



## Fiscal Estimate Narratives

DHS 11/5/2013

LRB Number	<b>13-3285/1</b>	Introduction Number	<b>SB-357</b>	Estimate Type	<b>Original</b>
<b>Description</b> Causing harm to a child by cosleeping while intoxicated, providing information about cosleeping while intoxicated, and providing a penalty					

### Assumptions Used in Arriving at Fiscal Estimate

2013 SB 357 prohibits a person from causing harm to an infant by cosleeping with the infant while intoxicated. The bill requires the Child Abuse and Neglect Prevention Board ("Board") to provide written and audiovisual informational materials relating to cosleeping while intoxicated. The Board must make the materials available on its website, for no charge, to all providers who are required by law to distribute the information.

Under the bill, an attending physician, an attending nurse-midwife, or another trained, designated staff member of a hospital or maternity home is required to provide to the parents of an infant born at or en route to the hospital or maternity home, at no cost, a copy of the printed informational materials, and to inform the parents of the availability of the audiovisual materials. They must make the audiovisual materials available for parents to view. The bill also requires an attending physician, an attending nurse-midwife, or a trained, designated birth attendant to provide to the parents of an infant born in another location, without cost, a copy of the printed informational materials, and to inform the parents of the availability of the audiovisual materials, within seven days after the birth of the infant. The bill requires the person who provides the informational materials to include a statement in the records of the hospital, maternity home, or nurse-midwife relating to the infant that all materials were provided or made available.

The Department of Health Services (DHS), Division of Quality Assurance (DQA), surveys approximately 26 hospitals annually for compliance with state and federal law. DHS does not have jurisdiction over maternity homes and licensing of most individual practitioners. Upon passage of the new law, DQA would draft and distribute program memorandum to all hospitals informing them of their responsibilities. The Department would also notify industry representatives of the law at DQA's quarterly hospital forum. The Department estimates that survey staff would spend approximately one to two hours per hospital survey determining compliance with the requirements of the law. The review process would include an interview of facility staff and a review of the clinical record and facility policy. The Department estimates that the fiscal impact pertaining to these requirements would be minimal.

To the extent that county agencies are certified providers subject to the provisions of this bill, county agencies would be required to provide written informational materials to parents, and to make audiovisual materials available for viewing, at no cost. The fiscal impact associated with these requirements is indeterminate.

The bill also requires county departments and Indian tribes that provide home visitation services and providers of prenatal, postpartum, and young child care coordination services under Wis. Stat. 49.45 (44) to provide, for no cost, the written informational materials and to explain the materials. It is difficult to estimate the number of individuals who utilize these services and who would receive the written informational materials, at no cost. Therefore, although the Department estimates that there will be a cost to local governments, Indian tribes, and the specified providers associated with disseminating and explaining the written materials, the amount is indeterminate.

In conclusion, DHS estimates that the fiscal effect to the Department relating to hospital and provider compliance under the bill is minimal and can be absorbed within current resources. The requirements of the bill pertaining to local governments and Indian tribes are likely to have a fiscal effect; however, the cost is indeterminate.

### Long-Range Fiscal Implications