AMENDED IN ASSEMBLY APRIL 6, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 50

Introduced by Assembly Member Mullin

December 1, 2014

An act to ~~amend Section 123492 of the Health and Safety Code,~~ *add Section 14148.25 to the Welfare and Institutions Code,* relating to perinatal care.

LEGISLATIVE COUNSEL'S DIGEST

AB 50, as amended, Mullin. ~~Nurse-Family Partnership.~~ *Medi-Cal: nurse home visiting programs.*

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including perinatal services for pregnant women.

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.~~

This bill would require the State Department of Health Care Services, in consultation with stakeholders, to develop and implement a plan on or before January 1, 2017, to ensure that Nurse-Family Partnership and other evidence-based nurse home visiting programs are offered and provided to Medi-Cal eligible pregnant women, and would require the department, on or before January 1, 2022, and every 5 years thereafter, to report to the Legislature, as specified. The bill would also require the department, in developing the plan, to consider, among other things, establishing Medi-Cal coverage for evidence-based nurse home visiting program services and incentives for providers to offer those services.

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

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

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

(a) According to United States Census Bureau, California has a poverty rate of 23.5 percent, the highest rate of any state in the country.

(b) Children born into poverty are at higher risk of health and developmental disparities, including, but not limited to, premature birth, low birth weight, infant mortality, crime, domestic violence, developmental delays, dropping out of high school, substance abuse, unemployment, and child abuse and neglect.

~~(a)~~

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

~~(b)~~

(d) On May 3, 2012, Governor Edmund G, Brown Jr. issued Executive Order B-19-12, establishing the "Let's Get Healthy California Task Force" to develop a 10-year plan for improving the health of Californians, controlling health care costs, promoting

personal responsibility for individual health, and advancing health equity."

~~(c)~~

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

~~(d)~~

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

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

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

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

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

~~(i) These lifelong benefits have the potential to achieve substantial savings to federal, state, and local governments with respect to programs and services, including Medicaid, Child Protective Services, law enforcement, special education, the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) program, among others. These savings far exceed the costs of implementing the Nurse-Family Partnership program.~~

(g) In 2013, more than 248,000 Medi-Cal beneficiaries gave birth to a child. Because Medi-Cal covers half of all births in the state, this has increased costs for taxpayers. Medi-Cal expansion has resulted in an 18 percent increase in Medi-Cal enrollment to

a total of 11.3 million, and enrollment is to exceed 12 million in 2015.

(h) The California Health and Human Services Agency recently submitted its State Health Care Innovation Plan, including the Maternity Care initiative, which addresses issues of high costs in maternity care, to the Center for Medicare and Medicaid Innovation. Child deliveries and related expenses, including high-risk births, rank among the top 10 high cost episodes of health care, and in the last 15 years, California has seen a continual rise in maternal mortality.

(i) The cost of health care specifically related to high-risk pregnancies, neonatal intensive-care unit (NICU) services, toxic stress, and emergency room visits has increased and is projected to continue to rise. Average health care costs for women were 25 percent more than men primarily due to higher costs of health care during childbearing years.

(j) The Nurse-Family Partnership is a voluntary, evidence-based, prevention program that partners low-income, pregnant women having their first child with a registered nurse who provides home visits from early in pregnancy until the child's second birthday.

(k) With more than 37 years of evidence from randomized, controlled trials, the Nurse-Family Partnership has demonstrated sustained improvements in maternal health, child health and development, and the economic stability of families.

(l) The Nurse-Family Partnership has consistently demonstrated reductions in preterm births and preventable maternal mortality via controlled trial and longitudinal follow-ups over two decades.

(m) Randomized, controlled trials have also demonstrated that the use of Nurse-Family Partnership nurse home visitors increases positive outcomes during the prenatal period and the first two years of life compared to the use of paraprofessionals.

(n) Research has shown that the Nurse-Family Partnership can reduce smoking during pregnancy, complications of pregnancy, preterm births, closely spaced subsequent births, and childhood injuries resulting in costly emergency department use and hospitalizations. The Nurse-Family Partnership also can improve childhood immunization rates and compliance with well child visit schedules. As a result of families benefiting from Nurse-Family Partnership , there has been cost savings to federal, state, and

local governments with respect to programs and services, including Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and the Temporary Assistance for Needy Families (TANF) program.

(o) By enrolling recipients no later than 28 weeks of gestation, the Nurse-Family Partnership maximizes the impact on prenatal care, birth outcomes, and critical early brain development of infants.

(p) The Nurse-Family Partnership's evidence base and benefits to society are well documented and validated by independent analyses.

(q) The Nurse-Family Partnership's strong evidence of effectiveness and predictable return on investment demonstrate that this evidence-based intervention should be brought to scale in California to improve maternal and child health outcomes and help reduce health care costs for generations to come.

~~(j)~~

(r) Twenty-one California counties currently operate a Nurse-Family Partnership ~~program.~~ *program providing services to 4,000 residents.* Only a fraction of *the 100,000* potentially eligible recipients *annually* are receiving these highly beneficial and cost-effective services.

~~(k)~~

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

~~(l)~~

(t) Therefore, it is 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~~ *and other evidence-based nurse home visiting throughout* California, beginning with ~~regions~~ *communities* and populations with the greatest need.

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

~~123492. The department shall develop a grant application and award grants on a competitive basis to counties for the startup, continuation, and expansion of the program established pursuant~~

~~to Section 123491. To be eligible to receive a grant for purposes of that section, a county shall agree to do all of the following:~~

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

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

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

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

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

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

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

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

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

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

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

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

~~(m) Demonstrate that adoption of the Nurse-Family Partnership program is supported by a local governmental or~~

~~government-affiliated community planning board, decisionmaking board, or advisory body responsible for assuring the availability of effective, coordinated services for families and children in the community.~~

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

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

SEC. 2. Section 14148.25 is added to the Welfare and Institutions Code, immediately following Section 14148.2, to read:

14148.25. (a) The department shall, in consultation with stakeholders, develop and implement a plan on or before January 1, 2017, to ensure that Nurse-Family Partnership and other evidence-based nurse home visiting programs are offered and provided to all Medi-Cal eligible pregnant women. The department shall consider all of the following in developing the plan:

(1) Establishing Medi-Cal coverage for evidence-based nurse home visiting program services.

(2) Incentives for providers to offer evidence-based nurse home visiting program services.

(3) Other mechanisms to fund evidence-based nurse home visiting program services.

(b) (1) The department shall, on or before January 1, 2022, and every five years thereafter, report to the Legislature on implementation progress and the effectiveness of evidence-based nurse home visiting services in improving maternal and child health outcomes, the experience of care, and cost savings to the Medi-Cal program and the state.

(2) A report to be submitted pursuant to paragraph (1) shall be submitted in compliance with Section 9795 of the Government Code.

(c) For the purposes of this section, the following definitions shall apply:

(1) "Evidence-based program" means a program that is based on scientific evidence demonstrating that the program model is effective. An evidence-based program shall be reviewed on site and compared to program model standards by the model developer or the developer's designee at least every five years to ensure that the program continues to maintain fidelity with the program model. The program model shall have had demonstrated and replicated

significant and sustained positive outcomes that have been in one or more well-designed and rigorous randomized controlled research designs, and the evaluation results shall have been published in a peer-reviewed journal.

(2) "Nurse home visiting program" means a program or initiative that does all of the following:

(A) Contains home visiting as a primary service delivery strategy by registered nurses to families with a pregnant woman who is eligible for medical assistance.

(B) Offers services on a voluntary basis to pregnant women, expectant fathers, and parents and caregivers of children from prenatal to two years old; and

(C) Targets participant outcomes that include all of the following:

(i) Improved maternal and child health.

(ii) Prevention of child injuries, child abuse or maltreatment, and reduction of emergency department visits.

(iii) Improvements in school readiness and achievement.

(iv) Reduction in crime or domestic violence.

(v) Improvements in family economic self-sufficiency.

(vi) Improvements in coordination of, and referrals to, other community resources and support.

(vii) Improvements in parenting skills related to child development.

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