

AMENDED IN ASSEMBLY MAY 21, 2015

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 add Section 14148.25 to the Welfare and Institutions Code, relating to perinatal care.

LEGISLATIVE COUNSEL'S DIGEST

AB 50, as amended, Mullin. 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 Health Care Services, in consultation with *specified* stakeholders, to develop and implement a plan on or before January 1, 2017, to ensure that evidence-based home

visiting programs are offered and provided to Medi-Cal eligible pregnant 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 *Medi-Cal* providers to offer those ~~services~~. *services, and would require the department, in developing the plan, to prioritize the identification of funding sources, other than General Fund moneys, to fund evidence-based home visiting program 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, 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." *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 (i) In 2013, more than 248,000 Medi-Cal beneficiaries gave
29 birth to a child. Because Medi-Cal covers half of all births in the
30 state, this has increased costs for taxpayers. Medi-Cal expansion
31 has resulted in an 18 percent increase in Medi-Cal enrollment to
32 a total of 11.3 million, and enrollment is expected to exceed 12
33 million in 2015.

34 (j) The California Health and Human Services Agency recently
35 submitted its State Health Care Innovation Plan, including the
36 Maternity Care initiative, which addresses issues of high costs in
37 maternity care, to the federal Center for Medicare and Medicaid
38 Innovation. Child deliveries and related expenses, including
39 high-risk births, rank among the top 10 high-cost episodes of health

1 care, and in the last 15 years, California has seen a continual rise
2 in maternal mortality.

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

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

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

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

35 (o) By supporting families from the start, voluntary
36 evidence-based home visiting programs serving families from
37 prenatal to five years of age provide a foundation for subsequent
38 early childhood programs and family support efforts to build upon,
39 and can help ensure that families are well-equipped to raise

1 California's next generation of productive, healthy, and successful
2 adults.

3 (p) Therefore, it is the intent of the Legislature to develop a
4 means to leverage public and private dollars to substantially expand
5 the scale of evidence-based home visiting programs throughout
6 California, beginning with communities and populations with the
7 greatest need.

8 SEC. 2. Section 14148.25 is added to the Health and Safety
9 Code, to read:

10 14148.25. (a) The department shall, in consultation with
11 stakeholders, *including, but not limited to, representatives from*
12 *Medi-Cal managed care plans, public and private hospitals,*
13 *evidence-based home visiting programs, and local governments,*
14 ~~develop and implement~~ a plan on or before January 1, 2017, to
15 ensure that evidence-based home visiting programs are offered
16 and provided to ~~all~~ Medi-Cal eligible pregnant and parenting
17 women. *The department shall consult with stakeholders from*
18 *diverse geographical regions of the state.* The department shall
19 consider all of the following in developing the plan:

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

22 (2) Incentives for *Medi-Cal* providers to offer evidence-based
23 home visiting program services.

24 (3) Other mechanisms to fund evidence-based home visiting
25 program ~~services.~~ *services for Medi-Cal eligible pregnant and*
26 *parenting women.*

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

30 (b) *In developing the plan, the department shall prioritize the*
31 *identification of funding sources, other than General Fund moneys,*
32 *to fund evidence-based home visiting program services, including*
33 *local, federal, or private funds, or any other funds made available*
34 *for these program services.*

35 ~~(b)~~

36 (c) (1) ~~The~~ *Notwithstanding Section 10231.5 of the Government*
37 *Code, the department shall, on or before January 1, 2022, and*
38 *every five years thereafter, report to the Legislature on*
39 *implementation progress and the effectiveness of evidence-based*
40 *home visiting services in improving maternal and child health*

1 outcomes, the experience of care, and cost savings to the Medi-Cal
2 program and the state.

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

6 ~~(e)~~

7 (d) For the purposes of this section, the following definitions
8 shall apply:

9 (1) “Evidence-based program” means a program that is based
10 on scientific evidence demonstrating that the program model is
11 effective. An evidence-based program shall be reviewed on site
12 and compared to program model standards by the model developer
13 or the developer’s designee at least every five years to ensure that
14 the program continues to maintain fidelity with the program model.
15 The program model shall have had demonstrated and replicated
16 significant and sustained positive outcomes that have been in one
17 or more well-designed and rigorous randomized controlled research
18 designs, and the evaluation results shall have been published in a
19 peer-reviewed journal.

20 (2) “Evidence-based home visiting program” means a program
21 or initiative that does all of the following:

22 (A) Meets, on or before April 1, 2015, the United States
23 Department of Health and Human Services Maternal, Infant, and
24 Early Childhood Home Visiting (MIECHV) criteria, as described
25 in Section 511(d)(3)(A)(i)(I) of Title V of the Social Security Act
26 (42 U.S.C. Sec. 711).

27 (B) Contains home visiting as a primary service delivery strategy
28 by providers satisfying home visiting program requirements to
29 provide services to families with a pregnant or parenting woman
30 who is eligible for medical assistance.

31 (C) Offers services on a voluntary basis to pregnant women,
32 expectant fathers, and parents and caregivers of children from
33 prenatal to five years of age.

34 (D) Targets participant outcomes that include all of the
35 following:

36 (i) Improved maternal and child health.

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

39 (iii) Improvements in school readiness and achievement.

40 (iv) Reduction in crime or domestic violence.

- 1 (v) Improvements in family economic self-sufficiency.
- 2 (vi) Improvements in coordination of, and referrals to, other
- 3 community resources and support.
- 4 (vii) Improvements in parenting skills related to child
- 5 development.

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