

# WISCONSIN HOSPITAL ASSOCIATION, INC.



**Date:** December 4, 2014  
**To:** Members of the Special Committee on State-Tribal Relations  
**From:** Kyle O'Brien, Vice President Government Relations *KLO*  
**Re:** Response to State Tribal Relations Committee Memo No. 14-4

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The Wisconsin Hospital Association (WHA) represents 140 hospitals and health systems that provide medical services to thousands of Wisconsin patients each day. Our members, most of which are not-for-profit organizations, employ over 100,000 people and delivered over 51,000 babies in 2013 alone. WHA has strongly supported Wisconsin's Safe Haven law, which currently grants a parent, in most instances, the right to anonymously relinquish custody of their newborn child within 72 hours of the child's birth.

As WHA has previously mentioned in a memorandum to the committee dated October 16, 2014, the main concern for our member hospitals continues to be the safety and welfare of any newborn child. Current law allows a parent the opportunity to anonymously relinquish their child to virtually any hospital staff member, both clinical and non-clinical staff, within that 72 hour window.

The latest Legislative Council Memo (No. 14-4) by Mr. David Lovell outlines a proposed option to the Committee to legislate an additional mandate on hospitals to provide a packet of information to a person who has relinquished a child under the safe haven law. This additional mandate will be difficult for hospitals to fulfill for every child relinquished under the law for a variety of reasons, not the least of which is the fact that a child can be given up to any staff member working in any part of the hospital. Also, tribes are in the best position to educate their own population of the benefits that come with being a member of a specific tribe. We encourage the Committee to look for non-legislative solutions that will help to educate Native American mothers of the benefits of tribal membership for tribal children.

Further, the mandate that a hospital worker receiving the child would be required to review the materials with the parent and assist the parent in completing any forms is unrealistic. Many individuals within a hospital do not have the appropriate training to assist parents with this activity and would not be comfortable providing this type of assistance.

If a parent relinquishing a child chooses to provide identifying information, our hospitals work with their respective social work teams and fulfill their obligation under DCF 39.09 to make a reasonable effort to obtain information about the ethnicity and race of the relinquished newborn. For many of the hospitals that we have consulted with, this process already includes providing a packet of information to a parent who voluntarily provides additional information or requests information. This does not need to be legislated.

Finally, the Wisconsin Hospital Association opposes the recommendations in the memo that would require a hospital to collect information about the tribal heritage of a mother or father during admission of the mother and also require that all information in the hospital's possession about the mother and father's tribal affiliation be provided to the county child welfare agency during a relinquishment. This clearly has implications for patient privacy and is inconsistent with the original intent of Wisconsin's Safe Haven law.