

1 **AN ACT** *to create* 49.45 (24s) of the statutes; **relating to:** directing the department of
2 health services to request a medical assistance waiver.

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

JOINT LEGISLATIVE COUNCIL PREFATORY NOTE: This draft was prepared for the Joint Legislative Council’s Special Committee on Infant Mortality.

The draft requires the Department of Health Services (DHS) to request a waiver from the federal department of health and human services to allow DHS to provide services and support under medical assistance (MA) for pregnant women who require a range of services because of medical or nonmedical factors, such as psychosocial, behavioral, environmental, educational, or nutritional factors that significantly increase their probability of having a low–birth weight baby, a preterm birth, or other negative birth outcome.

The draft specifies that DHS must consider all of the following as MA covered services in the waiver request:

1. Expanding evidence–based social marketing of programs designed to reduce infant mortality, improve birth outcomes, and address needs of infants and their parents.
2. Expanding evidence–based social–support programs designed to reduce infant mortality, including fatherhood initiatives.
3. Expanding transportation services to allow transportation to be provided to persons who accompany a pregnant woman to prenatal appointments and other destinations including social services’ offices and locations where child care is provided.
4. Supporting and funding 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, including an assessment of non–medical factors that may contribute to poor birth outcomes for the purpose of developing programs to address those factors.
5. Providing coverage for Centering Pregnancy and other group prenatal care.

6. Providing coverage for mental health services.
7. Providing coverage for smoking cessation programs.
8. Expanding efforts to use public health and other health care providers that represent the racial and socioeconomic environment of pregnant women and their families.
9. Developing a coordinator position to create a social care plan for medical assistance recipients, and 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 breastfeeding support.
10. Increasing efforts to prohibit elective induction or cesarean section before full-term gestation unless medically indicated.
11. Developing and funding demonstration projects to allow certified nurse midwives to serve under-served populations and monitor outcomes.
12. Undertaking efforts to actively support the establishment of freestanding birth centers.
13. Extending the prenatal care coordination services that are available as a medical assistance benefit from the beginning of the pregnancy up to the first day of the 13th month after delivery and also providing these services to recipients' babies.

1 **SECTION 1.** 49.45 (24s) of the statutes is created to read:

2 49.45 **(24s)** SERVICES FOR PREGNANT WOMEN. (a) The department shall request a wavier
3 from the secretary of the federal department of health and human services to permit the
4 department to provide services and support under medical assistance for pregnant women who
5 face an increased risk of having a low-birth weight baby, a preterm birth, or other negative
6 birth outcome [in this state] [in Milwaukee, Racine, Kenosha, Rock, and Dane counties] [in
7 Milwaukee, Racine, and Kenosha counties and phasing in Rock and Dane counties] because
8 of medical or nonmedical factors, such as psychosocial, behavioral, environmental,
9 educational, or nutritional factors. The department shall implement any waiver granted.

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

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

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

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

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

14 5. Centering Pregnancy and other group prenatal care.

15 6. Mental health services.

16 7. Smoking cessation services.

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

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

1 10. Demonstration projects to allow certified nurse midwives to serve under-served
2 populations and monitor birth outcomes of women served by the certified nurse midwives.

3 11. The establishment of freestanding birth centers.

4 12. Extension of the prenatal care coordination services that are available as a medical
5 assistance benefit from the beginning of pregnancy to the first day of the 13th month after
6 delivery and specifying that prenatal care coordination services are available to recipients'
7 babies during that time period [in Milwaukee, Kenosha, Racine, and Rock counties] [in the
8 entire state] [and to provide child care coordination services for children from the age of 12
9 months to the age of 24 months [in Milwaukee, Kenosha, Racine, and Rock counties] [in the
10 entire state]].

11 (c) The department shall consider prohibiting reimbursement for elective induction of
12 labor or cesarean sections if either procedure is performed before full-term gestation, unless
13 medically indicated.

COMMENT: Should the waiver apply statewide or only in specific counties? Should DHS develop coordinators or "navigators" in every county or only specific counties? Should the extension of prenatal care coordination services occur statewide or only in specific counties? If prenatal care coordination services are expanded, should child care coordination services also be expanded?