

AMENDED IN ASSEMBLY MAY 13, 2015

AMENDED IN ASSEMBLY APRIL 21, 2015

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:~~ *evidence-based 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 require the State Department of ~~Public Health to~~ *Health Care Services*, in consultation with ~~stakeholders~~ *the department*, ~~additionally develop a grant application and award grants to counties for other evidence-based home visiting programs, and would require~~

~~and the State Department of Health Care Services, 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 parenting 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 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:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) According to United States Census Bureau, California has
- 4 a poverty rate of 23.5 percent, the highest rate of any state in the
- 5 country.
- 6 (b) Children born into poverty are at higher risk of health and
- 7 developmental disparities, including, but not limited to, premature
- 8 birth, low birth weight, infant mortality, crime, domestic violence,
- 9 developmental delays, dropping out of high school, substance
- 10 abuse, unemployment, and child abuse and neglect.
- 11 (c) In 2014, the Legislature passed Assembly Concurrent
- 12 Resolution No. 155 by Assembly Member Raul Bocanegra,
- 13 recognizing that research over the last two decades in the evolving
- 14 fields of neuroscience, molecular biology, public health, genomics,
- 15 and epigenetics reveals that experiences in the first few years of
- 16 life build changes into the biology of the human body that, in turn,
- 17 influence the person's physical and mental health over his or her
- 18 lifetime.
- 19 (d) On May 3, 2012, Governor Edmund G. Brown Jr. issued
- 20 Executive Order B-19-12, establishing the "Let's Get Healthy
- 21 California Task Force" to develop a 10-year plan for improving
- 22 the health of Californians, controlling health care costs, promoting
- 23 personal responsibility for individual health, and advancing health
- 24 equity."

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

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

9 (g) *Voluntary evidence-based home visiting programs, such as*
10 *Nurse-Family Partnership, Healthy Families America, Early Head*
11 *Start (Home-Based Program Option), Parents as Teachers, and*
12 *Home Instruction for Parents of Preschool Youngsters, strengthen*
13 *the critical parent-child relationship and connect families with*
14 *information and resources during the pivotal time from pregnancy*
15 *to five years of age. Extensive research has shown that*
16 *evidence-based home visiting programs serving pregnant and*
17 *parenting mothers, prenatal to the child turning five years of age,*
18 *increase family self-sufficiency, positive parenting practices, child*
19 *literacy and school readiness, and maternal and child health.*

20 (h) *Voluntary evidence-based home visiting program models*
21 *the prenatal to five years of age range from low to high intensity,*
22 *reflecting the broad spectrum of family needs that home visiting*
23 *can impact. Many experts hail home visiting program diversity as*
24 *essential to providing parents with choices and ensuring that*
25 *programs are well matched with local needs and strengths, as well*
26 *as responsive to the diverse needs of California’s children and*
27 *families.*

28 ~~(g)~~

29 (i) In 2013, more than 248,000 Medi-Cal beneficiaries gave
30 birth to a child. Because Medi-Cal covers half of all births in the
31 state, this has increased costs for taxpayers. Medi-Cal expansion
32 has resulted in an 18 percent increase in Medi-Cal enrollment to
33 a total of 11.3 million, and enrollment is expected to exceed 12
34 million in 2015.

35 ~~(h)~~

36 (j) The California Health and Human Services Agency recently
37 submitted its State Health Care Innovation Plan, including the
38 Maternity Care initiative, which addresses issues of high costs in
39 maternity care, to the federal Center for Medicare and Medicaid
40 Innovation. Child deliveries and related expenses, including

high-risk births, rank among the top 10 ~~high-cost~~ *high-cost* episodes of health care, and in the last 15 years, California has seen a continual rise in maternal mortality.

(i)

(k) 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

1 ~~care, birth outcomes, and critical early brain development of~~
2 ~~infants.~~

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

6 *(l) With more than three decades of evidence from randomized,*
7 *controlled trials and rigorous followup evaluation studies,*
8 *evidence-based home visiting programs have demonstrated*
9 *sustained improvements in maternal health, child health, positive*
10 *parenting practices, child development and school readiness,*
11 *reductions in child maltreatment, family economic self-sufficiency,*
12 *linkages and referrals, and reductions in family violence.*

13 *(m) Evidence-based home visiting programs have specifically*
14 *demonstrated reductions in preterm births, preventable maternal*
15 *mortality, smoking during pregnancy, complications of pregnancy,*
16 *closely spaced subsequent births, childhood injuries resulting in*
17 *costly emergency department use and hospitalizations, improved*
18 *childhood immunization rates, compliance with well child visit*
19 *schedules, lower body mass index rates, higher birth weights, and*
20 *improved family well-being, including increased family health*
21 *literacy, and parent self-help development. As a result of families*
22 *benefiting from evidence-based home visiting, there has been cost*
23 *savings to federal, state, and local governments with respect to*
24 *programs and services, including Medicaid, the Supplemental*
25 *Nutrition Assistance Program (SNAP), and the Temporary*
26 *Assistance for Needy Families (TANF) program.*

27 ~~(q)~~

28 ~~(n) The Nurse-Family Partnership's strong evidence of~~
29 ~~effectiveness and predictable return on investment demonstrate~~
30 ~~that this evidence-based intervention home visiting programs~~
31 ~~should be brought to scale in California to improve maternal and~~
32 ~~child health outcomes and help reduce health care costs for~~
33 ~~generations to come.~~

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

39 ~~(s) However, if California were to provide these services to~~
40 ~~significantly more eligible first-time mothers, the state could see~~

1 ~~population-wide health and economic benefits that would carry~~
2 ~~over to future generations.~~

3 *(o) By supporting families from the start, voluntary*
4 *evidence-based home visiting programs serving families from*
5 *prenatal to five years of age provide a foundation for subsequent*
6 *early childhood programs and family support efforts to build upon,*
7 *and can help ensure that families are well-equipped to raise*
8 *California's next generation of productive, healthy, and successful*
9 *adults.*

10 ~~(t)~~

11 *(p)* Therefore, it is the intent of the Legislature to develop a
12 means to leverage public and private dollars to substantially expand
13 the scale of the Nurse-Family Partnership and other evidence-based
14 nurse home visiting programs throughout California, beginning
15 with communities and populations with the greatest need.

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

18 ~~123492. (a) The department shall develop a grant application~~
19 ~~and award grants on a competitive basis to counties for the startup,~~
20 ~~continuation, and expansion of the Nurse-Family Partnership~~
21 ~~program established pursuant to Section 123491 and other~~
22 ~~evidence-based home visiting programs. To be eligible to receive~~
23 ~~a grant for purposes of that section, a county shall agree to do all~~
24 ~~of the following:~~

25 ~~(1) 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 shall be deemed~~
29 ~~eligible for services under the program.~~

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

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

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

39 ~~(5) Have nurse home visitors specially trained in prenatal care~~
40 ~~and early child development.~~

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

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

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

7 ~~(9) Provide for every eight nurse home visitors a full-time nurse~~
8 ~~supervisor who holds at least a bachelor's degree in nursing and~~
9 ~~has substantial experience in community health nursing.~~

10 ~~(10) Have nurse home visitors and nurse supervisors trained in~~
11 ~~effective home visitation techniques by qualified trainers.~~

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

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

17 ~~(13) Collaborate with other home visiting and family support~~
18 ~~programs in the community to avoid duplication of services and~~
19 ~~complement and integrate with existing services to the extent~~
20 ~~practicable.~~

21 ~~(14) Demonstrate that adoption of the Nurse-Family Partnership~~
22 ~~program is supported by a local governmental or~~
23 ~~government-affiliated community planning board, decisionmaking~~
24 ~~board, or advisory body responsible for assuring the availability~~
25 ~~of effective, coordinated services for families and children in the~~
26 ~~community.~~

27 ~~(15) Provide cash or in-kind matching funds in the amount of~~
28 ~~100 percent of the grant award.~~

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

31 ~~(b) The department shall, in consultation with stakeholders and~~
32 ~~the State Department of Health Care Services, develop and~~
33 ~~implement a plan on or before January 1, 2017, to ensure that~~
34 ~~Nurse-Family Partnership and other evidence-based nurse home~~
35 ~~visiting programs are offered and provided to all Medi-Cal eligible~~
36 ~~pregnant women.~~

37 ~~SEC. 2. Section 14148.25 is added to the Health and Safety~~
38 ~~Code, to read:~~

39 ~~14148.25. (a) The department shall, in consultation with~~
40 ~~stakeholders, develop and implement a plan on or before January~~

1 1, 2017, to ensure that evidence-based home visiting programs
2 are offered and provided to all Medi-Cal eligible pregnant and
3 parenting women. The department shall consider all of the
4 following in developing the plan:

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

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

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

11 (4) Identifying among evidence-based home visiting programs
12 those with established evidence to improve health outcomes, the
13 experience of care, and cost savings to the health care system.

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

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

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

25 (1) "Evidence-based program" means a program that is based
26 on scientific evidence demonstrating that the program model is
27 effective. An evidence-based program shall be reviewed on site
28 and compared to program model standards by the model developer
29 or the developer's designee at least every five years to ensure that
30 the program continues to maintain fidelity with the program model.
31 The program model shall have had demonstrated and replicated
32 significant and sustained positive outcomes that have been in one
33 or more well-designed and rigorous randomized controlled
34 research designs, and the evaluation results shall have been
35 published in a peer-reviewed journal.

36 (2) "Evidence-based home visiting program" means a program
37 or initiative that does all of the following:

38 (A) Meets, on or before April 1, 2015, the United States
39 Department of Health and Human Services Maternal, Infant, and
40 Early Childhood Home Visiting (MIECHV) criteria, as described

1 *in Section 511(d)(3)(A)(i)(I) of Title V of the Social Security Act*
2 *(42 U.S.C. Sec. 711).*

3 *(B) Contains home visiting as a primary service delivery strategy*
4 *by providers satisfying home visiting program requirements to*
5 *provide services to families with a pregnant or parenting woman*
6 *who is eligible for medical assistance.*

7 *(C) Offers services on a voluntary basis to pregnant women,*
8 *expectant fathers, and parents and caregivers of children from*
9 *prenatal to five years of age.*

10 *(D) Targets participant outcomes that include all of the*
11 *following:*

12 *(i) Improved maternal and child health.*

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

15 *(iii) Improvements in school readiness and achievement.*

16 *(iv) Reduction in crime or domestic violence.*

17 *(v) Improvements in family economic self-sufficiency.*

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

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