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 programs and services authorized by the waiver must be implemented in Milwaukee, Racine, Kenosha, Rock, and Dane counties and in a multi–county region that DHS must identify in collaboration with the Great Lakes Intertribal Council.

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

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

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

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

4. 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,

and an assessment of non–medical factors that may contribute to poor birth outcomes.

5. Full reimbursement for evidence–based group prenatal care, such as the Centering Pregnancy program.

6. Mental health services.

7. Smoking cessation services.

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

9. Coordinators to create social care plans for medical assistance recipients, 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 to provide breastfeeding support.

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

11. One or more initiatives, developed by the department, to increase the utilization of nurse midwives licensed under s. 441.15 (3) and doulas in the delivery of care to underserved populations and to evaluate the outcomes of that care.

12. The establishment of freestanding birth centers.

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

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

15. Full reimbursement for home visits made by registered nurses who are public health nurses or who meet the qualifications of a public health nurse as specified in s. 250.06 (1), by social workers as defined in s. 252.15 (1) (er), nurse midwives licensed under s. 441.15 (3), and by persons who receive the training established under s. 38.04 (32) (b).

16. Reimbursement of care provided through telemedicine visits on the same basis that reimbursement is provided for in person visits.

17. Reimbursement of the costs of providing banked human donor milk to newborns when medically indicated.

The draft also directs DHS to evaluate the programs and services implemented under the waiver and develop a plan to implement the programs and services statewide.

Finally, the draft requires DHS to consider prohibiting reimbursement for elective induction of labor or cesarean sections if either procedure is performed before 39 weeks gestation, unless medically indicated.

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 because of medical or nonmedical factors, such as psychosocial, behavioral,
7 environmental, educational, or nutritional factors. The department shall implement the
8 programs and services authorized by this waiver in Milwaukee, Racine, Kenosha, Rock, and
9 Dane counties, and in a rural multi–county region identified by the department in
10 collaboration with the Great Lakes Intertribal Council. The multi–county region shall include
11 counties experiencing the largest disparities in birth outcomes between white and Native
12 American populations and shall be of sufficient size to enable meaningful implementation and
13 evaluation of the programs and services.

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

16 1. Evidence–based social marketing of programs designed to reduce infant mortality,
17 improve birth outcomes, and address needs of infants and their families.

18 2. Evidence–based social–support programs, including fatherhood initiatives designed
19 to reduce infant mortality and improve birth outcomes.

1 3. Transportation services for persons who accompany a pregnant woman to prenatal
2 appointments and transportation for the pregnant woman and her children to other destinations
3 including social services' offices and locations where child care is provided for her children.
4 4. Data collection, including the pregnancy risk assessment and monitoring system,
5 fetal and infant mortality review, vital statistics information, information from medical
6 assistance data and chart reviews, and an assessment of non–medical factors that may
7 contribute to poor birth outcomes.
8 5. Full reimbursement for evidence–based group prenatal care, such as the Centering
9 Pregnancy program.
10 6. Mental health services.
11 7. Smoking cessation services.
12 8. Initiatives to increase the utilization of public health and other health care providers
13 with similar racial and socioeconomic backgrounds as the pregnant women and families
14 served by the health care provider.
15 9. Coordinators to create social care plans for medical assistance recipients, to provide
16 information and assistance regarding all programs that may impact low–income pregnant
17 women, including programs regarding rental assistance, the earned income tax credit,
18 available child care services for a pregnant woman's other children, and to provide
19 breastfeeding support.
20 10. Demonstration projects developed by the department, to evaluate the effectiveness
21 of evidence–based programs designed to serve under–served populations.
22 11. One or more initiatives, developed by the department, to increase the utilization of
23 nurse midwives licensed under s. 441.15 (3) and doulas in the delivery of care to underserved
24 populations and to evaluate the outcomes of that care.

1 12. The establishment of freestanding birth centers.

2 13. Extension of the prenatal care coordination services that are available as a medical
3 assistance benefit from the beginning of pregnancy to the first day of the 13th month after
4 delivery and specifying that prenatal care coordination services are available to recipients'
5 babies during that time period.

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

8 15. Full reimbursement for home visits made by registered nurses who are public health
9 nurses or who meet the qualifications of a public health nurse as specified in s. 250.06 (1), by
10 social workers as defined in s. 252.15 (1) (er), nurse midwives licensed under s. 441.15 (3),
11 and by persons who receive the training established under s. 38.04 (32) [as created by WLC:
12 0045/2].

13 16. Reimbursement of care provided through telemedicine visits on the same basis that
14 reimbursement is provided for in–person visits.

15 17. Reimbursement of the costs of providing banked human donor milk to newborns
16 when medically indicated.

17 (c) The department shall evaluate the programs and services implemented under the
18 waiver and develop a plan to implement the programs and services statewide.

19 (d) The department shall consider prohibiting reimbursement for elective induction of
20 labor or cesarean sections if either procedure is performed before 39 weeks gestation, unless
21 medically indicated.

22 **(END)**