WISCONSIN LEGISLATIVE COUNCIL

INFANT MORTALITY

Room 412 East
State Capitol
Madison, Wisconsin

November 16, 2010
10:00 a.m. – 4:00 p.m.

[The following is a summary of the November 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; Reps. Sandy Pasch and Sondy Pope-Roberts; and Public Members Ann Conway, Dr. Amy Falkenberg, Lorraine Lathen, Dr. Sheri Pattillo-Johnson, Dr. Thomas Schlenker, Dr. Leona VandeVusse, and Cindy Weborg.
COMMITTEE MEMBERS EXCUSED:	Public Members Anna Benton, Dr. Anne Eglash, Lisa Jentsch, Dr. Tina Mason, Richard Perry, Jacquelyn Tillett, and Mark Villalpando.
COUNCIL STAFF PRESENT:	Mary Matthias and Rachel Letzing, Senior Staff Attorneys.
APPEARANCES:	Dr. Sheri Pattillo Johnson, Assistant Professor, Department of Pediatrics, Center for the Advancement of Underserved Children, Medical College of Wisconsin; Jason Helgerson, Administrator, Division of Health Care Access and Accountability, Department of Health Services; Susan Uttech, Director, and Linda Hale, Family Health Section Chief, Bureau of Community Health Promotion, Division of Public Health, Department of Health Services; and Ron Hermes, Deputy Administrator, and Leslie McAllister, Home Visiting Coordinator, Bureau of Safety and Well-Being, Division of Safety and Permanence, Department of Children and Families.

Approval of the Minutes of the October 13, 2010 Meeting

Ms. Conway asked that the sentence "The committee discussed funding for the WCHQ to expand its work to include prenatal care in its assessments.", on page 7, be changed to "The committee discussed funding for the WCHQ to expand its work to include quality perinatal indicators in its assessments." The committee agreed to amend the minutes, and to approve the amended minutes, by unanimous consent.

Presentations by Invited Speakers

Dr. Sheri Pattillo Johnson, Assistant Professor, Department of Pediatrics, Center for the Advancement of Underserved Children, Medical College of Wisconsin

Dr. Johnson noted that she was not speaking in her capacity as staff at the Medical College of Wisconsin. Dr. Johnson gave a presentation regarding racism and birth outcomes. Dr. Johnson summarized C. Jones' three level model of racism: institutionalized, personally mediated, and internalized. She stated that groups, including the Robert Wood Johnson Foundation, have been studying the social determinants of health, and have noted that while income and education levels shape health, the impact of racism must be understood in order to close the gap between black and white birth outcomes. Dr. Johnson explained that structural racism which tracks people by race into different socioeconomic opportunities, along with living in a society with a legacy of discrimination, create accumulated levels of stress at an individual, family and community level that translate into different health outcomes. She stated that policy options designed to attempt to undo structural racism include expanding the earned income tax credit, expanding job training programs, and eliminating the distinction between single parent and two parent families in determining temporary assistance for needy families eligibility.

Dr. Johnson summarized a Harvard University study on the implicit assumptions and biases of health care providers, which found that among all persons studied, including the physician sub-sample and other doctoral education recipients, there is a strong implicit preference for white Americans over black Americans. Dr. Johnson offered policy options to address the implicit bias of health care providers, including requiring continuing education for health care providers, increasing diversity in the health professions and investing in programs to promote diversity in health profession training programs, and increasing investment in health care delivery models that are community based, such as federally qualified health centers (FQHCs), the use of community health workers, and establishment of birthing centers.

In response to questions from committee members, Dr. Johnson stated that models such as FQHCs, birthing centers, Harambee in Madison, and midwives have been successful in providing culturally competent care; that providers cannot really become "culturally competent" but can instead be attentive to the reality of implicit and explicit bias; and that training programs such as the gaming approach at the University of Wisconsin can address bias early on through exposure in a familiar context.

Jason Helgerson, Administrator, Division of Health Care Access and Accountability, Department of Health Services (DHS)

Mr. Helgerson provided an overview of the BadgerCare Plus Healthy Birth Outcomes Initiative. He explained the history of the Pay-for-Performance Workgroup and noted that all of the group's recommendations were adopted. As a result of the recommendations, the 2009 state Medical Assistance (MA) HMO contract required the submission of a detailed plan for addressing the needs of high-risk women and increased prenatal care coordination (PNCC) accountability and coordination.

Mr. Helgerson explained that because the HMO performance in the six Southeast Wisconsin Counties was below or far below the state average and because the disparities in health outcomes are greatest in this part of the state, a request for proposals (RFP) for the BadgerCare Plus HMO contract that contained stricter requirements was issued in the fall of 2009 for Southeast Wisconsin. After a very competitive procurement process, separate contracts were awarded for four HMOs to provide services in the six Southeast counties. Mr. Helgerson stated that the contracts require: (1) a medical home pilot for high-risk pregnant women; (2) a poor birth outcome assessment; (3) a Memorandum of Understanding (MOU) with prenatal care coordination (PNCC) providers in their service area; and (4) coordination with community-based agencies. He explained that the target population for the medical homes are women who are pregnant and on the high-risk registry, provider-identified as eligible for the registry, or under age 18 and who live in high-risk areas or Milwaukee, Racine or Kenosha or have a chronic health condition.

Mr. Helgerson explained that the medical home pilot contract specifies a $1,000 incentive payment for every birth to an eligible member in the pilot and an additional $1,000 for a positive birth outcome, which the HMO must pass through to the provider. He noted the Southeast Wisconsin HMO contract specifies a $2,000 penalty to the HMO for each member who is not included in the medical home pilot project who had a poor birth outcome and who did not receive "satisfactory care" based on ACOG guidelines. DHS will conduct a poor birth outcome assessment using chart reviews to determine whether a woman received satisfactory care. Mr. Helgerson also explained the covered services and other steps taken to ensure quality care, including requiring that reimbursement for elective and non-medically indicated cesarean sections be the same as for vaginal delivery. He summarized the HMO enrollment process and efforts to improve early enrollment of pregnant women in BadgerCare Plus using the ACCESS system.

Mr. Helgerson concluded his presentation by stating that while more can be done to address disparities in birth outcomes, the initiatives DHS had undertaken will hopefully be models and be expanded across the state. He noted that more can be done with outreach to the high-risk population and with data coordination such as Illinois has done with the Cornerstone System.

In response to questions from committee members, Mr. Helgerson stated the following:

- Regarding medical home sites, the contract specified the services the HMO was required to provide but the HMO could decide who to contract with to provide those services.

- At least four HMOs in Southeast Wisconsin have MOUs with most PNCC providers. MOUs will hopefully provide clarity and simplify communication.

- Federal health care reform and the federal administration's open-minded approach, as evidenced by California's recent $10 billion waiver, provide an opportunity for Wisconsin to increase

savings while providing more integrated, better coordinated prenatal care for high-risk pregnant women. He encouraged the committee to consider designing a new package of services that would ideally be provided to all high-risk pregnant women in BadgerCare Plus, and direct DHS to include it as part of a comprehensive waiver request.

- While the focus of the medical home pilot is on prenatal care and postpartum care services up to 60 days after birth, there may be potential in the future to extend interconception care for a longer period of time; currently HMOs are required to transition a patient into primary care after the 60 days expire.

- It may be possible to provide MA coverage for Centering Pregnancy or it could be included in the next MA rate reform process.

- He will provide a formal response to the committee regarding the seven MA-related recommendations provided in Memo No. 1, *Recommendations for Legislation*.

Susan Uttech, Director, Bureau of Community Health Promotion, Division of Public Health, DHS

Ms. Uttech summarized the programs the Bureau administers that support infant mortality programming, including ABCs for Healthy Families and the Racine Healthy Births/Healthy Families program, provided an overview of the Title V Maternal and Child Health (MCH) block grant, and commented on the Illinois Cornerstone System. She noted that the Bureau has received $13 million in federal American Recovery and Reinvestment Act (ARRA) grants so far and has received federal Affordable Care Act (ACA) grant funding in spurts but anticipates more will be coming. She noted that the Department of Children and Families (DCF) was awarded $1,116,815 in ACA funding for home visiting.

Ms. Uttech explained that MCH block grant funding has not kept up with the services needed. She described how MCH funding is allocated and noted that this funding enabled DHS to create the position of disparities and birth outcomes coordinator and to fund the Nurse Family Partnership in Milwaukee. She noted that MCH advisory committee and public input is required regarding how MCH funds are allocated, and that the needs assessment, which explains how MCH funding is spent, for the next five years was recently completed.

In response to questions from committee members, Linda Hale, Family Health Section Chief, Bureau of Community Health Promotion, Division of Public Health, DHS, described a few of the programs funded by the MCH block grant. Ms. Uttech explained that the memorandum written by the Legislative Fiscal Bureau includes all the contracts they will be releasing, the dollar amounts for those contracts, and who receives them. She noted that the primary focus of the MCH block grant is infrastructure and systems development, so programs are designed so they do not duplicate other services or programs.

Ron Hermes, Deputy Administrator, Division of Safety and Permanence, DCF

Mr. Hermes provided an overview of the primary home visiting programs supported with state or federal funds: Family Foundations, Empowering Families Milwaukee, and the Nurse Family Partnership in Milwaukee.

Mr. Hermes stated that under the ACA, states applying for home visiting funds are required to prioritize at-risk communities, to serve high-risk/multiple risk families, and to use the majority of those funds to support programs that use national evidence-based models. Wisconsin, through a needs assessment process, recently identified the 18 most at-risk communities. He noted that eligible entities must establish quantifiable, measurable three- and five-year benchmarks for demonstrating that the program results in improvements for participating families. Mr. Hermes said that 75% of the federal funds must be used to support programs that follow an evidence-based model, and up to 25% of the funds may be used to support promising practices in home visiting. Mr. Hermes stated that the goal of DCF is to align the Family Foundations program, Empowering Families Milwaukee, and the new federal home visiting funds in terms of target population, program goals and activities, training and technical assistance, program evaluation, and timeline for funds distribution.

In response to questions from committee members, Leslie McAllister, Home Visiting Coordinator, Bureau of Safety and Well-Being, Division of Safety and Permanence, DCF, explained that challenges from an agency perspective regarding home visiting include lack of equipment, administrative skill, training, and technical assistance at the local level. She noted that for multiple-risk, higher needs families, a caseload of 12-17 is appropriate. She noted that DCF is waiting for additional federal guidance about whether counties will be able to choose their own home visiting models, and noted that models must include criteria that meet evidence-based standards. Mr. Hermes noted that DCF and DHS have good communication and work well together.

Discussion of Memo No. 1, *Recommendations for Legislation*

Ms. Matthias provided an overview of Memo No. 1, *Recommendations for Legislation*. She explained that the committee would be discussing the recommendations provided in Memo. No. 1, in order to provide staff with instructions to create bill drafts that will be reviewed at the December 16, 2010 committee meeting. She commented that since staff had not analyzed the recommendations, not all of the recommendations may be feasible to draft as legislation.

The committee reviewed and discussed the recommendations in Memo No. 1, as well as additions to the list of recommendations, and by consensus agreed on the following proposals:

New Package of Services Under BadgerCare Plus

Create a new service package for high-risk pregnant women in order to meaningfully improve birth outcomes. This package would be part of a comprehensive waiver that the committee could direct DHS to apply for to the federal Department of Health and Human Services. The new service package would include all of the following:

- Specifying that birth outcomes and early childhood development are goals and purposes of all home visiting projects, including Family Foundations, Empowering Families of Milwaukee, Racine Healthy Births/Healthy Families program.

- Evidence-based social marketing and social-support programs designed to increase participation in programs and to reduce infant mortality, including fatherhood initiatives.

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

- Perinatal regionalization.

The committee also discussed expanding eligibility for the earned income tax credit by expanding eligibility to include noncustodial fathers.

Birth Certificate

- Include the child's race on the birth certificate.

- Allow fathers under adult age to choose to be listed on the birth certificate.

DHS Report

- Require DHS to create a report which includes the following data: infant and fetal death rates, broken down by county, including all causes of death of infants under age 1; very premature births broken down by county; whether the mother received the regular or intensive ACOG category of care; who the birth attendant was; and data from birth certificates on race of the child and underage fathers.

- Explore whether any of the costs of collecting and maintaining this data could be covered by MA.

Changes to MA State Plan

- Expand the Medicaid PNCC benefit from two months postpartum to one year and expand coverage to include the baby and mother.

- Explore MA reimbursement mechanisms for use and development of Centering Pregnancy and other group prenatal care.

- Require MA coverage for human donor milk.

Title V Maternal Child Health Block Grant

- Require the Title V MCH block grant to fund the provision of technical assistance to PNCC providers.

Certified Nurse-Midwives – as Recommended by Ms. VandeVusse at the October 13, 2010 Meeting

- Eliminate the requirement that a certified nurse-midwife (CNM) practice pursuant to a written agreement with a physician.

- Alter language used publicly and in statute regarding "health care provider". A health care practitioner is defined under current law to include an individual who is licensed, registered, or certified by the Medical Examining Board, the Board of Nursing, and the Pharmacy Examining Board.

- Promote Advanced-Practice Nurse and CNM access to hospital admission privileges. Under current law, only a physician, dentist, or podiatrist may admit a patient to a hospital.

- Include CNM's in the Patient Compensation Fund for a reasonable, affordable fee.

- Develop and fund demonstration projects to allow CNMs to serve under-served populations and monitor outcomes, e.g., instituting "health homes."

- Actively support establishment of freestanding birth centers in Wisconsin.

- Designate funding to support and increase access to nurse-midwifery education.

- Institute additional fellowships, scholarships, loan reimbursement, and/or tax credits to reward nurses for obtaining advanced education, especially doctoral degrees, to increase faculty.

- Increase support to allow graduate nursing programs to improve faculty recruitment.

- Possibly reimburse CNM preceptors to increase clinical site availability.

MA Medical Homes Pilot

- Explore options for adding Rock County to the medical home pilot program.

Other Business

There was no other business brought before the committee.

Adjournment

The meeting was adjourned at 4:00 p.m.

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