State of Wisconsin
2013 – 2014 LEGISLATURE

LRB–3724/1
MD/TD/FK/PG/GM/MS:...:...

In 12-10-13
By ~~FEBRUARY~~ TODAY

gjs

PRELIMINARY DRAFT – NOT READY FOR INTRODUCTION

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LPS: I have done P.W.F. myself. You can skip this if you do not have enough time to meet the wanted date. GJS

P.W.F.

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AN ACT ...; **relating to:** 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; allowing coverage of 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 system 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 birth outcomes or of abusing or neglecting their children; designating race and ethnicity on birth certificates; a report on fetal and infant mortality and birth outcomes; requiring informed consent for performance on pregnant women of certain elective procedures prior to the full gestational term of a fetus; cultural competency training for certain students enrolled in the University of Wisconsin System and the technical college

system; granting rule–making authority; and requiring the exercise of rule–making authority.

Insert TJD-A1

Analysis by the Legislative Reference Bureau

>>>TJD WAIVER HERE?<<<

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Written agreements required for nurse–midwives

Under current law, the Board of Nursing licenses nurse–midwives. Nurse–midwives are health care professionals who are authorized to practice nurse–midwifery, which is defined as the management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife.

A nurse–midwife may only practice nurse–midwifery in a health care facility approved by the Board of Nursing, in collaboration with a physician with postgraduate training in obstetrics, and pursuant to a written agreement with that physician. A nurse–midwife who discovers evidence that any aspect of care involves any complication that jeopardizes the health or life of a newborn or mother (serious complication) must consult with the collaborating physician or the collaborating physician's designee, or make a referral as specified in the written agreement with the collaborating physician.

This bill does the following with respect to these provisions governing nurse–midwives:

1. Eliminates the restriction providing that a nurse–midwife may only practice in collaboration with a physician with postgraduate training in obstetrics.

2. Provides that, in the case of a serious complication, the nurse–midwife must instead consult with a qualified health care professional or make a referral.

Hospital staff privileges for nurse–midwives and coverage of nurse–midwives under the injured patients and families compensation fund

Insert TJD-A2

>>>TJD IPCF HERE?<<<

The bill allows a hospital to grant to a licensed nurse–midwife who is covered under the injured patients and families compensation fund any hospital staff privilege that a hospital must afford to licensed physicians or podiatrists, including hospital staff privileges to admit, treat, and discharge any patient for whom a nurse–midwife is qualified to provide care.

Statewide systems for public assistance programs

Currently, the Department of Health Services (DHS) administers an electronic application and information system that enables a person to determine his or her eligibility for and register for multiple public assistance programs, including BadgerCare Plus, the Women, Infants and Children (WIC) program, and FoodShare.

This bill requires DHS to expand the current electronic application and information system to include information regarding all programs designed to assist low–income persons, including housing assistance, rental assistance, and temporary child care assistance.

The bill also requires DHS to develop a statewide electronic data management and information system for all public assistance programs. Under the bill, the system must allow a person to register for multiple public assistance programs with a single application or registration. The system must also allow an administrator of public assistance program to access to data related to an individual that was previously collected for purposes of a different public assistance program. Finally, the system must provide automated individual care plans that identify service activities to address assessed risks and include a scheduling or referral component that identifies available providers for individuals' service needs.

Informed consent for certain elective caesarean section and labor–inducing procedures

Under current law, a physician who treats a patient must inform the patient about the availability of all alternate, viable medical modes of treatment and about the benefits and risks of those treatments. A physician who violates this requirement is guilty of unprofessional conduct and may be subject to discipline by the Medical Examining Board (MEB), which may warn or reprimand the physician, or limit, suspend, or revoke his or her license to practice medicine and surgery. Current law requires the MEB to promulgate rules implementing these informed consent requirements.

The bill specifically prohibits a physician from performing an elective caesarean section on a pregnant woman, and prohibits a physician or a nurse–midwife from performing an elective procedure intended to induce labor in a pregnant woman, before the completion of a gestational period of 39 weeks unless the physician has first obtained the informed consent of the woman. The bill provides that a woman's consent is informed only if she receives timely information orally and in person from the physician or nurse–midwife regarding potential negative effects to the fetus of early delivery, including long–term learning and behavioral problems. Under the bill, a physician who violates the prohibition in the bill is guilty of unprofessional conduct and may be subject to the same disciplinary consequences as violations of the informed consent provisions under current law. The Board of Nursing may similarly revoke, limit, suspend, or deny renewal of the license of a nurse–midwife who violates the prohibition. The bill directs the MEB to promulgate rules implementing the provisions of the newly created prohibition and directs both the MEB and the Board of Nursing to promulgate rules defining "elective" for purposes of the prohibition in the bill.

Evidence–based home visitation services

Under current law, the Department of Children and Families (DCF) administers the Child Abuse and Neglect Prevention Program under which DCF awards grants to counties, private agencies, and Indian tribes that offer voluntary home visitation services to parents who are eligible for Medical Assistance and who are at risk of poor birth outcomes or of perpetrating child abuse or neglect. Current

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law requires a grant applicant to provide information on how the applicant's home visitation program incorporates: 1) practice standards that have been developed for home visitation programs by entities concerned with the prevention of poor birth outcomes and child abuse and neglect; and 2) practice standards and critical elements that have been developed for successful home visitation programs by a nationally recognized home visitation program model.

This bill specifies that home visitation program services provided by a county, private agency, or Indian tribe under a child abuse and neglect prevention grant from DCF must be evidence–based. The bill also requires DCF to enter into a memorandum of understanding with DHS that provides for collaboration between DCF and DHS in carrying out those evidence–based home visitation program services.

Neonatal intensive care unit reports

The bill requires DHS to collect all of the following information from a hospital that has a neonatal intensive care unit: 1) the daily census of the neonatal intensive care unit; and 2) the criteria for admission to the neonatal intensive care unit. DHS must annually prepare a report that includes all of the information collected from hospitals from the previous calendar year. DHS must make the reports available to the public and post the report on its Internet Website.

Best practices for postpartum patients and newborns at hospitals

The bill requires DHS to promulgate rules requiring hospitals to ensure that best practices for postpartum patients and newborns are supported in the hospital, including rules that: 1) require hospitals to develop, for each postpartum patient, an appropriate discharge plan that ensures that, to the extent practicable, an appointment with a health care provider has been scheduled for the newborn within an appropriate time after discharge and that the postpartum patient is consulted and provided with assistance regarding health care resources and safe transportation for the newborn; 2) require, prior to discharge from the hospital, that education be provided, orally and in person, to each postpartum patient on certain topics; and 3) require that health care providers, including physicians, recommend and actively support breastfeeding for all newborns for whom breastfeeding is not medically contraindicated; provide parents with complete, up–to–date information to ensure that feeding decisions are fully informed; and provide, upon a parent's request, referrals to lactation specialists or public health nurses for home visits.

Cultural competency training for students at higher educational institutions

The 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.

Indication of race on birth certificates

The bill requires a birth certificate to include the race and ethnicity of the child, as reported by the mother of the registrant, and requires DHS to promulgate rules establishing designations of race and ethnicity to be used for reporting race and

ethnicity. The bill provides that the designations must be sufficiently detailed to enable compilation and analysis of data related to births and birth outcomes among all significant racial and ethnic populations in the state and to assist in the design and evaluation of programs and policies designed to improve birth outcomes. In addition, the rules must establish procedures to ensure that the racial and ethnic designations included on each certificate of birth accurately reflect the race and ethnicity of the registrant as directly reported by the child's mother.

Fetal and infant mortality and birth outcome report

The bill requires DHS to annually prepare a report relating to fetal and infant mortality and birth outcomes in this state. The report must include data related to births and birth outcomes in this state in the previous calendar year and an analysis of that data. DHS must collaborate with local health departments, tribes, and other interested parties about the data and the report. DHS must ensure that the report, to the greatest extent possible, includes data and analysis that are necessary and useful for the development and evaluation of programs to address disparities in birth outcomes among racial and ethnic groups in this state and must periodically consult with interested parties to review and update the data and analysis to be included in the report as needed to ensure that this goal continues to be met.

DHS must include certain specified information about infant births and deaths in the annual report and must, in collaboration with the aforementioned persons and entities, consider including in the report data related to the type of prenatal care, if any, received by the mother of each infant whose birth data is included in the report.

DHS must annually submit the report to the appropriate standing committees of the legislature; post the report on its Internet Web site; and post, on its Internet Web site, the raw data used for the report in a manner that does not disclose or enable the identification of any individual infant, mother, or birth attendant.

Finally, DHS must explore whether any of the costs of collecting the data and creating the annual report may be funded by the Medical Assistance program. MA

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:

SECTION 1. 36.25 (54) of the statutes is created to read:

36.25 **(54)** 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

1 patient–centered care, which shall include evidence–based training related to
2 implicit bias and emerging evidence related to cultural humility, in order to increase
3 the students' cultural awareness and to improve the students' ability to
4 communicate with, and effectively deliver health care to, patients from different
5 racial and ethnic backgrounds.

6 **SECTION 2.** 38.04 (33) of the statutes is created to read:

7 38.04 **(33)** CULTURAL COMPETENCY TRAINING. The board shall ensure that
8 technical college students enrolled in health care occupation programs receive
9 training in cultural competency to improve patient–centered care, which shall
10 include evidence–based training related to implicit bias and emerging evidence
11 related to cultural humility, in order to increase the students' cultural awareness and
12 to improve the students' ability to communicate with, and effectively deliver health
13 care to, patients from different racial and ethnic backgrounds.

14 **SECTION 3.** 48.983 (4) (a) 4m. of the statutes is amended to read:

15 48.983 **(4)** (a) 4m. To reimburse a case management provider under s. 49.45 (25)
16 (b) for the amount of the allowable charges under the Medical Assistance program
17 that is not provided by the federal government for case management services
18 provided to a Medical Assistance beneficiary described in s. 49.45 (25) (am) 9. who
19 is a child and who is a member of a family that receives <u>evidence–based</u> home
20 visitation program services under par. (b) 1.

21 **SECTION 4.** 48.983 (4) (b) of the statutes is amended to read:

22 48.983 **(4)** (b) ~~*Home*~~ *<u>Evidence–based home</u> visitation program services.* 1. A
23 county, private agency, or Indian tribe that is selected to participate in the program
24 under this section shall offer all pregnant women in the county, the area in which
25 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~~ Evidence–based home visitation program services may be provided to a family with a child identified as being at risk of child abuse or neglect until the identified child reaches 3 years of age. If a family has been receiving evidence–based home visitation program services continuously for not less than 12 months, those services may continue to be provided to the family until the identified child reaches 3 years of age, regardless of whether the child continues to be eligible for Medical Assistance under subch. IV of ch. 49. If risk factors for child abuse or neglect with respect to the identified child continue to be present when the child reaches 3 years of age, evidence–based home visitation program services may be provided until the identified child reaches 5 years of age. ~~Home~~ Evidence–based home visitation program services may not be provided to a person unless the person gives his or her written informed consent to receiving those services or, if the person is a child, unless the child's parent, guardian, or legal custodian gives his or her written informed consent for the child to receive those services.

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

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

SECTION 5. 48.983 (6) (a) (intro.) of the statutes is amended to read:

48.983 **(6)** (a) (intro.) The part of an application, other than a renewal application, submitted by a county, private agency, or Indian tribe that relates to evidence–based home visitation programs shall include all of the following:

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

48.983 **(6)** (a) 1. Information on how the applicant's home visitation program is evidence–based, comprehensive, incorporates practice standards that have been developed for home visitation programs by entities concerned with the prevention of poor birth outcomes and child abuse and neglect and that are acceptable to the department, and incorporates practice standards and critical elements that have been developed for successful home visitation programs by a nationally recognized home visitation program model and that are acceptable to the department.

SECTION 7. 48.983 (6) (a) 2. of the statutes is amended to read:

48.983 **(6)** (a) 2. Documentation that the application was developed through collaboration among public and private organizations that provide services to children and families, especially children who are at risk of child abuse or neglect and families that are at risk of poor birth outcomes, or that are otherwise interested in

child welfare and a description of how that collaboration effort will support a comprehensive, evidence–based home visitation program.

SECTION 8. 48.983 (6) (a) 3. of the statutes is amended to read:

48.983 **(6)** (a) 3. An identification of existing poor birth outcome and child abuse and neglect prevention services that are available to residents of the county, the area in which the private agency is providing services, or the reservation of the Indian tribe and a description of how those services and any additional needed services will support a comprehensive, evidence–based home visitation program.

SECTION 9. 48.983 (6) (a) 4. of the statutes is amended to read:

48.983 **(6)** (a) 4. An explanation of how the evidence–based home visitation program will build on existing poor birth outcome and child abuse and neglect prevention programs, including programs that provide support to families, and how the evidence–based home visitation program will coordinate with those programs.

SECTION 10. 48.983 (6) (a) 4m. of the statutes is amended to read:

48.983 **(6)** (a) 4m. An explanation of how the applicant will encourage private organizations to provide services under the applicant's evidence–based home visitation program.

SECTION 11. 48.983 (6) (a) 6. of the statutes is amended to read:

48.983 **(6)** (a) 6. An identification of how the evidence–based home visitation program is comprehensive and incorporates the practice standards and critical elements for successful home visitation programs referred to in subd. 1., including how services will vary in intensity levels depending on the needs and strengths of the participating family.

SECTION 12. 48.983 (6) (a) 6m. of the statutes is amended to read:

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1 48.983 **(6)** (a) 6m. An explanation of how the services to be provided under the
2 evidence–based home visitation program, including the risk assessment under sub.
3 (4) (b) 1., will be provided in a culturally competent manner.

4 **SECTION 13.** 48.983 (6) (b) 1. of the statutes is amended to read:

5 48.983 **(6)** (b) 1. 'Flexible fund for evidence–based home visitation programs.'
6 The applicant demonstrates in the application that the applicant has established, or
7 has plans to establish, if selected, a fund from which payments totaling not less than
8 $250 per calendar year may be made for appropriate expenses of each family that is
9 participating in the evidence–based home visitation program under sub. (4) (b) 1. or
10 that is receiving home visitation services under s. 49.45 (44). The payments shall be
11 authorized by an individual designated by the applicant. If an applicant makes a
12 payment to or on behalf of a family under this subdivision, one–half of the payment
13 shall be from grant moneys received under this section and one–half of the payment
14 shall be from moneys provided by the applicant from sources other than grant
15 moneys received under this section.

16 **SECTION 14.** 48.983 (6) (c) of the statutes is amended to read:

17 48.983 **(6)** (c) *Case management benefit.* The applicant states in the grant
18 application that it has elected, or, if selected, that it will elect, under s. 49.45 (25) (b),
19 to make the case management benefit under s. 49.45 (25) available to the category
20 of beneficiaries under s. 49.45 (25) (am) 9. who are children and who are members
21 of families receiving evidence–based home visitation program services under sub. (4)
22 (b) 1.

23 **SECTION 15.** 48.983 (6g) (a) and (b) of the statutes are amended to read:

24 48.983 **(6g)** (a) Except as permitted or required under s. 48.981 (2), no person
25 may use or disclose any information concerning any individual who is selected for an

assessment under sub. (4) (b), including an individual who declines to undergo the assessment, or concerning any individual who is offered services under ~~a~~ an evidence–based home visitation program funded under this section, including an individual who declines to receive those services, unless the use or disclosure is connected with the administration of the evidence–based home visitation program or the administration of the Medical Assistance program under ss. 49.43 to 49.497 or unless the individual has given his or her written informed consent to the use or disclosure.

(b) A county, private agency, or Indian tribe that is selected to participate in the 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 16. 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 17. 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 18. 48.983 (7) (title) and (a) (intro.) of the statutes are amended to read:

evidence-based

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 19. 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 20. 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 21. 48.983 (7) (b) of the statutes is amended to read:

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

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

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

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

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

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

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

1 **SECTION 23.** 48.983 (8) of the statutes is amended to read:

2 48.983 **(8)** TECHNICAL ASSISTANCE AND TRAINING. The department shall provide
3 technical assistance and training to counties, private agencies, and Indian tribes
4 that are selected to participate in the program under this section. The training may
5 not be limited to a particular evidence–based home visitation model. The training
6 shall include training in best practices regarding basic skills, uniform
7 administration of screening and assessment tools, the issues and challenges that
8 families face, and supervision and personnel skills for program managers. The
9 training may also include training on data collection and reporting.

10 **SECTION 24.** 48.983 (9) of the statutes is created to read:

11 48.983 **(9)** MEMORANDUM OF UNDERSTANDING. The department shall enter into
12 a memorandum of understanding with the department of health services that
13 provides for collaboration between those departments in carrying out
14 evidence–based home visiting programs under sub. (4) (b) 1.

15 **SECTION 25.** 49.45 (24w) of the statutes is created to read:

16 49.45 **(24w)** SERVICES FOR PREGNANT WOMEN. (a) The department shall request
17 a waiver of federal Medicaid law from the secretary of the federal department of
18 health and human services to permit the department to provide services and support
19 under medical assistance for pregnant women who face an increased risk of having
20 a low birth weight baby, a preterm birth, or other negative birth outcome because
21 of medical or nonmedical factors, such as psychosocial, behavioral, environmental,
22 educational, or nutritional factors. The department shall implement the programs
23 and services authorized by this waiver in Milwaukee, Racine, Kenosha, Rock, and
24 Dane counties, and in a rural multicounty region identified by the department in
25 collaboration with the Great Lakes Intertribal Council. The multicounty region

shall include counties experiencing the largest disparities in birth outcomes between Caucasian and Native American populations and shall be of sufficient size to enable meaningful implementation and evaluation of the programs and services.

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

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

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

3. Transportation services for persons who accompany a pregnant woman to prenatal appointments and transportation for the pregnant woman and her children to other destinations including social services offices and locations where child care is provided for her children.

4. Data collection, including the pregnancy risk assessment and monitoring system, fetal and infant mortality review, vital statistics information, information from medical assistance data and chart reviews, and an assessment of nonmedical factors that may contribute to poor birth outcomes.

5. Full reimbursement for evidence–based group prenatal care, such as the Centering Pregnancy program.

a multifaceted model of care that integrates health assessment, education, and support into a unified program within a group setting

6. Mental health services.

7. Smoking cessation services.

8. Initiatives to increase the utilization of public health and other health care providers with similar racial and socioeconomic backgrounds as the pregnant women and families served by the health care provider.

labor coaches or other nonmedical individuals who assist women before, during, or after childbirth

9. Coordinators to create social care plans for medical assistance recipients, to provide information and assistance regarding all programs that may impact low–income pregnant women, including programs regarding rental assistance, the earned income tax credit, available child care services for a pregnant woman's other children, and to provide breastfeeding support.

10. Demonstration projects developed by the department, to evaluate the effectiveness of evidence–based programs designed to serve under–served populations.

11. One or more initiatives, developed by the department, to increase the utilization of nurse–midwives licensed under s. 441.15 (3) and doulas in the delivery of care to underserved populations and to evaluate the outcomes of that care.

12. The establishment of freestanding birth centers.

13. Extension of the prenatal care coordination services that are available as a medical assistance benefit from the beginning of pregnancy to the first day of the 13th month after delivery and specifying that prenatal care coordination services are available to recipients' babies during that time period.

14. Expansion and full reimbursement of evidence–based, home–based prenatal care coordination services.

15. Full reimbursement for home visits made by registered nurses who are public health nurses or who meet the qualifications of a public health nurse as specified in s. 250.06 (1), by social workers as defined in s. 252.15 (1) (er), nurse–midwives licensed under s. 441.15 (3), and by persons who receive the training established under s. 38.04 (32). 33

16. Reimbursement of care provided through telemedicine visits on the same basis that reimbursement is provided for in–person visits. telehealth

17. Reimbursement of the costs of providing banked human donor milk to newborns when medically indicated.

(c) The department shall evaluate the programs and services implemented under the waiver under par. (a) and develop a plan to implement the effective programs and services statewide. under Medical Assistance

(d) The department shall consider prohibiting reimbursement for elective induction of labor or cesarean sections if either procedure is performed before 39 weeks gestation, unless medically indicated.

SECTION 26. 49.815 of the statutes is created to read:

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

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

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

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

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

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

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

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

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

SECTION 27. 50.36 (2m) of the statutes is created to read:

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

(a) Require hospitals to develop, for each postpartum patient, an appropriate discharge plan that does all of the following:

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

and

to address

2. Ensures that the postpartum patient is consulted and provided with assistance regarding health care resources available to her newborn and regarding the safe transportation of her newborn.

(b) Require that education is provided, orally and in person, to each postpartum patient prior to discharge on all of the following:

1. Newborn care, including safe sleeping arrangements.

2. Methods to access breastfeeding information and support, including reliable information on Internet Web sites.

3. Car seat safety.

(c) Require that health care providers, including physicians, do all of the following orally and in person:

1. Recommend and actively support breastfeeding for all newborns for whom breastfeeding is not medically contraindicated.

2. Provide parents with complete, up–to–date information to ensure that feeding decisions are fully informed.

3. Provide, upon a parent's request, referrals to lactation specialists or public health nurses for home visits.

SECTION 28. 50.36 (3i) of the statutes is created to read:

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

SECTION 29. 69.02 (2) (c) of the statutes is created to read:

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

SECTION 30. 69.14 (1) (i) of the statutes is created to read:

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

SECTION 31. 71.07 (9e) (aj) (intro.) of the statutes is amended to read:

71.07 **(9e)** (aj) (intro.) For taxable years beginning after December 31, 2010, <u>and subject to par. (h),</u> an individual may credit against the tax imposed under s. 71.02 an amount equal to one of the following percentages of the federal basic earned income credit for which the person is eligible for the taxable year under section 32 (b) (1) (A) to (C) of the Internal Revenue Code:

SECTION 32. 71.07 (9e) (h) of the statutes is created to read:

71.07 **(9e)** (h) Notwithstanding the limitations in par. (aj), a person may claim the credit under par. (aj) even if, with regard to the child about whom the claim is made, the child does not have the same principal place of abode as the person claiming the credit and even if another person claims the credit under section 32 (b)

(1) (A) to (C) of the Internal Revenue Code and under par. (aj) for that child, if all of the following apply:

1. The claimant is subject to and in compliance with a child support order under s. 767.511 with respect to that child.

2. The claimant meets the definition of parent under s. 48.02 (13) with respect to that child.

SECTION 33. 253.15 (2) of the statutes is amended to read:

253.15 **(2)** INFORMATIONAL MATERIALS. The board shall purchase or prepare or arrange with a nonprofit organization to prepare printed and audiovisual materials relating to shaken baby syndrome and impacted babies. The materials shall include information regarding the identification and prevention of shaken baby syndrome and impacted babies, the grave effects of shaking or throwing on an infant or young child, appropriate ways to manage crying, fussing, or other causes that can lead a person to shake or throw an infant or young child, and a discussion of ways to reduce the risks that can lead a person to shake or throw an infant or young child. The materials shall be prepared in English, Spanish, and other languages spoken by a significant number of state residents, as determined by the board. The board shall make those written and audiovisual materials available to all hospitals, maternity homes, and nurse–midwives licensed under s. 441.15 that are required to provide or make available materials to parents under sub. (3) (a) 1., to the department and to all county departments and nonprofit organizations that are required to provide the materials to child care providers under sub. (4) (d), and to all school boards and nonprofit organizations that are permitted to provide the materials to pupils in one of grades 5 to 8 and in one of grades 10 to 12 under sub. (5). The board shall also make those written materials available to all county departments and Indian tribes that

are providing evidence–based home visitation services under s. 48.983 (4) (b) 1. and to all providers of prenatal, postpartum, and young child care coordination services under s. 49.45 (44). The board may make available the materials required under this subsection to be made available by making those materials available at no charge on the board's Internet site.

SECTION 34. 253.15 (6) of the statutes is amended to read:

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

SECTION 35. 253.15 (7) (e) of the statutes is amended to read:

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

SECTION 36. 253.162 of the statutes is created to read:

253.162 Fetal and infant mortality and birth outcome report. (1) In this section:

(a) "Infant" means a child from birth to 12 months of age.

(b) "Low birth weight" means a birth weight that is more than 1,500 grams and less than 2,500 grams.

1 (c) "Very low birth weight" means a birth weight of 1,500 grams or less.

2 (d) "Very premature birth" means a birth at less than 32 weeks gestation.

3 **(2)** (a) The department shall annually prepare a report relating to fetal and
4 infant mortality and birth outcomes in this state. The department shall include in
5 the report data related to births and birth outcomes in this state in the previous
6 calendar year and an analysis of that data. The department shall collaborate with
7 local health departments, tribes, and other interested parties to determine the data
8 and data analysis to be included in the report and the procedures by which the data
9 will be collected and reported to the department. The department shall ensure that
10 the report, to the greatest extent possible, includes data and analysis that are
11 necessary and useful for the development and evaluation of programs to address
12 disparities in birth outcomes among racial and ethnic groups in this state and shall
13 periodically consult with interested parties to review and update the data and
14 analysis to be included in the report, as is needed to ensure that this goal continues
15 to be met.

16 (b) The department shall include, at a minimum, all of the following
17 information in the report under par. (a):

18 1. The number and rate of infant deaths in each county.

19 2. The causes of infant deaths in each county.

20 3. The number and rate of very premature births in each county.

21 4. The number of low birth weight infants born in each county and the rate of
22 those births in each county.

23 5. The number of very low birth weight infants born in each county and the rate
24 of those births in each county.

6. The race or ethnicity of the infant provided on the birth or death certificate for births or deaths identified in subds. 1., 3., 4., and 5. STET: leave as typed

(c) The department, in collaboration with the persons described under par. (a), shall consider including in the report data related to the type of prenatal care, if any, received by the mother of each infant whose birth data is included in the report.

(d) On June 30, 2015, and on every June 30 after that, the department shall do all of the following:

1. Submit the report to the appropriate standing committees of the legislature under s. 13.172 (3).

2. Post the report on its Internet Web site.

3. Post on its Internet Web site the raw data collected in the previous calendar year for purposes of the annual report. The data shall be presented in a manner that does not disclose or enable the identification of any individual infant, mother, or birth attendant.

(3) The department shall explore whether any of the costs of collecting the data and creating the report under sub. (2) may be funded by the Medical Assistance program.

SECTION 37. 253.18 of the statutes is created to read:

253.18 Neonatal intensive care unit report. (1) In this section, "neonatal intensive care unit" means a hospital unit on which special equipment and skilled medical personnel for the care of high–risk infants requiring immediate or continuous attention are concentrated.

(2) (a) Beginning on July 1, 2014, the department shall collect all of the following information from a hospital that has a neonatal intensive care unit:

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

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

(b) On June 30, 2015, and on every June 30 after that, the department shall annually prepare a report that includes all of the information in par. (a) from the previous calendar year. The department shall make the report available to the public and post the report on the department's Internet Website.

SECTION 38. 441.15 (1) (a) of the statutes is repealed.

SECTION 39. 441.15 (1) (am) of the statutes is created to read:

441.15 **(1)** (am) "Nurse–midwife" means a person licensed under this section to engage in the practice of nurse–midwifery.

SECTION 40. 441.15 (1) (c) of the statutes is created to read:

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

SECTION 41. 441.15 (2) (b) of the statutes is amended to read:

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

SECTION 42. 441.15 (3) (c) of the statutes is amended to read:

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

SECTION 43. 441.15 (4) of the statutes is amended to read:

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

SECTION 44. 441.15 (4m) of the statutes is created to read:

441.15 **(4m)** No nurse–midwife may perform an elective procedure intended to induce labor in a pregnant woman before the completion of a gestational period of 39 weeks unless the nurse–midwife has first obtained the informed consent of the woman. A woman's consent is informed for purposes of this subsection only if she receives timely information orally and in person from the nurse–midwife regarding potential negative effects to the fetus of early delivery, including long–term learning and behavioral problems.

SECTION 45. 448.02 (3) (a) of the statutes is amended to read:

448.02 **(3)** (a) The board shall investigate allegations of unprofessional conduct and negligence in treatment by persons holding a license, certificate, or limited permit granted by the board. An allegation that a physician has violated s. 253.10 (3), 448.30, 448.35, or 450.13 (2); or has failed to mail or present a medical certification required under s. 69.18 (2) within 21 days after the pronouncement of death of the person who is the subject of the required certificate; or that a physician has failed at least 6 times within a 6–month period to mail or present a medical certificate required under s. 69.18 (2) within 6 days after the pronouncement of death of the person who is the subject of the required certificate is an allegation of unprofessional conduct. Information contained in reports filed with the board under s. 49.45 (2) (a) 12r., 50.36 (3) (b), 609.17, or 632.715, or under 42 CFR 1001.2005, shall

be investigated by the board. Information contained in a report filed with the board under s. 655.045 (1), as created by 1985 Wisconsin Act 29, which is not a finding of negligence or in a report filed with the board under s. 50.36 (3) (c) may, within the discretion of the board, be used as the basis of an investigation of a person named in the report. The board may require a person holding a license, certificate, or limited permit to undergo, and may consider the results of, one or more physical, mental, or professional competency examinations if the board believes that the results of any such examinations may be useful to the board in conducting its investigation.

SECTION 46. 448.35 of the statutes is created to read:

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

SECTION 47. 448.40 (2) (am) of the statutes is created to read:

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

SECTION 48. 619.04 (3) of the statutes is amended to read:

619.04 **(3)** The plan shall operate subject to the supervision and approval of a board of governors consisting of 3 representatives of the insurance industry appointed by and to serve at the pleasure of the commissioner, a person to be named by the State Bar Association, a person to be named by the Wisconsin Academy of Trial

Lawyers, 2 persons to be named by the Wisconsin Medical Society, a person to be named by the Wisconsin Hospital Association, the commissioner or a designated representative employed by the office of the commissioner, and 4 public members at least one of whom is named by the Wisconsin Nurses Association and at least 2 of whom are not attorneys or physicians and are not professionally affiliated with any hospital or insurance company, appointed by the governor for staggered 3–year terms. The commissioner or the commissioner's representative shall be the chairperson of the board of governors. Board members shall be compensated at the rate of $50 per diem plus actual and necessary travel expenses.

SECTION 49. 655.001 (7t) of the statutes is renumbered 655.001 (7t) (a) and amended to read:

655.001 **(7t)** (a) ~~"Health~~ Except as provided in par. (b), "health care practitioner" means a health care professional, as defined in s. 180.1901 (1m), who is an employee of a health care provider described in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide 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 50. 655.001 (7t) (a) of the statutes, as affected by 2013 Wisconsin Act .... (this act), is renumbered 655.001 (7t) and amended to read:

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

SECTION 51. 655.001 (7t) (b) of the statutes is created to read:

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

SECTION 52. 655.001 (7t) (b) of the statutes, as created by 2013 Wisconsin Act .... (this act), is repealed.

SECTION 53. 655.001 (9c) of the statutes is created to read:

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

SECTION 54. 655.002 (1) (a) of the statutes is amended to read:

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

SECTION 55. 655.002 (1) (b) (intro.) of the statutes is amended to read:

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

SECTION 56. 655.002 (1) (b) 1. of the statutes is amended to read:

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

SECTION 57. 655.002 (1) (b) 2. of the statutes is amended to read:

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

SECTION 58. 655.002 (1) (b) 3. of the statutes is amended to read:

655.002 **(1)** (b) 3. The physician ~~or~~, nurse anesthetist, or nurse–midwife performs more procedures in a Michigan hospital than in any other hospital. In this subdivision, "Michigan hospital" means a hospital located in Michigan that is an

affiliate of a corporation organized under the laws of this state that maintains its principal office and a hospital in this state.

SECTION 59. 655.002 (1) (c) of the statutes is amended to read:

655.002 **(1)** (c) A physician ~~or~~, nurse anesthetist, or nurse–midwife who is exempt under s. 655.003 (1) or (3), or a nurse–midwife who is exempt under s. 655.003 (4), but who practices his or her profession outside the scope of the exemption and who fulfills the requirements under par. (a) in relation to that practice outside 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 60. 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 61. 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 62. 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 63. 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 64. 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 65. 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 66. 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 67. 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 68. 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 69. 655.005 (2) (a) of the statutes, as affected by 2013 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 70. 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 71. 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 72. 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 73. 655.27 (3) (b) 2f. of the statutes is created to read:

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

SECTION 74. 655.27 (3) (b) 2m. of the statutes is amended to read:

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

SECTION 75. 655.275 (5) (b) 3. of the statutes is created to read:

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

1 **SECTION 76. Nonstatutory provisions.**

2 (1) EXPIRATION OF TERM OF MEMBER ON BOARD OF GOVERNORS. Notwithstanding
3 the length of terms specified for the members of the board of governors under section
4 619.04 (3) of the statutes, as affected by this act, the initial public member named
5 by the Wisconsin Nurses Association shall be appointed for a term expiring on May
6 1, 2015.

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

17 **SECTION 77. Initial applicability.**

18 (1) The treatment of section 71.07 (9e) (h) of the statutes first applies to taxable
19 years beginning on January 1 of the year in which this subsection takes effect, except
20 that if this subsection takes effect on or after August 1 the treatment of section 71.07
21 (9e) (h) of the statutes first applies to taxable years beginning on January 1 of the
22 year following the year in which this subsection takes effect.

23 **SECTION 78. Effective dates.** This act takes effect on the day after publication,
24 except as follows:

1 (1) INJURED PATIENTS AND FAMILIES COMPENSATION FUND. The treatment of
2 sections 655.002 (1) (a), (b) (intro.) 1., 2., and 3., (c), (d), (e), and (em) and (2) (a) and
3 (b), 655.003 (1), (3), and (4), 655.005 (2) (a) (by SECTION 69) and (b), 655.23 (5m),
4 655.27 (3) (a) 4. and (b) 2f. and 2m., and 655.275 (5) (b) 3. of the statutes, the repeal
5 of section 655.001 (7t) (b) of the statutes, and the renumbering and amendment of
6 section 655.001 (7t) (a) of the statutes take effect on the first day of the 3rd month
7 beginning after the date published by the commissioner of insurance in the
8 Wisconsin Administrative Register under SECTION 76 (2) of this act.
9 **(END)**

INS MES–ANL

Under federal law, the earned income tax credit (EITC) is a refundable tax credit for low–income workers. If the amount of the claim exceeds the worker's tax liability, the claimant receives a check for the excess amount from the Internal Revenue Service. The amount of the credit for which a claimant is eligible is based, in part, on the claimant's filing status and whether the claimant has no qualifying children, one qualifying child, or more than one qualifying child.

Under current law, the refundable Wisconsin EITC may be claimed in an amount equal to a certain percentage of the federal basic EITC. To be eligible for the Wisconsin EITC, an individual must have one or more qualifying children who have the same principal place of abode as the claimant.

Under this bill, an individual may claim the Wisconsin EITC even if, with regard to the child about whom the claim is made, the child does not have the same principal place of abode as the claimant and even if another person claims the federal and Wisconsin credits for that child, provided that the claimant meets a statutory definition of "parent" with respect to that child and provided that the claimant is subject to and in compliance with a child support order with respect to that child.

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

INS MES–A

bill section numbers should be automatic not hard numbers

SECTION ~~22~~ #. 71.07 (9e) (aj) (intro.) of the statutes is amended to read:

71.07 **(9e)** (aj) (intro.) For taxable years beginning after December 31, 2010, and subject to par. (h), an individual may credit against the tax imposed under s. 71.02 an amount equal to one of the following percentages of the federal basic earned income credit for which the person is eligible for the taxable year under section 32 (b) (1) (A) to (C) of the Internal Revenue Code:

History: 1987 a. 312; 1987 a. 411 ss. 63, 79 to 82, 85, 86; 1987 a. 419, 422; 1989 a. 31, 44, 56, 100, 359; 1991 a. 39, 269, 292; 1993 a. 16, 112, 204, 471, 491; 1995 a. 27 ss. 3377m to 3393m, 9116 (5); 1995 a. 209, 227, 400, 453; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9, 10, 32; 1999 a. 150 s. 672; 1999 a. 198; 2001 a. 16, 109; 2003 a. 72, 99, 135, 183, 255, 267, 326; 2005 a. 25, 49, 72, 74, 97, 177, 254, 361, 387, 479, 483, 487; 2007 a. 11, 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20 54; s. 35.17 correction in (2dr) (a), (5n) (a) (intro.).

SECTION ~~23~~ #. 71.07 (9e) (h) of the statutes is created to read:

71.07 **(9e)** (h) Notwithstanding the limitations in par. (aj), a person may claim the credit under par. (aj) even if, with regard to the child about whom the claim is made, the child does not have the same principal place of abode as the person

claiming the credit and even if another person claims the credit under section 32 (b) (1) (A) to (C) of the Internal Revenue Code and under par. (aj) for that child, if all of the following apply:

1. The claimant is subject to and in compliance with a child support order under s. 767.511 with respect to that child.

2. The claimant meets the definition of parent under s. 48.02 (13) with respect to that child.

INS MES– B

SECTION #. Initial applicability.

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

bill section and subsection numbers must be arabic numbers not hard numbers

1 INSERT TJD–A1

Medical Assistance programs and services

This bill requires the Department of Health Services (DHS) to request from the secretary of the federal Department of Health and Human Services a waiver of
* federal Medicaid law to permit DHS to provide services and support under the
* Medical Assistance (MA) program to pregnant women who face an increased risk of having a low birth weight baby, a preterm birth, or other negative birth outcome.
* DHS must implement the MA programs and services in Milwaukee, Racine, Kenosha, Rock, and Dane counties and in a rural multicounty region identified by DHS in collaboration with the Great Lakes Intertribal Council. The bill specifies
* certain services or programs that DHS must consider including in its Medicaid waiver request. DHS must evaluate the programs and services implemented under the waiver request and must develop a plan to implement the effective programs and services statewide. DHS must also consider prohibiting reimbursement under the
* MA program for elective induction of labor or cesarean sections performed before 39 weeks gestation, unless medically indicated.

(END INSERT TJD – A1)

2 INSERT TJD–A2

Under current law, certain health care providers (covered health care providers), who meet certain criteria, are covered by the injured patients and families compensation fund (fund) for claims for damages for bodily injury or death due to acts or omissions of those covered health care providers. Any claims filed against a covered health care provider must follow the procedures and are subject to the restrictions in current law.

Covered health care providers, under current law, are required to maintain certain liability insurance or to qualify as a self–insurer. The insurance policy under which a covered health care provider is covered must meet certain requirements under current law. If the covered health care provider satisfies the requirements of current law, he or she is liable for malpractice for no more than the prescribed limits of a self–insured covered health care provider or no more than the maximum liability limit for which the covered health care provider is insured. The fund pays any portion of a medical malpractice claim against a covered health care provider that is in excess of the self–insured limits or the liability insurance limit, except if the damages for injury or death are caused by an intentional crime. Covered health care providers pay an annual assessment, which is deposited in the fund.

The bill adds nurse–midwives to the law pertaining to the fund and to the malpractice claims, and therefore, under the bill, nurse–midwives are covered by the fund and are subject to the restrictions to be covered by the fund.

(END INSERT TJD–A2)

THAW FROZEN BILL SECTION NUMBER i.e. change hard number to auto number

FFK insert

XX

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

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

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

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

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

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

3. Provides a single, automated care plan for an individual that identifies ~~identifying~~ a comprehensive array of service activities needed to address the individual's assessed risks ~~for an individual~~.

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

(2) The department of health services shall develop a detailed plan to implement an expanded system under sub. (1) (a) no later than 12 months after the effective date of this subsection .... [LRB inserts date]. The plan shall contain cost 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 of health services on
4 these projects.

End of Insert

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

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB–3724/1dn
MED:...
gjs

– date –

Rep. Mason:

Please note the following:

1. I revised the provision regarding postpartum education (s. 50.36 (2m)) a bit for clarity and consistency. Notably, I eliminated a second reference in s. 50.36 (2) (b) to the education being provided prior to discharge. Let me know if this duplicated reference was intended. I also referred consistently in this provision to "the postpartum patient" instead of "the mother," as these appeared to have the same intended meaning. Please review this provision, and let me know if anything does not reflect your intent. Please also to confirm that you intend everything under s. 50.36 (2) (c) be provided orally and in person, as is currently required in the bill, and whether you'd like to further clarify which kinds of health care workers are responsible for performing the duties under this provision or simply have the rules require the items in s. 50.36 (2) (c) 1. to 3. be done without specifying in the bill who must do it.

2. In the provision regarding the fetal and infant mortality and birth outcome report (s. 253.162 (2) (d)), I advanced the date by two years from last session's amendments to June 30, 2015. Let me know if you would like a different date. You may wish to clarify, however, whether DHS would be required to prepare a report in the year 2014 (for data from 2013) as this date identifies the first year that DHS must submit the report to the legislature and post the report and data on the Internet, and not when DHS must prepare the report. In addition, you may wish to consider moving this material to chapter 69 of the statutes and give the responsibility for the report to the State Registrar, which is part of DHS and already has a mandate to publish vital statistics reports. The State Registrar publishes various reports and data on births and other vital statistics pursuant to this mandate, including a report on births by county and a detailed report on births and deaths that occur in the state. These reports are available at http://www.dhs.wisconsin.gov/births/index.htm

3. In the provision regarding the neonatal intensive care unit report (s. 253.035), I advanced the dates by two years from last session's amendments, so that data would first be required to be collected on July 1, 2014, and an annual report would be due on June 30, 2015. Let me know if you would like different dates. You may also wish to clarify what the significance of the July 1, 2014, date is – does it refer to the date for which data must first be submitted by hospitals to DHS, or the date on which DHS

must begin to act to collect data? Is the intent for each hospital to send DHS a daily report, or could a hospital, for instance, send one NICU census report to DHS each year (with census figures from each day from the previous year)? You may also wish to reword this provision to instead place the requirement to submit data on hospitals (instead of requiring DHS to collect the data), if only to make it more clear that data submission is a mandatory requirement for hospitals with NICUs, assuming that is your intent. Finally, the provision requires a report with all of the last year's information. Should DHS be required to arrange or analyze the information in its report? As drafted, it looks like the report would simply consist of the previous year's submissions from hospitals.

4. Regarding nurse–midwives, s. 441.15 (4), as amended in the bill, provides that in certain cases, nurse–midwives must consult with a qualified health care professional or make a referral. It does not specify to whom a referral must be made. Should the referral be required to be made to a qualified health care professional as well?

5. Regarding informed consent by physicians for c–sections and labor–inducing procedures (s. 448.35), I assumed that the qualifying phrase referring to completion of a gestational period of 39 weeks would apply *both* to c–sections and labor–inducing procedures and therefore added commas to make this more clear. If this is incorrect, let me know and I can make that clear.

6. The bill requires DHS to promulgate rules for purposes of the requirement in the bill for birth certificates to include the child's race and ethnicity. Please let me know if you want the requirement for the designation of race and ethnicity on the birth certificate to not go into effect until the promulgation of those rules.

Michael Duchek
Legislative Attorney
Phone: (608) 266–0130
E–mail: michael.duchek@legis.wisconsin.gov

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB–3724/1dn
MED:cjs:rs

December 16, 2013

Rep. Mason:

Please note the following:

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Michael Duchek
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Rose, Stefanie

From: Selkowe, Vicky
Sent: Monday, January 27, 2014 1:28 PM
To: LRB.Legal
Subject: Draft Review: LRB -3724/1 Topic: Infant Mortality

Please Jacket LRB -3724/1 for the ASSEMBLY.