

Background:

Creates the Infant Mortality Prevention Program: The Department of Health Services (DHS) will reallocate 5.0 FTE existing positions to create an Infant Mortality Prevention Program. DHS will assist families to remove barriers to healthy pregnancies like unstable housing, lack of nutritional and family supports, and unemployment.

Additional funding for Family Foundations Home Visiting Program: This is a home visiting program managed by the Department of Children and Families targeting mothers at a high risk for a poor birth outcome. The Family Foundations Home Visiting program will receive \$3,187,500 in additional funding from the Temporary Assistance for Needy Families (TANF) block grant to improve service delivery in counties where the program is already active. (2019 base funding is \$14,929,200)

1. Research has shown that high quality programs targeted to highest need families have a return on investment up to \$5.70 for every dollar invested in home visiting.
2. Home visiting promotes early language development.
3. Home visitors assess families early for potential risks: 75% of caregivers were screened for depression within 90 days of giving birth (for those who enrolled prenatally) or enrolling in services (for those who enrolled postpartum), and 91% of women were screened for intimate partner violence in their first 6 months of service.
4. Children receive needed services for potential delays: 71% of children who screened positive for a development delay using a validated tool received appropriate follow-up services in a timely manner.

Medicaid Post-Partum Eligibility: The proposal includes \$22,880,000 in new funding to expand Medicaid post-partum eligibility. DHS will seek a waiver to extend the post-partum eligibility of women receiving coverage through the Children's Health Insurance Program (CHIP). The waiver will extend eligibility from 60 days post-partum to one-year post-partum. Currently, Medicaid covers pregnant women up to 300% FPL for 60 days after the birth of their child. Having uninterrupted health coverage contributes to the health of both the mother and child and provides adequate time to find private insurance that meets their needs and budget.

Medicaid Reimbursement for Doula Services: In FY20, DHS will grant \$192,000 in new funding to organizations that provide-community based doula services to identify and train local community worker to mentor pregnant women. In FY21 DHS will provide \$426,700 in reimbursement for doula services provided to women in the Medicaid program. This represents a total investment of \$618,700 in doula training and services.

Minority Health Grant: The governor will invest \$767,200 in the Minority Health Grant. The grant is awarded to organizations that provide services to disadvantaged minority populations with preference given to organizations that provide maternal and child services in areas where health disparities are the highest. The funded projects and entities have expressed goals to eliminate health disparities, achieve a state of health equity, and/or improve health across the lifespan. The purpose of the community grants is to support the work of organizations serving communities of color, especially those organizations that are located in areas where health disparities are highest. The funded projects and entities have expressed goals to eliminate health disparities, achieve a state of health equity, and/or improve health across the lifespan. (2019 base funding for the Minority Health Grant was \$133,600 in tribal gaming funds. In FY20 and FY21 this funding will be repealed and replaced with \$133,600 GPR and supplemented with an additional \$250,000 GPR.)

Increase Funding for Women’s Health Block Grant: The proposal will increase funding by \$387,200 for the Women’s Health Block Grant, which is aimed at women, children, and families, is funded by federal Title V Maternal Child Health grants with a state match. The grants go to local public health departments and private organizations to cover services including cancer screenings, STI prevention, testing and treatment, education and counseling, pregnancy testing, prenatal counseling and general health screening. (2019 base funding is \$1,742,000)

Increase funding for the Well Woman Program: The proposal will increase funding for the Wisconsin Well Woman Program by \$200,000. The Wisconsin Well Woman Program provides preventative health screening services to women age 45-64 with an income below 250 percent of the Federal Poverty Level. Covered screens include but are not limited to mammograms, pap tests, cervical cancer screening and multiple sclerosis testing. In addition to increasing funding to the program, the governor is calling on DHS to convene a stakeholder meeting to solicit ideas for improving coverage and outcomes and to find ways to ensure that no Wisconsin woman should have to drive more than an hour to get the critical prevention screenings the WWWP covers. (2019 base funding is \$5,089,700)

Statutory Changes Related to Women’s Health: 1 in 5 women rely on Planned Parenthood in their lifetime. Healthcare access shouldn’t be political. Planned Parenthood provides lifesaving preventative care like cancer screenings, health exams, STI testing and treatment to thousands of Wisconsinites every year.

1. The governor’s proposal will repeal the prohibition on Title V and Women's Health block grant funding being provided to an entity that provides abortion services or an organization that has an affiliate that provides abortion services. Funds are granted to entities that provide pregnancy testing; perinatal care coordination and follow-up; cervical cancer screening; sexually transmitted infection prevention, testing, treatment, and follow-up; and general health screening.
 - a. State statute changes within the 2011-13 biennial budget prevent Planned Parenthood of Wisconsin from participating in the family planning program funded by the Title V Maternal and Child Health Block Grant, a joint state-federal program.
 - b. The elimination of that funding forced five of Planned Parenthood’s rural health centers to close in Beaver Dam, Chippewa Falls, Johnson Creek, Shawano and Fond du Lac, affecting approximately 3,100 patients. None of these clinics provided abortion services and their closures reduced access to annual exams, lifesaving cancer screenings, STI testing and treatment, and birth control.
 - c. Since their closures, no other provider has opened to provide this type of coverage in those areas.

2. Repeal the prohibition on Title X funding being provided to an entity that provides abortion services or an organization that has an affiliate that provides abortion services.
 - a. [2015 Act 151](#) blocked Planned Parenthood of Wisconsin from receiving federal Title X funding for family planning services.
 - b. The law requires Wisconsin’s Department of Health Services (DHS) to apply to the federal government for Title X family planning grant funds and to distribute funds giving first priority to the Well Woman Program and other public entities, and then to certain nonpublic entities as funding allows.
 - c. Nonpublic entities that are eligible must not provide abortion services or have an affiliate that provides abortion services.

- d. Grants could only go to family planning and preventative health services as defined:
 - i. Screening for cervical cancer and breast cancer.
 - ii. Screening for high blood pressure, anemia and diabetes.
 - iii. Screening for sexually transmitted diseases and HIV or AIDS.
 - iv. Infertility services.
 - v. Health education.
 - vi. Pregnancy testing.
 - vii. Contraceptive services.
 - viii. Pelvic exams.
 - ix. Referrals for other health and social services.