**Wisconsin Council on Birth Defect Prevention and Surveillance**

**Bylaws**

# Article I. Name and Authorization

 **Section 1. Name**

The name of the Council shall be the Wisconsin Council on Birth Defect Prevention and Surveillance (hereby referred to as the “Council”).

 **Section 2. Authority**

The Council exists as provided by Wis. Stat § 15.197(12).

## Article II. Mission and Responsibilities

 **Section 1. Mission**

The mission of the Council is to make recommendations to the Department of Health Services (DHS), including the Wisconsin Birth Defects Prevention and Surveillance Program regarding the establishment of the Birth Defects Registry (Registry) (i.e. content, format, procedures for reporting as outlined in statute), advise the DHS Secretary and make recommendations related to the diagnosed conditions reported and the impact of those conditions on children, families, and the health care system.

 **Section 2. Responsibilities**

 This Council is responsible for advising and making recommendations to the DHS Secretary regarding the Registry and providing advisement to the program to:

1. Determine the listing of reportable birth defects (i.e., conditions to be monitored) through unanimous vote. (See Diagnosed Condition Review Criteria Policy).
2. Review the content, format, and procedures for submitting a birth defect report to the Registry.
3. Beginning April 1, 2002, and biennially thereafter, submit to the appropriate standing committees of the legislature a report that details the effectiveness, utilization, and progress of the Registry.
4. Coordinate with local public health departments, Children and Youth with Special Health Care Needs Regional Centers, and the Early Intervention Interagency Coordinating Council to facilitate the delivery of early intervention services.
5. Other matters upon which DHS wishes the Council’s opinion.

### Article III. Appointment, Composition and Membership

 **Section 1. Appointment and Composition**

 Members of the Council are appointed by the DHS Secretary according to Wis. Stat § 15.197(12), and with assurance that the members represent the organization and population as outlined.

 Appendix 1 provides a current listing of the Council representation and appointments.

 **Section 2. Term of Membership**

1. Non-state agency members shall serve a four-year term. Members may serve additional terms, either consecutively or not consecutively.
2. The appointments of state agency representatives remain in effect at the pleasure of the state agencies’ administration or Office of the Secretary, as long as the appointee continues to hold the designated position of authority within the state agency represented.

 **Section 3. Term Vacancies**

1. In the event that a member resigns before the end of their term, program staff will inform the DHS Secretary of the need to appoint a new member.
2. New members appointed mid-term will be appointed to finish the end of the previous member’s term and then may be reappointed to serve a consecutive term.

 **Section 4. Compensation**

 Council members serve without compensation from DHS; however, they may be reimbursed for reasonable and necessary expenses incurred in connection with the performance of their duties as Council members.

 **Section 5. Resignation**

 Members may resign from the Council at any time. Any member resigning from the Council shall submit a letter (or email) of resignation to the program staff.

**Article IV. Conflicts of Interest**

 **Section 1. Conflicts of Interest**

 No member of the Council shall vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under state or federal law.

1. Members of the Council shall not use their position to obtain anything of value (e.g., money, property, favor, service, payment, loan, or promise of future employment) for:
2. the member,
3. the member’s immediate family, or
4. an organization in which the member or someone in the member’s immediate family is a part of.
5. If any of the above conditions exists, a Council member shall disclose their interest and refrain from voting on the proposal.
6. Members should evaluate circumstances that give the appearance of a conflict of interest. In such situations, members should disclose the circumstances and refrain from voting.

**Article V. Council Leadership**

 **Section 1. Chairperson and Co-Chairperson**

 There shall be a Chairperson and Co-Chairperson identified by Council members.

 **Section 2. Nomination and Election**

Members may nominate themselves or others creating a slate of Chairperson and Co- Chairperson to be presented at the first Council meeting in the calendar year designated as the Annual Business Meeting.

From the presented slate, the Chairperson and Co-Chairperson shall be elected by the Council membership as a whole during the first meeting in the calendar year.

The Chairperson and Co-chairperson shall serve for a term of one year or may serve additional terms, either consecutively or nonconsecutively.

 **Section 3. Chairperson and Co-Chairperson Expectations**

 The Chairperson shall carry out the following duties:

1. Assist program staff in developing the agenda and preparing for meetings.
2. At meetings, prioritize and ensure efficient progress through the agenda as outlined.
3. Serve as liaison from the Council to DHS to promote the activities of the Council.

In the absence of the Chairperson, the Co-Chairperson shall carry out the duties of the Chairperson.

**Article VI. Council Meetings**

 **Section 1. Conduct of Meetings**

All meetings of the Council, including ad hoc meetings shall be open and public, and conducted in accordance with Wisconsin Government Code Wisconsin Open Meetings Law, Wis. Stat. § 19.81-19.98A .

 **Section 2. Meetings**

* 1. The Council shall meet at least four times per year.
	2. The first meeting in the calendar year shall be designated as the Annual Business Meeting. In addition to the regular agenda, the Annual Business Meeting agenda will include and follow:
* The Diagnosed Condition Review Criteria Policy with voting on the list of reportable diagnosed conditions, and
* Accepting the slate of officers with election of the Chairperson and Co-Chairperson.
	1. Three of the remaining four meetings shall be designated as regular business meetings.

**Section 4. Meeting Agenda**

1. Prior to every Council meeting, an agenda shall be distributed via email to each member.
2. The agenda will also be posted per open meeting rules.
3. Public comment and presentations shall take place at the beginning of the Council meeting unless another arrangement is made, consistent with current Robert’s Rules of Order.
4. Requests for items to be included on the agenda shall be submitted to the program staff person two weeks prior to the meeting.

 **Section 5. Quorum**

A quorum for the Council meeting shall be a simple majority of members. If there is an even number of members, then a quorum shall be half of the members plus one.

 **Section 6. Attendance**

When a Council member is absent from half of the regular business meetings during the past 12-month period, has not sent notice of their absence, and has not sent an alternate, the member may be asked to resign without penalty.

 **Section 7. Participation and Voting**

1. Any or all members may participate in a regular meeting, special meeting or ad hoc committee meeting of the Council through the use of telephone or any other means of communication by which all participating members may simultaneously hear each other during the meeting.
2. When a Council member is not able to attend and/or participate in a regular business meeting or ad hoc committee meeting, the member may designate a person (for that meeting) who shall be authorized to participate in Council discussions, as well as vote.
3. Decisions by the Council shall, to the extent possible, be made by consensus of the members. If there is no consensus, decisions by the Council shall be made by a simple majority, unless voting on the reportable condition listing requires a unanimous vote. Any member may request a roll call vote.
4. When voting in regard to determining the reportable condition listing of birth defects, a unanimous vote must be obtained. When members are not in attendance, they will be contacted to obtain their vote. See Diagnosed Condition Review Criteria Policy.
5. If the vote of the Council is not unanimous on the nomination of a condition to be added to, or deleted from the reportable condition listing, the nomination will not move forward. This will not preclude the condition’s re-nomination in the future.

**Article VII. Ad Hoc Committees**

 **Section 1. Composition**

Ad hoc committees may be formed based on individual interest and content expertise, and may include those not on the Council.

 **Section 2. Ad Hoc Committee Purpose and Function**

The purpose of each ad hoc committee varies. The primary function of an ad hoc committee is to give specific advice and suggestions with specific focus on the purpose and duties stated in statute. It is the Council’s role to take action based on information received from the ad hoc committee and other sources. However, recommendations of the ad hoc work group are not binding to the Council.

**Article VIII. Staffing**

The program shall provide professional, clerical, and administrative support services to the Council, including providing support for reports, correspondence, agenda preparation, and scheduling of Council and ad hoc work group meetings.

 **Section 1. Program Responsibilities Supporting the Council**

The Council shall:

1. Have access to and consider reports and statistics kept by the program relating to matters concerning families and children born with a birth defect.
2. Advise and assist the program in the preparation of applications, amendments, and other reports as required.
3. Advise and assist the program on any policies developed to meet the requirements of the program.
4. Submit a biennial report to the appropriate standing committees of the Legislature.
5. Advise DHS to collaborate with appropriate agencies (state and national) with respect to meeting the needs of families of children with birth defects.

**Article IX. Parliamentary Procedure**

If the bylaws are silent, the procedures shall be consistent with the most current edition of Robert’s Rules of Order.

**Article X. Amendments of the Bylaws**

Bylaws may be amended by two-thirds (2/3) vote of the total Council membership, provided they meet statutory and regulatory requirements.

**Appendix 1**

**Council on Birth Defect Prevention and Surveillance**

**2018‑2021 Appointments**

Those marked with a (\*\*) are reappointments. All appointments are mandated representatives per Wis. Stat. § 15.197 (12), which refers to the Council on Birth Defect Prevention and Surveillance.

1. “(a) Representative of the University of Wisconsin Medical School who has technical expertise in birth defects epidemiology.”

**UW Medical School Representative**

**Maureen Durkin, PhD, DrPH,**

Professor of Population Health Sciences and Pediatrics

Chair, Department of Population Health Sciences

UW Madison School of Medicine and Public Health; Room 707C WARF

610 Walnut Street

Madison, WI 53726

608-263-7507

**maureen.durkin@wisc.edu**

1. “(b) Representative from the Medical College of Wisconsin who has technical expertise in birth defects epidemiology.”

**Medical College of Wisconsin Representative**

 2025\*\***Mir Abdul Basir, MD, MS**

Associate Professor of Pediatrics

Neonatologist, Children’s Hospital of Wisconsin

Medical Director, Neonatal Intensive Care Unit, Waukesha Memorial Hospital

Medical College of Wisconsin

8701 Watertown Plank Road

Milwaukee, WI 53226

414-266-6820

mbasir@mcw.edu

1. “(bn) A pediatric nurse or a nurse with expertise in birth defects.”

**Pediatric Nurse Representative**

**Hanna Rakovec, BSN, RN (Jordan Vogel, RN, BSN)**

NICU Nurse Manager

Marshfield Children’s Hospital - Marshfield Medical Center

611 N Saint Joseph Avenue

Marshfield, WI 54449

715-387-7262

rakovec.hanna@marshfieldclinic.org

1. “(c) A representative from the subunit of the department that is primarily responsible for the children with special health needs program.”

**DHS Children with Special Health Needs Program Representative**

**Tami Horzewski, MS, CHES**

State Newborn Screening Program Coordinator

UW–Madison, State Laboratory of Hygiene

In support of the Wisconsin Department of Health Services, Division of Public Health

1 West Wilson Street, PO Box 2659

Madison, WI 53701-2659

608-266-8904

tami.horzewski@wisconsin.gov

1. “(d) A representative from the subunit of the department that is primarily responsible for early intervention services.”

**DHS Early Intervention Services Program Representative**

**Amy Pulda**

Program and Policy Analyst Wisconsin Department of Health Services

Division of Medicaid Services - Bureau of Children’s Services

1 W Wilson, Room 418

Madison, WI 53703

608-266-8276

amy.pulda@dhs.wisconsin.gov

1. “(e) A representative from the subunit of the department that is primarily responsible for health statistics research and analysis.”

**DHS Health Statistics Research and Analysis Representative**

**Jennifer Feske**

Program and Policy Analyst - Advanced

Wisconsin Department of Health Services

Division of Public Health - State Vital Records Office

1 W. Wilson Street, Rm 172

Madison, WI 53701-0309

608-266-3124

jennifer.feske@dhs.wisconsin.gov

1. “(f) A representative of the State Medical Society of Wisconsin”

**State Medical Society Representative**

**2025\*\*Susan R. Davidson, MD**

Fetal Medicine & Maternal Medicine

700 South Park Street

Madison, WI 53715

608-252-7458

Susan.Davidson@deancare.com

1. “(g) A representative of the Wisconsin Health and Hospital Association.”

**Wisconsin Health and Hospital Association Representative**

 **Ann Zenk RN BSN MHA**

 Vice President, Workforce and Clinical Practice

 Wisconsin Hospital Association

 5510 Research Park Drive

 Fitchburg, WI 53711

 608-274-1820

azenk@wha.org

1. “(h) A representative of the American Academy of Pediatrics‑Wisconsin Chapter.”

**Wisconsin Chapter, American Academy of Pediatrics Representative**

 **2025\*\*Kerry B. Jedele, MD**

Medical Director, Genetics

Department of Pediatric Specialties

Gundersen Health System

1900 South Avenue, H03-003

La Crosse, WI 54601

608-775-2982

KBJedele@gundersenhealth.org

1. “(i) A representative of the Board for People with Developmental Disabilities.”

**Council on Developmental Disabilities Representative**

**Jenny Neugart**

Community Outreach and Advocacy Director

The Wisconsin Board for People with Developmental Disabilities (BPDD)

101 East Wilson Street, Room 219

Madison, WI 53703

608-266-7707

jennifer.neugart@wisconsin.gov

1. “(j) A representative of a nonprofit organization that has as its primary purpose the prevention of birth defects and does not promote abortion as a method of prevention.”

**Nonprofit Organization Representative**

1. **Kyle Mounts**

Deputy Executive Director-Programs

Wisconsin Association for Perinatal Care & Perinatal Foundation

211 South Paterson Street, Suite 250

Madison, WI 53703

608-285-5858, Ext. 204

mounts@perinatalweb.org

**Nonprofit Organization Representative**

1. **Marilyn Noll**

State Director of Program Services, Advocacy and Government Affairs March of Dimes - Wisconsin Chapter

241 18th St. South, Suite 403

Arlington VA 22202

T 404-203-3118; M 214-886-3266

MNoll@marchofdimes.org

1. “(k) A parent or guardian of a child with a birth defect.”

**Parent Representative**

1. **Ryan Freund**

13555 W. Edgewood Ave.

New Berlin, WI 53151

262-527-0011

Rdfreund@gmail.com

**Parent Representative (Agency)**

1. **Brigit Frank, Education and Training Coordinator**

Family Voices of Wisconsin

PO Box 5070

Madison, WI 53705

608-395-8214

Brigit@fvofwi.org

1. “(L) A representative of a local health department, as defined in Wis. Stat § 250.01(4), who is not an employee of the department of health and family services.”

 **Local Public Health Department Representative**

 **VACANT**

Contact Person

Peggy Helm-Quest, MSEd, MHA-PH

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