



WISCONSIN LEGISLATIVE COUNCIL

INFANT MORTALITY

Room 412 East
State Capitol
Madison, Wisconsin

December 16, 2010
10:00 a.m. – 3:45 p.m.

[The following is a summary of the December 16, 2010 meeting of the Special Committee on Infant Mortality. The file copy of this summary has appended to it a copy of each document prepared for or submitted to the committee during the meeting. A digital recording of the meeting is available on our Web site at <http://www.legis.state.wi.us/lc>.]

Call to Order and Roll Call

Chair Robson called the committee to order. The roll was called and it was determined that a quorum was present.

COMMITTEE MEMBERS PRESENT: Sen. Judy Robson, Chair; Rep. Cory Mason, Vice-Chair; Sen. Robert Wirch; Rep. Sandy Pasch; and Public Members Ann Conway, Dr. Anne Eglash, Dr. Amy Falkenberg, Lisa Jentsch, Dr. Sheri Pattillo-Johnson, Richard Perry, Dr. Thomas Schlenker, Jacquelyn Tillett, Dr. Leona VandeVusse, and Mark Villalpando.

COMMITTEE MEMBERS EXCUSED: Rep. Sondy Pope-Roberts; and Public Members Anna Benton, Lorraine Lathen, Dr. Tina Mason, and Cindy Weborg.

COUNCIL STAFF PRESENT: Mary Matthias and Rachel Letzing, Senior Staff Attorneys.

Approval of the Minutes of the November 16, 2010 Meeting

The committee approved the Minutes of the November 16, 2010 meeting by a unanimous voice vote.

Description and Discussion of Materials Distributed

Chair Robson explained that the task of the committee for the meeting was to review the bill drafts that had been prepared by the staff and determine whether each draft should be recommended to

the Joint Legislative Council for introduction as legislation in the 2011-12 Legislature. She explained that if the committee wanted any modifications made to a draft, the staff would make those modifications and the revised draft would be sent to the members in January for their approval by a mail ballot. She gave an overview of the bill drafts that had been prepared, and said that the package of drafts addresses many of the issues raised by various groups and individuals who made presentations to the committee over the course of its meetings.

WLC: 0045/1, relating to cultural sensitivity training for medical and nursing students in the University of Wisconsin-System and certain technical college students

Rachel Letzing described the draft. The committee discussed differences between the terms cultural humility, cultural sensitivity, and cultural competence. It was stated that the goal of the training requirement is to promote patient-centered care, and that training should be evidence-based.

The committee directed staff to make the following modifications to the draft:

1. Expand the training requirement to any student in the University of Wisconsin System enrolled in a program in a health care occupation or in the school of social work.
2. Change “cultural sensitivity training” to “patient-centered care” for both the ch. 36 and ch. 38, Stats., provisions.
3. On page 1, line 7, and page 2, line 4, change “cultural sensitivity” to “cultural competency.”
4. Specify that the training provided shall be “to improve patient-centered care, which shall include evidence-based training related to implicit bias and emerging evidence related to cultural humility.”

WLC: 0046/1, relating to an electronic application and information system to determine eligibility and register for public assistance programs

Rachel Letzing described the draft. The committee discussed whether the draft should contain a deadline by which the Department of Health Services (DHS) must carry out the provisions of the draft.

The committee directed staff to make the following changes to the draft:

1. Specify that the goals of the expansion of ACCESS are to streamline access to eligible benefits, explore cost reductions, improve efficiency for citizens, collect statistics to reduce infant mortality, and improve the health status of citizens, including birth outcomes.
2. Direct other agencies to cooperate with DHS in expanding ACCESS and developing and implementing a more comprehensive statewide electronic data management and information system for public assistance programs.
3. Require DHS to collaborate with other agencies in both efforts.
4. Specify that DHS must develop a detailed plan within one year, which contains cost estimates and a proposed timeline for implementation of an expanded ACCESS system.

WLC: 0059/2, relating to hospital best practices for postpartum patients and newborns and requiring the exercise of rule-making authority

Rachel Letzing described the draft. The committee discussed the importance of ensuring that infant car seats are used and properly installed. The committee debated whether it would be feasible to prohibit a hospital from discharging a newborn from a hospital unless the infant has a car seat, and discussed other options for encouraging and facilitating the use of car seats. The committee also discussed options for ensuring that newborns are seen by medical providers within an appropriate time after discharge, and ways to encourage and support breastfeeding by new moms.

The committee directed staff to make the following modifications to the draft:

1. Delete the material on page 2, lines 1 to 3, and provide instead that a hospital must develop a plan for the appropriate discharge of all women after childbirth. The plan must do all of the following:

- Ensure that, to the extent practicable, an appointment with a health care provider has been scheduled for the infant, within an appropriate time after discharge, considering the nutritional and health needs of the infant, in accordance with the recommendations established by the American Academy of Pediatrics.
- Ensure that the mother is provided with assistance and consultation regarding health care and other resources available to her and her infant.
- Ensure that the mother is provided with assistance and consultation regarding the safe transportation of her infant.

2. On page 2, line 8, delete “the obstetric, pediatric, and family physician” and replace with “health care providers, including physicians.”

3. On page 2, line 9, after “recommend,” insert “and actively support.”

WLC: 0060/2, relating to a report on information related to infant morbidity and mortality

Mary Matthias described the draft. The committee discussed whether the draft should identify the specific data that DHS should be required to collect and report on, and if so, which data should be required. The committee concluded that the draft should require DHS to collect and report certain specified data but should also allow for a more thorough process to determine if any additional data or analysis should be required. The committee directed staff to modify the draft as follows:

1. Direct DHS, in collaboration with local health departments, tribes, and other stakeholders, to develop a template for an annual report containing data related to infant mortality and an analysis of that data. Specify that the template must be designed to facilitate the development and evaluation of programs that address disparities in birth outcomes among racial and ethnic groups.

2. Specify that the template described in item 1., must, at a minimum, require reporting and analysis of the following data:

- (a) The number, rate, and causes of infant deaths, by race and ethnicity, in each county.
- (b) The number and rate of very premature births, by race and ethnicity, in each county.

(c) The number and rate of very low birth weight births, by race and ethnicity, in each county.

(d) The number and rate of low birth weight births, by race and ethnicity, in each county.

3. Specify that DHS must also consider including in the template data related to the type of prenatal care received by mothers and an analysis of that data as it relates to birth outcomes.

4. Direct DHS to implement a system to collect the data identified in items 1. and 2., above.

5. Direct DHS to issue an annual report containing the information and analysis specified in the template and to post the report on its Internet website. Direct DHS to also post, on its website, the raw data collected, presented in a manner that does not disclose any personally identifiable information.

WLC: 0063/2, relating to hospital staff privileges for and written agreements required for nurse-midwives and allowing nurse-midwives to elect to be covered under the injured patients and families compensation fund

Mary Matthias described the draft. The committee discussed whether the draft goes beyond the scope of the committee's assignment. Chair Robson pointed out that in Kenosha and Racine, nurse-midwives cannot practice due to the inability to find physicians who are willing to collaborate with them. Ms. Tillett pointed out that nurse-midwives generally have excellent outcomes with their patients and that expanding the availability of nurse-midwives will also help address health care access issues.

The committee directed staff to add a provision to the Prefatory Note explaining the committee's finding that the changes to nurse-midwife practice contained in the draft will lead to increased access to quality prenatal care for the most needy populations, thereby reducing infant mortality and improving birth outcomes.

The committee also agreed that the draft will be presented to the Joint Legislative Council as a stand-alone bill.

Chair Robson moved, seconded by Vice-Chair Mason, to approve the draft, with the noted changes, on a vote of Ayes, 11 (Sen. Robson; Rep. Mason; and Public Members Conway, Eglash, Jentsch, Pattillo-Johnson, Perry, Schlenker, Tillett, VandeVusse, Villalpando); Noes, 1 (Public Member Falkenberg); and Absent, 7 (Sen. Wirch; Reps. Pasch and Pope-Roberts; and Public Members Benton, Lathen, Mason, and Weborg).

WLC: 0055/1, relating to directing the department of health services to request a medical assistance waiver

Rachel Letzing described the draft. Chair Robson explained that many elements of the draft were suggested by committee members at the previous meeting, in response to the presentation by Jason Helgerson. Vice-Chair Mason stated his support for the draft, particularly since it would support expansion of the home-based prenatal care coordination model. He said this program has been key to the success of the Racine program. He suggested providing reimbursement for additional types of providers, in addition to nurse-practitioners, to provide these services.

The committee discussed whether to apply the provisions of the bill statewide or only to targeted areas experiencing the highest rates of poor birth outcomes, and whether to include deadlines for implementation.

The committee directed staff to make the following changes to the draft:

1. On page 4, lines 8 and 9, delete the references to child care coordination services.
2. On page 4, line 12 change “full term gestation” to “39 weeks gestation.”
3. Specify that DHS shall consider including all of the following as covered services or programs in the waiver request:
 - Full reimbursement of home-based prenatal care coordination services.
 - Full reimbursement for home visits made by public health nurses, social workers and licensed professional nurse-midwives who make home visits under the direction of public health nurses, and persons receiving the training established under WLC: 0068/2.
 - Full reimbursement for evidence-based group prenatal care, such as the Centering Pregnancy program.
 - Demonstration projects, to be developed by DHS, to evaluate the effectiveness of evidence-based programs designed to serve underserved populations.
 - One or more initiatives, to be developed by DHS, to increase the utilization of certified nurse-midwives and doulas in the delivery of care to underserved populations and to evaluate the outcomes of that care.
 - Reimbursement of care provided via telemedicine visits on the same basis that reimbursement is provided for face-to-face visits.
 - Reimbursement of the costs of providing banked human donor milk to infants when medically-indicated.
4. Specify that the program authorized by the waiver should be implemented in Milwaukee, Racine, Kenosha, Rock, and Dane Counties and in a rural multi-county region, identified in collaboration with the Great Lakes Intertribal Council. The multi-county region shall include counties experiencing the largest disparities in birth outcomes between white and Native-American populations and shall be of sufficient size to enable meaningful implementation and evaluation of the program.
5. Direct DHS to evaluate the program after it is implemented and develop a plan to implement the program statewide.

WLC: 0068/2, relating to advanced certificate for licensed practical nurse

Mary Matthias described the draft. In the course of discussion on WLC: 0068/2, the committee directed staff to amend WLC: 0055/1 to specify that home visits conducted by a person who has earned an advanced certificate under the program created in the draft should be a fully-reimbursable the waiver program in WLC: 0055/1.

Chair Robson moved, seconded by Vice-Chair Mason, to approve the draft, with the noted changes, on a vote of Ayes, 12 (Sen. Robson; Reps. Mason and Pasch; and Public Members Conway, Eglash, Jentsch, Pattillo-Johnson, Perry, Schlenker, Tillett, VandeVusse, Villalpando); Noes, 0; and Absent, 7 (Sen. Wirch; Rep. Pope-Roberts; and Public Members Benton, Falkenberg, Lathen, Mason, and Weborg).

WLC: 0069/2, relating to eligibility for the Wisconsin earned income tax credit for certain parents

Mary Matthias described the draft. The committee directed staff to modify the draft by specifying that to be eligible for the earned income tax credit under the provisions of the draft, the person must be in compliance with any child support order pertaining to that child to which the person is subject.

Chair Robson moved, seconded by Vice-Chair Mason to approve the draft, with the noted change, on a vote of Ayes, 12 (Sen. Robson; Reps. Mason and Pasch; and Public Members Conway, Eglash, Jentsch, Pattillo-Johnson, Perry, Schlenker, Tillett, VandeVusse, and Villalpando); Noes, 0; and Absent, 7 (Sen. Wirch, Rep. Pope-Roberts; and Public Members Benton, Falkenberg, Lathen, Mason, and Weborg).

WLC: 0070/2, relating to home visits by nurses and nurse assistants to achieve good birth outcomes for mothers and infants

Rachel Letzing described the draft. The committee asked several questions of Leslie McAllister, Home Visiting Coordinator for the Department of Children and Families, who was in the audience. The committee discussed the differences and similarities in the purposes and effects of various home visiting programs.

The committee directed staff to redraft WLC: 0070/2 to do only the following:

- Specify that home visiting undertaken by DCF must be evidence-based
- Require DCF to enter into a memorandum of understanding with DHS that provides for collaboration between the two agencies in carrying out home visiting programs.

WLC: 0071/1, relating to expanding the physician practice payment pilot program

Rachel Letzing described the draft.

Chair Robson moved, seconded by Vice-Chair Mason, to approve the draft on a vote of Ayes, 12 (Sen. Robson; Reps. Mason and Pasch; and Public Members Conway, Eglash, Jentsch, Pattillo-Johnson, Perry, Schlenker, Tillett, VandeVusse, and Villalpando); Noes, 0; and Absent, 7 (Sen. Wirch; Rep. Pope-Roberts; and Public Members Benton, Falkenberg, Lathen, Mason, and Weborg).

WLC: 0072/1, relating to requiring informed consent for performance of certain elective procedures prior to full gestational term of the fetus

Mary Matthias described the draft. The committee discussed the need to ensure that women are aware of the potential implications of elective early delivery and to address the increase in elective early deliveries. The committee directed staff to make the following modifications to the draft:

- On page 2, line 22, change “the full gestational term” to 39 weeks gestation.”
- Specify that the information provided to a woman must be provided orally, in person, from the attending provider.
- Specify that DHS must include a definition of “elective” in the rules it promulgates to implement the provisions of the draft.
- Specify that a certified nurse-midwife may not perform an elective induction of labor prior to 39 weeks gestation, and provide an appropriate penalty for violations of the prohibition.

WLC: 0074/1, relating to designation of an infant’s race on the birth certificate

Mary Matthias described the draft. The committee discussed the various categories of race that are in use for different programs. Several members stated that the more detailed the categories used, the more useful the information collected is.

The committee directed staff to amend the draft to direct DHS to determine, by rule, the racial classifications to be used on birth certificates and the method by which it will be ensured that birth certificates will indicate the registrant’s race as specified by the mother.

Perinatal Regionalization

Ann Conway described the information and proposal contained in her December 14, 2010 letter to the committee. She explained that the number of neonatal intensive care units (NICUs) in Wisconsin increased from six in 1970 to 18 in 2003. As a result, she said, each NICU cares for fewer patients. Since the quality of care provided in a NICU is correlated with a higher average daily census of patients, the increase in the number of NICUs may lead to poorer outcomes for infants.

Ms. Conway said that to address this problem, Wisconsin should re-establish a regionalized system of perinatal care. She said the first step to achieving this goal is to direct DHS to collect information on the average daily census and the criteria for admission to all NICUs in Wisconsin. Chair Robson directed staff to prepare a draft establishing this requirement.

Chair Robson said the staff would prepare the new and revised drafts requested by the committee and these would be mailed to each member along with a ballot, for each member to vote on approval of the drafts. The committee authorized the chair to “package” the bill drafts into separate or combined bill drafts at her discretion.

Chair Robson thanked the members for their service and told them they would be notified in advance of the date and time of the meeting at which the Joint Legislative Council will vote on whether to introduce the committee’s approved drafts as legislation in the 2011-12 Legislative Session.

Other Business

There was no other business brought before the committee.

Adjournment

The meeting was adjourned at 3:45 p.m.

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