWS) with populations of 10,000 or more, and the open market is the price between Large PWS and the lab chosen, paid directly. For small PWS, where the population is 3,300-10,000, the financial mechanism is the contracting process with EPA, which pays the bill. For the tiny PWS (population <3,300) across year, randomly selected to be participants, nationwide

Monitor 2-4 times per year – 2000 samples/year, 45,000 nationwide

Capacity at WSLH is 750 water samples per year

EPA Website – 18 laboratories total approved, 14 for community services. To do small PWS, need all 3 methods, and 10 labs nationwide have all 3. Two labs in Wisconsin, WSLH and Northern Lakes are in application status, along with state public health labs in Iowa, Arkansas, and Georgia, who may apply

Pricing Principles from bylaws:

- To price tests to at least cover all costs (direct, indirect and full overhead) except where
  the test is priced below cost because of its public health significance and/or the need for
  the WSLH to maintain the capability and capacity to do this testing.
- To price test comparatively with the private sector providers when private sector prices are reasonably available, except where that is in conflict with the prior principle.
- Board members may inquire about individual test costs outside of Board meetings.
- WSLH will bring pricing changes to the Board for implementation when changes in test inputs affect cost.

The letter to Chancellor Blank was the first that WSLH heard about any pricing concerns. Our goal is to recover costs and evaluate how this fits into public cost needs.

2021-2022 – There were lowered prices if a blank was not incorporated

UCMR - uncertainty about blanks QC

Other lab prices – Tough to know – From APHL listserve and other communications, average price for PFAS is \$570 with blank included, \$285 without blank included

UCMR Pricing – Doesn't have to equate with the number

Large system pays Lab Price

Small Systems: Lab Price not applicable. EPA pays, price can be negotiated

WSLH - UCMR5 certification needed to support public health mission and PFAS crisis

Seeking guidance from Board on UCMR5 testing after EPA approval

WSLH PFAS pricing is evolving and WSLH is seeking Board guidance on pricing in the context of Board policies

#### **END of Dave Webb Presentation**

Prior to deliberation beginning, Chairman Morrison advised that a letter had also been submitted from WI Senator Mary Felzkowski. Chairman Morrison advises that his read on the letter is that it dealt with business that would be between NSLI and the Department of Natural Resources (DNR). Vice Chair Greg Pils confirmed that Chairman Morrison identified its issues correctly. In reference to testing in paragraph 3 of the letter, the DNR received federal funding and will work solely with WSLH in a program apart from UCMR5 and therefore does not require the Board's attention; this is best left to the NLSI and the DNR. Vice-Chair Pils made a motion that Board can discuss it further, but doesn't require board interaction here, today, and to refer the letter to DNR. Dr. German Gonzalez seconded the motion.

Mr. Jeff Kindrai offered a point of order: No motion would be needed as the Board is simply taking no action. The Vice Chair offered to rescind his motion, but Dr. Rick Moss states that the motion is a matter of entering the discussed issue into formal record, so it is reasonable to have the motion, the second and vote. Mr. Kindrai states that the item was not on agenda.

Vote: The board unanimously passed the motion to refer the February 14, 2022 letter from Senator Felzkowski to the DNR.

## **Board discussion** -

Chairman Morrison stated that with respect to pricing, that issue has been resolved and at issue is whether or not WSLH should be involved in UCMR.

Mr. Krueger interjected that there had been no satisfactory explanation regarding pricing and WSLH's website; NSLI's research found it and he wonders how long would it have been out there, otherwise.

#### Discussion opened to board members:

Vice Chair Pils referred to Appendix 2, submitted by RT Krueger, citing bullet 4, "The SLH may provide any service, consistent with its unique mission, as long as revenues generated from that activity are used to support the SLH's board approved mission."

The WSLH develops and provides essential public lab health support...this includes analytical service, local government service and Vice Chair Pils stated we can draw a pretty clear line between that bullet, WSLH's mission statement and the UCMR5 program being a monitoring program linked to public health and water supply. WSLH's participation in UCMR5 is consistent with its mission.

Mr. Kindrai: Given the public health significance and the evolving impact on public health he was glad there is no suggestion for no PFAS testing at the State Lab, as that wouldn't be appropriate. Both labs seem to have gone through the approval process and are able to support testing. We have these two labs alone in Wisconsin, with both of good quality and both of which might get into the program. What if two WI labs don't get in? If there isn't enough lab capacity, and some labs drop out, having enough potential capacity in reserve isn't a bad thing. Whether you execute contracts in the future – Sample size may expand – It's not a bad thing to have both labs involved.

Mr. Krueger countered that UCMR5 is a program that doesn't have state borders to it. It is wideopen competition and as far as only 2 laboratories in Wisconsin, and NLSI was the only laboratory in the previous 4 rounds. Dave Webb mentioned about 2018 being the start, when it was 2015 in UCMR-3, looking for analytes.

Dr. Gonzalez stated that he concurred with the idea that the laboratory should have the ability and capacity to test for anything in support of the community, and that he fails to see the competition. Dr. Gonzalez worked in 4 different states, including Georgia, where we always work as the safety net to come in and serve the community. It's in the best interest of the community, if the state is able to execute any and every testing possible.

Ms. Green-Harris stated that she agrees with what everyone else said, regarding the public health issues in the state.

Dr. Moss also agrees with the prior comments that have been made: The board's use of the word "reserve." With respect to PFAS we are facing a burgeoning issue and need for testing, over time... If there were great capacity overall – Vice Chair Pils did a great job of pulling our mission out – Terrific to pursue the notion for at least drinking water.

Vice Chair Pils asked Mr. Webb, "Do you go into this with the idea of marketing or is this a "let them come to you"?" to which Mr. Webb responded that, if approved WSLH would be put on a list (of certified labs).

Vice Chair Pils referred back to Dr. Moss' statement, saying that, as far as providing reserve capacity, this seems consistent with that idea.

Mr. Kindrai: Playing an assurance role is important, as the state lab keeps a foot in the game just in case, so there are no delays. He would encourage WSLH's involvement in PFAS testing

outside UCMR5 such as blood work for SHOW and other environmental areas where there may not be as much capacity.

Dr. Jamie Schauer, WSLH director, advised that he appreciates Mr. Krueger's position and where things sit – It's not our intention to adversely affect or hurt their business – We should proceed with... no contracts/testing.

Assurance that there are boundaries to this. WSLH needs to be approved to do the work, because if it doesn't happen now, it won't happen later. If the board were to direct WSLH not to actively pursue testing after UMCR5 approval, he wouldn't object to that.

Chairman Morrison: Considering pending health issues... What is the breaking mechanism? A competitive dynamic is set up with the other labs – Appreciates the review mechanism but ponders how to define what a "meaningful impact" is, on others.

Dr. Meiman: Directed toward State Lab, Mr. Webb– A clarification: UCMR5 being accepted means sufficient capacity – Is it reasonable to assume that, if capacity exists, WSLH would not participate if there was not the need?

Dr. Schauer responded: "We would not pursue this without direct engagement with the Board and NLSI. Rationale is to assure that capacity is there. We don't know where this is headed or where needs will be. There is a lot of PFAS work out there for us. We would be negligent in our duties to not pursue being available and we have the capacity to do the work."

Dr. Meiman: Directed toward Mr. Krueger – A lot of lab capacity is out there, so why cut off the state lab?

The concern lies in that its additional competition within the state of Wisconsin.

Mr. Krueger: Large amount of dollars generated for NLSI comes from within the state of Wisconsin and wanted to be sure there were public dollars...Direct competition among private sector labs and it is not appropriate for WSLH involvement.

Ms. Danielson: To Dr. Schauer's point, if WSLH receives approval for this, public water supplies will directly contact us and WSLH would have to say the board has directed us not to do the testing. The number of samples nearly double those in UCMR3, so WSLH was honestly concerned. Ms. Danielson questioned whether the EPA could be contacted to see if they do need us, as an incredible amount of work on the part of WSLH went into this process.

Mr. Kindrai: Side concerns related to approval – Use accreditation numbers of lab, which impacts public confidence. There is value for WSLH to be approved to do this, beyond the task at hand, and he cited French Island. Peer review, adds credence to information produced under them.

Mr. Webb: Being certified for UCMR5 because it includes EPA method 533 – State method will get us most of the way to point - Proficiency testing to gain approval

Chairman Morrison: Wisconsin is in a stronger position, having two labs be accredited, with that capacity not exclusive to one entity, but both sharing information and resources – WSLH has a collaborative relationship and we can't say there won't be any impact financially, but on those interests of public health... Can we find a way to accommodate both interests?

Mr. Krueger agrees while stating WSLH shouldn't be pursuing this. Maybe more critically evaluating where there is existing capacity and capability and to be cognizant of the competition it might create with small business laboratories.

Dr. Moss: These last few comments are taking us toward a solution which Jamie suggested – Addresses issue of competition and from Chairman Morrison and Mr. Krueger, Wisconsin testing should be done in Wisconsin. Whatever formal agreement we come to should include a reverse flow – Should NLSI be exceeded, WSLH could be there to handle overflow.

Dr. Gonzalez: With all due respect, competition is healthy and develops business, even smaller business. Unfair would be if WSLH used federal funds, state funds and undercut prices. Clients who worked with NLSI for many years will stay with NLSI and WSLH will stay in its lane and be ready for the times we need them in emergencies or necessity. If we don't have availability and capacity, that is when the people suffer.

Mr. Kindrai: Reflecting on comments –Not actively engage in contracting or getting samples, other than list on EPA website–Pursue getting approval, come back for further approval from the board for further testing. Practical aspects?

Vice Chairman Pils offered that Dr Moss was correct when he stated that the Board was getting closer to a solution – Question to Dave Webb - 750 water samples capacity at WSLH, inclusive of all sources in different programs (Dave confirms) – UCMR would be a subset of the 750. Looking at the extent to which PFAS contamination is continued to be seen – More of a demand on WSLH down the road, from DNR, which would be a priority – Dr Schauer introduced a compromise that we are interested in

Mr. Krueger asked if the understanding is that WSLH is to continue to pursue approval for capacity purposes, but not actively market.

Chairman Morrison articulates the points being considered: 1) pursue certification, not actively advertise (market) 2) seek certification, but seek board approval before entering into services

Dr. Schauer: Whatever works well; either of these is workable

Mr. Kindrai: Caveat – If demand exceeds capacity, WSLH would be able to contribute, but that is down the road.

Dr. Moss: If demand exceeds Wisconsin capacity, we would presumably wish to engage, but also if NLSI runs into excess demand, we could have reciprocal responsibility in having NLSI notify WSLH, rather than having disappointed customers.

Mr. Krueger: With the small system work, that is all EPA contract, tightly driven and we wouldn't have the opportunity to work with the state lab, regarding that aspect.

Chairman Morrison: Motion of proposals: Capacity but not actively advertise and come to the Board before providing services

Dr. Moss: Complementary models, embracing both concepts, should drive our decision making – Approving concepts would be a good thing, but we would need a MOU between WSLH and NLSI. Definitive action in terms of an agreement would be what we would need to relieve letters like we received from the Legislature.

Mr. Kindrai: WSLH should seek certification but the WSLH should be advised not to move forward in testing without Board Approval

<u>Motion 1:</u> Board recommends that the WSLH continue to pursue approval to participate in UCMR5. (Vice Chair Pils moves - Mr. Kindrai seconds – Motion passes unanimously)

<u>Motion 2:</u> Board recommends the WSLH not actively market services or pursue contracts for the UCMR5 program without first securing board approval. (Vice Chair Pils moves – Dr. Gonzalez seconds – Motion passes unanimously)

<u>Motion 3:</u> WSLH continue discussions with Northern Lake Services about capacity and competition issues moving forward. (Mr. Kindrai moves - Vice Chair Pils seconds – Motion passes unanimously)

Entertainment of discussion on the motion at hand -

Mr. Krueger stated that he felt "this is very reasonable, thank you."

Mr. Pills asked: Does advertising on website or posting capacity constitute advertising?

Mr. Kindrai clarified – Not reaching out to solicit business

UCMR5 will be advertising the labs to an extent with their presence on the list, and Mr. Krueger stated that he is okay with that.

Mr. Krueger advised the program is too dynamic to go back for board approval; should WSLH be contacted they won't have the time for that.

Mr. Krueger stated that he would like more transparency and dialogue between NLSI and WSLH.

Chairman Morrison thanks everyone – Regarding Mr. Krueger's question raised about WSLH's pricing – The Board would like to refer Mr. Krueger to further discussion with Dave Webb regarding details.

Move to adjourn – Chairman Morrison thanked Mr. Krueger and colleagues for bringing his issues before the board and thanked him for his work. The goal is to have and maintain collaborative relationship for public health concerns.

Mr. Kindrai moved to adjourn and thanked Mr. Krueger and NLSI. Vice Chair Pils seconds motion to adjourn and thanked NLSI and Mr. Krueger. He also thanked WSLH's Dr Schauer for offering a workable compromise.

Mr. Krueger also thanked the Board and stated that he doesn't like feeling at odds with meeting our missions.

Meeting concludes 1:03pm.

Respectfully submitted,

Ja Ja Soli

James J. Schauer, PhD, P.E., M.B.A.

Secretary, Wisconsin State Laboratory of Hygiene Board of Directors Director, Wisconsin State Laboratory of Hygiene

#### **APPROVED MINUTES**

December 21, 2021 1:00PM – 3:00PM Wisconsin State Laboratory of Hygiene 2601 Agriculture Drive Madison, WI 53718

**MEMBERS PRESENT:** Chair James Morrison, Vice Chair Greg Pils, Secretary Dr.

James Schauer, Dr. German

Gonzalez, Dr. Richard Moss, Dr. Robert Corliss, Gina

Green-Harris, Gil Kelley, Jeffery Kindrai

WSLH STAFF PRESENT: Dr. Errin Rider, Cynda DeMontigny, Kevin Karbowski, Jan

Klawitter, Andrew Stammer, Noel Stanton, Dave Webb

**DNR STAFF PRESENT:** Zana Sijan, Steve Geis

GUESTS: Dr. Robert Steiner

Chair James Morrison made the motion to call the meeting to order at 1:00 PM. XXXX seconded the motion. The meeting commenced at 1:00 PM.

Item 1. ROLL CALL

**Chair James Morrison** initiated the roll call of the Board. Secretary James Schauer conducted the roll call of the Board members. All Board Member seats or their designated representatives were present except Jon Meiman. There were no attendees on the public telephone line.

#### Item 2. APPROVAL OF MINUTES

Approve the minutes of the September 21, 2021 Board Meeting as submitted. **Chair James Morrison** entertained a motion to approve the minutes, so moved by **Jeffery Kindrai**. **Greg Pills** seconded the motion. The voice vote approving the minutes was unanimous

#### Item 3. REORGANIZATION OF AGENDA

There were no requests to reorganize the agenda

#### Item 4. PUBLIC APPEARANCES

There were no public appearances

#### Item 5. BOARD MEMBERS' MATTERS

Jeffrey Kindrai advised that at a recent board meeting he had been asked about whether Omicron was present in Grant Count. Mr. Kindrai advised they were formerly being advised when a new variant was found, although he didn't believe they were advised regarding the Delta variant and he was wondering if notifications have stopped.

Dr. Kelsey Florek responded that WSLH is currently reporting Omicron to DHS and then DHS reports back to the County Health Departments. Dr. Schauer and Mr. Kindrai agreed they would further follow up on this topic, after the meeting.

## Item 6. INTRODUCTION OF NEW WSLH BOARD MEMBERS – DR. JOHN MEIMAN AND ALTERNATE PAULA TRAN

Dr. Morrison recognized the leadership and long-term service of now-former member Mr. Chuck Warzecha. Dr Morrison welcomed Mr. Warzecha's replacement Dr. Jon Meiman and Dr. Meiman's alternate, Dr. Paula Tran to the board. Dr. Meiman was not present, but Dr. Tran was able glad to have joined Chuck in the last board meeting. Dr. Tran advised that she joined DHS in September and since the last board meeting, DHS has hired two new Assistant Administrators: Anna Benton, who will serves in operations and Jonette Arms who will be involved in programs across the division.

Dr Jon Meiman is the chief medical officer for the bureau of environmental and occupational health. He will be the lead delegate to the WSLH Board, while Dr. Tran and Anna Benton will be alternates – Dr. Meiman begins this post in 2022; at this time he is leading DHS's Covid hospital surge capacity lineup effort. He is looking forward to being a part of this group and excited to continue our partnership.

#### Item 7. - NEWBORN SCREENING NOMINATION PROCESS

■ Dr. Robert Steiner, Department of Health Services

Dr Schauer thanked Dr. Steiner and introduced his Newborn Screening (NBS) presentation. Earlier, Dr. Steiner was appointed the Chair of Umbrella Committee – He is the DHS Newborn Screening Medical Consultant, a pediatrician and geneticist, with more than 25 years' experience in newborn screening. He came to Wisconsin from Oregon where he had been at OHSU, Oregon Health and Science University, for 17 years and medical consultant to their program as well. He served at the national level as well, on an expert panel, regarding expanding newborn screening, with the panel convened in 2004 and completing their work in 2005-06.

Dr. Steiner covered the Newborn Screening Nomination Process. "Newborn Screening is a state public health program that identifies infants with treatable disorders, which may otherwise go unrecognized, to avoid or prevent adverse outcomes."

The NBS Network in Wisconsin is comprised of a variety of groups: Newborn Screening Advisory Group (educate the public); hospitals and midwives (educate parents); Specialty Centers (confirm diagnosis and provide long-term treatment); Department of Health Services (coordinates the program, maintains the funding, provides resources); Primary Care Providers (coordinate patient care and referrals) Newborn Screening Lab (analyze samples, provide initial follow up, link physicians to specialty centers).

All children should be screened; parents do have the ability to opt out, so information should be presented to educate parents prior to birth.

NBS Committee structure, has multiple subcommittees and in order to nominate a condition for screening, the party has to be a resident of the state and have knowledge of the condition and treatment in Wisconsin and submit the required nomination forms.

The benefits, test and condition criteria considered by committees Recommendations, legislation now requires – The DHS Secretary may add or delete congenital disorders, and those are considered using the established criteria.

There is legislation pending, going outside of the normal process, with Pompe disease having been added and beginning in January 2022 – The process can take 23-41 months via rulemaking, legislative, published and finally made effective.

Dr Steiner advised Newborn Screening has a well-designed framework. There is a balance to be achieved between the benefit of the tests, the risk of any false positives, the cost, and the availability of treatment and follow up.

Newborn Screening has been approached in a thoughtful way – There are 7 subcommittee chairs and larger issues led to questions of how to improve and re-evaluate criteria – More complex issues led to an ad hoc task force, then a formal NBS task force charged to address issues.

A 2021 pilot program for Pompe was successful and Pompe will now be included in Newborn screening in Wisconsin - Main partnership, a great synergy exists between WSLH and the Department of Newborn Screening.

The Umbrella Committee brought items to the task force. Dr. Steiner concluded with primary principles within the program: Understanding of how to screen for disease, the need to know how good the test is, and to not screen for something you cannot fix.

Dr Moss referred to a recent article that was talking about the treatment for spinal muscular atrophy. There were no details about the genetic manipulation, but concern that if intervention was not taken quickly after the child was born, the phenotype would emerge: it

is life or death timing – He inquired as to where the State of Wisconsin stands where on response time.

Dr Steiner responded that the timing is rapid, within the time needed to be optimal, within 5-7 days of life, and two to four weeks of life with miraculous treatment – It takes babies that would otherwise have died by the age of 2 and makes them normal.

Dr. Schauer thanked Dr. Steiner and advised that this speak to the significance of the program. –The Board should understand the background, what is going on with newborn screening. The dollar value return is phenomenal and a critical part of what we do here. It is one of the most successful public health programs, ever.

#### Item 8. FORT McCOY AFGHAN GUESTS

■ Dr. Allen Bateman, Director, Communicable Disease Division, Wisconsin State Laboratory of Hygiene

Dr. Schauer introduced Dr. Allen Bateman who, along with his staff, has been making a yeoman's effort to respond to the testing going on in Fort McCoy.

#### **Operation Allies Welcome:**

Fort McCoy in Sparta, Wisconsin, played a central role. In August, there was a big airlift out of Afghanistan with those people initially becoming guests of the United States housed at 8 military bases. Of those eight bases, Fort McCoy hosts the highest number, with up to 13,000 guests present in the fall.

In August, WSHL's CDD asked DHS about any testing that might be needed with the arriving guests. DHS Epidemiologists were unaware of anything and advised that they had thought that the Federal agencies would take care everything.

A week later, over Labor Day weekend, on a Saturday night, WSLH was paged. Gunderson in La Crosse had a suspected measles case and microbiologists were quickly called, with one to do PCR and one to do antibody testing. On Sunday, the case was found to be PCR positive.

WSHL CDD not only serves the state of Wisconsin, but serves as CDC-funded reference center for vaccine communicable diseases. CDD therefore has access to specific, higher-level, CDC-developed tests, which CDD has implemented in their reference-center work, including one called a Measles Vaccine PCR. Sometimes if someone gets a measles vaccine, they can get a rash that looks a lot like wild-type measles and in order to quickly determine whether it was vaccine or wild-type measles, there is a PCR that is specific for the vaccine strain. We knew Fort McCoy had a planned call with DHS very early on Monday, Labor Day, at 8am. Our Virus Team lead came in late Sunday and early Monday morning to set it up and then interpret it. By 8am, we knew it was not vaccine strain, that it was wild-type measles.

WSLH is one of 4 labs that virus testing for BPBs and one of two labs nationwide that does bacterial testing for vaccine-preventable disease.

CDC did a timeline presentation of the case: September 1, the patient had some symptoms while being transported from Germany to the US and then thru Washington-Dulles airport, and then Volk Field at Fort McCoy and had a fever of 107.6 and a rash, so the next day they went back to Fort McCoy and we were able to confirm with PCR.

After identifying the subject identified as positive, there was a lot of coordination with CDC experts, the Department of Defense, the Department of Homeland Security, and the Wisconsin Department of Health Services. By Tuesday, the Base had contact-traced and vaccinated 494 people that had been in close contact with this individual. At the Lab, on Tuesday, we validated a much higher. We learned from Covid that we need higher testing options, just in case we need to use them. At the lab, one of the first things we did that Tuesday was to validate a much higher point of extraction submit for our PCR, just in case we needed to do a higher volume of testing, because if we learned nothing else from COVID: We need higher testing options, just in case need to use them.

After identifying the subject as positive, there was a lot of coordination with CDC experts, the Department of Defense, the Department of Home WI Department of Health Services, Epidemic Intelligence Service officers were at DHS – By Tuesday, there were able to have contact-traced and vaccinated 494 people – Learned from COVID – Actively infected in Afghanistan – Mass vaccination was conducted 1.5 weeks later.

Lab testing – CDC – WI State Laboratory of Hygiene did the majority of testing, with CDC acknowledging the fact that WSLH had the lion's share of this job.

TB picked up as the measles slowed down impacting the WSLH's testing volume: 13,000 people were screened in Wisconsin and the TB team was impacted for over 2 months.

Measles outbreak is over and WSLH fully met the need and the he current focus is on Omicron.

Dr. Bateman extended his thanks to the teams within the CDD along with specimen receiving and data entry. The coordination of response has been and continues to be amazing.

Dr. Tran stated that it was an "All hands on deck response," and she appreciates our partnership, and how WSLH and DHS rose to the occasion to meet the need. Dr. Schauer advised that he was proud of everybody's efforts

#### Item 9. WSLH SOILS LAB UPDATE

 Andrew Stammer, Soils Laboratory Manager, Wisconsin State Laboratory of Hygiene

Dr. Schauer briefly introduced Mr. Andrew Stammer, who is the manager of the newly relocated Soils Laboratory. This will be Mr. Stammer's first appearance at a WSLH board meeting

Mr. Stammer introduced himself as an agronomist, a soil scientist, focusing on where soil chemistry impacts crop production – Mr. Stammer is a former soil lab manager at Kansas State University and a PhD candidate at KSU.

The mission of the Soils lab is to support vibrant, sustainable agricultural economy in Wisconsin. – Services the lab provides include soil testing, nutrition, soil conditions impacting crop nutrition; book values for manure; plant analysis, mineral analysis, nutrition' manure; nitrogen phosphorus potassium; analysis of lime and soil pH; acts as a reference lab for DATCP soil testing program.

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Mr. Stammer provided a history of the lab, which was established in Madison in 1913 and provided a focus on soils and plants, forage work. In 1959 Marshfield's location began in the kitchen of farmhouse before a lab was formed and the Soils Lab was transferred there in 1967 – UW Soils transferred back to CALS in 2015, the labs consolidated and in 2021, the Soils Lab has moved back to Madison.

Mr. Stammer advised that the last phase of their move took place this morning and they are excited for future – There is an intersection involved in agricultural practices, management of soils and reuse of byproduct of crop and dairy production in nutrient management.

Dr. Schauer stated that there are a good many connections: Water quality, sustainability, NADP, a lot of synergies here. This is a logical and great opportunity to support the state and industry within the state of Wisconsin.

#### Item 10. Financial Report -

■ Kevin Karbowski, Chief Financial Officer, Wisconsin State Laboratory of Hygiene

First 4 months July, Aug, Sept, Oct -

We are right on budget for the first 4 months -

**Revenue:** The only significant variance is in occupational health, related to Covid – We had thought it would be normal, but Covid is still keeping OH revenue low. WSLH had a budgeted revenue of 19.7, and the actual was 19.1

Expenses: Budgeted net income first 4 months \$250,000 and Actual is \$39,000.

WSLH entered into 3 contracts with APHL, 2 with WDHS - Totaling \$18 million in business

#### Item 12. HUMAN RESOURCES UPDATE

 Cynda DeMontigny, Human Resources Director, Wisconsin State Laboratory of Hygiene

Ms. DeMontigny provided the HR update to the board for September 11 through December 3, 2021

Retirements: 7 total: 4 in EHD, 1 Admin, 1 OHD, 1 DPD New Employees: 5 total: 1 in Admin, 1 in DPD, 3 in CDD.

Resignations: 3 in total: 2 DPD, 1 EHD Internal hires 5 total; 4 in EHD, 1 in CDD

Recruitments: 6 DPD, 10 EHD, 1 in CDD, 1 in Administration, 2 Occupational Health

### Item 13. Director's Report

Dr. James Schauer, Director, WSLH

Omicron Variant: Dr Kelsey Florek

- o Blood Lead Testing: *Mr. Noel Stanton*
- Water Boil Notice Report: Dave Webb
- Public Relations Report: Jan Klawitter

Dr. Schauer presented Dr. Florek, who provided an update on the Omicron variant. Following her presentation, Mr. Stanton spoke to issues with Leadcare, a company that tests blood levels for lead testing and had recalled its product, leaving no easy or quick ability to replace their services. Regarding the Water Boil Notice, Dr. Schauer and Mr. Webb noted there was no report at this time, but that we will follow up if we receive more information.

Dr Schauer presented Ms. Klawitter for the Public Relations Report. Ms. Klawitter referred the board to the PR packet, which included the following:

- NADP Program Article collaboration between trace elements clean lab and NOAH.
  Isotopes precipitation came across Atlantic into SE United States and they could
  capture the data; it provided a means to actually evaluate the dust. These dust
  incursions happen, but this time we were able to capture the particles.
- Amy Miles, Director of Forensic Toxicology, is now the president of SOFT, and had an in-person meeting with 700 attendees – Bill Johnson, supervisor, was appointed to the Board of Directors of SOFT – Amy signed a 3-yr cooperative agreement to launch regional toxicology agency - National Resource Toxicologists.
- WI Clinical Lab Network Hybrid meeting in the dells with more than 30 online, completely remote.
- NADP Also completely remote for the second year with hundreds of participants from multiple countries and continents
- Kris Hansbery WI Chapter CLMA Kris was asked to join and was promptly nominated to Program Planning director–
- WSLH Employee Recognition Awards 38 staff nominated -

- o Education/Outreach -
  - KELSEY FLOREK in a tie with WISCON Covid-1 CONSULTATION TEAM for helping small businesses –
- Service to community -
  - COVID CONSULTATION, worked with DHS to set up respirator decontamination sites: ROBERT VERCELLINO who also worked with DHS and others to validate authenticity of respirators and that they were able to be used.
  - ANN VALLEY CDD Collaboration COVID SEWAGE TEAM Wastewater -

Dr. Schauer thanked everyone for a great 2021 and wished everyone well for 2022.

Dr. Morrison stated that WSLH has been super impressive and done a great job. He is amazed by the impact WSLH has on state of Wisconsin and wished everyone a great holiday.

#### **Item 14. ADJOURNMENT**

Motion to Adjourn Mr. Kindrai seconded by Mr. Gonzalez - Adjourned at 2:45pm

Respectfully submitted,

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James J. Schauer, PhD, P.E., M.B.A.
Secretary, Wisconsin State Laboratory of Hygiene Board of Directors
Director, Wisconsin State Laboratory of Hygiene

## **PROCEDURAL ITEMS**

## Item 3. REORGANIZATION OF AGENDA

## **Description of Item:**

Board members may suggest changes in the order in which agenda items are discussed

## **Suggested Board Action:**

None

## **Staff Recommendation and Comments:**

Reorganize the agenda if requested by the Board

#### **PROCEDURAL ITEMS**

#### Item 4. PUBLIC APPEARANCES

#### Description of Item:

Under the board's Policies and Procedures, nonmembers are invited to make presentations

#### **Suggested Board Action:**

Follow WSLH Policies and Procedures

#### **Staff Recommendation and Comments:**

Follow WSLH Policies and Procedures

Per Policies and Procedures of the Wisconsin State Laboratory of Hygiene Board of Directors:

- §6.12 Speaking privileges. When the board is in session, no persons other than laboratory staff designated by the director shall be permitted to address the board except as hereinafter provided:
  - (a) A committee report may be presented by a committee member who is not a member of the board.
  - (b) A board or committee member in the course of presenting a matter to the board may request staff to assist in such a presentation.
  - (c) If a board member directs a technical question for clarification of a specific issue to a person not authorized in this section, the Chair may permit such a person to respond.
  - (d) The board may by majority vote or by decision of the Chair allow persons not otherwise authorized in this section to address the board if the situation warrants or the following criteria is followed:
    - (1) Written requests for public appearances on specific current agenda items shall be made to the board Secretary no later than two working days prior to the meetings. The request shall outline the reasons for the request including the subject matter to be discussed in as much detail as is feasible prior to the meeting of the board. Those requesting an appearance may, at or prior to the board meeting, provide board members copies of any written materials to be presented or a written statement of a position.
    - (2) Individual presentations will be limited to five minutes, unless otherwise authorized by the Chair.
    - (3) To schedule an appearance before the Wisconsin State Laboratory of Hygiene Board of Directors, contact the board Secretary, c/o Director, Wisconsin State Laboratory of Hygiene, 465 Henry Mall, Madison, Wisconsin 53706. Telephone (608) 890-0288. The subject or subjects to be discussed must be identified.
    - (4) The Wisconsin State Laboratory of Hygiene "Guidelines for Citizen Participation in WSLH Board Meetings" are published on its website: http://www.slh.wisc.edu/index.shtml and printed copies are available on request. (See Appendix 5) [Section §6.12 approved 5/27/03 board meeting.]

#### Appendix 5

**Guidelines for Citizen Participation at WSLH Board Meetings** 

The Wisconsin State Laboratory of Hygiene board provides opportunities for citizens to appear before the board to provide information to the board on items listed on the agenda. Such appearances shall be brief and concise. In order to accommodate this participation in the allotted time, the guidelines are as follows:

- A. Items to be brought before the board:
  - 1. The board Secretary and Chair will assign a specific time on the agenda to hear public comment when a request to speak has been received from a member of the public.
  - 2. Individuals or organizations will be limited to a total of five (5) minutes to make a presentation to the board. Following the presentation board members may ask clarifying questions.
  - 3. An organization is limited to one (1) spokesperson on an issue.
  - 4. On complex issues, individuals wishing to appear before the board are encouraged to submit written materials to the board Secretary in advance of the meeting so the board may be better informed on the subject in question. Such information should be submitted to the board Secretary for distribution to all board members no later than seven (7) working days before the board meeting.
  - 5. No matters that are in current litigation may be brought before the board.
- B. The board encourages individuals to confine their remarks to broad general policy issues rather than the day-to-day operations of the Wisconsin State Laboratory of Hygiene.
- C. Citizens who have questions for board members should ask these questions prior to the board meeting, during any recess during the board proceedings, or after board adjournment.
- D. Written requests to appear before the WSLH Board of Directors should be submitted <u>no later than two (2)</u> working days prior to a scheduled board meeting.
- E. Submit written requests to: Secretary, Wisconsin State Laboratory of Hygiene Board of Directors

C/O WSLH Director 465 Henry Mall Madison, WI 53706

Telephone: (608) 890-0288

Email: <a href="mailto:susan.buechner@slh.wisc.edu">susan.buechner@slh.wisc.edu</a>

## **BUSINESS ITEMS**

## Item 5. BOARD MEMBERS' MATTERS

## **Description of the Item:**

Board Members' Matters will present board members with the opportunity to ask questions and/or discuss issues related to the Wisconsin Laboratory of Hygiene

## **Suggested Board Action:**

Receive for information

## **Staff Recommendations and Comments:**

Receive for information.

## **BUSINESS ITEMS:**

Item 6. Facilities Planning

## **Description of Item:**

David Webb, WSLH EHD Director, will discuss future plans for the WSLH buildings, sustainability and funding.

## **Suggested Board Action:**

Review and provide input.

## **Staff Recommendation and Comments:**

Receive for information

## **BUSINESS ITEMS**

## Item 7. Newborn Screening Card

#### Description of the Item:

Errin Rider, WSLH Director of Clinical Services, will discuss the Newborn Screening Card, its impact and current costs

### **Suggested Board Action:**

Review and provide input

## **Staff Recommendations and Comments:**

Receive for information

## **BUSINESS ITEMS**

## Item 8. NAPD Aeroallergen Network

## **Description of the Item:**

Andy Johnson, Maine Department of Environmental Protection Bureau of Air Quality and Chair, NADP Aeroallergen Monitoring Science Committee, will provide an update on the Financial Report to the Board.

## **Suggested Board Action:**

Review and provide input.

## **Staff Recommendations**

## **BUSINESS ITEMS**

## Item 9. FINANCIAL REPORT

## **Description of the Item:**

Kevin Karbowski, WSLH Chief Financial Officer, will provide an update on the Financial Report to the Board.

## **Suggested Board Action:**

Review and provide input.

## **Staff Recommendations and Comments:**

Receive for information.

## FISCAL YEAR 2021

#### Contents

## FINANCIAL STATEMENTS

Statement of income

Comparative income statement

Comparative balance sheet

Statement of cash flows

Notes to the financial statements

#### WISCONSIN STATE LABORATORY OF HYGIENE STATEMENT OF INCOME For the period July 1, 2021 through January 31, 2022

	Year to Date Actual	Year to Date Budget	Variance Over/(Under)	Variance % of Budget	Fiscal Year 2022 Annual Budget
SUPPORT AND REVENUE			, , , , , , , , , , , , , , , , , , , ,		
Clinical	\$11,206,488	\$11,634,943	(\$428,455)	-3.7%	\$20,324,657
Newborn Screening	2,604,917	2,499,664	105,253	4.2%	4,300,000
Driver Improvement Surcharge	998,843	953,849	44,994	4.7%	1,619,200
Environmental	3,471,633	3,663,035	(191,402)	-5.2%	5,984,085
National Atmosphoric Deposition Program	963,162	1,065,065	(101,902)	-9.6%	1,777,308
Proficiency	1,683,075	1,701,914	(18,839)	-1.1%	3,433,738
Occupational Health	1,065,744	1,317,702	(251,958)	-19.1%	2,156,557
Laboratory Services	21,993,863	22,836,172	(842,310)	-3.7%	39,595,545
Fund 150 Support	520,221	586,254	(66,033)	-11.3%	1,005,007
WI DHS Employee Contracts	509,273	503,281	5,992	1.2%	862,767
Earnings - Investment Income	1,698	4,250	(2,552)	-60.0%	6,000
Other Revenue	1,031,192	1,093,785	(62,593)	-5.7%	1,873,774
Sponsored Projects	4,024,574	3,723,458	301,116	8.1%	6,204,641
Program Revenue	27,049,628	27,653,414	(603,786)	-2.2%	47,673,960
State General Program Revenue (GPR)	6,898,655	6,949,396	(50,741)	-0.7%	11,820,000
TOTAL SUPPORT AND REVENUE	33,948,283	34,602,810	(654,527)	-1.9%	59,493,960
EXPENSES					
Salaries	13,242,971	13,422,577	(179,605)	-1.3%	23,186,967
Fringe Benefits	5,281,693	5,251,528	30,164	0.6%	8,519,989
Supplies & Services	12,168,820	11,993,580	175,240	1.5%	21,578,848
Building Rent	1,851,690	1,894,397	(42,707)	-2.3%	3,330,756
Transfer Overhead to UW	616,660	597,320	19,340	3.2%	1,017,487
Depreciation	1,378,938	1,411,456	(32,519)		2,474,948
Bad Debt Expense	459	2,100	(1,641)	-78.1%	3,600
Interest Expense	273	3,500	(3,227)	-92.2%	6,000
TOTAL EXPENSES	34,541,504	34,576,459	(34,954)	-0.1%	60,118,594
NET OPERATING INCOME (LOSS)	(\$593,221) \$	26,352	(\$619,573)	-2351.2%	(\$624,634)

# WISCONSIN STATE LABORATORY OF HYGIENE COMPARATIVE INCOME STATEMENT For the 7 months ended January 31, 2022 and January 31, 2021

SUPPORT AND REVENUE	Year to Date Actual	Prior Year Actual	Variance Over/(Under)	Variance % of Budget
Clinical	\$11,206,488	\$11,794,634	(\$588,146)	-5.0%
Newborn Screening	2,604,917	2,541,968	62,949	2.5%
Driver Improvement Surcharge	998,843	1,001,649	(2,806)	
Environmental	3,471,633	2,787,832	683,801	24.5%
National Atmosphoric Deposition Program	963,162	995,853	(32,691)	-3.3%
Proficiency	1,683,075	1,686,150	(3,075)	
Occupational Health	1,065,744	897,167	168,577	18.8%
Laboratory Services	21,993,863	21,705,253	288,610	1.3%
Fund 150 Support	520,221	589,809	(69,588)	-11.8%
WIDHS Employee Contracts	509,273	523,024	(13,751)	
Earnings - Investment Income	1,698	4,935	(3,237)	-65.6%
Other Revenue	1,031,192	1,117,768	(86,576)	-7.7%
Sponsored Projects	4,024,574	3,250,489	774,085	23.8%
Program Revenue	27,049,628	26,073,510	976,118	3.7%
State General Program Revenue (GPR)	6,898,655	6,713,342	185,313	2.8%
TOTAL SUPPORT AND REVENUE	33,948,283	32,786,852	1,161,431	3.5%
EXPENSES				
Salaries	13,242,971	12,786,913	456,058	3.6%
Fringe Benefits	5,281,693	5,067,823	213,870	4.2%
Supplies & Services	12,168,820	11,662,215	506,605	4.3%
Building Rent	1,851,690	1,843,058	8,632	0.5%
Transfer Overhead to UW	616,660	577,411	39,249	6.8%
Depreciation	1,378,938	1,193,724	185,214	15.5%
Bad Debt Expense	459	970	(511)	-52.7%
Interest Expense	273	1,052	(779)	-74.1%
TOTAL EXPENSES	34,541,504	33,133,166	1,408,338	4.3%
NET OPERATING INCOME (LOSS)	(\$593,221)	(\$346,314)	(\$246,907)	71.3%

# WISCONSIN STATE LABORATORY OF HYGIENE COMPARATIVE BALANCE SHEET As of January 31, 2022 and June 30, 2021

#### **ASSETS**

Cash So         \$3,202,502           Cash-restricted (Note 1)         5,454,092         4,031,415           Net accounts receivables (Note 2)         9,096,888         5,596,761           Other receivables         525,000         912,602           Inventories         32,942         39,107           Prepaid expenses         0         264,896           Total current assets         15,108,922         14,147,282           EQUIPMENT AND BUILDING IMPROVEMENTS         Equipment         34,826,788         33,123,260           Building improvements         6,878,228         3,29,266         2,23,442         1,240,749		January 31, 2022	June 30, 2021
Cash-restricted (Note 1)         5,454,092         4,031,415           Net accounts receivables (Note 2)         9,996,888         5,696,761           Other receivables         525,000         912,602           Inventories         32,942         39,107           Prepaid expenses         0         264,896           Total current assets         15,108,922         14,147,282           EQUIPMENT AND BUILDING IMPROVEMENTS         Equipment         34,826,788         33,123,260           Building improvements         6,878,228         6,878,228         6,878,228           Less accumulated depreciation         (29,304,267)         (27,925,329)           Total net fixed assets         12,400,749         12,076,159           Total Assets         \$27,509,672         \$26,223,442           LIABILITIES AND EQUITY         Solaries and fringe benefits payable         \$0         \$0           Accounts payable         \$919,232         845,108         Accrued expenses         82,165         \$0           Deferred revenue         \$0         252,619         Compensated absences (Note 3)         1,212,314         997,964           Newborn screening deferred revenue         2,494,899         1,024,366         Newborn screening surcharge payable         80,002,759         6,127,106 <td></td> <td></td> <td></td>			
Net accounts receivables (Note 2)         9,096,888         5,696,761           Other receivables         525,000         912,602           Inventories         32,942         39,107           Prepaid expenses         0         264,896           Total current assets         15,108,922         14,147,282           EQUIPMENT AND BUILDING IMPROVEMENTS         34,826,788         33,123,260           Building improvements         6,878,228         6,878,228         6,878,228           Building improvements         41,705,016         40,001,488         40,001,488           Less accumulated depreciation         (29,304,267)         (27,925,329)           Total net fixed assets         12,400,749         12,076,159           Total Assets         \$27,509,672         \$26,223,442           CURRENT LIABILITIES         Salaries and fringe benefits payable         \$0         \$0           Accounts payable         \$919,232         845,108           Accounts payable         \$919,232         845,108           Accoured expenses         82,165         0           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening surcharge paya		• •	
Other receivables Inventories         \$25,000         912,602 and 912,602 inventories           Prepaid expenses         0         264,896           Total current assets         15,108,922         14,147,282           EQUIPMENT AND BUILDING IMPROVEMENTS         48,26,788         33,123,260           Building improvements         6,878,228         6,878,228           Less accumulated depreciation         (29,304,267)         (27,925,329)           Total net fixed assets         12,400,749         12,076,159           Total Assets         \$27,509,672         \$26,223,442           CURRENT LIABILITIES         Salaries and fringe benefits payable         \$0         \$0           Accounts payable         \$919,232         845,108           Accrued expenses         \$2,165         0           Deferred revenue         0         252,619           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT <td< td=""><td></td><td>, ,</td><td></td></td<>		, ,	
New Notice   32,942   39,107   Prepaid expenses   0   264,896   15,108,922   14,147,282   14,147,282   14,147,282   14,147,282   14,147,282   14,147,282   14,147,282   14,147,282   14,147,282   14,147,282   14,147,282   14,147,282   14,1705,016   14,001,488   14,705,016   14,001,488   14,705,016   14,001,488   14,705,016   14,007,498   12,076,159   12,	• • • • • • • • • • • • • • • • • • • •	, ,	
Prepaid expenses         0         264,896           Total current assets         15,108,922         14,147,282           EQUIPMENT AND BUILDING IMPROVEMENTS         34,826,788         33,123,260           Building improvements         6,878,228         6,878,228           Building improvements         41,705,016         40,001,488           Less accumulated depreciation         (29,304,267)         (27,925,329)           Total net fixed assets         12,400,749         12,076,159           Total Assets         \$27,509,672         \$26,223,442           LABILITIES AND EQUITY         ***  CURRENT LIABILITIES**  Salaries and fringe benefits payable         \$0         \$0           Accounts payable         \$0         \$0           Accounts payable         \$0         \$0           Accounts payable         \$0         \$0           Accrued expenses         \$2,165         \$0           Deferred revenue         \$0         \$25,619           Compensated absences (Note 3)         \$1,212,314         \$97,964           Proficiency testing deferred revenue         \$2,494,899         \$1,024,366           Newborn screening surcharge payable         \$8,002,759         \$6,127,106           LONG TERM DEBT         \$0         \$0         \$0		·	•
Total current assets         15,108,922         14,147,282           EQUIPMENT AND BUILDING IMPROVEMENTS         Equipment         34,826,788         33,123,260           Building improvements         6,878,228         6,878,228         6,878,228           Less accumulated depreciation         (29,304,267)         (27,925,329)           Total net fixed assets         12,400,749         12,076,159           Total Assets         \$27,509,672         \$26,223,442           LIABILITIES AND EQUITY         \$0         \$0           Accounts payable         \$0         \$0           Accounts payable         \$19,232         845,108           Accounts payable         \$919,232         845,108           Accounts payable         \$0         \$0           Accounts payable         \$1,212,314         \$97,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt		·	•
EQUIPMENT AND BUILDING IMPROVEMENTS           Equipment         34,826,788         33,123,260           Building improvements         6,878,228         6,878,228           41,705,016         40,001,488           Less accumulated depreciation         (29,304,267)         (27,925,329)           Total net fixed assets         12,400,749         12,076,159           Total Assets         \$27,509,672         \$26,223,442           LIABILITIES         \$0         \$0           Salaries and fringe benefits payable         \$0         \$0           Accounts payable         919,232         845,108           Accrued expenses         82,165         0           Deferred revenue         0         252,619           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,4			
Equipment         34,826,788         33,123,260           Building improvements         6,878,228         6,878,228           Less accumulated depreciation         (29,304,267)         (27,925,329)           Total net fixed assets         12,400,749         12,076,159           Total Assets         \$27,509,672         \$26,223,442           LIABILITIES AND EQUITY         \$0         \$0           CURRENT LIABILITIES         \$0         \$0           Salaries and fringe benefits payable         \$0         \$0           Accrued expenses         \$2,165         0           Accrued expenses         \$2,165         0           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,494,899         1,024,366           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770		10,100,022	14, 147,202
Building improvements		34 826 788	33 123 260
A1,705,016			
Less accumulated depreciation         (29,304,267)         (27,925,329)           Total net fixed assets         12,400,749         12,076,159           Total Assets         \$27,509,672         \$26,223,442           LIABILITIES AND EQUITY         \$0         \$0           Accounts payable         \$0         \$0           Accounts payable         \$199,232         845,108           Accrued expenses         \$2,165         0           Deferred revenue         0         252,619           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516 <t< td=""><td>Ballang improvemente</td><td></td><td></td></t<>	Ballang improvemente		
Total Assets         \$27,509,672         \$26,223,442           LIABILITIES AND EQUITY           CURRENT LIABILITIES           Salaries and fringe benefits payable         \$0         \$0           Accounts payable         919,232         845,108           Accrued expenses         82,165         0           Deferred revenue         0         252,619           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total re	Less accumulated depreciation		
LIABILITIES AND EQUITY           CURRENT LIABILITIES           Salaries and fringe benefits payable         \$0         \$0           Accounts payable         919,232         845,108           Accrued expenses         82,165         0           Deferred revenue         0         252,619           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672 <td< td=""><td>Total net fixed assets</td><td>12,400,749</td><td>12,076,159</td></td<>	Total net fixed assets	12,400,749	12,076,159
CURRENT LIABILITIES           Salaries and fringe benefits payable         \$0         \$0           Accounts payable         919,232         845,108           Accrued expenses         82,165         0           Deferred revenue         0         252,619           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total	Total Assets	\$27,509,672	\$26,223,442
Salaries and fringe benefits payable         \$0         \$0           Accounts payable         919,232         845,108           Accrued expenses         82,165         0           Deferred revenue         0         252,619           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672	LIABILITIES AND EQUITY		
Accounts payable       919,232       845,108         Accrued expenses       82,165       0         Deferred revenue       0       252,619         Compensated absences (Note 3)       1,212,314       997,964         Proficiency testing deferred revenue       2,494,899       1,024,366         Newborn screening deferred revenue       2,485,123       2,310,120         Newborn screening surcharge payable       809,027       696,929         Total current liabilities       8,002,759       6,127,106         LONG TERM DEBT       Compensated Absences (Note 3)       1,661,462       1,657,664         Total long term debt       1,661,462       1,657,664         Total Liabilities       \$9,664,221       \$7,784,770         EQUITY         Net Operating Income (Loss)       (593,221)       189,728         Retained earnings       12,804,156       12,614,428         Contributed capital       5,634,516       5,634,516         Total retained earnings       17,845,451       18,438,672         Total Equity       17,845,451       18,438,672	CURRENT LIABILITIES		
Accrued expenses       82,165       0         Deferred revenue       0       252,619         Compensated absences (Note 3)       1,212,314       997,964         Proficiency testing deferred revenue       2,494,899       1,024,366         Newborn screening deferred revenue       2,485,123       2,310,120         Newborn screening surcharge payable       809,027       696,929         Total current liabilities       8,002,759       6,127,106         LONG TERM DEBT       Compensated Absences (Note 3)       1,661,462       1,657,664         Total long term debt       1,661,462       1,657,664         Total Liabilities       \$9,664,221       \$7,784,770         EQUITY         Net Operating Income (Loss)       (593,221)       189,728         Retained earnings       12,804,156       12,614,428         Contributed capital       5,634,516       5,634,516         Total retained earnings       17,845,451       18,438,672         Total Equity       17,845,451       18,438,672	Salaries and fringe benefits payable	\$0	\$0
Deferred revenue         0         252,619           Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672	Accounts payable	919,232	845,108
Compensated absences (Note 3)         1,212,314         997,964           Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672	Accrued expenses	82,165	0
Proficiency testing deferred revenue         2,494,899         1,024,366           Newborn screening deferred revenue         2,485,123         2,310,120           Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672	Deferred revenue	0	252,619
Newborn screening deferred revenue       2,485,123       2,310,120         Newborn screening surcharge payable       809,027       696,929         Total current liabilities       8,002,759       6,127,106         LONG TERM DEBT       Compensated Absences (Note 3)       1,661,462       1,657,664         Total long term debt       1,661,462       1,657,664         Total Liabilities       \$9,664,221       \$7,784,770         EQUITY         Net Operating Income (Loss)       (593,221)       189,728         Retained earnings       12,804,156       12,614,428         Contributed capital       5,634,516       5,634,516         Total retained earnings       17,845,451       18,438,672         Total Equity       17,845,451       18,438,672	Compensated absences (Note 3)	1,212,314	997,964
Newborn screening surcharge payable         809,027         696,929           Total current liabilities         8,002,759         6,127,106           LONG TERM DEBT         Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672			
Total current liabilities       8,002,759       6,127,106         LONG TERM DEBT       Compensated Absences (Note 3)       1,661,462       1,657,664         Total long term debt       1,661,462       1,657,664         Total Liabilities       \$9,664,221       \$7,784,770         EQUITY         Net Operating Income (Loss)       (593,221)       189,728         Retained earnings       12,804,156       12,614,428         Contributed capital       5,634,516       5,634,516         Total retained earnings       17,845,451       18,438,672         Total Equity       17,845,451       18,438,672	<u> </u>		
LONG TERM DEBT         Compensated Absences (Note 3)       1,661,462       1,657,664         Total long term debt       1,661,462       1,657,664         Total Liabilities       \$9,664,221       \$7,784,770         EQUITY         Net Operating Income (Loss)       (593,221)       189,728         Retained earnings       12,804,156       12,614,428         Contributed capital       5,634,516       5,634,516         Total retained earnings       17,845,451       18,438,672         Total Equity       17,845,451       18,438,672	Newborn screening surcharge payable	809,027	696,929
Compensated Absences (Note 3)         1,661,462         1,657,664           Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672	Total current liabilities	8,002,759	6,127,106
Total long term debt         1,661,462         1,657,664           Total Liabilities         \$9,664,221         \$7,784,770           EQUITY           Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672		1 661 462	1 657 664
Total Liabilities         \$9,664,221         \$7,784,770           EQUITY         Net Operating Income (Loss)         (593,221)         189,728           Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672			
EQUITY         Net Operating Income (Loss)       (593,221)       189,728         Retained earnings       12,804,156       12,614,428         Contributed capital       5,634,516       5,634,516         Total retained earnings       17,845,451       18,438,672         Total Equity       17,845,451       18,438,672			
Net Operating Income (Loss)       (593,221)       189,728         Retained earnings       12,804,156       12,614,428         Contributed capital       5,634,516       5,634,516         Total retained earnings       17,845,451       18,438,672         Total Equity       17,845,451       18,438,672	i otai Liabiiities	\$9,004,221	\$7,764,770
Retained earnings         12,804,156         12,614,428           Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672	EQUITY		
Contributed capital         5,634,516         5,634,516           Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672	,	•	
Total retained earnings         17,845,451         18,438,672           Total Equity         17,845,451         18,438,672	3		
Total Equity 17,845,451 18,438,672	Contributed capital	5,634,516	5,634,516
	Total retained earnings	17,845,451	18,438,672
Total Liabilities and Equity         \$27,509,672         \$26,223,442	Total Equity	17,845,451	18,438,672
	Total Liabilities and Equity	\$27,509,672	\$26,223,442

# WISCONSIN STATE LABORATORY OF HYGIENE

une 30, 2021	
V 1 5 1	5 · V
Year to Date	Prior Year
(0.500.004)	¢400.700
(\$593,221)	\$189,728
1 270 020	2,026,375
1,370,930	2,020,373
(3.400.127)	(1,862,839
	(17,860
	2,332
	(170,412
	(170,412
-	393,248
	(78,194
	249,424
	(102,661
	(114,879
	(290,666
112,000	(230,000
(294,444)	223,597
(1,485,380)	(3,033,294
(1.485.380)	(3,033,294
(1,100,000)	(0,000,000
-	-
-	-
(1,779,825)	(2,809,697
7 222 016	10 042 642
1,233,910	10,043,613
\$5,454,092	\$7,233,916
	Year to Date  (\$593,221)  1,378,938  (3,400,127) 387,602 6,164 264,896 0 74,124 82,165 (252,619) 1,470,532 175,004 112,098  (294,444)  (1,485,380)  (1,485,380)  (1,779,825)

#### **WISCONSIN STATE LABORATORY OF HYGIENE**

#### NOTES TO THE FINANCIAL STATEMENTS

For the period July 1, 2021 through January 31, 2022

#### NOTE 1 - NATURE OF BUSINESS AND SIGNIFICANT ACCOUNTING POLICIES

#### Nature of Business:

The Wisconsin State Laboratory of Hygiene (WSLH) is a governmental institution which provides medical, industrial and environmental laboratory testing and related services to individuals, private and public agencies, including the Department of Natural Resources (DNR) and the Department of Health Services (DHS). Approximately 75% of the WSLH operating revenues are program revenues, including contracts, grants, and fee-for-service billing. The remainder are general purpose revenues (GPR), which are Wisconsin state general fund dollars.

#### **Budgetary Data:**

- Fiscal Year 2021-2022 operating budget amounts were approved by the WSLH Board on June 22, 2021.

#### Basis of Presentation:

- The financial statements have been prepared on a modified accrual basis following Generally Accepted Accounting Principles (GAAP).

#### Basis of Accounting:

- Revenues are recognized at the completion of the revenue generating processes. Fee-for-service revenues are generally recognized in the period services are completed.
- Revenues from GPR, OWI, Grants, and expense reimbursement contracts for salaries, fringe benefits, capital, and supplies are recognized as expended.
- Expenses are recognized and accrued when the liability is incurred.

#### Estimates and assumptions:

The preparation of financial statements in conformity with generally accepted accounting
principles requires management to make estimates and assumptions that affect the amounts
reported in the financial statements and accompanying footnotes. Actual results could differ from
those estimates.

#### <u>Assets</u>

- As of January 31, 2022 cash is restricted to the newborn screening surcharge payable, to the proficiency testing deferred revenue and to the newborn screening deferred revenue.
- Accounts receivable are reported at net realizable value. Net realizable value is equal to the gross amount of receivables less an estimated allowance for uncollectible amounts.
- Inventory is stated at cost (first in, first-out method).
- Equipment and building improvements are carried at cost. Expenditures for assets in excess of \$5,000 are capitalized. Depreciation is computed by the straight-line method.

#### Liabilities

- A liability for unearned revenue is recognized for prepaid receipts for WSLH-provided proficiency testing programs and for prepaid newborn screening tests.

#### **NOTE 2 - ACCOUNTS RECEIVABLE**

- Accounts receivable and allowance for uncollectible account balances as of January 31, 2022 and June 30, 2021 are as follows:

	<u>January 31, 2022</u>	June 30, 2021
Accounts Receivable Total	\$9,183,229	\$5,786,045
Allowance for bad debt	(86,341)	(89,284)
Net Receivables	\$9,096,888	\$5,696,761

#### **NOTE 3 - COMPENSATED ABSENCES**

- GASB Statement No. 16, "Accounting for Compensated Absences," establishes standards of accounting and reporting for compensated absences by state and local governmental entities for which employees will be paid such as vacation, sick leave, and sabbatical leave. Using the criteria in Statement 16, a liability for compensated absences that is attributable to services already rendered and that is not contingent on a specific event that is outside the control of the State and its employees has been accrued. The table below details the liability by benefit category:

	Total	Vacation	Pers Hol	Legal Hol	Sabbatical
Current	\$1,212,314	\$966,250	\$75,210	\$25,248	\$145,606
Long Term	1,661,462				1,661,462
	\$2,873,776	\$966,250	\$75,210	\$25,248	\$1,807,068

#### **BUSINESS ITEMS**

#### Item 10. HUMAN RESOURCES REPORT

## **Description of the Item:**

Cynda DeMontigny, WSLH Human Resources Director, will provide the HR update from the period of x to March x 2022 to the Board

#### **Suggested Board Action:**

Review and provide input.

#### **Staff Recommendations and Comments:**

Receive for information.

#### **BUSINESS ITEMS**

# Item 11.. DIRECTOR'S REPORT

- a) Dr James Schauer, Director, WSLH
  - 1. Water Boil Notice Report
  - 2. UCMR5 Update
  - 3. Public Relations Report

# Report to the Wisconsin State Laboratory of Hygiene Board

# Water Systems Tests by the WSLH

# December 1 – March 1, 2021

COUNTY_NAME	PWS_TYPE	NUMBER_OF_SYSTEMS	NUMBER_OF_UNSAFE	NUMBER_OF_BWO
Door	TN	185	14	3
Grant	TN	7	1	1

## Report to the Wisconsin State Laboratory of Hygiene Board

# Representative Public or Environmental Health Incidents of Educational Interest December 7, 2021 – March 3, 2021

Approx. Date	Agent or Event	Description	<b>Current Status</b>
	Name		
		OUTBREAKS and INCIDENTS	
January 2020	COVID-19 virus	In early March 2020, only the WSLH and the City of Milwaukee Health Dept. Lab were testing for COVID-19 virus in the state. Since then the WSLH has helped bring 130+ labs in the state online for testing and also added multiple different testing platforms. The WSLH continues to perform testing primarily in our outbreak response role.  The WSLH continues to collaborate with the Wisconsin Veterinary Diagnostic Laboratory (WVDL) and University Health Services to maintain COVID testing at WVDL on the UW-Madison campus for UW students, faculty and staff.  With funding from the WI Department of Health Services, the WSLH is also performing population-based surveillance testing.  The WSLH Communicable Disease Division is performing antibody testing for the Past Antibody COVID-19 Community Survey (PACCS).  WSLH Environmental Microbiology developed methods for sequencing wastewater for SARS-CoV-2 variants and will expand beyond their initial surveillance study analyses to routine testing of wastewater samples.	Ongoing
		The WSLH Communicable Disease Division is performing whole-genome sequencing of SARS-CoV-	
		2 viruses for strain surveillance and variant detection	
		statewide, as well as to inform many outbreaks. CDD	
		is also coordinating a network of 4 other labs in the	

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		with CARES/ELC funding through WI DHS, WisCon has established a COVID-19 Consulting service, providing consultation services for WI businesses seeking to improve their facility's employee protection plans and procedures related to COVID-19. The group is conducting bi-weekly public outreach webinars, provides phone and virtual consultation services. The services have been popular and well-received by served businesses and local public health departments around the state. Additionally, the group is partnering with DHS Procurement and Infection Preventionists to provide respirator fit testing kits, training, and related assistance to employees at over 4,500 nursing and residential care facilities throughout the state.	
		RECENT EVENTS and FINDINGS	
			I
November 2021	Emerging Infectious Diseases journal article	WSLH Communicable Disease Division Director Dr. Allen Bateman was a co-author on an Emerging Infectious Diseases journal article about "Interventions to Disrupt Coronavirus Disease Transmission at a University, Wisconsin, USA, August – October 2020."  Emerging Infectious Diseases. 2021. 27(11). 2776- 2785 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC854 4969/	Complete
December 2021	Wastewater surveillance for flu	WSLH Environmental Microbiology have developed methods for testing for the seasonal flu (influenza A and B) in wastewater and are piloting it with	Ongoing

		wastewater samples from across the State.	
December 2021 – January 1, 2022	Newborn screening news stories	David Wahlberg, health and medical reporter for the Wisconsin State Journal, wrote a series of articles about different aspects of newborn screening - https://madison.com/wsj/lifestyles/health-med-fit/no-time-to-lose-finding-rarediseases-in-infants/collection 1dd7a7a0-5a02-11ec-8529-dbf9430d65d7.html  On Jan. 1, 2022 the La Crosse Tribune marked the 14th anniversary of SCID testing. Wisconsin was the first place in the world to routinely screen newborns for Severe Combined Immune Deficiency (SCID). https://lacrossetribune.com/news/local/wisconsin-marks-14th-anniversary-as-firststate-to-test-newborns-for-scid/article_0b6ae33b-d899-5e85-86e8-b72485c22ab1.html	Complete
December 9, 2021	NIJ research grant award	Heather Barkholtz, assistant professor in the UW School of Pharmacy and the WSLH Forensic Toxicology section, successfully competed for a \$270,000+ grant from the National Institute of Justice (NIJ), the research, development and evaluation agency of the U.S. Department of Justice.  The research project is entitled Illuminating the Dark: Molecular Networking as a Novel Psychoactive Substance Identification Strategy  https://nij.ojp.gov/funding/awards/15pnij-21-gg-04171-coap	Complete
January 2022	SMPH Quarterly magazine articles	The UW School of Medicine and Public Health publishes the magazine <i>Quarterly</i> . The latest issue has two stories highlighting WSLH work in Communicable Disease and Genetics.	Complete

	1	Watch 15, 2022	
		Survey of the Health of Wisconsin Pivots to Collect	
		Valuable Statewide COVID-19 Data	
		https://www.med.wisc.edu/quarterly/volume-23-	
		number-4/showpivots-to-gather-valuable-covid-19-	
		data/	
		Hadisənəsəd Canatis Bisəsəs Busənəsı and Clinis	
		Undiagnosed Genetic Disease Program and Clinic	
		Catalyze Advances in Genomics and Personalized Medicine	
		https://www.med.wisc.edu/quarterly/volume-23-	
		number-4/undiagnosed-genetic-disease-program/	
January 2022	Multiples news	The omicron variant surge and CDC's release of their	Complete
	stories about COVID	public-facing wastewater surveillance dashboard	
	wastewater	brought renewed interest to the WSLH COVID	
	surveillance	wastewater surveillance program.	
		Na distribution de la constanta de la constant	
		Multiple news organizations ran stories about the WSLH's efforts –	
		WSLH'S efforts –	
		WISC-TV: 'You need to be patient': COVID-19	
		wastewater scientist says it's too soon to tell if	
		Madison is past Omicron peak	
		https://www.channel3000.com/you-need-to-be-	
		patient-covid-19-wastewaterscientist-says-its-too-	
		soon-to-tell-if-madison-is-past-omicron-peak/	
		WKOW-TV: 'Everybody has to poop': How	
		wastewater can help predict COVID-19 trends in	
		Wisconsin	
		https://www.wkow.com/townnews/medicine/everyb	
		ody-has-to-poop-howwastewater-can-help-predict-	
		covid-19-trends-in-wisconsin/article b3743966-7a61-	
		11ec-a34e-4304c42c1ac8.html	
		Milwaukee Journal-Sentinel: As wastewater indicates	
		omicron decline has begun elsewhere in U.S.,	
		officion decline has begun elsewhere in 0.3.,	

		Maich 13, 2022	
		Wisconsin experts await the same sign https://www.jsonline.com/story/news/2022/01/21/wastewater-indicator-wisconsincovid-omicron-trends/6597977001/	
		Spectrum News 1: COVID-19 down the drain: What wastewater can tell us about our pandemic future <a href="https://spectrumnews1.com/wi/milwaukee/news/20">https://spectrumnews1.com/wi/milwaukee/news/20</a> <a href="https://spectrumnews1.com/wi/milwaukee/news/20">22/01/31/covid-19-down-thedrainwhat-wastewater-can-tell-us-about-our-pandemic-future</a>	
January 18, 2022	International Journal of Neonatal Screening article	In December 2020 Newborn Screening Laboratory Director Dr. Mei Baker along with other state newborn screening program colleagues participated in a workshop held by the EveryLife Foundation for Rare Diseases.	Complete
		This article in the <i>International Journal of Neonatal Screening</i> - Common Challenges and Identified Solutions for State Newborn Screening Programs during COVID-19 Pandemic - recaps their common challenges during the COVID-19 pandemic and the solutions the programs can use to meet the challenges of this and future public health emergencies <a href="https://www.mdpi.com/2409-515X/8/1/7">https://www.mdpi.com/2409-515X/8/1/7</a>	
January 19, 2022	CDD WCLN Webinar	WSLH Communicable Disease Division Associate Director Dr. Alana Sterkel and CDD WCLN Coordinator Erin Bowles gave a webinar for Wisconsin Clinical Laboratory Network (WCLN) members entitled "Microscopic Identification of Microbes in Primary Blood Smears". Dr. Sterkel discussed microbes that may be seen in primary blood smears that are performed in non-microbiology sections of the clinical laboratory. She further explained the diagnostic value of detecting microbes on a primary	Complete

	T	March 15, 2022	
		blood smear and what additional actions should be taken to support patient care.	
January 21, 2022	Nature journal article	WSLH Communicable Disease Division Director Dr. Allen Bateman and Senior Data Scientist Dr. Kelsey Florek were co-authors on a <i>Nature</i> journal article -  SARS-CoV-2 Omicron virus causes attenuated disease in mice and hamsters  Nature (2022). <a href="https://doi.org/10.1038/s41586-022-04441-6">https://doi.org/10.1038/s41586-022-04441-6</a>	Complete
January 27, 2022	CSP certification	WisCon Occupational Health and Safety Consultant Kelsi Berlinghof earned her Certified Safety Professional (CSP) certification. Kelsi has worked with WisCon since 2017.	Complete
		The CSP is an ANSI-accredited professional certification that is recognized world-wide as a mark of professional excellence within the practice of occupational safety and health. Candidates for the CSP must first meet educational and experiential	
		requirements and then must pass a rigorous written examination - <a href="https://www.bcsp.org/certified-safety-professional-csp/">https://www.bcsp.org/certified-safety-professional-csp/</a>	
January – February 2022	iLobby Visitor Management System	In January and February 2022, a new automated visitor management system was deployed at the WSLH's Henry Mall and Agriculture Drive locations.	Complete

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	This provided staff efficiencies at both locations by removing the burden of front desk management for our daily visitors. In addition, it allowed the WSLH to review and revise our Visitor policy and procedures to better align them with the processes that were deployed at both locations.	
February 23, 2022 CDD WCLN Webinar	WSLH Communicable Disease Division WCLN Coordinator Erin Bowles moderated a Wisconsin Clinical Laboratory Network (WCLN) webinar for laboratory professionals and infection preventionists entitled "The Clinical Role and Susceptibility Testing Options for New Antimicrobial Agents".	Complete
	During the webinar Dr. Eric Beck, Technical Director of Microbiology for Advocate Aurora Health in WI and IL, described some of the newer antibiotics and their use. Methods for performing antimicrobial susceptibility testing and the limitations of testing and reporting results provided valuable information for those in attendance.	
March 1, 2022 APHL Lab Matters	WSLH Communicable Disease Division Director Dr. Allen Bateman was interviewed and quoted for the lead Association of Public Health Laboratories Spring 2022 <i>Lab Matters</i> article about balancing SARS-CoV-2 testing with other necessary infectious disease testing.	Complete
	https://viewer.joomag.com/lab-matters-spring- 2022/0519311001646149120/p7?short&	
Book chapter in press	WSLH Communicable Disease Division Director Dr. Allen Bateman has a book chapter in press- Bateman AC. Corynebacterium diphtheriae Cultures. Clinical Microbiology Procedures Handbook, 5 <sup>th</sup>	Complete
	APHL Lab Matters  Book chapter in	This provided staff efficiencies at both locations by removing the burden of front desk management for our daily visitors. In addition, it allowed the WSLH to review and revise our Visitor policy and procedures to better align them with the processes that were deployed at both locations.  CDD WCLN Webinar  WSLH Communicable Disease Division WCLN Coordinator Erin Bowles moderated a Wisconsin Clinical Laboratory Network (WCLN) webinar for laboratory professionals and infection preventionists entitled "The Clinical Role and Susceptibility Testing Options for New Antimicrobial Agents".  During the webinar Dr. Eric Beck, Technical Director of Microbiology for Advocate Aurora Health in WI and IL, described some of the newer antibiotics and their use. Methods for performing antimicrobial susceptibility testing and the limitations of testing and reporting results provided valuable information for those in attendance.   APHL Lab Matters  WSLH Communicable Disease Division Director Dr. Allen Bateman was interviewed and quoted for the lead Association of Public Health Laboratories Spring 2022 Lab Matters article about balancing SARS-CoV-2 testing with other necessary infectious disease testing.  https://viewer.joomag.com/lab-matters-spring-2022/0519311001646149120/p7?short&  WSLH Communicable Disease Division Director Dr. Allen Bateman has a book chapter in press-Bateman AC. Corynebacterium diphtheriae Cultures.

#### **BUSINESS ITEMS**

#### Item 12. ELECTION OF OFFICERS FOR 2022

#### **Description of the Item:**

Since James Morrison (a Non-Government Member) will become Board Chair at the March 2021 meeting, the Government Board members will need to select a Vice Chair who will then become Chair in 2022.

§2.07 "Government Board Members" are defined as: the Secretary of Health Services, the Secretary of Natural Resources and the Secretary of Agriculture, Trade and Consumer Protection, the Chancellor of the University of Wisconsin-Madison, or their designees, the medical examiner or coroner representative and the local health department representative.

§2.08 "Non-Government Board Members" are defined as a physician representing clinical laboratories, a member representing private environmental testing laboratories, and a member representing occupational health laboratories and two additional members.

§5.05 Intent.

- (a) It is declared to be the intent of the Board that the position of Chairperson be rotated annually among the voting members of the Board and that each successive Vice Chairperson is also, in effect, the Chairperson-elect.
- (b) It is the declared intent of the Board that the positions of Chairperson and Vice Chairperson be elected, in alternate years, from the "government" and the "non-government" members of the board as defined in 2.07 and 2.08 such that in any given year one position is held by a government member and the other is held by a non-government member.
- (c) The Secretary shall prepare a ballot for the offices of Chairperson, Vice Chairperson and Secretary in accord with these policies and procedures.
- (d) The Director shall advise the board members of the historical rotation of the offices of Chairperson, Vice Chairperson and Secretary prior to the annual meeting.

#### **Suggested Board Action:**

The Board will nominate a member to serve as Vice-Chair/Chair Elect for the 2022 term (March 2022 – March 2023).

**Draft Motion:** To be considered March 15, 2022

