2013 DRAFTING REQUEST

Bill

Received:	**11/26/2013**	Received By:	**mduchek**
Wanted:	**As time permits**	Same as LRB:	
For:	**Cory Mason (608) 266-0634**	By/Representing:	**Vicky**
May Contact:		Drafter:	**mduchek**
Subject:	**Health - abortion/maternal/child** **Health - public health**	Addl. Drafters:	
		Extra Copies:	

Submit via email: **YES**
Requester's email: **Rep.Mason@legis.wisconsin.gov**
Carbon copy (CC) to:

Pre Topic:

No specific pre topic given

Topic:

Infant Mortality

Instructions:

Draft 11a2849 (Leg. Council study committee on infant mortality) as a 2013 bill

Drafting History:

Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	mduchek 12/10/2013	csicilia 12/16/2013	rschluet 12/16/2013	_____ _____			
/1				_____ _____	lparisi 12/16/2013	mbarman 1/27/2014	State S&L

FE Sent For:

<END>

@ INTRO

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FE Sent For:

<END>

Duchek, Michael

From: Selkowe, Vicky
Sent: Tuesday, November 26, 2013 2:57 PM
To: Duchek, Michael
Subject: RE: Drafting request

Hi Mike,
Thanks for the explanation and the update. No, we need all of the bills from the Leg Council infant mortality study committee put into one bill.

What does timing look like for this?

Thanks!
Vicky

Vicky Selkowe
Office of State Representative Cory Mason
66th Assembly District
State Capitol, Room 6 North
PO Box 8953, Madison, WI 53708
Phone: (608) 266-0634
Toll-free: (888) 534-0066

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From: Duchek, Michael
Sent: Tuesday, November 26, 2013 2:52 PM
To: Selkowe, Vicky
Subject: Drafting request

We received a request for an amendment that was drafted last session to be turned into a bill. Tami Dodge gave me the request to look at because Fern Knepp is no longer doing health drafting and I have taken it over from her (some other drafters have switched subjects as well since then). It appears that the request last session was to take all of the bills from the infant mortality study committee (a few of them had already become 2011 Senate Bill 532/2011 Assembly Bill 693) and turn them into one big amendment.

In looking at it, it appears that this amendment was prepared rather quickly for the floor by our office, largely based off of the Legislative Council's drafts. They therefore didn't get any further review and no analysis was drafted for them. In order to prepare them, then, we will need to at least draft an analysis and do whatever updating is needed for this session.

So I just wanted to let you know that this will take time for those reasons and because of the number of drafters involved in a large request like this. Let me know if you would instead like these as *separate* drafts corresponding to the Leg. Council drafts (but we could do a redraft of 2013 SB 532/2011 AB 693 which I think was made up of 2 or 3 of the Leg. Council drafts). It might be possible to get you separate drafts more quickly than one, omnibus bill.

Thanks,

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

Dodge, Tamara

From: Selkowe, Vicky
Sent: Monday, November 25, 2013 12:11 PM
To: Knepp, Fern; Dodge, Tamara
Subject: FW: LRB 11a2849 Topic: Infant Mortality

Hi Fern & Tamara,

Rep. Mason needs the attached (which had previously been prepared as an amendment to another bill) prepared for introduction as a stand-alone bill. We need it ASAP. Call me if you have any questions.

Thanks!
Vicky

Check a2848 - AP6 probably same

Vicky Selkowe
Office of State Representative Cory Mason
66th Assembly District
State Capitol, Room 6 North
PO Box 8953, Madison, WI 53708
Phone: (608) 266-0634
Toll-free: (888) 534-0066

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From: LRB.Legal
Sent: Tuesday, March 13, 2012 5:00 PM
To: Rep.Mason
Subject: LRB 11a2849 Topic: Infant Mortality

The attached proposal has been jacketed for introduction.

A copy has also been sent to:

11a28491.pdf

State of Wisconsin
2011 – 2012 LEGISLATURE

LRBa2849/1
FK/TD/PG/MES/TKK:jld&med:ph

ASSEMBLY AMENDMENT ,

TO 2011 ASSEMBLY BILL 371

At the locations indicated, amend the bill as follows:

1. Page 1, line 4: delete "abortion," and substitute "abortion;".

2. Page 1, line 5: delete "services," and substitute "services;".

3. Page 1, line 5: delete "drug," and substitute "drug;".

4. Page 1, line 7: delete that line and substitute "procedures; expanding eligibility for the earned income tax credit; hospital best practices for postpartum patients and newborns; hospital staff privileges and written agreements required for nurse–midwives and allowing nurse–midwives to elect to be covered under the injured patients and families compensation fund; a report on information related to hospital neonatal intensive care units; an electronic application and information systems to determine eligibility and register for public assistance programs; directing the Department of Health Services to request a Medical Assistance waiver; evidence–based home visitation program services for persons who are at risk of poor

1 birth outcomes or of abusing or neglecting their children; designating race and
2 ethnicity on birth certificates; requiring informed consent for performance of certain
3 elective procedures prior to the full gestational term of a fetus; cultural competency
4 training for medical students and students enrolled in programs in a health care
5 occupation in the University of Wisconsin–System and certain technical college
6 students; granting rule–making authority; requiring the exercise of rule–making
7 authority; and providing a penalty.".

8 **5.** Page 3, line 1: before that line insert:

Educ

9 "**SECTION 1am.** 36.25 (49g) of the statutes is created to read:

10 36.25 **(49g)** CULTURAL COMPETENCY TRAINING. The board shall ensure that all
11 students enrolled in the University of Wisconsin–Madison School of Medicine and
12 Public Health, or in any program providing instruction for a health care or social
13 work occupation, receive training in cultural competency to improve
14 patient–centered care, which shall include evidence–based training related to
15 implicit bias and emerging evidence related to cultural humility, in order to increase
16 the students' cultural awareness and to improve the students' ability to
17 communicate with, and effectively deliver health care to, patients from different
18 racial and ethnic backgrounds.

19 **SECTION 1b.** 38.04 (32) of the statutes is created to read:

20 38.04 **(32)** CULTURAL COMPETENCY TRAINING. The board shall ensure that
21 technical college students enrolled in health care occupation programs receive
22 training in cultural competency to improve patient–centered care, which shall
23 include evidence–based training related to implicit bias and emerging evidence
24 related to cultural humility, in order to increase the students' cultural awareness and

to improve the students' ability to communicate with, and effectively deliver health care to, patients from different racial and ethnic backgrounds.

SECTION 1c. 48.983 (4) (a) 4m. of the statutes is amended to read:

48.983 **(4)** (a) 4m. To reimburse a case management provider under s. 49.45 (25) (b) for the amount of the allowable charges under the Medical Assistance program that is not provided by the federal government for case management services provided to a Medical Assistance beneficiary described in s. 49.45 (25) (am) 9. who is a child and who is a member of a family that receives evidence–based home visitation program services under par. (b) 1.

SECTION 1d. 48.983 (4) (b) of the statutes is amended to read:

48.983 **(4)** (b) ~~*Home*~~ *Evidence–based home visitation program services.* 1. A county, private agency, or Indian tribe that is selected to participate in the program under this section shall offer all pregnant women in the county, the area in which that private agency is providing services, or the reservation of the tribe who are eligible for Medical Assistance under subch. IV of ch. 49 an opportunity to undergo an assessment through use of a risk assessment instrument to determine whether the person assessed presents risk factors for poor birth outcomes or for perpetrating child abuse or neglect. Persons who agree to be assessed shall be assessed during the prenatal period. The risk assessment instrument shall be developed by the department and shall be based on risk assessment instruments developed by the department for similar programs that are in operation. The department need not promulgate as rules under ch. 227 the risk assessment instrument developed under this subdivision. A person who is assessed to be at risk of poor birth outcomes or of abusing or neglecting his or her child shall be offered evidence–based home visitation program services that shall be commenced during the prenatal period. ~~Home~~

1 Evidence–based home visitation program services may be provided to a family with
2 a child identified as being at risk of child abuse or neglect until the identified child
3 reaches 3 years of age. If a family has been receiving evidence–based home visitation
4 program services continuously for not less than 12 months, those services may
5 continue to be provided to the family until the identified child reaches 3 years of age,
6 regardless of whether the child continues to be eligible for Medical Assistance under
7 subch. IV of ch. 49. If risk factors for child abuse or neglect with respect to the
8 identified child continue to be present when the child reaches 3 years of age,
9 evidence–based home visitation program services may be provided until the
10 identified child reaches 5 years of age. ~~Home~~ Evidence–based home visitation
11 program services may not be provided to a person unless the person gives his or her
12 written informed consent to receiving those services or, if the person is a child, unless
13 the child's parent, guardian, or legal custodian gives his or her written informed
14 consent for the child to receive those services.

15 1m. No person who is required or permitted to report suspected or threatened
16 abuse or neglect under s. 48.981 (2) may make or threaten to make such a report
17 based on a refusal of a person to receive or to continue receiving evidence–based
18 home visitation program services under subd. 1.

19 3. A county, private agency, or Indian tribe that is providing evidence–based
20 home visitation program services under subd. 1. shall provide to a person receiving
21 those services the information relating to shaken baby syndrome and impacted
22 babies required under s. 253.15 (6).

23 **SECTION 1e.** 48.983 (6) (a) (intro.) of the statutes is amended to read:

1 48.983 **(6)** (a) (intro.) The part of an application, other than a renewal
2 application, submitted by a county, private agency, or Indian tribe that relates to
3 evidence–based home visitation programs shall include all of the following:
4 **SECTION 1f.** 48.983 (6) (a) 1. of the statutes is amended to read:
5 48.983 **(6)** (a) 1. Information on how the applicant's home visitation program
6 is evidence–based, comprehensive, incorporates practice standards that have been
7 developed for home visitation programs by entities concerned with the prevention of
8 poor birth outcomes and child abuse and neglect and that are acceptable to the
9 department, and incorporates practice standards and critical elements that have
10 been developed for successful home visitation programs by a nationally recognized
11 home visitation program model and that are acceptable to the department.
12 **SECTION 1g.** 48.983 (6) (a) 2. of the statutes is amended to read:
13 48.983 **(6)** (a) 2. Documentation that the application was developed through
14 collaboration among public and private organizations that provide services to
15 children and families, especially children who are at risk of child abuse or neglect and
16 families that are at risk of poor birth outcomes, or that are otherwise interested in
17 child welfare and a description of how that collaboration effort will support a
18 comprehensive, evidence–based home visitation program.
19 **SECTION 1h.** 48.983 (6) (a) 3. of the statutes is amended to read:
20 48.983 **(6)** (a) 3. An identification of existing poor birth outcome and child abuse
21 and neglect prevention services that are available to residents of the county, the area
22 in which the private agency is providing services, or the reservation of the Indian
23 tribe and a description of how those services and any additional needed services will
24 support a comprehensive, evidence–based home visitation program.
25 **SECTION 1i.** 48.983 (6) (a) 4. of the statutes is amended to read:

1 48.983 **(6)** (a) 4. An explanation of how the evidence–based home visitation
2 program will build on existing poor birth outcome and child abuse and neglect
3 prevention programs, including programs that provide support to families, and how
4 the evidence–based home visitation program will coordinate with those programs.
5 **SECTION 1j.** 48.983 (6) (a) 4m. of the statutes is amended to read:
6 48.983 **(6)** (a) 4m. An explanation of how the applicant will encourage private
7 organizations to provide services under the applicant's evidence–based home
8 visitation program.
9 **SECTION 1k.** 48.983 (6) (a) 6. of the statutes is amended to read:
10 48.983 **(6)** (a) 6. An identification of how the evidence–based home visitation
11 program is comprehensive and incorporates the practice standards and critical
12 elements for successful home visitation programs referred to in subd. 1., including
13 how services will vary in intensity levels depending on the needs and strengths of the
14 participating family.
15 **SECTION 1L** 48.983 (6) (a) 6m. of the statutes is amended to read:
16 48.983 **(6)** (a) 6m. An explanation of how the services to be provided under the
17 evidence–based home visitation program, including the risk assessment under sub.
18 (4) (b) 1., will be provided in a culturally competent manner.
19 **SECTION 1m.** 48.983 (6) (b) 1. of the statutes is amended to read:
20 48.983 **(6)** (b) 1. 'Flexible fund for evidence–based home visitation programs.'
21 The applicant demonstrates in the application that the applicant has established, or
22 has plans to establish, if selected, a fund from which payments totaling not less than
23 $250 per calendar year may be made for appropriate expenses of each family that is
24 participating in the evidence–based home visitation program under sub. (4) (b) 1. or
25 that is receiving home visitation services under s. 49.45 (44). The payments shall be

1 authorized by an individual designated by the applicant. If an applicant makes a
2 payment to or on behalf of a family under this subdivision, one–half of the payment
3 shall be from grant moneys received under this section and one–half of the payment
4 shall be from moneys provided by the applicant from sources other than grant
5 moneys received under this section.

6 **SECTION 1n.** 48.983 (6) (c) of the statutes is amended to read:

7 48.983 **(6)** (c) *Case management benefit.* The applicant states in the grant
8 application that it has elected, or, if selected, that it will elect, under s. 49.45 (25) (b),
9 to make the case management benefit under s. 49.45 (25) available to the category
10 of beneficiaries under s. 49.45 (25) (am) 9. who are children and who are members
11 of families receiving evidence–based home visitation program services under sub. (4)
12 (b) 1.

13 **SECTION 1p.** 48.983 (6g) (a) and (b) of the statutes are amended to read:

14 48.983 **(6g)** (a) Except as permitted or required under s. 48.981 (2), no person
15 may use or disclose any information concerning any individual who is selected for an
16 assessment under sub. (4) (b), including an individual who declines to undergo the
17 assessment, or concerning any individual who is offered services under ~~a~~ an
18 evidence–based home visitation program funded under this section, including an
19 individual who declines to receive those services, unless the use or disclosure is
20 connected with the administration of the evidence–based home visitation program
21 or the administration of the Medical Assistance program under ss. 49.43 to 49.497
22 or unless the individual has given his or her written informed consent to the use or
23 disclosure.

24 (b) A county, private agency, or Indian tribe that is selected to participate in the
25 program under this section shall provide or shall designate an individual or entity

to provide an explanation of the confidentiality requirements under par. (a) to each individual who is offered an assessment under sub. (4) (b) or who is offered services under the evidence–based home visitation program of the county, private agency, or Indian tribe.

SECTION 1q. 48.983 (6m) of the statutes is amended to read:

48.983 **(6m)** NOTIFICATION OF PARENT PRIOR TO MAKING ABUSE OR NEGLECT REPORT. If a person who is providing services under ~~a~~ an evidence–based home visitation program under sub. (4) (b) 1. determines that he or she is required or permitted to make a report under s. 48.981 (2) about a child in a family to which the person is providing those services, the person shall, prior to making the report under s. 48.981 (2), make a reasonable effort to notify the child's parent that a report under s. 48.981 (2) will be made and to encourage the parent to contact a county department to request assistance. The notification requirements under this subsection do not affect the reporting requirements under s. 48.981 (2).

SECTION 1r. 48.983 (6r) of the statutes is amended to read:

48.983 **(6r)** ~~HOME~~ EVIDENCE–BASED HOME VISITATION PROGRAM INFORMATIONAL MATERIALS. Any informational materials about ~~a~~ an evidence–based home visitation program under sub. (4) (b) 1. that are distributed to a person who is offered or who is receiving ~~home visitation program~~ services under that program shall state the sources of funding for the program.

SECTION 1s. 48.983 (7) (title) and (a) (intro.) of the statutes are amended to read:

48.983 **(7)** (title) ~~HOME~~ EVIDENCE–BASED HOME VISITATION PROGRAM EVALUATION. (a) (intro.) The department shall conduct or shall select an evaluator to conduct an evaluation of the evidence–based home visitation program. The evaluation shall

measure all of the following criteria in families that have participated in ~~the home visitation~~ that program and that are selected for evaluation:

SECTION 1t. 48.983 (7) (ag) of the statutes is amended to read:

48.983 **(7)** (ag) The department shall evaluate the availability of evidence–based home visitation programs in the state and determine whether there are gaps in home visitation services in the state. The department shall cooperate with counties, private agencies, and Indian tribes providing evidence–based home visitation programs to address any gaps in services identified.

SECTION 1u. 48.983 (7) (ar) of the statutes is amended to read:

48.983 **(7)** (ar) Each county, private agency, and Indian tribe providing ~~a~~ an evidence–based home visitation program shall collect and report data to the department, as required by the department. The department shall require each county, private agency, and Indian tribe providing ~~a~~ an evidence–based home visitation program to collect data using forms prescribed by the department.

SECTION 1v. 48.983 (7) (b) of the statutes is amended to read:

48.983 **(7)** (b) In the evaluation, the department shall determine the number of families who remained in the evidence–based home visitation program for the time recommended in the family's case plan.

SECTION 1w. 48.983 (7) (c) of the statutes is amended to read:

48.983 **(7)** (c) Each county, private agency, and Indian tribe providing ~~a~~ an evidence–based home visitation program shall develop a plan for evaluating the effectiveness of its program for approval by the department. The plan shall demonstrate how the county, private agency, or Indian tribe will use the evaluation of its program to improve the quality and outcomes of the program and to ensure continued compliance with the ~~home visitation program~~ criteria under sub. (6) (a).

1 The plan shall demonstrate how the outcomes will be tracked and measured. Under
2 the plan, the extent to which all of the following outcomes are achieved shall be
3 tracked and measured:

4 1. Parents receiving evidence–based home visitation services acquiring
5 knowledge of early learning and child development and interacting with their
6 children in ways that enhance the children's development and early learning.

7 2. Children receiving evidence–based home visitation services being healthy.

8 3. Children receiving evidence–based home visitation services living in a safe
9 environment.

10 4. Families receiving evidence–based home visitation services accessing formal
11 and informal support networks.

12 5. Children receiving evidence–based home visitation services achieving
13 milestones in development and early learning.

14 6. Children receiving evidence–based home visitation services who have
15 developmental delays receiving appropriate intervention services.

16 **SECTION 1x.** 48.983 (8) of the statutes is amended to read:

17 48.983 **(8)** TECHNICAL ASSISTANCE AND TRAINING. The department shall provide
18 technical assistance and training to counties, private agencies, and Indian tribes
19 that are selected to participate in the program under this section. The training may
20 not be limited to a particular evidence–based home visitation model. The training
21 shall include training in best practices regarding basic skills, uniform
22 administration of screening and assessment tools, the issues and challenges that
23 families face, and supervision and personnel skills for program managers. The
24 training may also include training on data collection and reporting.

25 **SECTION 1y.** 48.983 (9) of the statutes is created to read:

1 48.983 **(9)** MEMORANDUM OF UNDERSTANDING. The department shall enter into
2 a memorandum of understanding with the department of health services that
3 provides for collaboration between those departments in carrying out
4 evidence–based home visiting programs under sub. (4) (b) 1.

5 **SECTION 1z.** 49.45 (24w) of the statutes is created to read:

6 49.45 **(24w)** SERVICES FOR PREGNANT WOMEN. (a) The department shall request
7 a wavier of federal Medicaid law from the secretary of the federal department of
8 health and human services to permit the department to provide services and support
9 under medical assistance for pregnant women who face an increased risk of having
10 a low–birth weight baby, a preterm birth, or other negative birth outcome because
11 of medical or nonmedical factors, such as psychosocial, behavioral, environmental,
12 educational, or nutritional factors. The department shall implement the programs
13 and services authorized by this waiver in Milwaukee, Racine, Kenosha, Rock, and
14 Dane counties, and in a rural multicounty region identified by the department in
15 collaboration with the Great Lakes Intertribal Council. The multicounty region
16 shall include counties experiencing the largest disparities in birth outcomes between
17 Caucasian and Native American populations and shall be of sufficient size to enable
18 meaningful implementation and evaluation of the programs and services.

19 (b) The department shall consider including all of the following as covered
20 services or programs in the waiver request under par. (a):

21 1. Evidence–based social marketing of programs designed to reduce fetal and
22 infant mortality, improve birth outcomes, and address needs of infants and their
23 families.

24 2. Evidence–based social–support programs, including fatherhood initiatives
25 designed to reduce fetal and infant mortality and improve birth outcomes.

1 3. Transportation services for persons who accompany a pregnant woman to
2 prenatal appointments and transportation for the pregnant woman and her children
3 to other destinations including social services' offices and locations where child care
4 is provided for her children.
5 4. Data collection, including the pregnancy risk assessment and monitoring
6 system, fetal and infant mortality review, vital statistics information, information
7 from medical assistance data and chart reviews, and an assessment of nonmedical
8 factors that may contribute to poor birth outcomes.
9 5. Full reimbursement for evidence–based group prenatal care, such as the
10 Centering Pregnancy program.
11 6. Mental health services.
12 7. Smoking cessation services.
13 8. Initiatives to increase the utilization of public health and other health care
14 providers with similar racial and socioeconomic backgrounds as the pregnant women
15 and families served by the health care provider.
16 9. Coordinators to create social care plans for medical assistance recipients, to
17 provide information and assistance regarding all programs that may impact
18 low–income pregnant women, including programs regarding rental assistance, the
19 earned income tax credit, available child care services for a pregnant woman's other
20 children, and to provide breastfeeding support.
21 10. Demonstration projects developed by the department, to evaluate the
22 effectiveness of evidence–based programs designed to serve under–served
23 populations.

1 11. One or more initiatives, developed by the department, to increase the
2 utilization of nurse–midwives licensed under s. 441.15 (3) and doulas in the delivery
3 of care to underserved populations and to evaluate the outcomes of that care.
4 12. The establishment of freestanding birth centers.
5 13. Extension of the prenatal care coordination services that are available as
6 a medical assistance benefit from the beginning of pregnancy to the first day of the
7 13th month after delivery and specifying that prenatal care coordination services are
8 available to recipients' babies during that time period.
9 14. Expansion and full reimbursement of evidence–based, home–based
10 prenatal care coordination services.
11 15. Full reimbursement for home visits made by registered nurses who are
12 public health nurses or who meet the qualifications of a public health nurse as
13 specified in s. 250.06 (1), by social workers as defined in s. 252.15 (1) (er),
14 nurse–midwives licensed under s. 441.15 (3), and by persons who receive the training
15 established under s. 38.04 (32).
16 16. Reimbursement of care provided through telemedicine visits on the same
17 basis that reimbursement is provided for in–person visits.
18 17. Reimbursement of the costs of providing banked human donor milk to
19 newborns when medically indicated.
20 (c) The department shall evaluate the programs and services implemented
21 under the waiver and develop a plan to implement the programs and services
22 statewide.
23 (d) The department shall consider prohibiting reimbursement for elective
24 induction of labor or cesarean sections if either procedure is performed before 39
25 weeks gestation, unless medically indicated.

Public Assist. Fern

1 **SECTION 2am.** 49.815 of the statutes is created to read:

2 **49.815 Statewide data management and information system. (1)** The
3 department of health services shall do all of the following:

4 (a) Expand the department's electronic application and information system
5 that enables an individual to determine his or her eligibility for, and to apply for or
6 renew, benefits under the Medical Assistance program or other public assistance
7 benefits. The system shall include information regarding all programs designed to
8 assist low–income individuals, including housing assistance, rental assistance, and
9 temporary child care assistance.

10 (b) Develop and implement a statewide, electronic data management and
11 information system for public assistance programs that does all of the following:

12 1. Determines a person's eligibility for multiple public assistance programs by
13 means of a single registration or application.

14 2. Allows administrators of public assistance programs to access data related
15 to an individual that was previously collected in connection with a different public
16 assistance program.

17 3. Provides a single, automated care plan identifying a comprehensive array
18 of service activities needed to address the assessed risks for an individual.

19 4. Provides a scheduling or referral system that matches an individual's service
20 needs with available health care, public assistance, or economic assistance
21 providers.

22 **(2)** The department of health services shall develop a detailed plan to
23 implement an expanded system under sub. (1) (a) no later than 12 months after the
24 effective date of this subsection .... [LRB inserts date]. The plan shall contain cost
25 estimates and a proposed timeline for implementation.

1 **(3)** The department of health services shall collaborate with appropriate state
2 agencies to expand the system under sub. (1) (a) and to develop and implement the
3 system under sub. (1) (b). State agencies shall cooperate with the department on
4 these projects.

5 **SECTION 2b.** 50.36 (2m) of the statutes is created to read:

6 50.36 **(2m)** The department shall promulgate rules that require hospitals to
7 ensure that best practices for postpartum patients and newborns are supported in
8 the hospital. The rules shall do all of the following:

9 (a) Require that a hospital develop for all postpartum patients an appropriate
10 discharge plan that shall do all of the following:

11 1. Ensure that, to the extent practicable, an appointment with a health care
12 provider has been scheduled for the newborn within an appropriate time after
13 discharge, considering the nutritional and health needs of the newborn, in
14 accordance with the recommendations established by the American Academy of
15 Pediatrics.

16 2. Ensure that the mother is consulted and provided with assistance regarding
17 health care resources available to her newborn.

18 3. Ensure that the mother is consulted and provided with assistance regarding
19 the safe transportation of her newborn.

20 (b) Require education of postpartum patients, orally in person, before
21 discharge on newborn care, including safe sleeping arrangements, how to access
22 breastfeeding information and support, including reliable information on Internet
23 Web site, and car seat safety, prior to discharge.

24 (c) Require that health care providers, including physicians, orally in person,
25 recommend and actively support breastfeeding for all newborns for whom

1 breastfeeding is not medically contraindicated, provide parents with complete,
2 up–to–date information to ensure that their feeding decision is fully informed, and
3 provide a referral to a lactation specialist or a public health nurse for a home visit
4 at the parent's request.

5 **SECTION 2c.** 50.36 (3i) of the statutes is created to read:

Health

6 50.36 **(3i)** A hospital may grant a nurse–midwife licensed under s. 441.15 (3)
7 who is covered under the injured patients and families compensation fund under s.
8 655.27 any hospital staff privilege that a hospital must, under sub. (3) (a), afford to
9 persons licensed to practice medicine and surgery under subch. II of ch. 448 or to
10 practice podiatry under subch. IV of ch. 448, including hospital staff privileges to
11 admit, treat, and discharge any patient for whom a nurse–midwife is qualified to
12 provide care.

13 **SECTION 2d.** 69.02 (2) (c) of the statutes is created to read:

14 69.02 **(2)** (c) The department shall promulgate rules establishing designations
15 of race and ethnicity to be used in reporting the race and ethnicity of a registrant
16 under s. 69.14 (1) (i). The designations shall be sufficiently detailed to enable
17 compilation and analysis of data related to births and birth outcomes among all
18 significant racial and ethnic populations in the state and to assist in the design and
19 evaluation of programs and policies designed to improve birth outcomes. The rules
20 shall also establish procedures designed to ensure that the racial and ethnic
21 designations included on each certificate of birth accurately reflect the race and
22 ethnicity of the registrant as directly reported by the registrant's mother.

23 **SECTION 2e.** 69.14 (1) (i) of the statutes is created to read:

24 69.14 **(1)** (i) *Registrant's race.* A certificate of birth shall include the race and
25 ethnicity of the registrant, as reported by the mother of the registrant.

Tax MES

1 **SECTION 2f.** 71.07 (9e) (aj) (intro.) of the statutes, as created by 2011 Wisconsin
2 Act 32, is amended to read:
3 71.07 **(9e)** (aj) (intro.) For taxable years beginning after December 31, 2010,
4 and subject to par. (h), an individual may credit against the tax imposed under s.
5 71.02 an amount equal to one of the following percentages of the federal basic earned
6 income credit for which the person is eligible for the taxable year under section 32
7 (b) (1) (A) to (C) of the Internal Revenue Code:
8 **SECTION 2g.** 71.07 (9e) (h) of the statutes is created to read:
9 71.07 **(9e)** (h) Notwithstanding the limitations in par. (aj), a person may claim
10 the credit under par. (aj) even if, with regard to the child about whom the claim is
11 made, the child does not have the same principal place of abode as the person
12 claiming the credit and even if another person claims the credit under section 32 (b)
13 (1) (A) to (C) of the Internal Revenue Code and under par. (aj) for that child, if all of
14 the following apply:
15 1. The claimant is subject to and in compliance with a child support order under
16 s. 767.511 with respect to that child.
17 2. The claimant meets the definition of parent under s. 48.02 (13) with respect
18 to that child.
19 **SECTION 2h.** 253.035 of the statutes is created to read:

Health

20 **253.035 Neonatal intensive care unit report. (1)** In this section, "neonatal
21 intensive care unit" means a hospital unit on which special equipment and skilled
22 medical personnel for the care of high-risk infants requiring immediate or
23 continuous attention are concentrated.
24 **(2)** (a) Beginning July 1, 2012, the department shall collect all of the following
25 information from hospitals that have a neonatal intensive care unit:

1 1. The daily census of the neonatal intensive care unit.

2 2. The criteria for admission to the neonatal intensive care unit.

3 (b) Beginning June 30, 2013, the department shall annually prepare a report
4 that includes all of the information in par. (a) from the previous calendar year. The
5 department shall make the report available to the public and post the report on the
6 department's Internet Web site.".

7 **6.** Page 3, line 1: delete "**SECTION 1**" and substitute "**SECTION 2m**".

8 **7.** Page 3, line 5: delete "**SECTION 2**" and substitute "**SECTION 2s**".

9 **8.** Page 9, line 23: after that line insert:

10 "**SECTION 10am.** 253.15 (2) of the statutes is amended to read:

11 253.15 **(2)** INFORMATIONAL MATERIALS. The board shall purchase or prepare or
12 arrange with a nonprofit organization to prepare printed and audiovisual materials
13 relating to shaken baby syndrome and impacted babies. The materials shall include
14 information regarding the identification and prevention of shaken baby syndrome
15 and impacted babies, the grave effects of shaking or throwing on an infant or young
16 child, appropriate ways to manage crying, fussing, or other causes that can lead a
17 person to shake or throw an infant or young child, and a discussion of ways to reduce
18 the risks that can lead a person to shake or throw an infant or young child. The
19 materials shall be prepared in English, Spanish, and other languages spoken by a
20 significant number of state residents, as determined by the board. The board shall
21 make those written and audiovisual materials available to all hospitals, maternity
22 homes, and nurse–midwives licensed under s. 441.15 that are required to provide or
23 make available materials to parents under sub. (3) (a) 1., to the department and to
24 all county departments and nonprofit organizations that are required to provide the

1 materials to child care providers under sub. (4) (d), and to all school boards and
2 nonprofit organizations that are permitted to provide the materials to pupils in one
3 of grades 5 to 8 and in one of grades 10 to 12 under sub. (5). The board shall also make
4 those written materials available to all county departments and Indian tribes that
5 are providing evidence–based home visitation services under s. 48.983 (4) (b) 1. and
6 to all providers of prenatal, postpartum, and young child care coordination services
7 under s. 49.45 (44). The board may make available the materials required under this
8 subsection to be made available by making those materials available at no charge on
9 the board's Internet site.

10 **SECTION 10b.** 253.15 (6) of the statutes is amended to read:

11 253.15 **(6)** INFORMATION TO HOME VISITATION OR CARE COORDINATION SERVICES
12 RECIPIENTS. A county department or Indian tribe that is providing evidence–based
13 home visitation services under s. 48.983 (4) (b) 1. and a provider of prenatal,
14 postpartum, and young child care coordination services under s. 49.45 (44) shall
15 provide to a recipient of those services, without cost, a copy of the written materials
16 purchased or prepared under sub. (2) and an oral explanation of those materials.

17 **SECTION 10c.** 253.15 (7) (e) of the statutes is amended to read:

18 253.15 **(7)** (e) A county department or Indian tribe that is providing
19 evidence–based home visitation services under s. 48.983 (4) (b) 1. and a provider of
20 prenatal, postpartum, and young child care coordination services under s. 49.45 (44)
21 is immune from liability for any damages resulting from any good faith act or
22 omission in providing or failing to provide the written materials and oral explanation
23 specified in sub. (6).

24 **SECTION 10d.** 253.17 of the statutes is created to read:

1 **253.17 Fetal and infant mortality and birth outcome report. (1)** In this
2 section:
3 (a) "Infant" means a child from birth to 12 months of age.
4 (b) "Low birth weight" means a birth weight that is more than 1,500 grams and
5 less than 2,500 grams.
6 (c) "Very low birth weight" means a birth weight of 1,500 grams or less.
7 (d) "Very premature birth" means a birth at less than 32 weeks gestation.
8 **(2)** (a) The department shall annually prepare a report relating to fetal and
9 infant mortality and birth outcomes in this state. The report shall include data
10 related to births and birth outcomes in this state in the previous calendar year, and
11 an analysis of that data. The department shall collaborate with local health
12 departments, tribes, and other interested parties to determine the data and data
13 analysis to be included in the report and the procedures by which the data will be
14 collected and reported to the department. The department shall ensure that the
15 report, to the greatest extent possible, includes data and analysis that are necessary
16 and useful for the development and evaluation of programs to address disparities in
17 birth outcomes among racial and ethnic groups in this state. The department shall
18 periodically consult with interested parties to review and update the data and
19 analysis required in the report as needed to ensure that this goal continues to be met.
20 (b) The report under par. (a) shall include, at a minimum, the following
21 information:
22 1. The number and rate of infant deaths in each county.
23 2. The causes of infant deaths in each county.
24 3. The number and rate of very premature births in each county.

1 4. The number of low birth weight infants born in each county and of the rate
2 of those births in each county.
3 5. The number of very low birth weight infants born in each county and the rate
4 of those births in each county.
5 6. The race or ethnicity of the infant provided on the birth certificate for births
6 identified in subd. 1., 3., 4., or 5.
7 (c) The department, in collaboration with the groups identified in par. (a), shall
8 consider including in the report data related to the type of prenatal care, if any,
9 received by the mother of each infant whose birth data is included in the report.
10 (d) Beginning June 30, 2013, and on every June 30 after that, the department
11 shall do all of the following:
12 1. Submit the report to the appropriate standing committees of the legislature
13 under s. 13.172 (3).
14 2. Post the report on its Internet Web site.
15 3. Post, on its Internet Web site, the raw data collected in the previous calendar
16 year for purposes of the annual report. The data shall be presented in a manner that
17 does not disclose or enable the identification of any individual infant, mother, or birth
18 attendant.
19 **(3)** The department shall explore whether any of the costs of collecting the data
20 and creating the report under sub. (2) may be funded by the Medical Assistance
21 program.
22 **SECTION 10e.** 441.15 (1) (a) of the statutes is repealed.
23 **SECTION 10f.** 441.15 (1) (am) of the statutes is created to read:
24 441.15 **(1)** (am) "Nurse–midwife" means a person licensed under this section
25 to engage in the practice of nurse–midwifery.

OCC Rec (TKK)

1 **SECTION 10g.** 441.15 (1) (c) of the statutes is created to read:

2 441.15 **(1)** (c) "Qualified health care professional" means a health care
3 professional as defined in s. 180.1901 (1m) who is performing services within his or
4 her scope of practice.

5 **SECTION 10h.** 441.15 (2) (b) of the statutes is amended to read:

6 441.15 **(2)** (b) The practice occurs in a health care facility approved by the board
7 by rule under sub. (3) (c)~~, in collaboration with a physician with postgraduate~~
8 ~~training in obstetrics, and pursuant to a written agreement with that physician~~.

9 **SECTION 10i.** 441.15 (3) (c) of the statutes is amended to read:

10 441.15 **(3)** (c) The board shall promulgate rules necessary to administer this
11 section, including the establishment of appropriate limitations on the scope of the
12 practice of nurse–midwifery, the facilities in which such practice may occur, the
13 definition of "elective" for purposes of the prohibition in sub. (4m), and the granting
14 of temporary permits to practice nurse–midwifery pending qualification for
15 certification.

16 **SECTION 10j.** 441.15 (4) of the statutes is amended to read:

17 441.15 **(4)** A nurse–midwife who discovers evidence that any aspect of care
18 involves any complication which jeopardizes the health or life of a newborn or mother
19 shall consult with ~~the collaborating physician under sub. (2) (b) or the physician's~~
20 ~~designee, or make a referral as specified in a written agreement under sub. (2) (b)~~ a
21 qualified health care professional or make a referral.

22 **SECTION 10k.** 441.15 (4m) of the statutes is created to read:

23 441.15 **(4m)** No nurse–midwife may perform an elective procedure intended
24 to induce labor in a pregnant woman before the completion of a gestational period
25 of 39 weeks unless the nurse–midwife has first obtained the informed consent of the

1 woman. A woman's consent is informed for purposes of this subsection only if she
2 receives timely information orally and in person from the nurse–midwife regarding
3 potential negative effects to the fetus of early delivery, including long–term learning
4 and behavioral problems.

5 **SECTION 10L.** 448.02 (3) (a) of the statutes is amended to read:

6 448.02 **(3)** (a) The board shall investigate allegations of unprofessional conduct
7 and negligence in treatment by persons holding a license, certificate, or limited
8 permit granted by the board. An allegation that a physician has violated s. 253.10
9 (3), 448.30, 448.35, or 450.13 (2); or has failed to mail or present a medical
10 certification required under s. 69.18 (2) within 21 days after the pronouncement of
11 death of the person who is the subject of the required certificate; or that a physician
12 has failed at least 6 times within a 6–month period to mail or present a medical
13 certificate required under s. 69.18 (2) within 6 days after the pronouncement of death
14 of the person who is the subject of the required certificate is an allegation of
15 unprofessional conduct. Information contained in reports filed with the board under
16 s. 49.45 (2) (a) 12r., 50.36 (3) (b), 609.17, or 632.715, or under 42 CFR 1001.2005, shall
17 be investigated by the board. Information contained in a report filed with the board
18 under s. 655.045 (1), as created by 1985 Wisconsin Act 29, which is not a finding of
19 negligence or in a report filed with the board under s. 50.36 (3) (c) may, within the
20 discretion of the board, be used as the basis of an investigation of a person named in
21 the report. The board may require a person holding a license, certificate, or limited
22 permit to undergo, and may consider the results of, one or more physical, mental, or
23 professional competency examinations if the board believes that the results of any
24 such examinations may be useful to the board in conducting its investigation.

25 **SECTION 10m.** 448.35 of the statutes is created to read:

1 **448.35 Informed consent for certain elective procedures.** No physician
2 may perform an elective Caesarean section or an elective procedure intended to
3 induce labor in a pregnant woman before the completion of a gestational period of 39
4 weeks unless the physician has first obtained the informed consent of the woman.
5 A woman's consent is informed for purposes of this section only if she receives timely
6 information orally and in person from the physician regarding potential negative
7 effects to the fetus of early delivery, including long–term learning and behavioral
8 problems.

9 **SECTION 10n.** 448.40 (2) (am) of the statutes is created to read:

10 448.40 **(2)** (am) Defining "elective" for purposes of s. 448.35 and implementing
11 that section.

12 **SECTION 10p.** 619.04 (3) of the statutes is amended to read: INS

13 619.04 **(3)** The plan shall operate subject to the supervision and approval of a
14 board of governors consisting of 3 representatives of the insurance industry
15 appointed by and to serve at the pleasure of the commissioner, a person to be named
16 by the State Bar Association, a person to be named by the Wisconsin Academy of Trial
17 Lawyers, 2 persons to be named by the Wisconsin Medical Society, a person to be
18 named by the Wisconsin Hospital Association, the commissioner or a designated
19 representative employed by the office of the commissioner, and 4 public members <u>at</u>
20 <u>least one of whom is named by the Wisconsin Nurses Association and</u> at least 2 of
21 whom are not attorneys or physicians and are not professionally affiliated with any
22 hospital or insurance company, appointed by the governor for staggered 3–year
23 terms. The commissioner or the commissioner's representative shall be the
24 chairperson of the board of governors. Board members shall be compensated at the
25 rate of $50 per diem plus actual and necessary travel expenses.

Ins 15D

1 **SECTION 10q.** 655.001 (7t) of the statutes is renumbered 655.001 (7t) (a) and
2 amended to read:

3 655.001 **(7t)** (a) ~~"Health~~ Except as provided in par. (b), "health care
4 practitioner" means a health care professional, as defined in s. 180.1901 (1m), who
5 is an employee of a health care provider described in s. 655.002 (1) (d), (e), (em), or
6 (f) and who has the authority to provide health care services that are not ~~in~~
7 ~~collaboration with a physician under s. 441.15 (2) (b) or~~ under the direction and
8 supervision of a physician or nurse anesthetist.

9 **SECTION 10r.** 655.001 (7t) (a) of the statutes, as affected by 2011 Wisconsin Act
10 .... (this act), is renumbered 655.001 (7t) and amended to read:

11 655.001 **(7t)** ~~Except as provided in par. (b), "health~~ "Health care practitioner"
12 means a health care professional, as defined in s. 180.1901 (1m), who is an employee
13 of a health care provider described in s. 655.002 (1) (d), (e), (em), or (f) and who has
14 the authority to provide health care services that are not under the direction and
15 supervision of a physician ~~or~~, nurse anesthetist, or nurse–midwife.

16 **SECTION 10s.** 655.001 (7t) (b) of the statutes is created to read:

17 655.001 **(7t)** (b) "Health care practitioner" does not include a person licensed
18 to practice nurse–midwifery under s. 441.15.

19 **SECTION 10t.** 655.001 (7t) (b) of the statutes, as created by 2011 Wisconsin Act
20 .... (this act), is repealed.

21 **SECTION 10u.** 655.001 (9c) of the statutes is created to read:

22 655.001 **(9c)** "Nurse–midwife" means a person who is licensed to practice
23 nurse–midwifery under s. 441.15.

24 **SECTION 10v.** 655.002 (1) (a) of the statutes is amended to read:

1 655.002 **(1)** (a) A physician ~~or~~, a nurse anesthetist, or a nurse–midwife for
2 whom this state is a principal place of practice and who practices his or her profession
3 in this state more than 240 hours in a fiscal year.

4 **SECTION 10w.** 655.002 (1) (b) (intro.) of the statutes is amended to read:

5 655.002 **(1)** (b) (intro.) A physician ~~or~~, a nurse anesthetist, or a nurse–midwife
6 for whom Michigan is a principal place of practice, if all of the following apply:

7 **SECTION 10x.** 655.002 (1) (b) 1. of the statutes is amended to read:

8 655.002 **(1)** (b) 1. The physician ~~or~~, nurse anesthetist, or nurse–midwife is a
9 resident of this state.

10 **SECTION 10y.** 655.002 (1) (b) 2. of the statutes is amended to read:

11 655.002 **(1)** (b) 2. The physician ~~or~~, nurse anesthetist, or nurse–midwife
12 practices his or her profession in this state or in Michigan or a combination of both
13 more than 240 hours in a fiscal year.

14 **SECTION 10z.** 655.002 (1) (b) 3. of the statutes is amended to read:

15 655.002 **(1)** (b) 3. The physician ~~or~~, nurse anesthetist, or nurse–midwife
16 performs more procedures in a Michigan hospital than in any other hospital. In this
17 subdivision, "Michigan hospital" means a hospital located in Michigan that is an
18 affiliate of a corporation organized under the laws of this state that maintains its
19 principal office and a hospital in this state.

20 **SECTION 11a.** 655.002 (1) (c) of the statutes is amended to read:

21 655.002 **(1)** (c) A physician ~~or~~, nurse anesthetist, or nurse–midwife who is
22 exempt under s. 655.003 (1) or (3), or a nurse–midwife who is exempt under s.
23 655.003 (4), but who practices his or her profession outside the scope of the exemption
24 and who fulfills the requirements under par. (a) in relation to that practice outside
25 the scope of the exemption. For a physician ~~or a~~, nurse anesthetist, or nurse–midwife

who is subject to this chapter under this paragraph, this chapter applies only to claims arising out of practice that is outside the scope of the exemption under s. 655.003 (1) ~~or~~, (3), or (4).

SECTION 11b. 655.002 (1) (d) of the statutes is amended to read:

655.002 **(1)** (d) A partnership comprised of physicians ~~or~~, nurse anesthetists, or nurse–midwives and organized and operated in this state for the primary purpose of providing the medical services of physicians ~~or~~, nurse anesthetists, or nurse–midwives.

SECTION 11c. 655.002 (1) (e) of the statutes is amended to read:

655.002 **(1)** (e) A corporation organized and operated in this state for the primary purpose of providing the medical services of physicians ~~or~~, nurse anesthetists, or nurse–midwives.

SECTION 11d. 655.002 (1) (em) of the statutes is amended to read:

655.002 **(1)** (em) Any organization or enterprise not specified under par. (d) or (e) that is organized and operated in this state for the primary purpose of providing the medical services of physicians ~~or~~, nurse anesthetists, or nurse–midwives.

SECTION 11e. 655.002 (2) (a) of the statutes is amended to read:

655.002 **(2)** (a) A physician ~~or~~, nurse anesthetist, or nurse–midwife for whom this state is a principal place of practice but who practices his or her profession fewer than 241 hours in a fiscal year, for a fiscal year, or a portion of a fiscal year, during which he or she practices his or her profession.

SECTION 11f. 655.002 (2) (b) of the statutes is amended to read:

655.002 **(2)** (b) Except as provided in sub. (1) (b), a physician ~~or~~, nurse anesthetist, or nurse–midwife for whom this state is not a principal place of practice, for a fiscal year, or a portion of a fiscal year, during which he or she practices his or

her profession in this state. For a health care provider who elects to be subject to this chapter under this paragraph, this chapter applies only to claims arising out of practice that is in this state and that is outside the scope of an exemption under s. 655.003 (1) or (3) or (4).

SECTION 11g. 655.003 (1) of the statutes is amended to read:

655.003 **(1)** A physician ~~or~~, a nurse anesthetist, or a nurse–midwife who is a state, county, or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, and who is acting within the scope of his or her employment or contractual duties.

SECTION 11h. 655.003 (3) of the statutes is amended to read:

655.003 **(3)** A physician ~~or~~, a nurse anesthetist, or a nurse–midwife who provides professional services under the conditions described in s. 146.89 or 257.03 (1), with respect to those professional services provided by the physician ~~or~~, nurse anesthetist, or nurse–midwife for which he or she is covered by s. 165.25 and considered an agent of the department, as provided in s. 165.25 (6) (b).

SECTION 11i. 655.003 (4) of the statutes is created to read:

655.003 **(4)** A nurse–midwife who is considered to be an employee of the federal public health service under 42 USC 233 (g).

SECTION 11j. 655.005 (2) (a) of the statutes is amended to read:

655.005 **(2)** (a) An employee of a health care provider if the employee is a physician or a nurse anesthetist or is a health care practitioner who is providing health care services that are not ~~in collaboration with a physician under s. 441.15 (2) (b) or~~ under the direction and supervision of a physician or nurse anesthetist.

SECTION 11k. 655.005 (2) (a) of the statutes, as affected by 2011 Wisconsin Act .... (this act), is amended to read:

655.005 **(2)** (a) An employee of a health care provider if the employee is a physician ~~or a~~, nurse anesthetist, or nurse–midwife or is a health care practitioner who is providing health care services that are not under the direction and supervision of a physician ~~or~~, nurse anesthetist, or nurse–midwife.

SECTION 11m. 655.005 (2) (b) of the statutes is amended to read:

655.005 **(2)** (b) A service corporation organized under s. 180.1903 by health care professionals, as defined under s. 180.1901 (1m), if the board of governors determines that it is not the primary purpose of the service corporation to provide the medical services of physicians ~~or~~, nurse anesthetists, or nurse–midwives. The board of governors may not determine under this paragraph that it is not the primary purpose of a service corporation to provide the medical services of physicians ~~or~~, nurse anesthetists, or nurse–midwives unless more than 50% of the shareholders of the service corporation are ~~neither~~ not physicians ~~nor~~, nurse anesthetists, or nurse–midwives.

SECTION 11n. 655.23 (5m) of the statutes is amended to read:

655.23 **(5m)** The limits set forth in sub. (4) shall apply to any joint liability of a physician ~~or~~, nurse anesthetist, or nurse–midwife and his or her corporation, partnership, or other organization or enterprise under s. 655.002 (1) (d), (e), or (em).

SECTION 11p. 655.27 (3) (a) 4. of the statutes is amended to read:

655.27 **(3)** (a) 4. For a health care provider described in s. 655.002 (1) (d), (e), (em), or (f), risk factors and past and prospective loss and expense experience attributable to employees of that health care provider other than employees licensed as a physician ~~or~~, nurse anesthetist, or nurse–midwife.

SECTION 11q. 655.27 (3) (b) 2f. of the statutes is created to read:

1 655.27 **(3)** (b) 2f. With respect to fees paid by nurse–midwives, the rule may
2 provide for a separate payment classification or for a payment classification that is
3 combined with one or more other categories of health care providers, as the
4 commissioner, after approval by the board of governors, determines is appropriate
5 for pooling risks under the fund.

6 **SECTION 11r.** 655.27 (3) (b) 2m. of the statutes is amended to read:

7 655.27 **(3)** (b) 2m. In addition to the fees and payment classifications described
8 under subds. 1. ~~and 2.~~ to 2f., the commissioner, after approval by the board of
9 governors, may by rule establish a separate payment classification for physicians
10 satisfying s. 655.002 (1) (b) ~~and~~, a separate fee for nurse anesthetists satisfying s.
11 655.002 (1) (b), and a separate fee for nurse–midwives satisfying s. 655.002 (1) (b)
12 which take into account the loss experience of health care providers for whom
13 Michigan is a principal place of practice.

14 **SECTION 11s.** 655.275 (5) (b) 3. of the statutes is created to read:

15 655.275 **(5)** (b) 3. If a claim was paid for damages arising out of the rendering
16 of care by a nurse–midwife, with at least one nurse–midwife.".

17 **9.** Page 9, line 24: delete "**SECTION 11**" and substitute "**SECTION 11v**".

18 **10.** Page 9, line 24: after that line insert:

19 "**SECTION 11w. Nonstatutory provisions.**

20 (1) EXPIRATION OF TERM OF MEMBER ON BOARD OF GOVERNORS. Notwithstanding
21 the length of terms specified for the members of the board of governors under section
22 619.04 (3) of the statutes, as affected by this act, the initial public member named
23 by the Wisconsin Nurses Association shall be appointed for a term expiring on May
24 1, 2015.

1 (2) NOTICE OF EFFECTIVE DATE OF RULE FOR FEES. The commissioner of insurance
2 shall promulgate a rule under section 655.27 (3) (b) of the statutes, as affected by this
3 act, that takes into account participation in the injured patients and families
4 compensation fund by nurse–midwives. The rule may provide for a separate
5 payment classification or for a payment classification that is combined with one or
6 more other categories of health care providers, as the commissioner, after approval
7 by the board of governors, determines is appropriate for pooling risks under the fund.
8 When the rule has been promulgated and is in effect, the commissioner of insurance
9 shall publish a notice in the Wisconsin Administrative Register that specifies the
10 effective date of the rule.

11 **SECTION 11x. Initial applicability.**

12 (1) The treatment of section 71.07 (9e) (h) of the statutes first applies to taxable
13 years beginning on January 1 of the year in which this subsection takes effect, except
14 that if this subsection takes effect on or after August 1 the treatment of section 71.07
15 (9e) (h) of the statutes first applies to taxable years beginning on January 1 of the
16 year following the year in which this subsection takes effect.".

17 **11.** Page 10, line 5: after that line insert:

18 "(2) INJURED PATIENTS AND FAMILIES COMPENSATION FUND. The treatment of
19 sections 655.002 (1) (a), (b) (intro.) 1., 2., and 3., (c), (d), (e), and (em) and (2) (a) and
20 (b), 655.003 (1), (3), and (4), 655.005 (2) (a) (by SECTION 11k) and (b), 655.23 (5m),
21 655.27 (3) (a) 4. and (b) 2f. and 2m., and 655.275 (5) (b) 3. of the statutes, the repeal
22 of section 655.001 (7t) (b) of the statutes, and the renumbering and amendment of
23 section 655.001 (7t) (a) of the statutes take effect on the first day of the 3rd month

1 beginning after the date published by the commissioner of insurance in the
2 Wisconsin Administrative Register under SECTION 11w (2) of this act.".
3 **(END)**

Special Committee on Infant Mortality

Chair: Sen. Judith Robson,
Vice Chair: Rep. Cory Mason
Legislative Council Staff: Mary Matthias and Rachel Letzing
Member List

The Special Committee is directed to study: (a) the causes of infant mortality in Wisconsin; (b) evaluation of efforts that have been undertaken to address this problem in both the private and public sectors; (c) coordination of public health and Medicaid funding; (d) evaluation of infant mortality prevention programs that have been successful in other cities and states; (e) evaluation of the public health costs of not addressing the causes of infant mortality in Wisconsin; and (f) developing a strategic proposal, including any necessary legislation, to address infant mortality in Wisconsin, particularly disparities in infant mortality rates in different geographic areas of the state.

Report to the Legislature

- Report to the Legislature 2011-12, Special Committee on Infant Mortality (March 19, 2012).
- 2011 Senate Bill 532, relating to evidence-based home visitation program services for persons who are at risk of poor birth outcomes or of abusing or neglecting their children; designating race and ethnicity on birth certificates; requiring informed consent for performance of certain elective procedures prior to the full gestational term of a fetus; and granting rule-making authority.
- 2011 Assembly Bill 693, relating to evidence-based home visitation program services for persons who are at risk of poor birth outcomes or of abusing or neglecting their children; designating race and ethnicity on birth certificates; requiring informed consent for performance of certain elective procedures prior to the full gestational term of a fetus; and granting rule-making authority.

Results of the Joint Legislative Council Meeting

- Results Letter

Recommendations to the Joint Legislative Council - January 18, 2012 Meeting

- Memo, to Members of the Special Committee, *Council Consideration of Committee Report* (January 11, 2012).
- Proposed Report to the Legislature, No. 2011-12, *Legislation on Infant Mortality,* (December 8, 2011).
- WLC: 0045/2, relating to cultural competency training for medical students and students enrolled in programs in a health care occupation in the University of Wisconsin-System and certain technical college students.
- WLC: 0046/2, relating to an electronic application and information system to determine eligibility and register for public assistance programs.

- WLC: 0055/2, relating to directing the department of health services to request a medical assistance waiver.
- WLC: 0059/3, relating to hospital best practices for postpartum patients and newborns requiring the exercise of rule-making authority.
- WLC: 0060/3, relating to a report on information related to infant morbidity and mortality.
- WLC: 0063/3, relating to hospital staff privileges for and written agreements required for nurse-midwives and allowing nurse-midwives to elect to be covered under the injured patients and families compensation fund.
- WLC: 0069/3, relating to eligibility for the Wisconsin earned income tax credit for certain parents.
- WLC: 0072/2, relating to requiring informed consent for performance of certain elective procedures prior to full gestational term of the fetus.
- WLC: 0074/2, relating to designation of an infant's race on the birth certificate.
- WLC: 0090/1, relating to evidence-based home visiting programs.
- WLC: 0099/1, relating to a report on information related to hospital neonatal intensive care units.

Results of the March 3, 2011 Mail Ballot

- Results Letter.

February 24, 2011 Mail Ballot

- WLC: 0045/2, relating to cultural competency training for medical students and students enrolled in programs in a health care occupation in the University of Wisconsin-System and certain technical college students.
- WLC: 0046/2, relating to an electronic application and information system to determine eligibility and register for public assistance programs.
- WLC: 0055/2, relating to directing the department of health services to request a medical assistance waiver.
- WLC: 0059/3, relating to hospital best practices for postpartum patients and newborns requiring the exercise of rule-making authority.
- WLC: 0060/3, relating to a report on information related to infant morbidity and mortality.
- WLC: 0063/3, relating to hospital staff privileges for and written agreements required for nurse-midwives and allowing nurse-midwives to elect to be covered under the injured patients and families compensation fund.
- WLC: 0069/3, relating to eligibility for the Wisconsin earned income tax credit for certain parents.
- WLC: 0072/2, relating to requiring informed consent for performance of certain elective procedures prior to full gestational term of the fetus.
- WLC: 0074/2, relating to designation of an infant's race on the birth certificate.
- WLC: 0090/1, relating to evidence-based home visiting programs.
- WLC: 0099/1, relating to a report on information related to hospital neonatal intensive care units.

December 16, 2010	Notice	Agenda	Audio	Minutes

- WLC: 0045/1, relating to cultural sensitivity training for medical and nursing students in the University of Wisconsin-System and certain technical college students.
- WLC: 0046/1, relating to an electronic application and information system to determine eligibility and register for public assistance programs.
- WLC: 0055/1, relating to directing the department of health services

to request a medical assistance waiver.
- WLC: 0059/1, relating to hospital best practices for postpartum patients and newborns requiring the exercise of rule-making authority.
- WLC: 0060/1, relating to a report on information related to infant morbidity and mortality.
- WLC: 0063/1, relating to hospital staff privileges for and written agreements required for nurse-midwives and allowing nurse-midwives to elect to be covered under the injured patients and families compensation fund.
- WLC: 0068/1, relating to advanced certificate for licensed practical nurses.
- WLC: 0069/1, relating to eligibility for the Wisconsin earned income tax credit for certain parents.
- WLC: 0070/1, relating to home visits by nurses and nurse assistants to achieve good birth outcomes for mothers and infants.
- WLC: 0071/1, relating to expanding the physician practice payment pilot program.
- WLC: 0072/1, relating to requiring informed consent for performance of certain elective procedures prior to full gestational term of the fetus.
- WLC: 0074/1, relating to designation of an infant's race on the birth certificate.
- Draft letter to Christopher Queram, President, Wisconsin Collaborative for Healthcare Quality.
- Memorandum, distributed at the request of Public Member Ann Conway.

November 16, 2010	Notice	Agenda	Audio	Minutes

- Packet of Materials from Secretary Karen Timberlake, Department of Health Services:
  - Memorandum to Senator Judy Robson.
  - Wisconsin Births and Infant Deaths.
  - Wisconsin Health Facts: Racial and Ethnic Disparities in Infant Mortality.
  - DHS Response: Data Request from the Legislative Council Special Committee on Infant Mortality.
  - Spreadsheets prepared by the Department of Health Services
    - Infant Mortality Rates
    - Prematurity and Prenatal Care
- Memorandum, prepared by Sam Austin and Kim Swissdorf, Legislative Fiscal Bureau (November 15, 2010).
- Memo No. 1, *Recommendations for Legislation* (November 15, 2010).
- Report, *Illinois Cornerstone System Review* (October 25, 2010), presented by Paula Sherman and Bob Martin, Department of Health Services.
- PowerPoint Presentation, presented by Jason Helgerson, Medicaid Director, Department of Health Services.
- PowerPoint Presentation, by Public Member Sheri Johnson, Ph.D., *Racism and Birth Outcomes.*

October 13, 2010 (Beloit Memorial Hospital, Beloit, Wisconsin)	Notice	Agenda	Audio	Minutes

- Handout, distributed at the request of Public Member Thomas Schlenker, M.D. MPH, Director, Madison and Dane County Public Health.
- Article, AACN Applauds the New Institute of Medicine Report Calling for Transformational Change in Nursing Education and Practice, distributed at the request of Public Member Leona VandeVusse.
- Article, *AMA Responds to IOM Report on Future of Nursing*, distributed at the request of Public Member Leona VandeVusse.
- Memo, *Delivery and newborn Care in Hospitals*, from Judy Warmuth, Vice President Workforce and Laura Leitch, Senior Vice President and

General Counsel.

- Letter to Secretary Karen Timberlake, Department of Health Services, from Senator Judy Robson, Chair, Special Committee on Infant Mortality.
- PowerPoint Presentation, by Marilyn Kilgore, President, Beloit African American Infant Mortality Coalition and Angela Moore, Project Coordinator, Beloit LIHF.
- Issue Brief, *The Case for Home Visiting, Strong families start with a solid foundation*, prepared by The Pew Center on the States (May 2010).
- Report, *Ask Me 3 in Wisconsin's Community Health Centers: Summary Evaluation Report*, Wisconsin Collaborative for Healthcare Quality (June 2010).
- Article, *Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology*, submitted by Public Member Sheri Patillo Johnson.
- Handout, Recommendations to the Special Committee on Infant Mortality, submitted by the March of Dimes.
- PowerPoint Presentation, by the March of Dimes.
- PowerPoint Presentation, by Cindy Schlough, Director of Strategic Partnerships, Wisconsin Collaborative for Healthcare Quality.
- Testimony, John Schlitt, Director and Beth Jacob, State Policy Manager, Pew Home Visiting Campaign.
- Article, *The Pew Home Visiting Campaign, Helping States Improve Quality, Evaluation, and Accountability,* by John Schlitt, Director, Pew Home Visiting Campaign.
- PowerPoint Presentation, by Karen Cain, Health Officer, Rock County Public Health Department.
- PowerPoint Presentation, by Public Member Leona VandeVusse, Ph.D.
- PowerPoint Presentation, by Jackie Tillett, CNM, ND, FACNM, Midwifery and Wellness Center, Aurora Sinai Medical Center.

September 22, 2010	**Notice**	**Agenda**	**Audio**	**Minutes**

- Article, *Regionalization of perinatal care in Wisconsin: A changing health care environment*, by Christine Van Mullem, RN, MS; Ann E. Conway, RN, MS, MPA; Kyle Mounts, MD; Donald Weber, MD; Carol A. Browning, MD, Wisconsin Medical Journal, Volume 103, No. 5 (2004), distributed at the request of Public Member Ann Conway. Ms. Conway also requested the committee receive links to the following documents:
  - H.R. 5807, federal legislation to promote optimal maternity outcomes by making evidence-based maternity care a national priority http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h5807ih.txt.pdf.
  - Information about the bill from the author (http://roybal-allard.house.gov/News/DocumentSingle.aspx?DocumentID=199707
- Information being distributed at the request of Chair Robson:
  - The Wisconsin grant submission was recently posted on the Department of Children and Families' website at: dcf.wisconsin.gov/children/home.../grant_submission.htm. You can find the Aug. 2 press release on the DHS website
- Report, Fetal and infant mortality review (FIMR) project of Racine 2007-2008), submitted by Teresa S. Johnson, Ph.D. RN, University of Wisconsin, College of Nursing.
- PowerPoint Presentation, The Greater Racine Collaborative for Healthy Birth Outcomes/Racine LIFH Project, presented by Carole M. Johnson, Ph.D., The Johnson Foundation at Wingspread, Sharon Schulz, Racine/Kenosha Community Action Agency, and Lena Cooksley, The Professional Women's Network for Service.
- Data Request from Public Member Dr. Thomas Schlenker, September 10, 2010.
- Testimony, from Dottie-Kay Bowersox, MSA, Public Health

Administrator, City of Racine.

- Handout, *Fetal and infant mortality project (FIMR) of Racine (project funded from 5/07-5/09) data collection 1/1/07 - 12/31/08*, submitted by Teresa S. Johnson, Ph.D., R.N., Associate Professor, UW-Milwaukee, College of Nursing, Research/Nurse Consultant, WFHC-AS, and Margaret Malnory, MSN, R.N., Administrative Director, Women and children's Services, Wheaton Franciscan Healthcare-All Saints.
- PowerPoint Presentation, Kenosha LIHF Collaborative, *We hold our babies future in our hands*, Gwen Perry-Byre, RNC, MS, APN, and Pamela Smith, MS, Project Coordinator, Black Health Coalition of Greater Kenosha.
- Presentation, by Teri Hicks, City of Racine Health Department.
  - Testimony, by Teri Hicks, City of Racine Health Department.

September 8, 2010	Notice	Agenda	Audio	Minutes

- *Wisconsin Healthy Birth Outcomes: Minority Health Program Challenges and Contributions*, Journal of Public Health Management Practice, November 2008.
- *2007 Wisconsin Act 20, Reducing Fetal and Infant Mortality and Morbidity Report*, Racine Healthy Births Healthy Families Program, October 2007 – December 2008.
- PowerPoint Presentation, from Dr. Phil Farrell, M.D., Ph.D., Professor, Pediatrics and Population Health Sciences, UW School of Medicine and Public Health and Co-Chair of the Steering Committee for the Wisconsin Partnership Program for the Healthy Birth Outcome Initiative.
- PowerPoint Presentation, *African American Infant Mortality, City of Milwaukee*, presented by Dr. Patricia McManus, Executive Director, Black Health Coalition of Wisconsin, Milwaukee.
- PowerPoint Presentation, *Reducing Infant Mortality Disparities in Wisconsin*, presented by Dr. Gloria Sarto, M.D., Ph.D., Professor Emeritus, Department of Obstetrics and Gynecology.
- PowerPoint Presentation, *Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities*, by Dr. Murray L. Katcher, Ph.D., Chief Medical Officer and Patrice Onheiber, MPA, Director, Disparities in Birth Outcomes, Department of Health Services.
  - Handout
- PowerPoint Presentation, by Kathleen Pritchard, Ph.D., President and CEO, Planning Council for Health and Human Services, Inc.
- Report, *Elimination of Racial and Ethnic Disparities in Birth Outcomes in Wisconsin* (February 8, 2008), distributed at the request of Dr. Phil Farrell, M.D., Ph.D., Professor, Pediatrics and Population Health Sciences, UW School of Medicine and Public Health and Co-Chair of the Steering Committee for the Wisconsin Partnership Program for the Healthy Birth Outcome Initiative.
- PowerPoint Presentation, by Cynthia D. Ferré, Pregnancy and Infant Health Branch, Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, Georgia.

Date (time) needed _____ LRB –_____/_____

BILL

_____ : _____ : _____

Use the appropriate components and routines developed for bills.

AN ACT . . . [generate catalog] ***to repeal*** . . . ; ***to renumber*** . . . ; ***to consolidate and renumber*** . . . ; ***to renumber and amend*** . . . ; ***to consolidate, renumber and amend*** . . . ; ***to amend*** . . . ; ***to repeal and recreate*** . . . ; and ***to create*** . . . of the statutes; **relating to:** cultural competency training for certain students enrolled in the University of Wisconsin System and the technical college system

[NOTE: See section 4.02 (2) (br), Drafting Manual, for specific order of standard phrases.]

Analysis by the Legislative Reference Bureau

If titles are needed in the analysis, in the component bar:
For the main heading, execute: . . . . . **create → anal: → title: → head**
For the subheading, execute: . . . . . **create → anal: → title: → sub**
For the sub–subheading, execute: . . . . . **create → anal: → title: → sub–sub**
For the analysis text, in the component bar:
For the text paragraph, execute: . . . . . **create → anal: → text**

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

SECTION #.

Higher education:

This bill directs the University of Wisconsin System Board of Regents and the Technical College System Board to ensure that students enrolled in health care or social work programs receive training in cultural competency to improve patient-centered care.

birth outcomes or of abusing or neglecting their children; designating race and ethnicity on birth certificates; requiring informed consent for performance of certain elective procedures prior to the full gestational term of a fetus; cultural competency training for medical students and students enrolled in programs in a health care occupation in the University of Wisconsin–System and certain technical college students; granting rule–making authority; requiring the exercise of rule–making authority; and providing a penalty.".

5. Page 3, line 1: before that line insert:

SECTION 1am. 36.25 (49g) of the statutes is created to read:

36.25 **(49g)** CULTURAL COMPETENCY TRAINING. The board shall ensure that all students enrolled in the University of Wisconsin–Madison School of Medicine and Public Health, or in any program providing instruction for a health care or social work occupation, receive training in cultural competency to improve patient–centered care, which shall include evidence–based training related to implicit bias and emerging evidence related to cultural humility, in order to increase the students' cultural awareness and to improve the students' ability to communicate with, and effectively deliver health care to, patients from different racial and ethnic backgrounds.

SECTION 1b. 38.04 (32) of the statutes is created to read:

38.04 **(32)** CULTURAL COMPETENCY TRAINING. The board shall ensure that technical college students enrolled in health care occupation programs receive training in cultural competency to improve patient–centered care, which shall include evidence–based training related to implicit bias and emerging evidence related to cultural humility, in order to increase the students' cultural awareness and

to improve the students' ability to communicate with, and effectively deliver health care to, patients from different racial and ethnic backgrounds.

SECTION 1c. 48.983 (4) (a) 4m. of the statutes is amended to read:

48.983 **(4)** (a) 4m. To reimburse a case management provider under s. 49.45 (25) (b) for the amount of the allowable charges under the Medical Assistance program that is not provided by the federal government for case management services provided to a Medical Assistance beneficiary described in s. 49.45 (25) (am) 9. who is a child and who is a member of a family that receives evidence–based home visitation program services under par. (b) 1.

SECTION 1d. 48.983 (4) (b) of the statutes is amended to read:

48.983 **(4)** (b) ~~*Home*~~ *Evidence–based home visitation program services.* 1. A county, private agency, or Indian tribe that is selected to participate in the program under this section shall offer all pregnant women in the county, the area in which that private agency is providing services, or the reservation of the tribe who are eligible for Medical Assistance under subch. IV of ch. 49 an opportunity to undergo an assessment through use of a risk assessment instrument to determine whether the person assessed presents risk factors for poor birth outcomes or for perpetrating child abuse or neglect. Persons who agree to be assessed shall be assessed during the prenatal period. The risk assessment instrument shall be developed by the department and shall be based on risk assessment instruments developed by the department for similar programs that are in operation. The department need not promulgate as rules under ch. 227 the risk assessment instrument developed under this subdivision. A person who is assessed to be at risk of poor birth outcomes or of abusing or neglecting his or her child shall be offered evidence–based home visitation program services that shall be commenced during the prenatal period. ~~Home~~