



WISCONSIN LEGISLATIVE COUNCIL
PROPOSED REPORT TO THE LEGISLATURE

SPECIAL COMMITTEE ON INFANT MORTALITY

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Special Committee on Infant Mortality

Prepared by:
Rachel Letzing and Mary Matthias, Senior Staff Attorneys
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PART I

KEY PROVISIONS

OF COMMITTEE RECOMMENDATIONS

The Special Committee on Infant Mortality recommends the following bill drafts to the Joint Legislative Council for introduction in the 2011-12 Session of the Legislature.

WLC: 0045/2, Relating to Cultural Competency Training for Medical Students and Students Enrolled in Programs in a Health Care Occupation in the University of Wisconsin-System and Certain Technical College Students

WLC: 0045/2 does the following:

- Requires students enrolled in a University of Wisconsin (UW) program providing instruction for a health care or social work occupation, or in a Wisconsin Technical College System health care occupation program, to receive training in cultural competency to improve patient-centered care.
- Requires the training to be evidence-based and designed to increase the students' cultural sensitivity and improve the students' ability to communicate with, and effectively deliver health care to, patients from different racial and ethnic backgrounds.

WLC: 0046/2, Relating to Electronic Application and Information Systems to Determine Eligibility and Register for Public Assistance Programs

WLC: 0046/2 requires the Department of Health Services (DHS) to take various actions to improve and expand electronic benefits application and information systems in order to streamline access to eligible benefits, explore cost reductions, improve efficiency, collect statistics related to reducing infant mortality, and improve the health status of citizens, including birth outcomes, as follows:

- Requires DHS to develop a detailed plan that contains cost estimates and a proposed timeline for implementation of an expanded Access to Eligibility Support Services (ACCESS) system. The system must include information regarding all programs designed to assist low-income persons, including housing assistance, rental assistance, and temporary child care assistance.
- Requires DHS to pursue the development of a single, statewide data management information system to facilitate the integration of health, public health, social, and economic assistance services provided to low-income persons in Wisconsin, modeled after a program in Illinois known as "Cornerstone."

WLC: 0055/2, Relating to Directing the Department of Health Services to Request a Medical Assistance Waiver

WLC: 0055/2 does the following:

- Requires DHS to request a waiver from the U.S. Department of Health and Human Services (DHHS) to allow DHS to provide services and support under Medical Assistance (MA) for certain pregnant women who are at risk of having a negative birth outcome.
- Requires the programs and services authorized by the waiver to 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.
- Requires DHS to evaluate the programs and services implemented under the waiver and develop a plan to implement the programs and services statewide.
- Requires DHS to consider including all of the following as MA-covered services or programs in the waiver request:
 - Social marketing of programs designed to reduce infant mortality, improve birth outcomes, and address needs of infants and their families.
 - Social-support programs, including fatherhood initiatives designed to reduce infant mortality and improve birth outcomes.
 - Transportation services.
 - Data collection.
 - Full reimbursement for group prenatal care.
 - Mental health services.
 - Smoking cessation services.
 - 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.
 - Coordinators to create social care plans for MA recipients, and to provide information and assistance regarding all programs available to low-income pregnant women.
 - Demonstration projects to evaluate the effectiveness of evidence-based programs designed to serve underserved populations.
 - Initiatives to increase the utilization of nurse midwives and doulas in the delivery of care to underserved populations and to evaluate the outcomes of that care.
 - The establishment of freestanding birth centers.
 - Expansion of prenatal care coordination services.
 - Expansion and full reimbursement of evidence-based, home-based prenatal care coordination services.
 - Full reimbursement for home visits made by registered nurses, social workers, nurse midwives, and by persons who receive appropriate training.
 - Reimbursement of care provided through telemedicine visits.

- Reimbursement of the costs of providing banked human donor milk to newborns when medically indicated.
- A prohibition on reimbursement for elective induction of labor or cesarean sections if either procedure is performed before 39 weeks gestation, unless medically indicated.

WLC: 0059/3, Relating to Hospital Best Practices for Postpartum Patients and Newborns and Requiring the Exercise of Rule-Making Authority

WLC: 0059/3 directs DHS to write rules that do the following:

- Require each hospital to develop an appropriate discharge plan for each postpartum patient that provides for a timely follow-up appointment for the newborn and ensures that the mother is provided with assistance regarding health care resources available to her or her newborn and assistance regarding the safe transportation of her newborn.
- Require each hospital to educate postpartum patients, before discharge, on newborn care, including safe sleeping arrangements, how to access breastfeeding information and support, and car seat safety.
- Require that health care providers, including physicians, recommend and actively support breastfeeding for all newborns for whom breastfeeding is not medically contraindicated, provide parents with information about breastfeeding, and provide a referral to a lactation specialist or public health nurse for a home visit, at the parents' request.

WLC: 0060/3, Relating to a Report on Information Related to Infant Morbidity and Mortality

WLC: 0060/3 requires DHS to annually prepare a report relating to infant mortality and birth outcomes in this state. The report must include specified data related to births and birth outcomes in this state in the previous calendar year, and analysis of that data.

WLC: 0063/3, Relating to Hospital Staff Privileges and Written Agreements Required for Nurse-Midwives and Allowing Nurse-Midwives to Elect to be Covered Under the Injured Patients and Families Compensation Fund

WLC: 0063/3 does the following:

- Eliminates the requirement that a licensed nurse-midwife collaborate with and enter into a written agreement with a physician.
- Requires nurse-midwives to participate in the Patients Compensation Fund.
- Provides that a hospital may grant hospital staff privileges to nurse-midwives who are covered under the Patients Compensation Fund.

WLC: 0069/3, Relating to Eligibility for the Wisconsin Earned Income Tax Credit for Certain Parents

WLC: 0069/3 extends eligibility for the Wisconsin Earned Income Tax Credit (EITC) to a parent whose child does not live with the parent, if the parent is subject to and in compliance with a court order to provide support for the child. The parent may receive the credit even if another person claims tax benefits with respect to the child.

WLC: 0072/2, Relating to Requiring Informed Consent for Performance of Certain Elective Procedures Prior to Full Gestational Term of the Fetus

WLC: 0072/2 prohibits a physician or nurse-midwife from performing an elective caesarean section or an elective procedure intended to induce labor in a woman prior to 39 weeks gestation unless the physician has first obtained the informed consent of the woman.

WLC: 0074/2, Relating to Designation of an Infant's Race on the Birth Certificate

WLC: 0074/2 specifies that a birth certificate must include the race or ethnicity of the infant, as reported by the infant's mother.

WLC: 0090/1, Relating to Evidence-Based Home Visiting Programs

WLC: 0090/1 does the following:

- Specifies that home visiting programs undertaken by the Department of Children and Families (DCF) must be evidence-based.
- Requires 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: 0099/1, Relating to a Report on Information Related to Hospital Neonatal Intensive Care Units

WLC: 0099/1 does the following:

- Requires DHS to collect, from every hospital with a neonatal intensive care unit, the daily census of the unit and the criteria for admission to the unit.
- Requires DHS to prepare an annual report that includes this information from the previous year and to make the report available to the public and post it on the DHS website.

PART II

COMMITTEE ACTIVITY

Assignment

The Joint Legislative Council established the Special Committee on Infant Mortality and appointed the chairperson by a May 7, 2010 mail ballot. The committee was directed to study: (a) the causes of infant mortality in Wisconsin; (b) evaluation of efforts that have been undertaken to address this problem in both the private and public sectors; (c) coordination of public health and Medicaid funding; (d) evaluation of infant mortality prevention programs that have been successful in other cities and states; (e) evaluation of the public health costs of not addressing the causes of infant mortality in Wisconsin; and (f) developing a strategic proposal, including any necessary legislation, to address infant mortality in Wisconsin, particularly disparities in infant mortality rates in different geographic areas of the state.

Membership of the Special Committee was appointed by June 30 and October 20, 2010 mail ballots. The final committee membership consisted of one Senator, three Representatives, and 15 public members. A list of committee members is included as **Appendix 3** to this report.

Summary of Meetings

The Special Committee held five meetings on the following dates:

September 8, 2010
September 22, 2010
October 13, 2010
November 16, 2010
December 16, 2010

At the September 8, 2010 meeting, the Special Committee heard invited testimony from several speakers.

Dr. Phil Farrell, M.D., Ph.D., Professor, Pediatrics and Population Health Sciences, UW School of Medicine and Public Health and Co-Chair of the Steering Committee for the Wisconsin Partnership Program for the Healthy Birth Outcome Initiative

Dr. Farrell made a presentation to the committee on African American infant mortality in Wisconsin. He discussed the historical disparity in birth outcomes among racial groups in Wisconsin and described the genesis of the Wisconsin Partnership Program and its Lifecourse Initiative for Healthy Families (LIHF), which is being undertaken in Milwaukee, Beloit, Racine, and Kenosha.

Dr. Farrell said the goals of the LIHF program are: improved health status of African American women over their lifespan; improved African American infant survival and health; and elimination of racial and ethnic disparities in birth outcomes. He explained the rationale behind the lifecourse concept, noting that studies have shown a strong correlation between birth outcomes and the level of stress a woman experiences during the course of her life.

Dr. Farrell also described the social and economic costs of premature and low birthweight babies.

Dr. Patricia McManus, Executive Director, Black Health Coalition of Wisconsin, Milwaukee

Dr. McManus made a PowerPoint presentation to the committee on African American infant mortality in the City of Milwaukee.

Dr. McManus discussed the connection between African American citizenship status and health experiences from 1619 to 2006, and cited studies that show the relationship between maternal lifetime exposure to stressors, including interpersonal racism, and infant birth weight.

Dr. McManus described the Milwaukee Healthy Beginnings Project (MHBP) which has provided various services to pregnant women, infants, and their families in targeted populations in Milwaukee.

Murray Katcher, M.D., Ph.D., Chief Medical Officer and Patrice Onheiber, MPA, Director, Disparities in Birth Outcomes

Dr. Katcher and Ms. Onheiber discussed the biological, psychosocial, and environmental risk factors contributing to poor birth outcomes, as well as the protective factors that help counteract these risk factors.

They described a number of infant mortality reduction efforts DHS is currently involved in with DCF and other partners, focusing on ABC's for Healthy Families, Journey of a Lifetime, text4baby, home visiting, Centering Pregnancy, the Racism and Fatherhood Action Learning Collaborative, and the Medicaid Healthy Birth Outcomes Medical Home Pilot.

Dr. Katcher and Ms. Onheiber also made several recommendations to the committee.

Kathleen Pritchard, Ph.D., President and CEO, Planning Council for Health and Human Services, Inc., Milwaukee

Dr. Pritchard provided a PowerPoint presentation on the planning process and goals of the Milwaukee LIHF.

Dr. Pritchard urged the committee to take advantage of available resources including federal and private funding, and provided a number of recommendations to the committee.

Dr. Gloria Sarto, M.D., Ph.D., Professor Emeritus, Department of Obstetrics and Gynecology

Dr. Sarto described the work of the Infant Mortality Collaborative, which is conducting a study to determine the reasons behind the recent reduction in the infant mortality rate in Dane County.

Cynthia D. Ferré, Pregnancy and Infant Health Branch, Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, Georgia

Ms. Ferré presented data on recent pre-term birth rates among racial and ethnic groups in the United States which show that, in general, pre-term births have been decreasing among whites but increasing among non-whites. She described federal initiatives to address racial and ethnic disparities in pre-term births and discussed the negative health effects of pre-term births such as lung disease, vision and hearing impairment, developmental delays, cerebral palsy, chronic disease, and detailed estimates of the financial costs of these conditions that are borne by taxpayers.

Ms. Ferré stressed that racial disparities result from many factors and many risks to healthy births cannot be adequately addressed through the health care system alone.

Chair Robson invited committee members to make suggestions for future committee meetings.

At the September 22, 2010 meeting, at Gateway Technical College, Racine, Wisconsin, the Special Committee heard invited testimony from several speakers.

Racine Collaborative for Healthy Birth Outcomes: Carole M. Johnson, Ph.D., Director, Local and Regional Community Programs, The Johnson Foundation at Wingspread and Sharon Schulz, Executive Director of the Racine/Kenosha Community Action Agency, and Lena Cooksey, Secretary, PWNS-Racine/Kenosha Birthing Project

Ms. Johnson made a presentation regarding the Greater Racine Collaborative for Healthy Birth Outcomes (“the Collaborative”) and the Racine LIHF project. Ms. Johnson discussed the history of the Collaborative, the role of the Johnson Foundation as the convening organization in partnership with the Racine/Kenosha Community Action Agency, the funding award from the Wisconsin Partnership Program and the \$10,000 Racine LIHF early implementation project grant awarded to the Professional Women’s Network Service (PWNS) for the Sister Friends component of Birthing Project USA.

Ms. Schultz described the operating principles and structure of the Collaborative.

Ms. Cooksey described the Sister Friends program that PWNS operates with assistance from an LIHF early implementation project grant.

Ms. Johnson concluded this presentation with a series of policy recommendations.

Wheaton-Franciscan’s Fetal and Infant Mortality Review (FIMR) Project of Racine: Teresa S. Johnson, Ph.D., R.N., Associate Professor, Executive Committee Vice-Chair, UW-Milwaukee College of Nursing

Dr. Johnson explained the history of the FIMR of Racine. Dr. Johnson noted that quantitative results of the Racine FIMR reviews include findings that primarily women in their 20’s, on Medicaid and living in the 53403 and 53404 zip codes had the highest frequency of fetal/perinatal losses.

Pamela Smith, Program Coordinator, Kenosha LIHF Collaborative and Cindy Johnson, Health Officer for Kenosha County, Dottie-Kay Bowersox, Health Officer, Teri Hicks, Community Health Director, and Danielle Smith, Public Health Nurse Coordinator, City of Racine Health Department

Danielle Smith explained the evolution of the Kenosha LIHF project, which has its roots in the delegation formed by the Black Health Coalition of Greater Kenosha, the Kenosha County Department of Health and United Way of Kenosha County. Ms. Soyntia West told the committee about her positive experiences as a participant in the Mom Baby Talk program.

Cindy Johnson, Health Officer for Kenosha County, emphasized the importance of data, group support settings, community involvement and state assistance in identifying private funding and partnerships for infant mortality efforts.

Ms. Bowersox stated that the high infant mortality rates in Racine are the byproduct of complex social problems, including racism and poverty, and noted that long term solutions to infant mortality will emerge as governments and society begin to address these injustices.

Ms. Hicks and Ms. Smith described the Racine Healthy Birth/Healthy Families program that was created in 2007 and allowed the City of Racine to develop a home visiting program to prevent adverse birth outcomes in the African American population who live in five zip codes.

The committee then held a public hearing.

At the October 13, 2010 meeting, at Beloit Memorial Hospital, Beloit, Wisconsin, the Special Committee heard testimony from invited speakers.

John Schlitt and Beth Jacob, Pew Home Visiting Program, Pew Center on the States, Washington, D.C.

Mr. Schlitt said there is compelling evidence that home visiting programs are effective in reducing infant mortality, premature birth and low birth weight and described the attributes of successful programs. He also presented data from various studies of home visiting programs.

Ms. Jacob explained that the federal government will be providing funding to states for home visiting programs, and states have to document the results of their programs to take advantage of the federal funds.

Dr. Richard Perry, Beloit Community Health Systems; Angela Moore, Beloit Lifecourse Initiative for Healthy Families, and Marilyn Kilgore, Beloit African American Infant Mortality Coalition

Ms. Kilgore provided a synopsis of the history of the Beloit African American Infant Mortality Coalition and described the African American Health Fairs that the coalition has sponsored.

Ms. Moore described the process by which the Beloit LIHF was formed.

Karen Cain, Health Officer, Rock County Public Health Department

Ms. Cain made a PowerPoint presentation which highlighted the increasing rates of infant mortality among African Americans in Beloit. She described Rock County resources available to address infant mortality and said the county needs African American and Hispanic nurses, since minorities are often uncomfortable when home visiting is conducted by white health care personnel.

Dr. Leona VandeVusse, Marquette University College of Nursing, and Jacquelyn Tillett, Director, Aurora Sinai Medical Center

Ms. VandeVusse discussed the history of midwifery, the scope of practice of nurse-midwives and the differences between certified nurse-midwives and lay midwives. She said that midwifery prenatal care contributes to excellent birth outcomes and the quality of care is very high.

Ms. Tillett addressed myths about midwifery and provided numerous statistics about the locations where midwives practice, the types of women they serve, and the outcomes of midwife-assisted pregnancies and births. She said nurse-midwife care is unique because it is individualized and women are active participants in their care. She described the Midwifery and Wellness Center at Aurora Sinai Medical Center, the Centering Pregnancy programs they sponsor at several high schools in Milwaukee, and future plans for the Center.

Cindy Schlough, Director of Strategic Partnerships, Wisconsin Collaborative for Healthcare Quality

Ms. Schlough described the Wisconsin Collaborative for Healthcare Quality (WCHQ), which is a voluntary consortium of organizations working to improve the quality and cost-effectiveness of healthcare in Wisconsin. She explained that the member organizations, which include health systems, medical groups, hospitals, and health plans, pay dues, while purchaser and strategic partners do not.

Ms. Schlough said WCHQ develops performance measures for health care services, guides the collection and analysis of data collected, publicly reports performance measure results and shares best practices of high performance organizations, enabling others to adopt successful models.

The committee then held a public hearing.

At the November 16, 2010 meeting, the Special Committee heard testimony from several invited speakers.

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

Dr. Johnson gave a presentation regarding racism and 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.

Dr. Johnson also offered policy options to address the implicit bias of health care providers.

Jason Helgerson, Administrator, Division of Health Care Access and Accountability, DHS

Mr. Helgerson provided an overview of the BadgerCare Plus Healthy Birth Outcomes Initiative.

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) assessments of poor birth outcomes; (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 the specific elements of the medical home pilot contract and 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.

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 serve as successful models to be expanded across the state.

Susan Uttech, Director, and Linda Hale, Family Health Section Chief, 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. She also provided an overview of the Title V Maternal and Child Health (MCH) block grant, and commented on the Illinois Cornerstone program.

Ms. Uttech explained that MCH block grant funding has not kept up with the services needed.

Ms. Hale then described a few of the programs funded by the MCH block grant.

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 described the process of applying for home visiting funds from the federal government.

Ms. Matthias then provided an overview of Memo No. 1, *Recommendations for Legislation*.

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

At the December 16, 2010 meeting, the Special Committee reviewed 12 bill drafts reflecting the committee's review and discussion of issues at previous meetings.

Chair Robson 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.

After an extensive discussion, the committee approved four bill drafts and requested modifications to eight bill drafts. The committee also directed staff to prepare a draft regarding perinatal regionalization.

This was the final meeting of the Special Committee.

PART III

RECOMMENDATIONS INTRODUCED BY THE JOINT LEGISLATIVE COUNCIL

This part of the report provides background information on, and a description of, the bill drafts as recommended by the Special Committee on Infant Mortality.

WLC: 0045/2, Relating to Cultural Competency Training for Medical Students and Students Enrolled in Programs in a Health Care Occupation in the University of Wisconsin-System and Certain Technical College Students

Background

The committee heard testimony from numerous speakers indicating that the effectiveness of health care is impacted to a large extent by the quality of the patient-provider relationship. A patient who experiences poor communication with or feels intimidated or mistrustful of a provider will likely experience worse health outcomes for a number of reasons. This problem is especially pertinent for patients for whom the majority of care providers are of a different racial or cultural background than the patient, and is often cited as a contributing factor to the higher rates of infant mortality and poor birth outcomes for African Americans.

The U.S. Department of Health and Human Services, Health Resources and Services Administration, states that: “Effective health communication is as important to health care as clinical skill. To improve individual health and build healthy communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse consumers and communities.”

Cultural competency training helps health care providers improve their ability to communicate with and provide effective care to patients from different cultural backgrounds.

Description

WLC: 0045/2 requires the UW Board of Regents to ensure that students enrolled in any UW program providing instruction for a health care or social work occupation to receive training in cultural competency to improve patient-centered care. The bill also requires the Wisconsin Technical College System Board to ensure that students in a Wisconsin Technical College System health care occupation program receive this training.

The bill draft requires the training to be evidence-based and designed to increase the students’ cultural sensitivity and improve the students’ ability to communicate with, and effectively deliver health care to, patients from different racial and ethnic backgrounds.

WLC: 0046/2, Relating to Electronic Application and Information Systems to Determine Eligibility and Register for Public Assistance Programs

Background

The committee heard testimony about the Cornerstone program developed and implemented by the State of Illinois. Cornerstone is an automated system that provides a centralized, integrated, client database and access to nonconfidential client care plan data for maternal child and health programs. Cornerstone provides a single, automated care plan identifying a comprehensive array of services needed to address assessed risks for a client. The plan is based on the client's response to a standardized set of questions assessing prenatal or child health care, nutrition, child safety, and other human service needs.

According to DHS, while no single system in Wisconsin provides the ability to manage client demographic data separately from the program area that initially captured the data, there are some programs and systems at DHS that provide limited data sharing. For example, DHS currently administers an electronic application and information system (known as the "ACCESS" system), which enables a person to determine his or her eligibility and register for multiple public assistance programs, including BadgerCare Plus, the Women, Infants and Children (WIC) program, and FoodShare.

Description

WLC: 0046/2 requires DHS to take various actions to improve and expand electronic benefits application and information systems to streamline access to eligible benefits, explore cost reductions, improve efficiency, collect statistics related to reducing infant mortality, and improve the health status of citizens, including birth outcomes, as follows:

- Requires DHS, within one year, to develop a detailed plan that contains cost estimates and a proposed timeline for implementation of an expanded ACCESS system. The department must collaborate with appropriate state agencies to expand the ACCESS system. The system must include information regarding all programs designed to assist low-income persons, including housing assistance, rental assistance, and temporary child care assistance.
- Requires DHS to pursue the development of a single statewide data management information system to facilitate the integration of health, public health, social, and economic assistance services provided to low-income persons in Wisconsin, modeled after the Illinois Cornerstone program. The department must collaborate with appropriate state agencies to develop and implement the system. Specifically, the department must pursue a system that does all of the following:
 - Determines a person's eligibility for multiple public assistance programs by means of a single registration or application.
 - Allows public assistance program administrators to have access to public assistance program recipients' data previously captured by other programs.
 - Provides a single, automated care plan identifying a comprehensive array of service activities needed to address assessed risks for a person.
 - Provides a scheduling or referral system which matches a person's service needs with available health care, public assistance, or economic assistance providers

WLC: 0055/2, Relating to Directing the Department of Health Services to Request a Medical Assistance Waiver

Background

Title XIX of the federal Social Security Act authorizes the DHHS to provide financial assistance to states to fund health care services to people with limited resources. This program is commonly referred to as MA, Medicaid, or Title 19. Wisconsin's MA program is authorized under ch. 49, Stats., and is administered by the Division of Health Care Access and Accountability in DHS. DHS administers the program under state and federal law, and in conformity with the MA plan it provides to the DHHS Centers for Medicare and Medicaid Services (CMS).

Federal law authorizes CMS to grant a state waivers from various requirements of federal MA law to allow states flexibility in operating Medicaid programs. These programs operate under broad guidelines specified in federal law and under the terms and conditions of the waiver agreements and the state MA plan approved by CMS. This federal/state relationship permits the state to receive significant federal funding to support these programs, but also limits the state's options regarding program eligibility, services, and recipient cost-sharing. Wisconsin administers several programs under waivers of federal MA law, including BadgerCare, Family Care, SeniorCare, and multiple long-term care home- and community-based waiver programs, including the community options program.

Description

WLC: 0055/2 requires DHS to request a waiver from DHHS to allow DHS to provide services and support under MA for certain pregnant women who are at risk of having a negative birth outcome.

WLC: 0055/2 requires the programs and services authorized by the waiver to be implemented in Milwaukee, Racine, Kenosha, Rock, and Dane Counties and in a rural multi-county region identified by the department in collaboration with the Great Lakes Intertribal Council. The multi-county region must include counties experiencing the largest disparities in birth outcomes between white and Native American populations and must be of sufficient size to enable meaningful implementation and evaluation of the programs and services.

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

The bill draft directs the department to consider prohibiting reimbursement under the program for any elective induction of labor or cesarean section that is performed before 39 weeks gestation, unless medically indicated.

The bill draft requires DHS to consider including all of the following as MA-covered services or programs in the waiver request:

- Social marketing of programs designed to reduce infant mortality, improve birth outcomes, and address needs of infants and their families.
- Social-support programs, including fatherhood initiatives designed to reduce infant mortality and improve birth outcomes.
- Transportation services.
- Data collection.
- Full reimbursement for group prenatal care.

- Mental health services.
- Smoking cessation services.
- 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.
- Coordinators to create social care plans for medical assistance recipients, and to provide information and assistance regarding all programs available to low-income pregnant women.
- Demonstration projects to evaluate the effectiveness of evidence-based programs designed to serve under-served populations.
- Initiatives to increase the utilization of nurse midwives and doulas in the delivery of care to underserved populations and to evaluate the outcomes of that care.
- The establishment of freestanding birth centers.
- Expansion of the prenatal care coordination services.
- Expansion and full reimbursement of evidence-based, home-based prenatal care coordination services.
- Full reimbursement for home visits made by registered nurses, social workers, nurse midwives and by persons who receive appropriate training.
- Reimbursement of care provided through telemedicine visits.
- Reimbursement of the costs of providing banked human donor milk to newborns when medically indicated.

WLC: 0059/3, Relating to Hospital Best Practices for Postpartum Patients and Newborns

Background

Under current law, hospitals are licensed and regulated by DHS. Section DHS 124.20 (5), Wis. Adm. Code, sets forth clinical requirements for hospitals providing maternity services. The rules state that an infant may be discharged only to a parent who has lawful custody of the infant or to an individual who is legally authorized to receive the infant.

Description

This bill draft directs DHS to write rules that do the following:

- Require each hospital to develop an appropriate discharge plan for each postpartum patient that provides for a timely follow-up appointment for the newborn and ensures that the mother is provided with assistance regarding health care resources available to her or her newborn and assistance regarding the safe transportation of her newborn.

- Require each hospital to educate postpartum patients before discharge on newborn care, including safe sleeping arrangements, how to access breastfeeding information and support, and car seat safety.
- Require that health care providers, including physicians, recommend and actively support breastfeeding for all newborns for whom breastfeeding is not medically contraindicated, provide parents with information about breastfeeding, and provide a referral to a lactation specialist or public health nurse for a home visit, at the parents' request.

WLC: 0060/3, Relating to a Report on Information Related to Infant Morbidity and Mortality

Background

The committee heard testimony from numerous speakers regarding the importance of the collection of data on birth outcomes in the development and evaluation of programs and strategies to address infant mortality and poor birth outcomes.

Description

The bill draft directs DHS annually to prepare a report relating to infant mortality and birth outcomes in Wisconsin. The report must include specified data related to births and birth outcomes in the previous calendar year, and analysis of that data. The bill draft directs DHS to collaborate with local health departments, tribes, and other interested parties to determine the specific data and data analysis to be included in the report and the procedures by which the data will be collected and reported to DHS. The bill draft states that DHS must ensure that the report, to the greatest extent possible, includes data and analysis that are necessary and useful for the development and evaluation of programs that address disparities in birth outcomes among racial and ethnic groups. DHS must periodically consult with interested parties to review and update the data and analysis required in the report as needed to ensure that this goal is met.

The bill draft provides that the report must include at least the following information:

- The number and rate of infant deaths in each county, by race or ethnicity.
- The causes of infant deaths in each county.
- The number and rate of very premature (less than 32 weeks gestation) births in each county by race or ethnicity.
- The number of low birth weight (between 1,500 and 2,500 grams) infants born in each county and the rate of those births in each county by race or ethnicity.
- The number of very low birth weight (less than 1,500 grams) infant born in each county and the rate of those births in each county by race or ethnicity.

The bill draft requires DHS, in collaboration with the groups identified above, to consider including in the report data related to the type of prenatal care, if any, received by the mother of each infant whose birth data is included in the report.

The bill draft specifies that, beginning June 30, 2013, and on every June 30 after that, DHS must do all of the following:

1. Submit the report to the appropriate standing committees of the Legislature.

2. Post the report on its Internet website.
3. Post, on its Internet website, the raw data collected in the previous calendar year for purposes of the annual report. The data must be presented in a manner that does not disclose, or enable the identification of any, individual infant, mother, or birth attendant.

The bill draft directs DHS to explore whether any of the costs of collecting the data and creating the report may be funded by the MA program.

WLC: 0063/3, Relating to Hospital Staff Privileges and Written Agreements Required for Nurse-Midwives and Allowing Nurse-Midwives to Elect to be Covered Under the Injured Patients and Families Compensation Fund

Background

The Special Committee heard extensive testimony indicating that nurse-midwives provide high-quality prenatal care which has been shown to lead to reduced infant mortality and improved birth outcomes. The Special Committee recommends the changes to current law contained in the draft as methods to provide increased access to nurse-midwives by the most needy populations in the state, and thereby reduce infant deaths and improve birth outcomes in those populations.

Practice of Nurse-Midwifery

Under current law, to practice nurse-midwifery a licensed nurse-midwife must collaborate with and enter into a written agreement with a physician who has postgraduate training in obstetrics. If a person practicing nurse-midwifery discovers evidence of any aspect of care that jeopardizes the health or life of a newborn or mother, the nurse-midwife must either consult with the collaborating physician or make a referral as specified in the written agreement.

This bill draft eliminates the requirement that a licensed nurse-midwife collaborate with and enter into a written agreement with a physician. Under the bill, if a licensed nurse-midwife discovers evidence of any aspect of care that jeopardizes the health or life of a newborn or mother, he or she must consult with a qualified health care professional or make a referral. The draft defines a qualified health care professional as a health care practitioner who is performing services within his or her scope of practice. A health care practitioner is defined under current law to include an individual who is licensed, registered, or certified by the Medical Examining Board (MEB), the Board of Nursing, or the Pharmacy Examining Board.

Health Care Liability Coverage

Under the health care liability statutes in current law, certain health care providers must carry health care liability insurance with specified limits and pay assessments to the Injured Patients and Families Compensation Fund (the Patients Compensation Fund). Certain other health care providers may elect to be subject to the health care liability statutes, including the insurance and assessment requirements. If a medical malpractice claim is made against a health care provider who is subject to the health care liability statutes, or against an employee of such a health care provider, the portion of the claim that exceeds the limits of the provider's health care liability insurance is paid on behalf of the provider or provider's employee by the Patients Compensation Fund.

Description

The bill draft requires nurse-midwives to participate in the Patients Compensation Fund. The bill draft exempts nurse-midwives who are public employees or volunteer health care providers, or

employees of the federal public health service. This same exemption exists under current law for physicians and nurse anesthetists who are public employees or volunteers.

The bill draft modifies the membership of the Patients Compensation Fund's Board of Governors to provide that one of the four public members of the board must be named by the Wisconsin Nurses Association.

Currently, the Commissioner of Insurance sets fees for the Patients Compensation Fund by rule. The bill draft specifies that, with respect to fees paid by nurse-midwives, the rule may provide for a separate payment classification, or for a payment classification that is combined with one or more other categories of health care providers, as the commissioner determines is appropriate after approval by the Board of Governors.

WLC: 0069/3, Relating to Eligibility for the Wisconsin Earned Income Tax Credit for Certain Parents

Background

Under federal law, the EITC is a refundable tax credit for low-income workers. If the amount of the credit exceeds a worker's tax liability, the claimant receives a check from the Internal Revenue Service for the excess amount. The amount of the credit for which a claimant is eligible is based, in part, on whether the person has a qualifying child and how many qualifying children the person has. A qualifying child for purposes of the EITC is a child who meets four tests: (1) the relationship test; (2) the age test; (3) the residency test; and (4) the joint return test.

The relationship test requires that the child be the person's son, daughter, stepchild, foster child, or a descendant of one of those individuals (i.e. grandchild), or that the child be the person's brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of one of those individuals (i.e., niece). The age test requires that the child be under age 19 if he or she is not a student, that the child be under age 24 if he or she is a student, or that the child be permanently and totally disabled. The residency test requires that the child must have lived with the person for more than half of the year. The joint return test requires that the child not be filing a joint return for the year.

In addition, a child cannot be used by more than one person to claim the EITC. This means that eligibility for the EITC requires a person to use a child who is not used by any other person to claim the EITC.

A refundable EITC also exists under Wisconsin law. A person may claim the Wisconsin EITC in an amount equal to a specified percentage of the federal EITC for which the person is eligible if the person has one or more qualifying children.

This bill draft extends eligibility for the Wisconsin EITC to a parent whose child meets three of the tests for a qualifying child, but does not meet the residency test, if the parent is subject to and in compliance with a court order to provide support for the child. Thus, the bill draft allows a parent to receive the credit even if his or her child did not share the same principal place of abode as the parent. The bill draft also allows a parent to receive the credit even if the person's child is already used by another person to claim tax benefits, such as the federal EITC.

In the bill draft, the definition of "parent" is the same as the definition of parent used in the Children's Code, ch. 48, Stats. Under that definition, "parent" includes, among others, biological parents, adoptive parents, and adjudicated parents.

WLC: 0072/2, Relating to Requiring Informed Consent for Performance of Certain Elective Procedures Prior to Full Gestational Term of the Fetus

Background

Current DHS administrative rules set forth various requirements applicable to administration of labor-inducing agents to pregnant women. The rules provide that only a physician or a licensed nurse-midwife may order the administration or administer a labor-inducing agent. A registered nurse must be present when administration of a labor-inducing agent is initiated and must remain immediately available to monitor maternal and fetal well-being. Appropriately trained hospital staff must closely monitor and document the administration of any labor-inducing agent.

Under current law, any physician who treats a patient must inform the patient about the availability of all alternate, viable medical modes of treatment, and about the benefits and risks of those treatments. A physician who violates this requirement is guilty of unprofessional conduct and is subject to discipline by the MEB, which may warn or reprimand the physician, or limit, suspend, or revoke any license, certificate, or limited permit granted by the MEB to the physician.

The statutes direct the MEB to promulgate rules implementing this requirement. Those rules are set forth as ch. Med 18, Wis. Adm. Code.

Under current law there is no requirement that a mother be specifically informed about possible negative effects to her infant of inducing labor or performing a caesarean section prior to full gestational term.

Description

This bill draft prohibits a physician from performing an elective caesarean section or an elective procedure intended to induce labor in a woman prior to 39 weeks gestation unless the physician has first obtained the informed consent of the woman. The bill draft specifies that a woman's consent is informed only if she receives timely information orally and in person from the attending provider regarding potential negative effects to the child of early delivery, including long-term learning and behavioral problems.

Under the bill draft, violations of the newly-created prohibition are subject to the same penalties that violations of the duty to provide information on alternate modes of treatment are subject under current law; i.e., the MEB may warn or reprimand the physician, or limit, suspend, or revoke any license, certificate, or limited permit granted by the board to the physician.

The bill draft directs the MEB to promulgate rules implementing the provisions of the newly-created prohibition and defining "elective" for purposes of the prohibition.

The bill draft also prohibits a nurse-midwife from performing an elective caesarean section or an elective procedure intended to induce labor in a woman prior to 39 weeks gestation unless the nurse-midwife has first obtained the informed consent of the woman. The bill draft specifies that a woman's consent is informed only if she receives timely information regarding potential negative effects to the child of early delivery, including long-term learning and behavioral problems.

A nurse-midwife who is found to have violated this prohibition could be found to have engaged in misconduct or unprofessional conduct and be subject to penalties imposed by the Board of Nursing including a reprimand or limiting, suspending, revoking, or denying renewal of the nurse-midwife's license.

WLC: 0074/2, Relating to Designation of an Infant's Race on the Birth Certificate

Background

Under current law, an infant's race or ethnicity is not required to appear on the infant's birth certificate.

Description

The bill draft specifies that a birth certificate must include the race or ethnicity of the infant, as reported by the infant's mother.

The bill draft also requires DHS to promulgate administrative rules to establish the designations of race and ethnicity to be used on birth certificates and procedures to be followed to ensure that the designation recorded on a birth certificate is the designation that is directly reported by an infant's mother. The designations of race or ethnicity must be sufficiently detailed to enable data collection on births and birth outcomes among all significant racial and ethnic populations in the state and to assist in the development and evaluation of the efficacy of programs and policies designed to improve birth outcomes.

WLC: 0090/1, Relating to Evidence-Based Home Visiting Programs

Background

The Special Committee heard extensive testimony regarding the benefits achieved by current home visiting programs, including the Racine Healthy Families program, Family Foundations, Empowering Families Milwaukee, and the Nurse Family Partnership in Milwaukee.

In the 2009-10 legislative session, the child abuse and neglect prevention program statute, s. 48.983, Stats., was amended to authorize DCF to administer home visiting programs under this authority. Subsequently, DCF applied for federal home visiting funds available through the Patient Protection and Affordable Care Act. DCF testified before the Special Committee about the needs assessment DCF was in the process of conducting in order to be eligible to receive the federal home visiting funds. DCF noted that of any federal funds received, 75% must be used to support programs that follow an evidence-based model. DCF testified that they work in cooperation with DHS, with the Department of Public Instruction and the Children's Trust Fund on this project.

Description

The bill draft specifies that home visiting programs undertaken by DCF must be evidence-based.

The bill draft requires DCF to enter into a MOU with DHS that provides for collaboration between the two agencies in carrying out home visiting programs.

WLC: 0099/1, Relating to a Report on Information Related to Hospital Neonatal Intensive Care Units

Background

Perinatal regionalization is a system of designating hospitals in which infants are born or are transferred based on the amount of care that they need at birth. In regionalized systems, very ill or very small infants are born in or referred to hospitals that are able to provide the most appropriate care with high-level technology and specialized health providers. Regionalized systems define hospitals at risk-appropriate levels – Level 1 being the most basic and Level IIC being the most specialized. The goal of a regionalized system is to reduce infant deaths.

According to the Wisconsin Association for Perinatal Care, from 1970 to 1990, Wisconsin had a highly effective regionalized perinatal care system. With the advent of managed care, new referral patterns emerged. When “certificate of need” was no longer necessary, hospitals could build NICUs where they had established need. By 2003, the number of NICUs in Wisconsin increased 300% from six to 18. The Wisconsin Association for Perinatal Care is working with hospitals to determine the number of Level III hospitals. There is no other system in place to determine the level of care available at hospitals throughout the state.

Description

The bill draft requires DHS to collect from every hospital with a neonatal intensive care unit the daily census of the unit and the criteria for admission to the unit. The bill draft requires DHS to prepare an annual report that includes this information from the previous year and to make the report available to the public and post it on DHS' website.

PART IV

OTHER ACTION OF THE COMMITTEE

At its December 16, 2010 meeting, the Special Committee reviewed and approved a letter to be sent on its behalf to Christopher Queram, President of the Wisconsin Collaborative on Health Care Quality (WCHQ). The WCHQ is a voluntary consortium of Wisconsin healthcare organizations, including health systems, medical groups, hospitals, and health plans. WCHQ develops and administers health care performance measures and reports the measurement results to the public. WCHQ members use the measurements to drive internal improvement efforts.

The letter, approved by the committee, requests the WCHQ to develop and implement performance measures that are tied to birth outcomes.

The letter is included as *Appendix 5* to this report.

Appendix 1

Committee and Joint Legislative Council Votes

The following bill drafts were recommended by the Special Committee on Infant Mortality to the Joint Legislative Council for introduction in the 2011-12 Session of the Legislature.

Special Committee Votes

The Special Committee voted to recommend the following 11 drafts to the Joint Legislative Council for introduction in the 2011-12 Session of the Legislature. The votes on the drafts are as follows:

- WLC: 0045/2, relating to cultural competency training for medical students and students enrolled in programs in a health care occupation in the University of Wisconsin-System and certain technical college students, passed by a vote of Ayes, 15 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); Noes, 1 (Public Member Conway); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0046/2, relating to an electronic application and information systems to determine eligibility and register for public assistance programs, passed by a vote of Ayes, 16 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Conway, Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0055/2, relating to directing the department of health services to request a medical assistance waiver, passed by a vote of Ayes, 16 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Conway, Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0059/3, relating to hospital best practices for postpartum patients and newborns, passed by a vote of Ayes, 16 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Conway, Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0060/3, relating to a report on information related to infant morbidity and mortality, passed by a vote of Ayes, 15 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); Noes, 1 (Public Member Conway); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0063/3, relating to hospital staff privileges and written agreements required for nurse-midwives and allowing nurse-midwives to elect to be covered under the injured patients and families compensation fund, passed by a vote of Ayes, 14 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Conway, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); Noes, 2 (Public Members Eglash and Falkenberg); and Not Voting, 3 (Public Members Benton, Mason, and Perry).

- WLC: 0069/3, relating to eligibility for the Wisconsin earned income tax credit for certain parents, passed by a vote of Ayes, 15 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); Noes, 1 (Public Member Conway); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0072/2, relating to requiring informed consent for performance of certain elective procedures prior to full gestational term of the fetus, passed by a vote of Ayes, 15 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Conway, Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, VandeVusse, Villalpando, and Weborg); Noes, 1 (Public Member Tillett); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0074/2, relating to designation of an infant's race on the birth certificate, passed by a vote of Ayes, 16 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Conway, Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0090/1, relating to evidence-based home visiting programs, passed by a vote of Ayes, 14 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Conway, Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Villalpando, and Weborg); Noes, 2 (Public Members Tillett and VandeVusse.); and Not Voting, 3 (Public Members Benton, Mason, and Perry).
- WLC: 0099/1, relating to a report on information related to hospital neonatal intensive care units, passed by a vote of Ayes, 16 (Reps. Mason, Pasch, and Pope-Roberts; Sen. Wirch; and Public Members Conway, Eglash, Falkenberg, Jentsch, Lathen, Pattillo-Johnson, Robson, Schlenker, Tillett, VandeVusse, Villalpando, and Weborg); and Not Voting, 3 (Public Members Benton, Mason, and Perry).

Appendix 2

Joint Legislative Council

[Joint Legislative Council Members Who Selected and Appointed Committee and Its Membership]

Co-Chair

FRED A. RISSER

Senate President

100 Wisconsin Avenue, Unit 501
Madison, WI 53703

Co-Chair

MARLIN D. SCHNEIDER

Representative

3820 Southbrook Lane
Wisconsin Rapids, WI 54494

SENATORS

SPENCER COGGS

7819 W. Potomac Avenue
Milwaukee, WI 53222

SHEILA HARSDORF

N6627 County Road E
River Falls, WI 54022

JUDY ROBSON

2411 E. Ridge Road
Beloit, WI 53511

ALBERTA DARLING

1325 West Dean Road
River Hills, WI 53217

PAT KREITLOW

President Pro Tempore
15854 93rd Avenue
Chippewa Falls, WI 54729

DALE SCHULTZ

515 North Central Avenue
Richland Center, WI 53581

RUSSELL DECKER

Majority Leader
6803 Lora Lee Lane
Schofield, WI 54476

MARK MILLER

4903 Roigan Terrace
Monona, WI 53716

ROBERT WIRCH

3007 Springbrook Road
Pleasant Prairie, WI 53158

SCOTT FITZGERALD

Minority Leader
N4692 Maple Road
Juneau, WI 53039

REPRESENTATIVES

JOAN BALLWEG

170 W. Summit Street
Markesan, WI 53946

DEAN KAUFERT

1360 Alpine Lane
Neenah, WI 54956

MICHAEL SHERIDAN

Speaker
1032 Nantucket Drive
Janesville, WI 53546

TERESE BERCEAU

4326 Somerset Lane
Madison, WI 53711

THOMAS NELSON

Majority Leader
1510 Orchard Drive
Kaukauna, WI 54130

TONY STASKUNAS

Speaker Pro Tempore
2010 South 103rd Court
West Allis, WI 53227

SPENCER BLACK

5742 Elder Place
Madison, WI 53705

MARK POCAN

309 N. Baldwin Street
Madison, WI 53703

ROBIN VOS

4710 Eastwood Ridge
Racine, WI 53406

JEFF FITZGERALD

Minority Leader
910 Sunset
Horicon, WI 53032

This 22-member committee consists of the majority and minority party leadership of both houses of the Legislature, the co-chairs and ranking minority members of the Joint Committee on Finance, and 5 Senators and 5 Representatives appointed as are members of standing committees.

Joint Legislative Council

[Current Joint Legislative Council Members Receiving Committee Report]

SENATE MEMBERS

MARY LAZICH, Co-Chair

4405 South 129th Street
New Berlin, WI 53151

TIM CULLEN

3711 N. Spring Hill Drive
Janesville, WI 53545

ALBERTA DARLING

1325 West Dean Road
River Hills, WI 53217

JON ERPENBACH

6150 Briggs Road
Waunakee, WI 53597

SCOTT FITZGERALD

Majority Leader
N4692 Maple Road
Juneau, WI 53039

PAM GALLOWAY

1506 Pine View Lane
Wausau, WI 54403

FRANK LASEE

Room 104 South, State Capitol
P.O. Box 7882
Madison, WI 53707-7882

JOE LEIBHAM

President Pro Tempore
3618 River Ridge Drive
Sheboygan, WI 53083

MARK MILLER

Minority Leader
4903 Roigan Terrace
Monona, WI 53716

DALE SCHULTZ

515 North Central Avenue
Richland Center, WI 53581

LENA TAYLOR

1518 West Capitol
Milwaukee, WI 53206

ASSEMBLY MEMBERS

JOAN BALLWEG, Co-Chair

170 W. Summit Street
Markesan, WI 53946

PETER BARCA

Minority Leader
1339 38 Ave.
Kenosha, WI 53144

TERESE BERCEAU

4326 Somerset Lane
Madison, WI 53711

JEFF FITZGERALD

Speaker
910 Sunset
Horicon, WI 53032

TAMARA GRIGSBY

2354 N. 41st Street
Milwaukee, WI 53210

DEAN KAUFERT

1360 Alpine Lane
Neenah, WI 54956

BILL KRAMER

Speaker Pro Tempore
2005 Cliff Alex Ct. South, #3
Waukesha, WI 53189

JOHN NYGREN

N2118 Keller Rd.
Marinette, WI 54143

SANDY PASCH

6301 N. Berkeley Blvd.
Whitefish Bay, WI 53217

SCOTT SUDER

Majority Leader
102 South 4th Avenue
Abbotsford, WI 54405

ROBIN VOS

960 Rock Ridge Road
Burlington, WI 53105

This 22-member committee consists of the majority and minority party leadership of both houses of the Legislature, the co-chairs and ranking minority members of the Joint Committee on Finance, and 5 Senators and 5 Representatives appointed as are members of standing committees.

*Terry C. Anderson, Director, Legislative Council Staff
1 East Main Street, Suite 401, P.O. Box 2536, Madison, Wisconsin 53701-2536*

Appendix 3

INFANT MORTALITY

Judith Robson, Chair
2411 East Ridge Rd.
Beloit, WI 53511

Representative Sandy Pasch
6301 N. Berkeley Blvd.
Whitefish Bay, WI 53217

Senator Robert Wirch
3007 Springbrook Rd.
Pleasant Prairie, WI 53158

Ann Conway
Executive Director
WI Assoc. for Perinatal Care & Perinatal Foundation
McConnell Hall, 1010 Mound St.
Madison, WI 53715

Dr. Amy Falkenberg
Memorial Health Center
135 South Gibson St.
Medford, WI 54551

Lorraine Lathen
Jump at the Sun Consultants
11520 N. Port Washington Rd., Ste. 2
Mequon, WI 53092

Dr. Sheri Pattillo Johnson
3437 North 45th St.
Milwaukee, WI 53216

Dr. Thomas Schlenker
Public Health of Madison and Dane County
210 Martin Luther King Jr., Blvd.
Room 507
Madison, WI 53703

Dr. Leona VandeVusse
Marquette University College of Nursing
4371 S. Lake Dr.
Cudahy, WI 53110-1241

Cindy Weborg
Program Director, Honoring Our Children,
Family Health Department
7361 Shady Lane
Minoqua, WI 54548

Representative Cory Mason, **Vice-Chair**
3611 Kinzie Ave.
Racine, WI 53405

Representative Sondy Pope-Roberts
4793 Delmara Rd.
Middleton, WI 53562

Anna Benton
Director, Family & Community Health Services
Milwaukee Health Department
841 North Broadway, 3rd Floor
Milwaukee, WI 53202-3653

Dr. Anne Eglash
UW Health – Physicians Plus
600 N. 8th St.
Mt. Horeb, WI 53572

Lisa Jentsch
Director, Children’s Hospital and Health System
P.O. Box 1997
Milwaukee, WI 53201-1997

Dr. Tina Mason
Aurora Sinai Medical Center
945 North 12th St.
Milwaukee, WI 53233

Richard Perry
CEO, Community Health Systems, Inc.
8922 Folkstone Ct.
Roscoe, IL 61073-8381

Jacquelyn Tillet
Manager, Midwifery & Wellness Center
Aurora Sinai Medical Center
1020 N. 12th Street
Milwaukee, WI 53233

Mark Villalpando
Firefighter
2701 90th St.
Sturtevant, WI 53177

STUDY ASSIGNMENT: The Special Committee is directed to study: (a) the causes of infant mortality in Wisconsin; (b) evaluation of efforts that have been undertaken to address this problem in both the private and public sectors; (c) coordination of public health and Medicaid funding; (d) evaluation of infant mortality prevention programs that have been successful in other cities and states; (e) evaluation of the public health costs of not addressing the causes of infant mortality in Wisconsin; and (f) developing a strategic proposal, including any necessary legislation, to address infant mortality in Wisconsin, particularly disparities in infant mortality rates in different geographic areas of the state.

19 MEMBERS: 1 Senator; 3 Representatives; and 15 Public Members.

LEGISLATIVE COUNCIL STAFF: Mary Matthias and Rachel Letzing, Senior Staff Attorneys; and Tracey Young, Support Staff.

Appendix 4

Committee Materials List

(Copies of documents are available at www.legis.state.wi.us/lc)

February 24, 2011 Mail Ballot

- [WLC: 0045/2](#), relating to cultural competency training for medical students and students enrolled in programs in a health care occupation in the University of Wisconsin-System and certain technical college students.
- [WLC: 0046/2](#), relating to an electronic application and information system to determine eligibility and register for public assistance programs.
- [WLC: 0055/2](#), relating to directing the department of health services to request a medical assistance waiver.
- [WLC: 0059/3](#), relating to hospital best practices for postpartum patients and newborns requiring the exercise of rule-making authority.
- [WLC: 0060/3](#), relating to a report on information related to infant morbidity and mortality.
- [WLC: 0063/3](#), 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.
- [WLC: 0069/3](#), relating to eligibility for the Wisconsin earned income tax credit for certain parents.
- [WLC: 0072/2](#), relating to requiring informed consent for performance of certain elective procedures prior to full gestational term of the fetus.
- [WLC: 0074/2](#), relating to designation of an infant's race on the birth certificate.
- [WLC: 0090/1](#), relating to evidence-based home visiting programs.
- [WLC: 0099/1](#), relating to a report on information related to hospital neonatal intensive care units.

December 16, 2010

- [WLC: 0045/1](#), relating to cultural sensitivity training for medical and nursing students in the University of Wisconsin-System and certain technical college students.
- [WLC: 0046/1](#), relating to an electronic application and information systems to determine eligibility and register for public assistance programs.
- [WLC: 0055/1](#), relating to directing the department of health services to request a medical assistance waiver.
- [WLC: 0059/1](#), relating to hospital best practices for postpartum patients and newborns.
- [WLC: 0060/1](#), relating to a report on information related to infant morbidity and mortality.
- [WLC: 0063/1](#), relating to hospital staff privileges and written agreements required for nurse-midwives and allowing nurse-midwives to elect to be covered under the injured patients and families compensation fund.
- [WLC: 0068/1](#), relating to advanced certificate for licensed practical nurses.
- [WLC: 0069/1](#), relating to eligibility for the Wisconsin earned income tax credit for certain parents.
- [WLC: 0070/1](#), relating to home visits by nurses and nurse assistants to achieve good birth outcomes for mothers and infants.
- [WLC: 0071/1](#), relating to expanding the physician practice payment pilot program.
- [WLC: 0072/1](#), relating to requiring informed consent for performance of certain elective procedures prior to full gestational term of the fetus.
- [WLC: 0074/1](#), relating to designation of an infant's race on the birth certificate.
- [Draft letter](#) to Christopher Queram, President, Wisconsin Collaborative for Healthcare Quality.
- [Memorandum](#), distributed at the request of Public Member Ann Conway.

November 16, 2010

- Packet of Materials from Secretary Karen Timberlake, Department of Health Services:
 - [Memorandum](#) to Senator Judy Robson.
 - [Wisconsin](#) Births and Infant Deaths.
 - [Wisconsin](#) Health Facts: Racial and Ethnic Disparities in Infant Mortality.
 - [DHS Response](#): Data Request from the Legislative Council Special Committee on Infant Mortality.
 - Spreadsheets prepared by the Department of Health Services
 - [Infant Mortality Rates](#)
 - [Prematurity and Prenatal Care](#)
- [Memorandum](#), prepared by Sam Austin and Kim Swissdorf, Legislative Fiscal Bureau (November 15, 2010).
- [Memo No. 1](#), *Recommendations for Legislation* (November 15, 2010).

- [Report](#), *Illinois Cornerstone System Review* (October 25, 2010), presented by Paula Sherman and Bob Martin, Department of Health Services.
- [PowerPoint](#) Presentation, presented by Jason Helgerson, Medicaid Director, Department of Health Services.
- [PowerPoint](#) Presentation, by Public Member Sheri Johnson, Ph.D., *Racism and Birth Outcomes*.

October 13, 2010 (Beloit Memorial Hospital, Beloit, Wisconsin)

- [Handout](#), distributed at the request of Public Member Thomas Schlenker, M.D. MPH, Director, Madison and Dane County Public Health.
- [Article](#), AACN Applauds the New Institute of Medicine Report Calling for Transformational Change in Nursing Education and Practice, distributed at the request of Public Member Leona VandeVusse.
- [Article](#), *AMA Responds to IOM Report on Future of Nursing*, distributed at the request of Public Member Leona VandeVusse.
- [Memo](#), *Delivery and newborn Care in Hospitals*, from Judy Warmuth, Vice President Workforce and Laura Leitch, Senior Vice President and General Counsel.
- [Letter](#) to Secretary Karen Timberlake, Department of Health Services, from Senator Judy Robson, Chair, Special Committee on Infant Mortality.
- [PowerPoint](#) Presentation, by Marilyn Kilgore, President, Beloit African American Infant Mortality Coalition and Angela Moore, Project Coordinator, Beloit LIHF.
- [Issue Brief](#), *The Case for Home Visiting, Strong families start with a solid foundation*, prepared by The Pew Center on the States (May 2010).
- [Report](#), *Ask Me 3 in Wisconsin's Community Health Centers: Summary Evaluation Report*, Wisconsin Collaborative for Healthcare Quality (June 2010).
- [Article](#), *Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology*, submitted by Public Member Sheri Patillo Johnson.
- [Handout](#), Recommendations to the Special Committee on Infant Mortality, submitted by the March of Dimes.
- [PowerPoint](#) Presentation, by the March of Dimes.
- [PowerPoint](#) Presentation, by Cindy Schlough, Director of Strategic Partnerships, Wisconsin Collaborative for Healthcare Quality.
- [Testimony](#), John Schlitt, Director and Beth Jacob, State Policy Manager, Pew Home Visiting Campaign.
- [Article](#), *The Pew Home Visiting Campaign, Helping States Improve Quality, Evaluation, and Accountability*, by John Schlitt, Director, Pew Home Visiting Campaign.
- [PowerPoint](#) Presentation, by Karen Cain, Health Officer, Rock County Public Health Department.
- [PowerPoint](#) Presentation, by Public Member Leona VandeVusse, Ph.D.
- [PowerPoint](#) Presentation, by Jackie Tillett, CNM, ND, FACNM, Midwifery and Wellness Center, Aurora Sinai Medical Center.

September 22, 2010

- [Article](#), *Regionalization of perinatal care in Wisconsin: A changing health care environment*, by Christine Van Mullem, RN, MS; Ann E. Conway, RN, MS, MPA; Kyle Mounts, MD; Donald Weber, MD; Carol A. Browning, MD, Wisconsin Medical Journal, Volume 103, No. 5 (2004), distributed at the request of Public Member Ann Conway. Ms. Conway also requested the committee receive links to the following documents:
 - H.R. 5807, federal legislation to promote optimal maternity outcomes by making evidence-based maternity care a national priority http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h5807ih.txt.pdf.
 - Information about the bill from the author (<http://roybal-allard.house.gov/News/DocumentSingle.aspx?DocumentID=199707>).
- Information being distributed at the request of Chair Robson:
 - The Wisconsin grant submission was recently posted on the Department of Children and Families' website at: dcf.wisconsin.gov/children/home.../grant_submission.htm. You can find the [Aug. 2 press release](#) on the DHS website
- [Report](#), Fetal and infant mortality review (FIMR) project of Racine 2007-2008), submitted by Teresa S. Johnson, Ph.D. RN, University of Wisconsin, College of Nursing.
- [PowerPoint Presentation](#), The Greater Racine Collaborative for Healthy Birth Outcomes/Racine LIFH Project, presented by Carole M. Johnson, Ph.D., The Johnson Foundation at Wingspread, Sharon Schulz, Racine/Kenosha Community Action Agency, and Lena Cooksley, The Professional Women's Network for Service.
- [Data](#) Request from Public Member Dr. Thomas Schlenker, September 10, 2010.
- [Testimony](#), from Dottie-Kay Bowersox, MSA, Public Health Administrator, City of Racine.
- [Handout](#), *Fetal and infant mortality project (FIMR) of Racine (project funded from 5/07-5/09) data collection 1/1/07 – 12/31/08*, submitted by Teresa S. Johnson, Ph.D., R.N., Associate Professor, UW-Milwaukee,

College of Nursing, Research/Nurse Consultant, WFHC-AS, and Margaret Malnory, MSN, R.N., Administrative Director, Women and children's Services, Wheaton Franciscan Healthcare-All Saints.

- [PowerPoint Presentation](#), Kenosha LIHF Collaborative, *We hold our babies future in our hands*, Gwen Perry-Byre, RNC, MS, APN, and Pamela Smith, MS, Project Coordinator, Black Health Coalition of Greater Kenosha.
- [Presentation](#), by Teri Hicks, City of Racine Health Department.
 - [Testimony](#), by Teri Hicks, City of Racine Health Department.

September 8, 2010

- [Wisconsin Healthy Birth Outcomes: Minority Health Program Challenges and Contributions](#), Journal of Public Health Management Practice, November 2008.
- [2007 Wisconsin Act 20, Reducing Fetal and Infant Mortality and Morbidity Report](#), Racine Healthy Births Healthy Families Program, October 2007 – December 2008.
- [PowerPoint Presentation](#), from Dr. Phil Farrell, M.D., Ph.D., Professor, Pediatrics and Population Health Sciences, UW School of Medicine and Public Health and Co-Chair of the Steering Committee for the Wisconsin Partnership Program for the Healthy Birth Outcome Initiative.
- [PowerPoint Presentation](#), *African American Infant Mortality, City of Milwaukee*, presented by Dr. Patricia McManus, Executive Director, Black Health Coalition of Wisconsin, Milwaukee.
- [PowerPoint Presentation](#), *Reducing Infant Mortality Disparities in Wisconsin*, presented by Dr. Gloria Sarto, M.D., Ph.D., Professor Emeritus, Department of Obstetrics and Gynecology.
- [PowerPoint Presentation](#), *Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities*, by Dr. Murray L. Katcher, Ph.D., Chief Medical Officer and Patrice Onheiber, MPA, Director, Disparities in Birth Outcomes, Department of Health Services.
 - [Handout](#)
- [PowerPoint Presentation](#), by Kathleen Pritchard, Ph.D., President and CEO, Planning Council for Health and Human Services, Inc.
- [Report](#), *Elimination of Racial and Ethnic Disparities in Birth Outcomes in Wisconsin* (February 8, 2008), distributed at the request of Dr. Phil Farrell, M.D., Ph.D., Professor, Pediatrics and Population Health Sciences, UW School of Medicine and Public Health and Co-Chair of the Steering Committee for the Wisconsin Partnership Program for the Healthy Birth Outcome Initiative.
- [PowerPoint Presentation](#), by Cynthia D. Ferré, Pregnancy and Infant Health Branch, Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, Georgia.

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May 12, 2011

Mr. Christopher Queram, President
Wisconsin Collaborative for Healthcare Quality
7974 UW Health Court
Middleton, WI 53562

Mr. Queram:

On behalf of the members of the Special Committee on Infant Mortality, I am writing to request help from the WCHQ in our attempts to improve birth outcomes for all populations in Wisconsin and to reduce the unacceptably high rate of deaths of African-American babies in Wisconsin.

As you are probably aware, infant mortality rates for African-American babies in Wisconsin are higher than the rates in many so-called Third World countries. A black woman in Wisconsin faces an increased risk of a poor birth outcome, or loss of her child before the child reaches age 1, regardless of the woman's age, income, or education level. In addition, the committee is concerned about possible negative effects of certain trends in health care provided to pregnant women in Wisconsin, specifically elective preterm inductions of labor and elective preterm caesarean sections.

As was made clear in the excellent presentation made to the committee by Cindy Schlough, your Director of Strategic Partnerships, WCHQ has been uniquely effective in promoting and facilitating improvements in the quality of health care provided to Wisconsin's citizens. Therefore the Special Committee requests that the WCHQ take steps to determine which health care services have the greatest impact on birth outcomes and develop and implement performance measures to assess the quality of those services. We believe that this work will incentivize health care providers to examine and improve their own services and to adopt best practices that are identified as a result of your efforts.

Implementing performance measures that are tied to birth outcomes could be especially productive right now. Several unprecedented initiatives to address the infant mortality epidemic -- the Lifecourse Initiative for Healthy Families and the Medicaid Healthy Birth Outcomes

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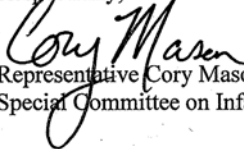
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Medical Home Pilot - provide an excellent opportunity to study different models of health care delivery to pregnant women.

In closing, we hope you will give serious attention to the infant mortality crisis in our state and grant a high priority to activating the impressive resources of the WCHQ to help the most vulnerable of Wisconsin's citizens.

Respectfully,


Representative Cory Mason, Vice-Chair
Special Committee on Infant Mortality

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