AN ACT to create 253.087, 609.795 and 632.895 (15k) of the statutes; relating to: postpartum home visits.

Analysis by the Legislative Reference Bureau

This bill requires hospitals to provide a postpartum home visit to a woman and infant within the first seven days following discharge of the patient. The cost-free postpartum home visit is to ensure proper recovery from childbirth and to provide other postpartum services. The bill requires that the postpartum home visit be provided if a patient requests it. The bill prohibits hospitals from seeking payment from the patient for services provided pursuant to the postpartum home visit. The bill also requires health insurance policies and self-insured governmental health plans to provide coverage for a postpartum home visit for each birth as described in the bill. Health insurance policies are known as disability insurance policies in the bill.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

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

SECTION 1. 253.087 of the statutes is created to read:

253.087 Postpartum home visits. (1) In this section, “postpartum home visit” means a home visit to a woman and infant following discharge by a licensed
health care provider to ensure proper recovery from childbirth and provide other postpartum services, including breastfeeding support and an assessment of the emotional wellness of the woman.

(2) Each hospital shall, upon request by the patient, provide for each pregnant patient who gives birth at the hospital following the birth of the patient’s infant all of the following services prior to the patient’s discharge from the hospital or facility:

(a) Schedule a postpartum home visit for a date that is within 7 days of the patient’s discharge.

(b) Provide one postpartum home visit. The postpartum home visit may be provided by a doula who has received certification from a doula certifying organization recognized by the department.

(3) Each hospital that provides a postpartum home visit may not seek payment directly from a patient for services provided pursuant to sub. (2) (b).

SECTION 2. 609.795 of the statutes is created to read:

609.795 Postpartum home visit coverage. Defined network plans, preferred provider plans, and limited service health organizations are subject to s. 632.895 (15k).

SECTION 3. 632.895 (15k) of the statutes is created to read:

632.895 (15k) Postpartum home visit. Every disability insurance policy and self-insured health plan of the state or a county, city, village, town, or school district that provides maternity coverage shall provide coverage for a postpartum home visit for each birth as described in s. 253.087.

SECTION 4. Initial applicability.
(1) For policies and plans containing provisions inconsistent with s. 632.895 (15k), the treatment of s. 632.895 (15k) first applies to policy or plan years beginning on the effective date of this subsection, except as provided in sub. (2).

(2) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with s. 632.895 (15k), the treatment of s. 632.895 (15k) first applies to policy or plan years beginning on the effective date of this subsection or on the day on which the collective bargaining agreement is newly established, extended, modified, or renewed, whichever is later.

(END)