

State of Wisconsin



2025 Assembly Bill 598

Date of enactment:
Date of publication*:

2025 WISCONSIN ACT

AN ACT to renumber and amend 50.06 (1) and 50.06 (4); to amend 50.06 (2) (b), 50.06 (2) (c), 50.06 (5) (a) (intro.), 50.06 (5) (b), 50.06 (6), 50.06 (7), 50.08 (1) (b) and 154.225 (1) (c); to create 50.06 (1) (a), 50.06 (1) (b), 50.06 (1) (d), 50.06 (4) (b), 50.06 (4) (c), 50.06 (5) (am), 50.06 (5) (ar), 50.06 (8), 54.36 (1m), 54.50 (3) (cm), 146.82 (2) (a) 7m., 146.904, 814.66 (1) (p) and 851.72 (1m) of the statutes; relating to: consent to admissions to certain health care facilities by patient representatives without requiring a petition for guardianship or protective placement and hospital price transparency.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 50.06 (1) of the statutes is renumbered 50.06 (1) (intro.) and amended to read:

50.06 (1) (intro.) In this section, "~~incapacitated~~":

(c) "Incapacitated" means unable to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions, including decisions about his or her post-hospital care.

SECTION 2. 50.06 (1) (a) of the statutes is created to read:

50.06 (1) (a) "Adult-at-risk agency" has the meaning given in s. 55.01 (1f).

SECTION 3. 50.06 (1) (b) of the statutes is created to read:

50.06 (1) (b) "Advanced practice clinician" has the meaning given in s. 155.01 (1g).

SECTION 4. 50.06 (1) (d) of the statutes is created to read:

50.06 (1) (d) "Patient's representative" means the individual described under sub. (3) who may consent to

an admission of an incapacitated individual under sub. (2).

SECTION 5. 50.06 (2) (b) of the statutes is amended to read:

50.06 (2) (b) The individual for whom admission is sought is not diagnosed as developmentally disabled or as having a mental illness, as defined in s. 51.01 (13) (a), at the time of the proposed admission.

SECTION 6. 50.06 (2) (c) of the statutes is amended to read:

50.06 (2) (c) ~~A~~ Unless the incapacitated individual is admitted to a facility under sub. (8), a petition for guardianship for the individual under s. 54.34 and a petition under s. 55.075 for protective placement of the individual are filed prior to the proposed admission.

SECTION 7. 50.06 (4) of the statutes is renumbered 50.06 (4) (a) and amended to read:

50.06 (4) (a) A determination that an individual is incapacitated for purposes of sub. (2) shall be made by 2 physicians, as defined in s. 448.01 (5), or by one physician and one ~~psychologist~~ advanced practice clinician, who personally examine the individual and sign a statement specifying that the individual is incapacitated.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

Mere old age, eccentricity, or physical disability, either singly or together, are insufficient to make a finding that an individual is incapacitated. Neither of the individuals who make a finding that an individual is incapacitated may be a relative, as defined in s. 242.01 (11), of the individual or have knowledge that he or she is entitled to or has a claim on any portion of the individual's estate. A copy of the statement shall be included in the individual's records in the facility to which he or she is admitted.

SECTION 8. 50.06 (4) (b) of the statutes is created to read:

50.06 (4) (b) A physician or advanced practice clinician who has determined that an individual is incapacitated for purposes of sub. (2) shall, if the individual is admitted to a facility under sub. (8), prepare a written statement on a form prescribed by the department stating that they personally examined the incapacitated individual, the date and location that the physician or advanced practice clinician determined the individual is incapacitated for purposes of sub. (2), the medical conditions of the individual, if any, that led the physician or advanced practice clinician to conclude that the individual is incapacitated, the physician's or advanced practice clinician's office address and contact information, and any other information identified by the department. A copy of the written statement shall be included in the incapacitated individual's patient health care records and shall, within 72 hours following admission of the incapacitated individual to a facility under sub. (8), be filed with the register in probate for the county in which the incapacitated individual resides and sent to the adult-at-risk agency for the county in which the incapacitated individual resides. An adult-at-risk agency receiving a written statement is under no obligation to take any action with respect to the statement.

SECTION 9. 50.06 (4) (c) of the statutes is created to read:

50.06 (4) (c) A physician or advanced practice clinician who determines that an individual is no longer incapacitated for purposes of sub. (8) (f) shall, if the individual was admitted as an incapacitated individual to a facility under sub. (8), prepare a written statement that they personally examined the individual, the date and location that the physician or advanced practice clinician determined the individual is no longer incapacitated for purposes of sub. (8) (f), the medical conditions of the individual, if any, that led the physician or advanced practice clinician to conclude that the individual is no longer incapacitated, the physician's or advanced practice clinician's office address and contact information, and any other information identified by the department. A copy of the written statement shall be included in the individual's patient health care records and shall,

within 72 hours of a determination made under this paragraph, be filed with the register in probate for the county in which the individual resides and sent to the adult-at-risk agency for the county in which the individual resides. An adult-at-risk agency receiving a written statement is under no obligation to take any action with respect to the statement.

SECTION 10. 50.06 (5) (a) (intro.) of the statutes is amended to read:

50.06 (5) (a) (intro.) Except as otherwise provided in ~~par. pars. (am) and (b), an individual who consents to an admission under this section~~ a patient's representative may, for the incapacitated individual, make health care decisions to the same extent as a guardian of the person may, enroll the incapacitated individual in the Medical Assistance program under subch. IV of ch. 49 to the same extent as a guardian of the estate may, and authorize expenditures related to health care to the same extent as a guardian of the estate may, until the earliest of the following:

SECTION 11. 50.06 (5) (am) of the statutes is created to read:

50.06 (5) (am) Except as otherwise provided in pars. (ar) and (b), a patient's representative may, for the incapacitated individual, make health care decisions to the same extent as a guardian of the person may, enroll the incapacitated individual in the Medical Assistance program under subch. IV of ch. 49 to the same extent as a guardian of the estate may, and authorize expenditures related to health care to the same extent as a guardian of the estate may if the patient's representative consents to admission for the incapacitated individual in the manner provided in sub. (8). Any authority of a patient's representative under this paragraph ends if any of the following occurs:

1. A court appoints a guardian to make such decisions for the incapacitated individual.
2. The incapacitated individual is discharged to a setting that is not a facility.
3. A health care power of attorney that was not identified at the time that the patient's representative was established is identified.
4. The incapacitated individual is determined to no longer be incapacitated as provided in sub. (8) (f).

SECTION 12. 50.06 (5) (ar) of the statutes is created to read:

50.06 (5) (ar) No patient's representative may consent to admission for an incapacitated individual in the manner provided in sub. (8) after the date that is 3 years after the effective date of this paragraph [LRB inserts date].

SECTION 13. 50.06 (5) (b) of the statutes is amended to read:

50.06 (5) (b) ~~An individual who consents to an admission under this section~~ A patient's representative may not authorize expenditures related to health care if the incapacitated individual has an agent under a durable power of attorney, as defined in s. 244.02 (3), who may authorize expenditures related to health care.

SECTION 14. 50.06 (6) of the statutes is amended to read:

50.06 (6) ~~If Unless the incapacitated individual was admitted to a facility under sub. (8), if~~ the incapacitated individual is in the facility after 60 days after admission and a guardian has not been appointed, the authority of the ~~person who consented to the admission~~ patient's representative to make decisions and, if sub. (5) (a) applies, to authorize expenditures is extended for 30 days for the purpose of allowing the facility to initiate discharge planning for the incapacitated individual.

SECTION 15. 50.06 (7) of the statutes is amended to read:

50.06 (7) ~~An individual who consents to an admission under this section~~ A patient's representative may request a functional screening and a financial and cost-sharing screening to determine eligibility for the family care benefit under s. 46.286 (1). If admission is sought on behalf of the incapacitated individual or if the incapacitated individual is about to be admitted on a private pay basis, the ~~individual who consents to the admission~~ patient's representative may waive the requirement for a financial and cost-sharing screening under s. 46.283 (4) (g), unless the incapacitated individual is expected to become eligible for medical assistance within 6 months.

SECTION 16. 50.06 (8) of the statutes is created to read:

50.06 (8) (a) A patient's representative may consent to an admission of an incapacitated individual under sub. (2) without a petition for guardianship or protective placement of the incapacitated individual being filed if all of the following apply:

1. The incapacitated individual is admitted directly from a hospital inpatient unit.

2. The patient's representative signs a declaration under oath and promptly submits the signed declaration to the discharging hospital and the accepting facility, to the adult-at-risk agency for the county in which the incapacitated individual resides, to all of the incapacitated individual's family members that can be reasonably contacted following admission of the incapacitated individual to a facility under this subsection, and to the register in probate for the county in which the incapacitated individual resides for filing. An adult-at-risk agency receiving a declaration is under no obligation to take any action with respect to the declaration. The department shall prescribe a form declaration for use by a patient's

representative under this subdivision. A declaration submitted under this subdivision shall include all of the following:

a. A written acknowledgment that the patient's representative may make decisions or authorize expenditures under sub. (5) (am).

b. A written statement that the patient's representative agrees to make health care decisions regarding the admission to and care and treatment at the accepting facility on the incapacitated individual's behalf and agrees to authorize expenditures related to health care received at the accepting facility on the incapacitated individual's behalf under sub. (5) (am).

c. A written statement that, to the best knowledge of the patient's representative, the incapacitated individual does not have a health care agent, as defined in s. 155.01 (4), or guardian of the person, as defined in s. 54.01 (12).

d. A written statement that, to the best knowledge of the patient's representative, the patient's representative does not have an activated power of attorney for health care and has not been adjudicated incompetent in this state.

e. A written statement that, when acting on behalf of the incapacitated individual under sub. (5) (am), the patient's representative agrees to exercise the degree of care, diligence, and good faith that an ordinarily prudent person exercises in his or her own affairs.

f. A written statement that the patient's representative understands his or her role and responsibilities as the patient's representative under sub. (5) (am).

g. A written statement that, to the best knowledge of the patient's representative, a family member in a higher priority class under sub. (3) does not exist or no family member in a higher priority class is willing to make health care decisions on the incapacitated individual's behalf under sub. (5) (am).

h. A list of all of the incapacitated individual's family members to whom the patient's representative will send the signed declaration under this subdivision.

(b) A hospital discharging an incapacitated patient to a facility under this subsection shall be in compliance with 42 CFR 482.13 (b) (3) or 42 CFR 485.608 (a) regarding the implementation of the patient's rights to formulate advance directives. A nursing home admitting the incapacitated individual shall be in compliance with the requirements under 42 CFR 483.10 (b) (3) to (6) that a resident be afforded the right to designate a representative, including the requirement that if the nursing home has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of the resident then the nursing home shall report such concerns as required by state law.

(c) Nothing in this subsection or sub. (5) (am) may

be construed to preclude the administration of health care treatment in accordance with accepted standards of medical practice and as otherwise provided by law.

(d) The discharging hospital and the accepting facility shall include a copy of the signed declaration under par. (a) 2. in the incapacitated individual's health care record.

(e) 1. Any person, including the adult-at-risk agency for the county in which the incapacitated individual resides or the corporation counsel for the county in which the incapacitated individual resides, may petition the court to review whether the patient's representative is acting in accordance with the known wishes or in the best interest of the incapacitated individual and is exercising the degree of care, diligence, and good faith when acting on behalf of the incapacitated individual that an ordinarily prudent person exercises in his or her own affairs.

2. Notice of a petition under this paragraph shall be in writing. A copy of the petition and any related motion or other documents filed with the court shall be attached to the notice. Unless otherwise provided, notice may be delivered in person, by certified mail with return receipt requested, or by facsimile transmission. Notice is considered to be given by proof of personal delivery or by proof that the notice was mailed to the last-known address of the recipient or was sent by facsimile transmission to the last-known facsimile transmission number of the recipient. Failure of the petitioner to provide notice to all interested persons shall deprive the court of jurisdiction unless receipt of notice is waived by the interested person or by the court under subd. 3. b.

3. Upon the filing of a petition under this paragraph, the court shall, except as provided in subd. 4., order the petitioner to serve notice on the incapacitated individual and to deliver notice to interested persons of the time and place of the hearing as follows:

a. On the incapacitated individual by personal service at least 10 days before the time set for hearing. The process server shall inform the incapacitated individual of the complete contents of the notice and petition, motion, or other required document; certify on the notice that the process server served and informed the incapacitated individual; and return the certificate and notice to the court.

b. Personally or by mail at least 10 days before the time set for hearing to the incapacitated individual's counsel, if any; the incapacitated individual's guardian ad litem, if any; any presumptive adult heirs, as specified in s. 851.09, of the incapacitated individual; any other interested persons, unless specifically waived by the court; any public or private agency, charity, or foundation from which the incapacitated individual is receiv-

ing aid or assistance; and any other person that the court requires.

4. The court may, in response to a petition filed under subd. 1., after a hearing, issue any order that the court determines necessary to protect the incapacitated individual, including an order that does any of the following:

a. Directs the patient's representative to act in the best interest of the incapacitated individual.

b. Requires the patient's representative to report to the court periodically on the incapacitated individual's status. The court may require that the report include a financial accounting of expenditures authorized under sub. (5) (am) within 72 hours of the court's order.

c. Directs the patient's representative not to make certain decisions or authorize certain expenditures under sub. (5) (am).

5. The court may appoint a guardian ad litem for purposes of proceedings under this paragraph. A guardian ad litem appointed under this subdivision shall be an attorney admitted to practice in this state and in compliance with the standards required for a guardian ad litem under ch. 54 set forth under SCR chapter 36. No one who is an interested person in a proceeding, appears as counsel in a proceeding on behalf of any party, or is a relative or representative of an interested person may be appointed guardian ad litem in that proceeding or in any other proceeding that involves the same incapacitated individual. The guardian ad litem shall be an advocate for the best interests of the incapacitated individual. The guardian ad litem shall function independently, in the same manner as an attorney for a party to the action, and shall consider, but is not bound by, the wishes of the incapacitated individual or the positions of others as to the best interests of the incapacitated individual. The guardian ad litem has none of the rights or duties of a guardian. The guardian ad litem shall perform all acts that are reasonably necessary to promote the incapacitated individual's best interests.

6. Except as otherwise provided under subd. 7., in any proceeding under this paragraph, the court may require the patient's representative to pay personally any costs of the proceeding, including costs of service and attorney fees.

7. If the court appoints a guardian ad litem under subd. 5., unless the court otherwise directs, the court may order reasonable compensation to be paid to the guardian ad litem from the incapacitated individual's income or assets, if sufficient, or, if insufficient, by the county of venue, except that if court finds that the patient's representative is not acting in accordance with the standards described under subd. 1., the court shall order the patient's representative to pay the compensation of the guardian ad litem. If a petition to the court under

this paragraph is dismissed or the court otherwise finds that the patient's representative is acting in accordance with the standards described under subd. 1., the court shall order the petitioner to pay the compensation of the guardian ad litem. If the court orders a county to pay the compensation of the guardian ad litem, the amount ordered may not exceed the compensation paid to a private attorney under s. 977.08 (4m). The guardian ad litem shall receive compensation for performing all acts that are reasonably necessary to promote the incapacitated individual's best interests.

(f) If an incapacitated individual is admitted to a facility pursuant to this subsection, any person, including the adult-at-risk agency for the county in which the incapacitated individual resides, the corporation counsel for the county in which the incapacitated individual resides, or any facility staff, may request that the incapacitated individual be reevaluated under sub. (4). The authority of a patient's representative to make health care decisions or authorize expenditures under sub. (5) (am) ends if the individual is determined to no longer be incapacitated.

(g) 1. In this paragraph:

a. "Health care facility" has the meaning given in s. 155.01 (6).

b. "Health care provider" has the meaning given in s. 155.01 (7).

2. No health care facility or health care provider may be charged with a crime, held civilly liable, or found guilty of unprofessional conduct for any of the following:

a. Certifying incapacity under sub. (4) if the certification is made in good faith based on a thorough examination of the individual.

b. Failing to comply with a decision of a patient's representative except that failure of a health care professional, as defined in s. 154.01 (3), to comply constitutes unprofessional conduct if the health care professional refuses or fails to make a good faith attempt to transfer the incapacitated patient to another health care professional who will comply.

c. Complying, in the absence of actual knowledge of a limitation or revocation of decision-making authority under par. (e), with the decisions of a patient's representative that is made in compliance with this subsection.

d. Acting contrary to or failing to act pursuant to any orders issued under par. (e), unless the health care facility or health care provider has actual knowledge of the order.

e. Failing to obtain a health care decision for a patient from a patient's representative if the health care facility or health care provider has made a reasonable attempt to contact the patient's representative and obtain the health care decision but has been unable to do so.

3. In the absence of actual notice to the contrary, a health care facility or health care provider may presume that a patient's representative is authorized to make decisions on behalf of the incapacitated patient if the patient's representative has provided the signed declaration required under par. (a) 2.

4. No patient's representative may be charged with a crime or held civilly liable for making a decision in good faith that is in compliance with this subsection, except when the patient's representative has acted in bad faith or has authorized health care expenditures for the benefit of a person other than the incapacitated patient. No patient's representative who is not the spouse of the incapacitated patient may be held personally liable for any goods or services for which expenditure was authorized or contracted for pursuant to the patient's representative's authority under sub. (5) (am).

(h) Annually, upon request by the department, each register in probate shall submit to the department the number of declarations received under this subsection. By April 1, 2027, and annually thereafter, the department shall submit a report to the appropriate standing committees of the legislature under s. 13.172 (3) on the number of patients admitted into a facility under this subsection.

SECTION 17. 50.08 (1) (b) of the statutes is amended to read:

50.08 (1) (b) "Incapacitated" has the meaning given in s. 50.06 (1) (c).

SECTION 18. 54.36 (1m) of the statutes is created to read:

54.36 (1m) Any physician or psychologist who examines a proposed ward shall, prior to furnishing a written report stating their professional opinion regarding the presence and likely duration of any medical or other condition causing the proposed ward to have incapacity or to be a spendthrift, request and review any written statements prepared for the proposed ward pursuant to s. 50.06 (4) (b) or (c) and received by a register in probate under s. 851.72 (1m) and may request and review any declaration signed by a patient representative of the proposed ward pursuant to s. 50.06 (8) (a) 2. and received by a register in probate under s. 851.72 (1m).

SECTION 19. 54.50 (3) (cm) of the statutes is created to read:

54.50 (3) (cm) 1. If the proposed ward has been admitted to a facility by use of the process under s. 50.06 (8), a petitioner under this subsection shall, as soon as practicable after filing the petition and before the hearing under par. (c), request from the register in probate for the county in which the proposed ward resided prior to admission to a facility under s. 50.06 (8) a copy of any written statement filed with the register in probate under

s. 50.06 (4) (b) or (c) and then submit to the court one of the following:

a. A copy, to be kept confidential from all parties, of any written statement filed with the relevant register in probate under s. 50.06 (4) (b) or (c) for in camera inspection by the court.

b. A statement to the court that the petitioner requested any written statement filed with the relevant register in probate under s. 50.06 (4) (b) or (c) but no such written statement was located.

2. The register in probate for the county in which the proposed ward resided prior to admission to a facility under s. 50.06 (8) shall, as set forth under s. 851.72 (1m), provide to the petitioner, upon request by the petitioner for temporary guardianship after the petition has been filed, a copy of any written statement filed with the register in probate under s. 50.06 (4) (b) or (c) relating to the proposed ward.

3. The court shall make an inspection in camera of any written statement submitted under subd. 1. Unless the court determines that a written statement under s. 50.06 (4) (c) that has been submitted to the court indicates that the proposed ward's circumstances have changed from those described in a written statement under s. 50.06 (4) (b) and submitted to the court under subd. 1., the written statement filed with the register in probate under s. 50.06 (4) (b) and then submitted under subd. 1. constitutes a prima facie showing, for purposes of this section only, that the proposed ward's particular situation requires immediate appointment of a temporary guardian of the person or estate, notwithstanding that the document may be uncorroborated hearsay. If, after in camera review, the court determines that any written statement submitted under subd. 1. need not be excluded and may be used as prima facie evidence in the proceedings under this section, the court shall order the petitioner to serve copies of any such written statement to the proposed ward, the proposed ward's counsel, if any, the guardian ad litem for the proposed ward, and the petitioner's attorney, if any. The written statements shall continue to be treated as confidential. A written statement that is submitted under subd. 1. shall be regarded as self authenticating and shall require no foundational or other testimony for its admissibility, but the prima facie evidence presented through a written statement under s. 50.06 (4) (b) and submitted under subd. 1. may be rebutted by presenting information that affirmatively indicates a lack of trustworthiness in the document or information that the proposed ward's circumstances have changed. The privilege under s. 905.04 does not apply to a written statement submitted under subd. 1.

SECTION 20. 146.82 (2) (a) 7m. of the statutes is created to read:

146.82 (2) (a) 7m. To a register in probate for purposes of s. 50.06 (4) (b) or (c).

SECTION 21. 146.904 of the statutes is created to read:

146.904 Hospital price transparency. (1) In this section, "federal hospital price transparency regulations" means the federal regulations set forth in 45 CFR part 180.

(2) If the federal hospital price transparency regulations are repealed in their entirety, and no substantively similar federal regulations are created to replace the repealed regulations, then all of the following apply:

(a) The department shall promulgate and enforce, through administrative rule, the version of the federal hospital price transparency regulations as they existed upon their full repeal as the state hospital price transparency rule.

(b) In promulgating and enforcing a rule under par. (a), the department shall not substantively deviate from the version of the federal hospital price transparency regulations as they existed upon their full repeal. The department shall monitor each hospital's compliance with a rule promulgated and enforced under par. (a) using any of the following methods:

1. Evaluating complaints made to the department regarding noncompliance.

2. Reviewing any analysis prepared regarding noncompliance.

3. Auditing the websites of hospitals for noncompliance.

(c) The department shall create and maintain on its website a publicly available list of any hospital that has been found to have been in violation of any rule promulgated under par. (a), including the dates that the hospital was not in compliance, that has been issued a penalty relating to a violation of a rule promulgated under par. (a), or that has been sent, as the communication relates to a rule promulgated under par. (a), a warning notice, request for a corrective action plan, or any other written communication from the department.

(3) Notwithstanding sub. (2), if 45 CFR 180.60 is repealed in its entirety, and no substantively similar federal regulation is created to replace the repealed regulation, then all of the following apply:

(a) The department shall promulgate and enforce, through administrative rule, the version of 45 CFR 180.60 as it existed upon its full repeal as the state rule.

(b) In promulgating and enforcing a rule under par. (a), the department shall not substantively deviate from the version of 45 CFR 180.60 as it existed upon its full repeal. The department shall monitor each hospital's compliance with a rule promulgated and enforced under par. (a) using any of the following methods:

1. Evaluating complaints made to the department regarding noncompliance.

2. Reviewing any analysis prepared regarding noncompliance.

3. Auditing the websites of hospitals for noncompliance.

(c) The department shall create and maintain on its website a publicly available list of any hospital that has been found to have been in violation of any rule promulgated under par. (a), including the dates that the hospital was not in compliance, that has been issued a penalty relating to a violation of a rule promulgated under par. (a), or that has been sent, as the communication relates to a rule promulgated under par. (a), a warning notice, request for a corrective action plan, or any other written communication from the department.

(4) Annually, the department shall review federal enforcement of the federal hospital price transparency regulations. If the department determines that the federal agency responsible for enforcing the federal hospital price transparency regulations is not enforcing the federal hospital price transparency regulations, the department shall prepare a report of its findings to be distributed to the legislature in the manner provided in s. 13.172 (2).

SECTION 22. 154.225 (1) (c) of the statutes is amended to read:

154.225 (1) (c) “Incapacitated” has the meaning given in s. 50.06 (1) (c).

SECTION 23. 814.66 (1) (p) of the statutes is created to read:

814.66 (1) (p) For receiving a written statement or signed declaration for safekeeping, as provided under s. 851.72 (1m), \$8.

SECTION 24. 851.72 (1m) of the statutes is created to read:

851.72 (1m) (a) 1. Accept receipt for filing and safekeeping of any written statement submitted under s. 50.06 (4) (b) or (c) for an incapacitated individual and any signed declaration submitted under s. 50.06 (8) (a) 2. for an incapacitated individual. For purposes of this subsection, “incapacitated individual” means an indi-

vidual who was admitted to a facility pursuant to s. 50.06 (8). The register in probate shall treat documents submitted for safekeeping under this subsection as confidential, except as otherwise provided in this subsection.

2. Provide a copy of any written statement submitted under s. 50.06 (4) (b) or (c) with respect to an incapacitated individual to a petitioner who has filed a petition in a court of competent jurisdiction for a temporary guardianship for the incapacitated individual under s. 54.50, upon request of the petitioner.

3. Provide, upon request, a copy of any written statement under s. 50.06 (4) (b) or (c) or signed declaration submitted under s. 50.06 (8) (a) 2. to any person related to the incapacitated individual as set forth under s. 50.06 (3) (a) to (f) or to any other person under the order of a court for good cause shown.

4. Provide, upon request, a copy of any written statement submitted under s. 50.06 (4) (b) or (c) or signed declaration submitted under s. 50.06 (8) (a) 2. to any physician or psychologist examining the incapacitated individual under s. 54.36 (1m).

5. Provide, upon request, a copy of any written statement related to an incapacitated individual submitted under s. 50.06 (4) (b) or (c) or any signed declaration related to an incapacitated individual submitted under s. 50.06 (8) (a) 2. to any court or corporation counsel requesting a copy.

(b) Maintain each record received under this subsection and purge such a record only after the death of the incapacitated individual who is the subject of the record and in accordance with protocols, as established by the department of health services, for verifying the death of an individual and destruction of written statements submitted under s. 50.06 (4) (b) and (c) and signed declarations submitted under s. 50.06 (8) (a) 2.

SECTION 25. Effective dates. This act takes effect on the first day of the 3rd month beginning after publication, except as follows:

(1) The treatment of s. 146.904 takes effect on the day after publication.
