

Healthy Children and Families Act of 2007 Pro/Con Analysis
For the Health District of Northern Larimer County Board of Directors
May 22, 1007

Bill Title:	Healthy Children and Families Act of 2007
Issue Summary:	Expands the Nurse Home Visiting Program to all 50 states through the use of SCHIP and Medicaid funding
Bill Sponsors:	United States Senator Ken Salazar and Senator Arlen Specter
Date of Analysis:	May 15, 2007
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Bill Summary

The Healthy Children and Families Act of 2007 gives states the option to provide nurse home visitation services under Medicaid and the State Children's Health Insurance Program (SCHIP). Many states already use some Medicaid funding for nurse home visiting programs by billing for targeted case management or the Medicaid administrative match. The current use of these strategies can be problematic because the Centers for Medicare and Medicaid Services (CMS) has been reluctant to approve the use of targeted case management for Medicaid reimbursement and it can take a long time to receive CMS approval. In the future, it is possible that CMS will abolish Medicaid reimbursement for targeted case management. Therefore, the intent of the bill is to clarify that the Medicaid and SCHIP programs can pay for nurse home visiting services. The bill does not alter any existing reimbursement streams and it is up to states to decide on the level of reimbursement they will provide for the program.

Background

Program History

The Nurse Home Visitation Program was developed by David Olds, Ph.D. The program provides home visits by nurses to first-time, low-income mothers during pregnancy and continuing through the child's first two years of life. Olds conducted the first randomized controlled trial of the program in Elmira, NY in 1978. The program had three broad goals: 1) Improve pregnancy outcomes by affecting maternal health habits, such as reducing use of tobacco and utilizing prenatal care 2) Improve child health and development by helping parents provide more responsible and competent care for their children; and 3) Improving maternal life course by encouraging mothers to continue education, delay subsequent pregnancies and become independent of public assistance. Olds conducted two other randomized controlled trials of the program in Memphis, TN (1990), and Denver, CO (1994).

The initial Elmira trial yielded encouraging results. According to Olds' evaluation, nurse-visited mothers had improved health habits such as a reduced cigarette smoking, had fewer ER visits that might indicate child abuse and neglect, and were employed for a longer period of time, had fewer subsequent pregnancies and postponed the birth of a second child longer than the control group. Long term follow-up of the Elmira subjects indicated less involvement in the criminal justice system among children of women who received the home visiting intervention. Evaluations of the Elmira trial generally yielded more positive results among the population of women considered of greatest risk (poor, unmarried teens).

While the Memphis and Denver interventions did not yield results as strong as the Elmira trial, results were generally positive. In the Denver trial, Olds evaluated the use of paraprofessionals as home visitors versus nurses. Based on evaluations of the three trials, Olds determined that 1) use of nurses, and not paraprofessionals, yield the best results; 2) services should be targeted to the neediest populations rather than being offered on a universal basis; 3) clinically tested methods of changing health and behavioral risks should be incorporated into program protocols; and 4) services must be implemented with fidelity to the model tested if program benefits are to be reproduced as the program is replicated in new communities.¹

After completion of the three trials, the program was disseminated for replication. The project is now known as the Nurse Family Partnership (NFP) and replication projects are supported by the Nurse-Family Partnership National Service Office

¹ David L. Olds, Charles R. Henderson, Jr., Harriet J. Kitzman, John J. Eckenrode, Robert E. Cole, Robert C. Tatelbaum *Prenatal and Infancy Home Visitation by Nurses: Recent Findings* The Future of Children Home Visiting: Recent Program Evaluations Vol. 9 No.1-Spring/Summer 1999.

in Denver. The National Service Office consists of public health policy and administration, nursing, education and program evaluation professionals who focus on helping communities, regions and states adopt Nurse-Family Partnership.

Nurse Home Visiting in Colorado

In 2000 the Colorado General Assembly passed the Nurse Home Visitor Act. The Nurse Home Visitor Act was funded by a portion of Colorado's share of the proceeds from the Master Settlement Agreement negotiated between the States' Attorneys General and the tobacco industry. Some part of the program is paid for by accessing Medicaid reimbursement for targeted case management. The Nurse Home Visitor program follows the protocols set by the Nurse-Family Partnership that are based on the intervention model developed and tested by Dr. Olds. The program is administered by the Colorado Department of Public Health and Environment (CDPHE). Local communities must apply to the CDPHE and compete for funds to implement the program.²

The target population for services is first-time, pregnant women whose incomes are less than 200% of the Federal Poverty Level. Services are provided from enrollment until the child is 2 years old. Nurses provide visits on weekly or bi-weekly intervals depending on the stage of pregnancy, age of the child and/or needs of the mother. Visits average from 72 to 75 minutes in duration during which nurses follow specific guidelines that focus on the following areas: mother's personal health; advice for newborn care giving, children's health care, child development and home safety; and access to educational, social and employment resources needed to achieve personal goals and improve the well being of the family.³

According to the 2005-06 Annual Report of the Nurse Home Visitor Program the Larimer County Department of Health and Environment was awarded \$738,909 for FY 2006-07 with an expectation that 200 families are to be served.⁴

Why is this issue important?

Research has indicated that early childhood experiences, including conditions in utero, have significant impacts on the trajectory of cognitive, social and emotional development of children. For this reason, policymakers hope to improve those experiences for children most at risk of developmental problems due to the effects of poverty. Evaluation of the Nurse Family Partnership program indicates that it is a cost effective way to improve the lives of children at greatest risk of poor outcomes.

Reasons to support bill:

- The Nurse Family Partnership has been proven to be successful in randomized clinical trials. The NFP has demonstrated improved outcomes that include reduction of tobacco and alcohol use during pregnancy, reduced incidences of child abuse and neglect, reduced reliance on public assistance and increased workforce participation by mothers. The NFP has shown positive long-term outcomes such as reduced criminal activity by the children of nurse-visited moms upon reaching adolescence.
- The bill gives states the flexibility to provide nurse home visiting services through Medicaid and SCHIP and thereby draw down federal funds for the program without concern about CMS objecting to the funding mechanism. The bill is not a mandate and does not pull Medicaid dollars away from another program to fund Nurse Family Partnership programs.

Reasons to oppose bill:

- This particular program may not be the best use of state and federal Medicaid and SCHIP dollars for the state of Colorado. Even if the program achieved many of its intended results, it still may not be as valuable as another use for Medicaid and SCHIP funding. For example, money for Medicaid may be better spent raising provider reimbursement rates to encourage more physicians and dentists to participate in the program and to prevent practitioners from losing money on Medicaid patients. The federal oral health bill which was strongly supported

² Invest in Kids, Nurse-Family Partnership http://iik.org/nurse_family_partnership/index.php

³ *Nurse Home Visitor Program Annual Report July 2005-2006* Colorado Department of Public Health and Environment October 1, 2006.

⁴ *Nurse Home Visitor Program Annual Report July 2005-2006* Colorado Department of Public Health and Environment October 1, 2006.

by the Board tied some of the grant money available to states which paid dentists a reasonable reimbursement rate.

- Evaluations of home visiting programs in general have shown mixed results. Olds himself was unable to replicate the strong findings of the Elmira trial in the following randomized trials in Memphis and Denver. The Nurse Family Partnership program may not be the best fit for every community looking to implement a program to achieve the goal of improved outcomes for at risk children.
 - Opponents of the bill may view home visitation as government intrusion into the lives of women and families.
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About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. Analyses are based on bills or issues at the time of their consideration by the Board and are accurate to the best of staff knowledge. It is suggested that people check to see that a bill has not changed during the course of a legislative session by visiting the Colorado General Assembly web page at www.state.co.us/gov_dir/stateleg.html. To see whether the Health District Board of Directors took a position on this or other policy issues, please visit www.healthdistrict.org/policy.

About the Health District

The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves.

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