2013 DRAFTING REQUEST

Bill

Received:	**1/27/2014**	Received By:	**chanaman**
Wanted:	**As time permits**	Same as LRB:	**-3724**
For:	**Dale Schultz (608) 266-0703**	By/Representing:	**Sheryl**
May Contact:		Drafter:	**mduchek**
Subject:	**Health - abortion/maternal/child** **Health - public health**	Addl. Drafters:	
		Extra Copies:	

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

Pre Topic:

No specific pre topic given

Topic:

Infant Mortality

Instructions:

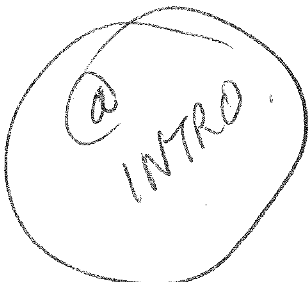
Draft 11a2849 (Leg. Council study committee on infant mortality) as a 2013 bill

Drafting History:

Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/1	chanaman 1/27/2014	csicilia 1/28/2014	jfrantze 1/28/2014	_______ _______	mbarman 1/28/2014	srose 1/29/2014	State S&L

FE Sent For:

<END>



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/1	chanaman	/1 jo 1/28/14		_______ _______			State S&L

FE Sent For:

<END>

Hanaman, Cathlene

From: Duchek, Michael
Sent: Monday, January 27, 2014 4:52 PM
To: Hanaman, Cathlene
Subject: FW: LRB 3724/1

Cathlene,

Can you do this one for me (just a companion)? I could ask another drafter but since I'm the main drafter if they do the companion with me as the lead drafter it will go to my inbox by default I believe. So you can do the companion and then pluck it from my inbox, I think. Hope that makes sense.

-Mike

From: Selkowe, Vicky
Sent: Monday, January 27, 2014 4:38 PM
To: Duchek, Michael
Cc: Albers, Sheryl
Subject: Re: LRB 3724/1

HI Mike,

Sen. Schultz' office needs a Senate companion drafted for this bill please. I am cc'ing Sheryl Albers in his office.

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, December 10, 2013 9:25 AM
To: Selkowe, Vicky
Subject: RE: Drafting request

Vicky,

FYI I am putting this bill into editing with all the study committee components. Since it is large and it's a new session, it will take them a bit of time to go through it, but I will ask that they have it done and to you by the end of the week. Let me know if that's not OK (i.e., if you need it sooner).

-Mike

From: Selkowe, Vicky
Sent: Tuesday, December 03, 2013 11:52 AM
To: Duchek, Michael
Subject: RE: Drafting request

Hi Michael,

I received and reviewed Gordon Malaise's P draft of a portion of this larger bill; his section relates to the evidence-based home visitation programs. That section looks fine.

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 3:06 PM
To: Selkowe, Vicky
Subject: RE: Drafting request

Vicky,

I am guessing that it will be at least a couple of weeks, but we will try to get it out to you as soon as possible. Thanks,

-Mike

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<https://docs.legis.wisconsin.gov/2011/related/proposals/sb532.pdf>/2011 Assembly Bill 693<https://docs.legis.wisconsin.gov/2011/related/proposals/ab693.pdf>) 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

State of Wisconsin
2013 – 2014 LEGISLATURE

LRB-3724/1
MD/TD/FK/PG/GM/MS:cjs:rs

2013 BILL

1 AN ACT *to repeal* 441.15 (1) (a) and 655.001 (7t) (b); *to renumber and amend*
2 655.001 (7t) and 655.001 (7t) (a); *to amend* 48.983 (4) (a) 4m., 48.983 (4) (b),
3 48.983 (6) (a) (intro.), 48.983 (6) (a) 1., 48.983 (6) (a) 2., 48.983 (6) (a) 3., 48.983
4 (6) (a) 4., 48.983 (6) (a) 4m., 48.983 (6) (a) 6., 48.983 (6) (a) 6m., 48.983 (6) (b)
5 1., 48.983 (6) (c), 48.983 (6g) (a) and (b), 48.983 (6m), 48.983 (6r), 48.983 (7)
6 (title) and (a) (intro.), 48.983 (7) (ag), 48.983 (7) (ar), 48.983 (7) (b), 48.983 (7)
7 (c), 48.983 (8), 71.07 (9e) (aj) (intro.), 253.15 (2), 253.15 (6), 253.15 (7) (e), 441.15
8 (2) (b), 441.15 (3) (c), 441.15 (4), 448.02 (3) (a), 619.04 (3), 655.002 (1) (a),
9 655.002 (1) (b) (intro.), 655.002 (1) (b) 1., 655.002 (1) (b) 2., 655.002 (1) (b) 3.,
10 655.002 (1) (c), 655.002 (1) (d), 655.002 (1) (e), 655.002 (1) (em), 655.002 (2) (a),
11 655.002 (2) (b), 655.003 (1), 655.003 (3), 655.005 (2) (a), 655.005 (2) (a), 655.005
12 (2) (b), 655.23 (5m), 655.27 (3) (a) 4. and 655.27 (3) (b) 2m.; and *to create* 36.25
13 (54), 38.04 (33), 48.983 (9), 49.45 (24w), 49.815, 50.36 (2m), 50.36 (3i), 69.02 (2)
14 (c), 69.14 (1) (i), 71.07 (9e) (h), 253.162, 253.18, 441.15 (1) (am), 441.15 (1) (c),

1 441.15 (4m), 448.35, 448.40 (2) (am), 655.001 (7t) (b), 655.001 (9c), 655.003 (4),
2 655.27 (3) (b) 2f. and 655.275 (5) (b) 3. of the statutes; **relating to:** expanding
3 eligibility for the earned income tax credit; hospital best practices for
4 postpartum patients and newborns; hospital staff privileges and written
5 agreements required for nurse–midwives; coverage of nurse–midwives under
6 the injured patients and families compensation fund; a report on information
7 related to hospital neonatal intensive care units; an electronic application and
8 information system to determine eligibility and register for public assistance
9 programs; directing the Department of Health Services to request a Medical
10 Assistance waiver; evidence–based home visitation program services for
11 persons who are at risk of poor birth outcomes or of abusing or neglecting their
12 children; designating race and ethnicity on birth certificates; a report on fetal
13 and infant mortality and birth outcomes; requiring informed consent for
14 performance on pregnant women of certain elective procedures prior to the full
15 gestational term of a fetus; cultural competency training for certain students
16 enrolled in the University of Wisconsin System and the technical college
17 system; granting rule–making authority; and requiring the exercise of
18 rule–making authority.

Analysis by the Legislative Reference Bureau

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.

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 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.

Written agreements required for nurse–midwives

Under current law, the Board of Nursing licenses nurse–midwives. Nurse–midwives are health care professionals 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, as defined in the bill, or make a referral.

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

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.

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, 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 a public assistance program to access 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 MA and who are at risk of poor birth outcomes or of perpetrating child abuse or neglect. Current 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 site.

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 site; and post, on its Internet 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 MA program.

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:

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

2 36.25 **(54)** CULTURAL COMPETENCY TRAINING. The board shall ensure that all
3 students enrolled in the University of Wisconsin–Madison School of Medicine and
4 Public Health, or in any program providing instruction for a health care or social
5 work occupation, receive training in cultural competency to improve
6 patient–centered care, which shall include evidence–based training related to
7 implicit bias and emerging evidence related to cultural humility, in order to increase
8 the students' cultural awareness and to improve the students' ability to
9 communicate with, and effectively deliver health care to, patients from different
10 racial and ethnic backgrounds.

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

1 38.04 **(33)** CULTURAL COMPETENCY TRAINING. The board shall ensure that
2 technical college students enrolled in health care occupation programs receive
3 training in cultural competency to improve patient–centered care, which shall
4 include evidence–based training related to implicit bias and emerging evidence
5 related to cultural humility, in order to increase the students' cultural awareness and
6 to improve the students' ability to communicate with, and effectively deliver health
7 care to, patients from different racial and ethnic backgrounds.

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

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

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

16 48.983 **(4)** (b) ~~*Home*~~ *Evidence–based home visitation program services.* 1. A
17 county, private agency, or Indian tribe that is selected to participate in the program
18 under this section shall offer all pregnant women in the county, the area in which
19 that private agency is providing services, or the reservation of the tribe who are
20 eligible for Medical Assistance under subch. IV of ch. 49 an opportunity to undergo
21 an assessment through use of a risk assessment instrument to determine whether
22 the person assessed presents risk factors for poor birth outcomes or for perpetrating
23 child abuse or neglect. Persons who agree to be assessed shall be assessed during
24 the prenatal period. The risk assessment instrument shall be developed by the
25 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

1 those services the information relating to shaken baby syndrome and impacted
2 babies required under s. 253.15 (6).

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

4 48.983 **(6)** (a) (intro.) The part of an application, other than a renewal
5 application, submitted by a county, private agency, or Indian tribe that relates to
6 evidence–based home visitation programs shall include all of the following:

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

8 48.983 **(6)** (a) 1. Information on how the applicant's home visitation program
9 is evidence–based, comprehensive, incorporates practice standards that have been
10 developed for home visitation programs by entities concerned with the prevention of
11 poor birth outcomes and child abuse and neglect and that are acceptable to the
12 department, and incorporates practice standards and critical elements that have
13 been developed for successful home visitation programs by a nationally recognized
14 home visitation program model and that are acceptable to the department.

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

16 48.983 **(6)** (a) 2. Documentation that the application was developed through
17 collaboration among public and private organizations that provide services to
18 children and families, especially children who are at risk of child abuse or neglect and
19 families that are at risk of poor birth outcomes, or that are otherwise interested in
20 child welfare and a description of how that collaboration effort will support a
21 comprehensive, evidence–based home visitation program.

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

23 48.983 **(6)** (a) 3. An identification of existing poor birth outcome and child abuse
24 and neglect prevention services that are available to residents of the county, the area
25 in which the private agency is providing services, or the reservation of the Indian

1 tribe and a description of how those services and any additional needed services will
2 support a comprehensive, evidence–based home visitation program.

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

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

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

9 48.983 **(6)** (a) 4m. An explanation of how the applicant will encourage private
10 organizations to provide services under the applicant's evidence–based home
11 visitation program.

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

13 48.983 **(6)** (a) 6. An identification of how the evidence–based home visitation
14 program is comprehensive and incorporates the practice standards and critical
15 elements for successful home visitation programs referred to in subd. 1., including
16 how services will vary in intensity levels depending on the needs and strengths of the
17 participating family.

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

19 48.983 **(6)** (a) 6m. An explanation of how the services to be provided under the
20 evidence–based home visitation program, including the risk assessment under sub.
21 (4) (b) 1., will be provided in a culturally competent manner.

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

23 48.983 **(6)** (b) 1. 'Flexible fund for evidence–based home visitation programs.'
24 The applicant demonstrates in the application that the applicant has established, or
25 has plans to establish, if selected, a fund from which payments totaling not less than

$250 per calendar year may be made for appropriate expenses of each family that is participating in the evidence–based home visitation program under sub. (4) (b) 1. or that is receiving home visitation services under s. 49.45 (44). The payments shall be authorized by an individual designated by the applicant. If an applicant makes a payment to or on behalf of a family under this subdivision, one–half of the payment shall be from grant moneys received under this section and one–half of the payment shall be from moneys provided by the applicant from sources other than grant moneys received under this section.

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

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

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

48.983 **(6g)** (a) Except as permitted or required under s. 48.981 (2), no person 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.

1 **SECTION 18.** 48.983 (7) (title) and (a) (intro.) of the statutes are amended to
2 read:

3 48.983 **(7)** (title) ~~HOME~~ EVIDENCE–BASED HOME VISITATION PROGRAM EVALUATION.
4 (a) (intro.) The department shall conduct or shall select an evaluator to conduct an
5 evaluation of the evidence–based home visitation program. The evaluation shall
6 measure all of the following criteria in families that have participated in ~~the home~~
7 ~~visitation~~ that program and that are selected for evaluation:

8 **SECTION 19.** 48.983 (7) (ag) of the statutes is amended to read:

9 48.983 **(7)** (ag) The department shall evaluate the availability of
10 evidence–based home visitation programs in the state and determine whether there
11 are gaps in evidence–based home visitation services in the state. The department
12 shall cooperate with counties, private agencies, and Indian tribes providing
13 evidence–based home visitation programs to address any gaps in services identified.

14 **SECTION 20.** 48.983 (7) (ar) of the statutes is amended to read:

15 48.983 **(7)** (ar) Each county, private agency, and Indian tribe providing ~~a~~ an
16 evidence–based home visitation program shall collect and report data to the
17 department, as required by the department. The department shall require each
18 county, private agency, and Indian tribe providing ~~a~~ an evidence–based home
19 visitation program to collect data using forms prescribed by the department.

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

21 48.983 **(7)** (b) In the evaluation, the department shall determine the number
22 of families who remained in the evidence–based home visitation program for the time
23 recommended in the family's case plan.

24 **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.

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

48.983 **(8)** TECHNICAL ASSISTANCE AND TRAINING. The department shall provide technical assistance and training to counties, private agencies, and Indian tribes that are selected to participate in the program under this section. The training may

1 not be limited to a particular evidence–based home visitation model. The training
2 shall include training in best practices regarding basic skills, uniform
3 administration of screening and assessment tools, the issues and challenges that
4 families face, and supervision and personnel skills for program managers. The
5 training may also include training on data collection and reporting.

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

7 48.983 **(9)** MEMORANDUM OF UNDERSTANDING. The department shall enter into
8 a memorandum of understanding with the department of health services that
9 provides for collaboration between those departments in carrying out
10 evidence–based home visiting programs under sub. (4) (b) 1.

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

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

1 (b) The department shall consider including all of the following as covered
2 services or programs in the waiver request under par. (a):
3 1. Evidence–based social marketing of programs designed to reduce fetal and
4 infant mortality, improve birth outcomes, and address needs of infants and their
5 families.
6 2. Evidence–based social–support programs, including fatherhood initiatives
7 designed to reduce fetal and infant mortality and improve birth outcomes.
8 3. Transportation services for persons who accompany a pregnant woman to
9 prenatal appointments and transportation for the pregnant woman and her children
10 to other destinations including social services offices and locations where child care
11 is provided for her children.
12 4. Data collection, including the pregnancy risk assessment and monitoring
13 system, fetal and infant mortality review, vital statistics information, information
14 from Medical Assistance data and chart reviews, and an assessment of nonmedical
15 factors that may contribute to poor birth outcomes.
16 5. Full reimbursement for evidence–based group prenatal care, such as a
17 multifaceted model of care that integrates health assessment, education, and
18 support into a unified program within a group setting.
19 6. Mental health services.
20 7. Smoking cessation services.
21 8. Initiatives to increase the utilization of public health and other health care
22 providers with similar racial and socioeconomic backgrounds as the pregnant women
23 and families served by the health care provider.
24 9. Coordinators to create social care plans for Medical Assistance recipients,
25 to provide information and assistance regarding all programs that may impact

1 low–income pregnant women, including programs regarding rental assistance, the
2 earned income tax credit, available child care services for a pregnant woman's other
3 children, and to provide breastfeeding support.

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

7 11. One or more initiatives, developed by the department, to increase the
8 utilization of nurse–midwives licensed under s. 441.15 (3) and labor coaches or other
9 nonmedical individuals who assist women before, during, or after child birth in the
10 delivery of care to underserved populations and to evaluate the outcomes of that care.

11 12. The establishment of freestanding birth centers.

12 13. Extension of the prenatal care coordination services that are available as
13 a Medical Assistance benefit from the beginning of pregnancy to the first day of the
14 13th month after delivery and specifying that prenatal care coordination services are
15 available to recipients' babies during that time period.

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

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

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

1 17. Reimbursement of the costs of providing banked human donor milk to
2 newborns when medically indicated.
3 (c) The department shall evaluate the programs and services implemented
4 under the waiver under par. (a) and develop a plan to implement the effective
5 programs and services statewide.
6 (d) The department shall consider prohibiting reimbursement under Medical
7 Assistance for elective induction of labor or cesarean sections if either procedure is
8 performed before 39 weeks gestation, unless medically indicated.
9 **SECTION 26.** 49.815 of the statutes is created to read:
10 **49.815 Statewide data management and information system.** **(1)** The
11 department of health services shall do all of the following:
12 (a) Expand the department's electronic application and information system
13 that enables an individual to determine his or her eligibility for, and to apply for or
14 renew, benefits under the Medical Assistance program or other public assistance
15 benefits. The system shall include information regarding all programs designed to
16 assist low–income individuals, including housing assistance, rental assistance, and
17 temporary child care assistance.
18 (b) Develop and implement a statewide, electronic data management and
19 information system for public assistance programs that does all of the following:
20 1. Determines an individual's eligibility for multiple public assistance
21 programs by means of a single registration or application.
22 2. Allows administrators of public assistance programs to access data related
23 to an individual that was previously collected in connection with a different public
24 assistance program.

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

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

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

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

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

16 50.36 **(2m)** The department shall promulgate rules that require hospitals to
17 ensure that best practices for postpartum patients and newborns are supported in
18 hospitals, including rules that do all of the following:

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

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

1 2. Ensures that the postpartum patient is consulted and provided with
2 assistance regarding health care resources available to her newborn and regarding
3 the safe transportation of her newborn.
4 (b) Require that education is provided, orally and in person, to each postpartum
5 patient prior to discharge on all of the following:
6 1. Newborn care, including safe sleeping arrangements.
7 2. Methods to access breastfeeding information and support, including reliable
8 information on Internet sites.
9 3. Car seat safety.
10 (c) Require that health care providers, including physicians, do all of the
11 following orally and in person:
12 1. Recommend and actively support breastfeeding for all newborns for whom
13 breastfeeding is not medically contraindicated.
14 2. Provide parents with complete, up–to–date information to ensure that
15 feeding decisions are fully informed.
16 3. Provide, upon a parent's request, referrals to lactation specialists or public
17 health nurses for home visits.
18 **SECTION 28.** 50.36 (3i) of the statutes is created to read:
19 50.36 **(3i)** A hospital may grant a nurse–midwife licensed under s. 441.15 (3)
20 who is covered under the injured patients and families compensation fund under s.
21 655.27 any hospital staff privilege that a hospital must, under sub. (3) (a), afford to
22 persons licensed to practice medicine and surgery under subch. II of ch. 448 or to
23 practice podiatry under subch. IV of ch. 448, including hospital staff privileges to
24 admit, treat, and discharge any patient for whom a nurse–midwife is qualified to
25 provide care.

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

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

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

12 69.14 **(1)** (i) *Registrant's race.* A certificate of birth shall include the race and
13 ethnicity of the registrant, as reported by the mother of the registrant.

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

15 71.07 **(9e)** (aj) (intro.) For taxable years beginning after December 31, 2010,
16 and subject to par. (h), an individual may credit against the tax imposed under s.
17 71.02 an amount equal to one of the following percentages of the federal basic earned
18 income credit for which the person is eligible for the taxable year under section 32
19 (b) (1) (A) to (C) of the Internal Revenue Code:

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

21 71.07 **(9e)** (h) Notwithstanding the limitations in par. (aj), a person may claim
22 the credit under par. (aj) even if, with regard to the child about whom the claim is
23 made, the child does not have the same principal place of abode as the person
24 claiming the credit and even if another person claims the credit under section 32 (b)

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

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

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

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

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

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

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

7 253.15 **(6)** INFORMATION TO HOME VISITATION OR CARE COORDINATION SERVICES
8 RECIPIENTS. A county department or Indian tribe that is providing evidence-based
9 home visitation services under s. 48.983 (4) (b) 1. and a provider of prenatal,
10 postpartum, and young child care coordination services under s. 49.45 (44) shall
11 provide to a recipient of those services, without cost, a copy of the written materials
12 purchased or prepared under sub. (2) and an oral explanation of those materials.

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

14 253.15 **(7)** (e) A county department or Indian tribe that is providing
15 evidence-based home visitation services under s. 48.983 (4) (b) 1. and a provider of
16 prenatal, postpartum, and young child care coordination services under s. 49.45 (44)
17 is immune from liability for any damages resulting from any good faith act or
18 omission in providing or failing to provide the written materials and oral explanation
19 specified in sub. (6).

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

21 **253.162 Fetal and infant mortality and birth outcome report. (1)** In this
22 section:

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

24 (b) "Low birth weight" means a birth weight that is more than 1,500 grams and
25 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.

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

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

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

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

10 2. Post the report on its Internet site.

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

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

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

19 **253.18 Neonatal intensive care unit report.** **(1)** In this section, "neonatal
20 intensive care unit" means a hospital unit on which special equipment and skilled
21 medical personnel for the care of high–risk infants requiring immediate or
22 continuous attention are concentrated.

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

25 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 site.

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

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

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

10 **448.35 Informed consent for certain elective procedures.** No physician
11 may perform an elective Caesarean section on a pregnant woman, or an elective
12 procedure intended to induce labor in a pregnant woman, before the completion of
13 a gestational period of 39 weeks unless the physician has first obtained the informed
14 consent of the woman. A woman's consent is informed for purposes of this section
15 only if she receives timely information orally and in person from the physician
16 regarding potential negative effects to the fetus of early delivery, including
17 long–term learning and behavioral problems.

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

19 448.40 **(2)** (am) Defining "elective" for purposes of s. 448.35 and implementing
20 s. 448.35.

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

22 619.04 **(3)** The plan shall operate subject to the supervision and approval of a
23 board of governors consisting of 3 representatives of the insurance industry
24 appointed by and to serve at the pleasure of the commissioner, a person to be named
25 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. When the rule has been promulgated and
11 is in effect, the commissioner of insurance shall publish a notice in the Wisconsin
12 Administrative Register that specifies the effective date of the rule.

13 **SECTION 77. Initial applicability.**

14 (1) The treatment of section 71.07 (9e) (h) of the statutes first applies to taxable
15 years beginning on January 1 of the year in which this subsection takes effect, except
16 that if this subsection takes effect on or after August 1 the treatment of section 71.07
17 (9e) (h) of the statutes first applies to taxable years beginning on January 1 of the
18 year following the year in which this subsection takes effect.

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

21 (1) INJURED PATIENTS AND FAMILIES COMPENSATION FUND. The treatment of
22 sections 655.002 (1) (a), (b) (intro.) 1., 2., and 3., (c), (d), (e), and (em) and (2) (a) and
23 (b), 655.003 (1), (3), and (4), 655.005 (2) (a) (by SECTION 69) and (b), 655.23 (5m), and
24 655.275 (5) (b) 3. of the statutes, the repeal of section 655.001 (7t) (b) of the statutes,
25 and the renumbering and amendment of section 655.001 (7t) (a) of the statutes take

1 effect on the first day of the 3rd month beginning after the date published by the
2 commissioner of insurance in the Wisconsin Administrative Register under SECTION
3 76 (2) of this act.

4 **(END)**

Parisi, Lori

From: Albers, Sheryl
Sent: Wednesday, January 29, 2014 12:36 PM
To: LRB.Legal
Subject: Request

I have received and reviewed LRB-4118/1 that arrived in blue envelope. Please jacket LRB 4118/1 Infant Mortality Bill as Senate Bill and convey to Sen. Schultz office. Thank you.

Sheryl Albers, Legislative Assistant
Office of State Senator Dale W. Schultz
Room 122 South State Capitol
PO Box 7882
Madison WI 53707-7882
608-266-0703