

## Fiscal Years 2011 and 2012 Budget Updates

### U.S. House of Representatives Passes FY2011 Continuing Resolution

On Saturday morning, the House of Representatives passed [H.R. 1](#), the revised continuing resolution for FY2011 appropriations, after a weeklong heated debate over the Republican majority's more than \$60 billion in proposed spending cuts to FY2010 funding levels, which represent a nearly \$100 billion reduction in funding allocations from President Obama's FY2011 budget request. The Continuing Resolution included several amendments that defund programs enacted as part of the Affordable Care Act (health care reform law), including a measure that would eliminate funding for the implementation of the health care law. The House bill also includes significant reductions (from FY2010 funding levels) to the following discretionary programs that benefit the children and families we serve:

- \$50 million cut to the Title V Maternal and Child Health Block Grant;
- \$758 million cut to WIC;
- \$1 billion cut to the Community Health Centers;
- \$145 million cut to HRSA Health Professions grants;
- \$1 billion cut to Head Start;
- Elimination of the Teen Pregnancy Prevention initiative;
- Elimination of Title X Family Planning grants.

Nurse-Family Partnership opposes funding cuts to these and other programs that form the foundation of critical support and services for children and families in need, in particular, the Maternal and Child Health Block Grant, which directly funds many entities that implement the Nurse-Family Partnership program. Although we have heard rumors from the field that legislators were motivated to cut funding for the MCH Block Grant because of the enactment of the Maternal, Infant and Early Childhood Home Visiting Program, we do not believe that the funding cuts were caused by the passage of the Home Visiting Program for the following reasons:

- 1) The Title V MCH Block Grant sits on the discretionary side of the ledger and therefore is susceptible to the annual appropriations process and potential funding fluctuations.
- 2) The Home Visiting Program, which is authorized under a separate section under Title V, is supported by mandatory funds for 5 years and is not within the jurisdiction of the Appropriations Committees.

Regardless of the motivation for the funding cuts, NFP-NSO has and will continue to strongly oppose these cuts with Members of Congress in both chambers, particularly the Senate, which is likely to champion the restoration of these funds. Restoring funding for the MCH Block Grant, which directly impacts the health and well-being of the communities we serve, is a priority for the Nurse-Family Partnership.

### Maintenance of Effort

The Continuing Resolution also includes a provision negating the Maintenance of Effort requirement for the Home Visiting Program (see p. 288 of H.R. 1). At this point, we are researching the origin and sponsorship of the provision and tracking its progress as the Senate takes up the Continuing Resolution. We do not currently have a position to support or oppose this provision; however, we are engaged in conversations with Senate Committee staff regarding this issue and we will continue to update the field as negotiations on this legislation move forward.

## Next Steps

The current continuing resolution expires on March 4<sup>th</sup>, making it imperative that Congress pass a continuing resolution to avoid a government shut-down. The Senate will consider this legislation beginning the week of February 28<sup>th</sup> and is expected to block provisions in the House bill that rescind funding for the health care reform law, yet pass significant funding cuts to reduce our national debt. Whether the House and Senate can reach a compromise to fund the current fiscal year will be played out in the coming weeks as both chambers attempt to curtail spending while simultaneously spur economic growth. NFP Policy and Government Affairs staff are actively engaged in these issues and will continue to report significant developments.

In addition the Title V MCH Block Grant, we strongly support restoration of funds for Community Health Centers, WIC, Teen Pregnancy Prevention, Nursing Workforce initiatives, and many other programs that assist the children and families we serve. We encourage our local implementing agencies, stakeholders, and partners to contact their respective Senators to support restoration of these key programs which provide important resources to NFP nurses, clients, and initiatives. Call the Capitol switchboard at (202) 224-3121 to tell your Senators how these cuts will impact your community and potentially your local NFP program.

## President Obama's FY2012 Budget Announced

The Obama Administration announced its FY2012 budget proposal on Monday, February 14<sup>th</sup>. The President has included the authorized FY2011 funding level of \$250 million for the new Maternal, Infant, and Early Childhood Home Visiting Program under the Health Resources and Services Administration (HRSA) budget. The President was forced to make some difficult decisions on reductions to certain programs, including the Community Services Block Grant. The following are key highlights from the President's FY2012 budget:

- **Head Start and Early Head Start** receive \$8.1 billion which will help to maintain program expansion under the stimulus package. The budget also supports the proposed Head Start regulations requiring that under performing programs must compete for continued funding.
- The **Early Learning Challenge Fund** is proposed at \$350 million to improve quality of early childhood programs.
- **Title V Maternal and Child Health Block Grant** is provided \$654 million, a small reduction from FY2010.
- **HRSA Health Professions and Nursing Education Loan Repayment** grants are level funded.
- **Healthy Start** receives level funding at \$105 million.
- **ACF Healthy Marriage and Responsible Fatherhood grants** are level funded.
- **Child Abuse and Prevention and Treatment Act (CAPTA) related programs** are level funded.
- **The Prevention and Wellness Fund** receives its authorized level of funding of \$1 billion which includes funds for the Community Transformation grants and a new Baby Friendly Hospital Initiative to promote breastfeeding.
- **Title X Family Planning grants** receives a small increase to \$327 million.
- The **Teen Pregnancy Prevention** grant program receives level funding.
- **Promise Neighborhoods** continues at a level of \$150 million in Department of Education funding.
- **Juvenile Justice Programs** are cut by \$143.6 million.

To view the entire FY2012 Budget Proposal, please click [here](#).

## Health Care Reform Implementation Update

Earlier this month, a federal district court in Florida ruled that the Affordable Care Act, commonly known as the health care reform law, is unconstitutional. Specifically, the court held that the law's "individual mandate," which requires every American to purchase federally-approved health insurance, violates the Commerce Clause of the U.S. Constitution. The court ruled that the unconstitutional "individual mandate" could not be severed from the otherwise legal provisions of the health care reform law. As a result, the court struck down the entire law as unconstitutional. The court's ruling was a victory for Florida and 25 other states, including Alabama, Alaska, Arizona, Colorado, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Nebraska, Nevada, North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Washington, Wisconsin, and Wyoming that joined the lawsuit challenging the legality of the law. To date, four federal district courts have ruled on the legality of the law, with two upholding the law and two declaring the law unconstitutional. The Florida court's ruling, which technically enjoined implementation of the law, gave the 26 States the right to suspend implementing the provisions of the law. Many of the governors of the 26 States, however, have indicated that they will continue to implement the provisions of the health care reform law as their legal challenge progresses to the Supreme Court. Given the conflicting rulings of the federal courts, the constitutionality of the health care reform law will likely be decided by the Supreme Court.

The "individual mandate" and Medicaid expansion provisions of the health care reform law, which form the basis of the legal challenges to the law's constitutionality have no bearing on the Home Visiting Program, which is similar to existing grant programs enacted by Congress that have been in existence for decades. Therefore, we strongly believe that the Home Visiting Program is constitutional and will withstand judicial scrutiny. In addition, the recent court rulings are unlikely to impact the current implementation of the Home Visiting Program, which enjoys broad bipartisan support in Congress, the Administration and among the States and Territories. In fact, all 50 States and Territories have completed their required Needs Assessments, filed preliminary applications for funding under the Home Visiting Program, and received initial approval from the U.S. Department of Health and Human Services to spend portions of their Fiscal Year 2010 allocations. These positive signs all point to a bright future for the Home Visiting Program. The NFP-NSO will continue to monitor the judicial rulings on the health care reform law and their impact on the Home Visiting Program.

## Tribal Home Visiting Program – HOMVEE Review of Home Visiting Programs Serving Tribal Populations Released

On Friday, the Administration for Children and Families (ACF) released a report, prepared on its behalf by Mathematica Policy Research as part of the Home Visiting Evidence of Effectiveness Study, which reviewed 19 studies of home visiting models currently serving Native American populations. The report included a systematic review of home visiting research authorized under the Maternal, Infant, and Early Childhood Home Visiting Program. The report includes summaries of the review process, data and information collected, lessons learned from the studies, and recommendations for Tribal grantees on selecting home visiting models. Because the Nurse-Family Partnership does not have any published research or studies on our model's effectiveness in serving tribal populations, we were not included as one of the models reviewed. The exclusion of our model, however, does not preclude Tribal communities from implementing the Nurse-Family Partnership as part of its home visiting initiatives. The report indicates the need for more research and evaluation regarding the impact of home visiting on Tribal communities.

The HOMVEE report highlights the need for more research and evaluation to build an evidentiary foundation for effective home visiting services for Tribal communities. We are hopeful that the Tribal Home Visiting Program will provide a vehicle for additional research and evaluation of the impact of home

visiting on Tribal communities. Overall, the information included within this report will serve as a helpful resource and tool for the Tribal Home Visiting grantees and other tribal communities interested in providing home visiting services to at-risk families. Click [here](#) to review the entire HOMVEE report on early childhood home visiting models serving tribal communities.

Please contact your Program Developer or the NFP Policy & Government Affairs team at [pga@nursefamilypartnership.org](mailto:pga@nursefamilypartnership.org) if you have questions regarding this Public Policy Update. For more information, please also visit [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org).