



WISCONSIN LEGISLATIVE COUNCIL STAFF MEMORANDUM

Memo No. 1

TO: MEMBERS OF THE SPECIAL COMMITTEE ON INFANT MORTALITY

FROM: Rachel Letzing and Mary Matthias, Senior Staff Attorneys

RE: Recommendations for Legislation

DATE: November 15, 2010

This Memo sets forth recommendations for legislation that have been made to the Special Committee that the Chairperson and Vice-Chairperson of your committee have identified for possible inclusion in the committee's final recommendation to the Legislature.

DATA

Pass legislation, such as 2007 Assembly Bill 185, to make improvements to Wisconsin's Birth Defects Prevention and Surveillance System.

- 2007 Assembly Bill 185 adds information about stillbirths to the information collected in the birth defect prevention and surveillance system in the Department of Health Services (DHS).

FAMILY, FATHERS, AND COMMUNITY SUPPORT

Sustain and expand social marketing and social-support programs designed to reduce infant mortality, including fatherhood initiatives.

HOME VISITING

1. Maximize the use of federal healthcare reform and other federal funds to target additional high-risk areas.

2. Include birth outcomes and early childhood development in all home visiting projects, including Family Foundations, Empowering Families of Milwaukee, and Racine Healthy Births Healthy Families.

3. Explore federal funding opportunities to states for Maternal Child Health (MCH) home visiting programs.

MEDICAL ASSISTANCE (MA)

1. Extend to one year the Medicaid Prenatal Care Coordination (PNCC) benefit that is currently limited to two months post-partum.

2. Expand the Child Care Coordination (CCC) initiative statewide.

3. Allow DHS to administer, at the local level, evidence-based, culturally competent home-based PNCC programs in communities throughout the state that have demonstrated need, and require DHS to modify in whatever way necessary the state's MA plan to ensure that these home-based PNCC benefit services are reimbursable by MA.

4. Require HMOs that have MA contracts to seek pre-approval of any changes in their practices that affect pregnant women. Do not rely on anecdotes to find out about HMO bad practices.

5. Ensure that MA home visiting program collects sufficient outcome data to show it is effective, in order to be eligible for federal coverage.

6. Renew or amend the Medicaid Family Planning Waiver and/or amend state Medicaid plan to fund pre/interconception care for low-income women.

7. Expand the MA transportation voucher to allow transportation to be provided to family members, and possibly others, to accompany a pregnant woman to prenatal appointments.

SERVICE COORDINATION AND SYSTEMS INTEGRATION

1. Address the lack of coordination between the Women, Infants, and Children (WIC) program and physicians' offices and the county regarding the provision of prenatal care coordination. Modify reimbursement practices to allow different providers to bill for services they provide to the same client.

2. Connect data and service systems in the state in order to eliminate redundancy, increase efficiency and effectiveness of service delivery, decrease costs, and decrease stress on those in need of assistance.

3. Integrate health care delivery systems and providers into community coalitions at the local level. Consider policy changes that would strengthen the perinatal regionalization system.