

ASSEMBLY BILL

No. 50

Introduced by Assembly Member Mullin

December 1, 2014

An act to amend Section 123492 of the Health and Safety Code, relating to perinatal care.

LEGISLATIVE COUNSEL'S DIGEST

AB 50, as introduced, Mullin. Nurse-Family Partnership.

Existing law establishes the Nurse-Family Partnership program, which is administered by the State Department of Public Health, to provide grants for voluntary nurse home visiting programs for expectant first-time mothers, their children, and their families. Under existing law, a county is required to satisfy specified requirements in order to be eligible to receive a grant.

This bill would declare the intent of the Legislature to develop a means to leverage public and private dollars to substantially expand the scale of the Nurse-Family Partnership in California, in accordance with specified findings. The bill would revise the requirements relating to the award and use of Nurse-Family Partnership grants, including eliminating a requirement for nurse home visitors and supervisors to receive certain training in effective home visitation techniques.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

1 (a) In 2014, the Legislature passed Assembly Concurrent
2 Resolution No. 155 by Assembly Member Raul Bocanegra,
3 recognizing that research over the last two decades in the evolving
4 fields of neuroscience, molecular biology, public health, genomics,
5 and epigenetics reveals that experiences in the first few years of
6 life build changes into the biology of the human body which, in
7 turn, influence the person's physical and mental health over his or
8 her lifetime.

9 (b) On May 3, 2012, Governor Edmund G. Brown Jr. issued
10 Executive Order B-19-12, establishing the "Let's Get Healthy
11 California Task Force" to develop a 10-year plan for improving
12 the health of Californians, controlling health care costs, promoting
13 personal responsibility for individual health, and advancing health
14 equity."

15 (c) The task force identified several priorities, including a subset
16 for "Healthy Beginnings," which include reducing infant deaths,
17 increasing vaccination rates, reducing childhood trauma, and
18 reducing adolescent tobacco use.

19 (d) The final report of the task force states "the challenge going
20 forward is to identify evidence-based interventions and quicken
21 the pace of uptake across the state," in order to meet the ambitious
22 goals in the Governor's directive.

23 (e) In addition to reducing healthcare costs, the Nurse-Family
24 Partnership has demonstrated proven outcomes addressing factors
25 that contribute to toxic stress and made measurable progress
26 towards many of the goals identified by the task force.

27 (f) The Nurse-Family Partnership is an evidence-based,
28 community health program that improves pregnancy outcomes,
29 improves child health and development, and improves economic
30 self-sufficiency.

31 (g) Multiple peer-reviewed, randomized, controlled trials and
32 longitudinal followup studies have clearly demonstrated the
33 efficacy of the Nurse-Family Partnership programs, through
34 significant sustained results, in achieving these goals.

35 (h) The Nurse-Family Partnership provides lifelong health and
36 economic benefits to both mothers and children served by the
37 program.

38 (i) These lifelong benefits have the potential to achieve
39 substantial savings to federal, state, and local governments with
40 respect to programs and services, including Medicaid, Child

1 Protective Services, law enforcement, special education, the
2 Supplemental Nutrition Assistance Program (SNAP), and
3 Temporary Assistance for Needy Families (TANF) program,
4 among others. These savings far exceed the costs of implementing
5 the Nurse-Family Partnership program.

6 (j) Twenty-one California counties currently operate a
7 Nurse-Family Partnership program. Only a fraction of potentially
8 eligible recipients are receiving these highly beneficial and
9 cost-effective services.

10 (k) However, if California were to provide these services to
11 significantly more eligible first-time mothers, the state could see
12 population-wide health and economic benefits that would carry
13 over to future generations.

14 (l) Therefore, it is the intent of the Legislature to develop a
15 means to leverage public and private dollars to substantially expand
16 the scale of the Nurse-Family Partnership in California, beginning
17 with regions and populations with the greatest need.

18 SEC. 2. Section 123492 of the Health and Safety Code is
19 amended to read:

20 123492. The department shall develop a grant application and
21 award grants on a competitive basis to counties for the startup,
22 continuation, and expansion of the program established pursuant
23 to Section 123491. To be eligible to receive a grant for purposes
24 of that section, a county shall agree to *do* all of the following:

25 (a) Serve through the program only pregnant, low-income
26 women who have had no previous live births. Notwithstanding
27 subdivision (b) of Section 123485, women who are juvenile
28 offenders or who are clients of the juvenile system, *with no history*
29 *of prior live births*, shall be deemed eligible for services under the
30 program.

31 (b) Enroll women in the program while they are still pregnant,
32 before the 28th week of gestation, and preferably before the 16th
33 week of gestation, and continue those women in the program
34 through the first two years of the child's life.

35 (c) Use as home visitors only registered nurses who have been
36 licensed in the state.

37 (d) Have nurse home visitors undergo training according to the
38 program and follow the home visit guidelines developed by the
39 Nurse-Family Partnership program.

1 (e) Have nurse home visitors specially trained in *the*
2 *Nurse-Family Partnership guidelines* for prenatal care and early
3 child development.

4 (f) Have nurse home visitors follow a visit schedule keyed to
5 the developmental stages of pregnancy and early childhood.

6 (g) Ensure that, to the extent possible, services shall be rendered
7 in a culturally and linguistically competent manner.

8 (h) Limit a nurse home visitor's caseload to no more than 25
9 active families at any given time.

10 (i) ~~Provide for~~ For every eight nurse home visitors, *provide* a
11 full-time nurse supervisor who holds at least a bachelor's degree
12 in nursing and has substantial experience in community health
13 nursing.

14 ~~(j) Have nurse home visitors and nurse supervisors trained in~~
15 ~~effective home visitation techniques by qualified trainers.~~

16 ~~(k)~~

17 (j) Have nurse home visitors and nurse supervisors trained in
18 the method of assessing early infant development and parent-child
19 interaction in a manner consistent with the program.

20 ~~(l)~~

21 (k) Provide data on operations, results, and expenditures in the
22 formats and with the frequencies specified by the department.

23 ~~(m)~~

24 (l) Collaborate with other home visiting and family support
25 programs in the community to avoid duplication of services and
26 complement and integrate with existing services to the extent
27 practicable.

28 ~~(n)~~

29 (m) Demonstrate that adoption of the Nurse-Family Partnership
30 program is supported by a local governmental or
31 government-affiliated community planning board, decisionmaking
32 board, or advisory body responsible for assuring the availability
33 of effective, coordinated services for families and children in the
34 community.

35 ~~(o)~~

36 (n) Provide cash or in-kind matching funds in the amount of
37 100 percent of the grant award.

38 ~~(p)~~

- 1 (*o*) Prohibit the use of moneys received for the program as a
- 2 match for grants currently administered by the department.

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