



1997 SENATE BILL 480

March 4, 1998 - Introduced by Senators MOORE, FARROW, BURKE, ROSENZWEIG, ROESSLER, DARLING, WINEKE, GROBSCHMIDT, WIRCH and BRESKE, cosponsored by Representatives WALKER, HANDRICK, WASSERMAN, UNDERHEIM, ROBSON, HUTCHISON, R. YOUNG, MORRIS-TATUM, SYKORA, STASKUNAS, HANSON, KREUSER, HUBER, L. YOUNG, MURAT, CULLEN, PLALE, LA FAVE, BOCK, VANDER LOOP and RILEY. Referred to Committee on Health, Human Services, Aging, Corrections, Veterans and Military Affairs.

1 **AN ACT to repeal** 20.435 (5) (er); and **to create** 20.435 (5) (er) of the statutes;
2 **relating to:** neonatal intensive care unit training grants, providing an
3 exemption from emergency rule procedures, granting rule-making authority,
4 and making an appropriation.

Analysis by the Legislative Reference Bureau

This bill creates a grant program within the department of health and family services (DHFS) for the training, on-site consultation and support of medical personnel of hospital neonatal intensive care units in the principles and practices of developmentally supportive and family-centered care for high-risk infants and their families. Under the bill, DHFS must distribute up to \$170,000 of general purpose revenue in each fiscal year to hospitals to fund up to 10 grants for payment of the training, consultation and support. DHFS must promulgate rules establishing criteria and procedures awarding the grants and defining "specialized training and on-site consultation and support". The bill also authorizes DHFS to promulgate the rules as emergency rules, without requiring a finding of emergency.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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

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1 b. Modifications to the caregiving environment to minimize infant stress and
2 promote optimal infant adjustment to his or her neonatal intensive care unit
3 experience.

4 c. Support of the developing parent or family and infant relationship
5 throughout the infant's neonatal intensive care unit stay and after discharge, using
6 strategies that focus on developing parental competence in infant care through
7 parental education, support and guidance in the practice of appropriate care.

8 2. "High-risk infant" means a neonatal child who has or is at risk of having
9 serious physical disorders, biological complications or developmental impairment.

10 3. "Hospital" has the meaning given in section 50.33 (2) of the statutes.

11 4. "Neonatal" means within 4 weeks after birth.

12 5. "Neonatal intensive care unit" means a hospital unit in which are
13 concentrated special equipment and skilled medical personnel for the care of
14 high-risk infants requiring immediate or continuous attention.

15 (b) From the appropriation under section 20.435 (5) (er) of the statutes, the
16 department shall distribute up to \$170,000 in each fiscal year to provide up to 10
17 grants to applying public or private hospitals to pay for specialized training and
18 on-site consultation and support of medical personnel of neonatal intensive care
19 units in the principles and practice of developmentally supportive and
20 family-centered care for high-risk infants and their families. An individual who has
21 demonstrated proficiency in training professional caregivers in developmentally
22 supportive and family centered care shall provide the training and consultation.

23 (c) The department shall promulgate all of the following rules to implement
24 this section:

