



Support Nurse Home Visitation Medicaid Option

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Nurse home visitation is an important part of President Obama's bold vision to reduce health, educational and economic disparities among low-income and at-risk children and families through an innovative, evidence-based national home visitation initiative. Recognizing the importance of this initiative, the Affordable Health Care for America Act (H.R. 3962) (passed by the House of Representatives) includes two key provisions that embody a national home visitation program: (1) a grant program for States in Section 1904 to fund a range of voluntary home visiting programs; and (2) a nurse home visitation Medicaid option (the Medicaid Option) in Section 1713 to simplify existing Medicaid coverage of nurse home visitation services by creating a voluntary option for States to more easily provide these effective services. In addition, the Patient Protection and Affordable Care Act (H.R. 3590), currently under debate in the U.S. Senate, includes a home visitation grant program. We urge you to support these provisions as part of a national home visitation initiative. Together, the Medicaid Option and the grant program offer complementary funding streams that most efficiently and flexibly support State efforts to deliver home visiting services. The following information regarding nurse home visitation highlights the importance of the Medicaid Option to improving the health and well-being of children and families.

The Medicaid Option is a Core Component of the Home Visitation Initiative to Reduce Health, Educational and Economic Disparities

- Medicaid programs in a number of States currently cover the majority of voluntary home visitation services performed by nurses, including prenatal and postnatal health services, assistance with necessary health, educational, and social support, and life course development assistance to help families become self-sufficient. Although Medicaid currently covers most of these services through several different categories of service, including Targeted Case Management and Early, Periodic, Screening, Diagnosis and Treatment (EPSDT), in practice, it is administratively difficult for States to seek Medicaid reimbursement for these services through multiple categories. As a result, States that cover nurse home visitation services often elect to seek Medicaid reimbursement for only a subset of nurse services that fit into one category. The voluntary Medicaid Option corrects this problem by grouping all Medicaid-reimbursable nurse home visitation services into a new category that States may use to cover the full range of nurse home visitation services for first-time, Medicaid-eligible pregnant women and their infants through age 2.
- Taken together, the Medicaid Option and the grant program provide States with flexible, complementary funding streams that will allow them to:
 - Strengthen and expand their early childhood health initiatives with more efficient Medicaid funding for nurse home visitation through the Medicaid Option;
 - Concentrate grant funding on health, educational, and social-related home visitation services that are not currently covered through Medicaid, but that are critical to effective implementation of home visitation programs that improve the health, development and well-being of children and families;
 - Allow States the flexibility to fund prenatal and postnatal health services for children through age 2 through Medicaid, and appropriate family and child educational and development services through from age 2 through 5 through the grant program, to provide a continuum of care for pregnant women and their children during the critical stages of their development from age 0 to 5.

- By removing bureaucratic barriers to covered services, the Medicaid Option fulfills an important goal of health care reform to improve the efficient operation of publicly-funded programs.
- Nurse home visitation services are currently provided to low-income and at-risk pregnant women and their children in at least 30 States through county and state health departments, community health centers, hospitals, and other governmental and non-profit agencies. Despite the popularity and effectiveness of these services, the lack of sustainable funding significantly restricts services to only a small percentage of children and families in need, and current State budget shortfalls threaten continuation of existing services. With more adequate funding through the Medicaid Option, States will be better able to maintain and expand these services to improve the health and well-being of additional needy families.
- The Medicaid Option reduces Medicaid spending and saves public resources by requiring the Secretary to certify that nurse home visitation services provided under the option have been proven to produce long-term health, development, or social benefits.

The Effectiveness of Nurse Home Visitation

- Nurse home visitation services are **voluntary health and health-related services** that have been covered by and provided to expectant mothers and their children as necessary medical services under Medicaid for decades.
- Nurse home visitation services consist of direct health and health-related services performed by trained registered nurses who are invited into the homes of pregnant women and their children to improve their maternal, prenatal and early health and development by assessing and screening for medical conditions, assisting mothers in proper prenatal health practices, immunizations, breastfeeding, nutrition, and infant care; assisting mothers in obtaining appropriate medical, mental and social support, such as intimate partner violence prevention services, and housing, educational, parenting, employment and other community resources that improve their health and well-being.
- Nurse home visitation has demonstrated that as mothers and their families are empowered to improve their health and well-being, they make independent and informed decisions that result in educational, academic and employment advancements; reductions in domestic violence, juvenile delinquency, crime, child abuse, neglect and preventable injuries; and childbearing decisions that sometimes involve delaying subsequent pregnancies by as many as 28 months, or foregoing subsequent pregnancies. Through improved access to health care services, information and social resources, nurse home visitation empowers women to make informed life course decisions. See [Kitzman, H. et al. Enduring effects of nurse home visitation on maternal life course: a 3-year follow-up of a randomized trial. *JAMA* 2000 Apr 19;283\(15\):1983-9;](#) and [Olds, D. et al. Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial. *JAMA* 1997 Aug 27;278\(8\):637-43.](#)
- Broad national support for home visitation, including nurse home visitation, led President Obama to [include home visitation as a core component of his FY2010 budget as part of his early childhood initiative](#) to reduce health, educational and economic disparities among low-income and at-risk children and families.
- Previous Administrations have supported public funding for nurse home visitation as an effective strategy to provide at-risk pregnant women and children with effective services that empower them to improve their health and well-being. In 2007, Congress established an Evidence-Based Home Visitation Grant Program, which currently funds infrastructure improvements in 18 States to support evidence-based home visitation.
- Nurse home visitation has long been supported by the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Administration for Children and Families, the

Substance Abuse and Mental Health Services Administration, the Department of Education, the Department of Defense and the Department of Justice, which currently fund and support early childhood home visitation as a key prevention effort for States and local communities.

- In the past three Congresses, the [Education & Labor](#) and [Ways & Means Committees](#) have held three hearings [highlighting the effectiveness, value and wisdom of a national investment in quality home visitation programs](#).
- Nurse-Family Partnership is one of the most rigorously-tested and proven nurse home visitation programs that was touted by President Obama as a program that reduces poverty and strengthens families. Nurse-Family Partnership was tested in three randomized, controlled trials for over 30 years across diverse populations and geographic areas. This rigorous research demonstrates that the NFP model produces health-related outcomes yielding profound impacts across a broad spectrum, including:
 - Improving pregnancy outcomes by reducing preterm births among women who smoke by 79% and reducing hypertensive disorders during pregnancy by 35%;
 - 39% reduction of early childhood injuries;
 - 48% reduction of child abuse and neglect;
 - 59% reduction of child arrests at age 15;
 - 61% reduction of arrests of the mother (when child is age 15);
 - 72% reduction of criminal convictions of the mother (when child is age 15);
 - 46 % increase of father presence in the household; and
 - 32% reduction of unintended subsequent pregnancies.
 - Reducing high risk pregnancies by increasing spacing between pregnancies for Medicaid-eligible women (including a 28-month greater interval between the first and second child, 31% fewer closely spaced subsequent pregnancies and a 32% reduction in subsequent pregnancies as a result of voluntary decision-making by mothers).
 - 50% reduction in language delays in 21-month-old children;
 - 67% reduction in behavioral/intellectual problems of children at age 6.
- Nurse-Family Partnership was recently recognized in *The Journal of the American Medical Association* as a rigorously-tested and proven model that improves the health and development of children. See [Mercy, J. Saul, J. Creating a Healthier Future Through Early Interventions for Children. JAMA 2009 June 3; 301\(21\)2262-2264](#).
- Independent evaluations of the Nurse-Family Partnership by the Brookings Institution, RAND Corporation and Washington State Institute for Public Policy have identified it as a cost-effective model worthy of national expansion. Six of the nation's leading private foundations (Robert Wood Johnson, Edna McConnell Clark, Bill and Melinda Gates, Kresge, Kellogg and Robertson) have made a historic co-investment to support the expansion of Nurse-Family Partnership.

Supporters of the Nurse Home Visitation Medicaid Option

The Medicaid Option simplifying reimbursement of nurse home visitation services enjoys broad support among organizations, including the American Academy of Nursing, the American Association of Colleges of Nursing, the American College of Nurse-Midwives, the American Nurses Association, Invest in Kids, National Association of County and City Health Officials (NACCHO), National League for Nursing, Public/Private Ventures, and the Service Employees International Union. In addition, the Home Visiting Coalition and the Children's Leadership Council recently wrote to Congressional leadership to express their strong support of home visitation and the nurse home visitation Medicaid option.

The Home Visiting Coalition consists of the Children's Defense Fund, the Center for Law and Social Policy, the Child Welfare League of America, Fight Crime: Invest in Kids, Home Instruction for Parents of Preschool Youngsters (HIPPI USA), the National Child Abuse Coalition, Nurse-Family Partnership, Parents as

Teachers National Center, Prevent Child Abuse America/Healthy Families America, and the Parent-Child Home Program.

The Children's Leadership Council consists of the Association of Maternal and Child Health Programs, the American Probation and Parole Association, the Children's Defense Fund, the Coalition on Human Needs, the Center for Law and Social Policy, the Early Care and Education Consortium, Every Child Succeeds, Fight Crime: Invest in Kids, First Five Years Fund, First Focus, Generations Unlimited, Lutheran Services of America, Methodist Youth Services, the National Association for Child Care Resource and Referral Agencies, the National Association for the Education of Young Children, the National Assembly on School Based Health Care, the National Child Abuse Coalition, the National Head Start Association, Oral Health America, Prevent Child Abuse America, Pennsylvania Partnership for Children, Pew Center on the States/Pew Home Visiting Campaign, the Parent-Child Home Program, Voices for America's Children and ZERO TO THREE.

For more information regarding Nurse-Family Partnership or the Nurse Home Visitation Medicaid Option, please contact Karen Howard, Director of Policy & Government Affairs at Nurse-Family Partnership at (202)510-0929 or karen.howard@nursefamilypartnership.org.