

## **2009 Wisconsin Act 198**

### **Access to Toilet Facilities in Retail Establishments**

#### **Background:**

2009 Wisconsin Act 198 created Wis. Stat. § 146.29, which requires a retail establishment that has a toilet facility designated for use by the establishment's employees, to permit a person who suffers from an eligible medical condition or uses an ostomy device to use the establishment's restroom under certain conditions. In order to use the restroom, § 146.29, states that the person must provide the establishment with either (1) a signed written statement from the person's physician that indicates the person suffers from a eligible medical condition or uses an ostomy device or (2) an identification card issued by an entity approved by the department that indicates the person suffers from a eligible medical condition or uses an ostomy device.

The statute directs the Department of Health Services to approve entities to issue identification cards that may be used to request access to toilet facilities in retail establishments. The department may only approve entities that provide services to, or advocate on behalf of, persons who suffer from an eligible medical condition or use an ostomy device.

#### **Process:**

In order to meet the requirements of § 146.29, the Department of Health Services, Division of Public Health (DPH), will use the following process for approving entities to issue identification cards.

Entities that provide services to, or advocate on behalf of, persons who suffer from an eligible medical condition or use an ostomy device and want to issue identification cards shall complete the "Entities Requesting Approval to Issue Identifications Cards Under Wis. Stat. § 146.29" application form.

The application requests the following information:

1. Name, address, telephone number of the entity.
2. Name, telephone number and e-mail address of the entity contact.
3. Description of either the services the entity provides to or the advocacy the entity provides on behalf of persons who suffer from an eligible medical condition or use an ostomy device.
4. Description of the process that the entity will follow to assure that the person requesting an identification card suffers from an eligible medical condition or uses an ostomy device.
5. An example of the identification card that the entity intends to provide to the individual.

The application form will be reviewed by the Division of Public Health and, if acceptable, approved. If the application is not acceptable, DPH will contact the entity by telephone, e-mail or letter and request additional information or deny the application.

If the application is approved, the DPH will send a letter to the approved entity indicating that:

1. The application is approved and that the entity is approved to issue identification cards.
2. The name of the approved entity will appear on a web site specific for 2009 Act 198.

In addition to this document, the web site will also include the following information:

1. Copy of 2009 Act 198.
2. Wisconsin Legislative Council Act Memo that describes Act 198.
3. Other information that is pertinent to Act 198.
4. Name(s) of approved entities.
5. Sample Physician Statement.
6. Sample Identification Card.

### 2009 ACT 198 REQUEST FOR APPROVAL TO ISSUE IDENTIFICATION CARDS

(Please Print)

Entity Name \_\_\_\_\_ Telephone Number (Include area code) \_\_\_\_\_

Address \_\_\_\_\_

Entity Type: 501C3  Sole Partnership  Partnership  Corporation

Other: \_\_\_\_\_

Contact Person's Name and Title / Position \_\_\_\_\_

Telephone Number (Include area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please describe below or attach a description of the services your company/organization provides to, or explain how your company/organization advocates on behalf of, persons who suffer from an eligible medical condition or use an ostomy device.

Please describe below or attach a description of the process that your company/organization will follow to assure that a person requesting an identification card suffers from an eligible medical condition or uses an ostomy device.

In addition to the above information, please provide:

- A copy of the documentation or form your company/organization will use to assure that a person requesting an identification card suffers from an eligible medical condition or uses an ostomy device.
- A copy of the identification card your company/organization intends to issue that indicates a person suffers from an eligible medical condition or uses an ostomy device.

**I certify that the information contained is true and correct:**

**SIGNATURE** – Contact Person \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reviewed by \_\_\_\_\_ Title of Reviewer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Application Status:  Approved - Date: \_\_\_\_\_  Not Approved – Date: \_\_\_\_\_

**Return completed application to: Division of Public Health,  
1 W. Wilson St. - Room 250,  
PO Box 2659  
Madison, WI 53701-2659**