

PUBLIC POLICY AGENDA: 115TH CONGRESS

May 2018

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable babies born to at-risk, first-time mothers. Every year, 380,000 children are born to first-time mothers living below the federal poverty level in the United Statesⁱ. Many of the mothers enrolled in NFP are young, single, suffering from substance abuse or mental health issues and/or without a high school education. Their children face significant challenges to leading healthy lives and breaking the cycle of poverty for two generations (parent and child). NFP addresses these challenges by partnering mothers with a registered nurse at a pivotal moment — beginning early in pregnancy with a first child – and providing ongoing nurse home visits that continue through her child's second birthday.

Across the nation, governments at all levels increasingly recognize the value of investing limited taxpayer dollars in evidence-based programs that reliably improve outcomes for families, and NFP is an example of evidence-based practice and policy in action. NFP is among the most proven and widely replicated programs during this critical period that has dramatic and lasting impacts on the health and well-being of vulnerable families. Independent research proves that communities also benefit from this relationship — every dollar invested in Nurse-Family Partnership can yield more than five dollars in returnⁱⁱ.

Supported with private and public funds at the federal, state, and local levels, NFP currently enrolls over 33,500 moms across 42 states, six tribal organizations, and one territory, which translates to 50,000 families served annually and more than 273,000 families served cumulatively to date. We work in a bipartisan manner to improve the health and well-being of at-risk populations and advance solutions that promote economic mobility.

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM

Earlier this year, Congress reauthorized MIECHV as part of the *Bipartisan Budget Act of 2018* for 5 years. This funding ensures that this vital, groundbreaking program will continue to provide resources to states to implement evidence-based home visiting services like NFP.

MIECHV was first enacted at the federal level in 2010 to help states expand and establish statewide systems of home visiting targeted to serve the highest risk communities. It is one of a few federal programs that designate at least 75% of funding for approved evidence-based models, with annual funding dependent on meeting continuous evaluation and accountability metrics. The authorizing legislation also mandated a large-scale randomized controlled trial evaluation of the program, the results of which are expected later this year.

IMPROVING MEDICAID AND HEALTH CARE INTEGRATION

NFP seeks to strengthen evidence-based spending within Medicaid and improve integration of the NFP model within the health care system to help states achieve better outcomes, better access to high quality care, and lower costs.

NFP's strong evidence of effectiveness and predictable return on investment position us well to expand partnerships across the health care system, including with Federally Qualified Health Centers (FQHCs). NFP currently operates in 21 FQHCs nationwide, and we are actively pursuing ways to grow those partnerships to better reach and serve families that can benefit from NFP.

Additionally, NFP continues to seek improvements to the coverage of evidence-based home visiting under Medicaid. 24 states support NFP through their Medicaid programs, but the lack of a clear, comprehensive coverage category makes reimbursement challenging and increases the administrative burden on NFP agencies. NFP supports H.R. 3291, legislation sponsored by Rep. Ben Ray Lujan (D-NM) and Rep. Tim Ryan (D-OH) that would create a stand-alone coverage category as a state option for evidence-based home visiting.

SUPPORTING EVIDENCE-BASED POLICY

As a leading evidence-based program, NFP supports the adoption of evidence-based policies and the advancement of government investments in what works. NFP strongly supported the passage of the *Social Impact Partnerships to Pay for Results Act*, which was also passed this year as part of the *Bipartisan Budget Act of 2018*. We actively seek opportunities to support and promote the use of evidence in policymaking.

Pay for Success (PFS) is a unique form of social innovation financing that allows states to access the resources needed now to scale effective programs, like NFP, and achieve improved social outcomes. In a Pay for Success initiative, private funders provide upfront capital to expand effective services and the government makes "success payments" back to the funders if an independent evaluator determines that predetermined outcome metrics have been met. Success payments may reflect the cost of the program plus tangible and intangible benefits to individuals, society and taxpayers.

In 2016, South Carolina announced the first PFS project in the United States to focus on maternal and child health outcomes, which expands access to NFP statewide. This public/private partnership will serve 3,200 first-time moms on Medicaid and their children over a six-year period. A 1915(b) Medicaid Waiver awarded to South Carolina by the Centers for Medicare and Medicaid Services will provide critical funding to support service delivery costs. Additionally, recent passage of Pay for Success legislation in both Utah and Wisconsin has created momentum for possible projects, and a number of conversations are underway in other states.

The NFP National Service Office also offers its own innovative funding opportunity -- the Incentive Fund -- which allows us to partner with local organizations seeking to improve access and quality of care for the most vulnerable families. The majority of awards from this \$16 million fund will be made in 2018, to help serve more than 2,000 new families over the next two years.

HEALTHIER MOMS, HEALTHIER BABIES

As a program focused on improved health outcomes in mothers and their children, NFP supports a variety of efforts to reduce incidences of child abuse and neglect, as well as maternal, child, and infant mortality. Amidst our nation's substance abuse crisis, we are encouraged by recent Congressional efforts to support prevention-related strategies that keep babies safe and healthy, including passage of the *Family First Prevention Services Act of 2018*.

NFP has demonstrated sizeable and sustained outcomes to support our ability to effect change in this area. In 2016, the Federal Commission to Eliminate Child Abuse and Neglect Fatalities found NFP to be the only program to demonstrate a reduction in abuse and neglect related fatalities in childrenⁱⁱⁱ. Additionally, a 20-year follow-up study of an NFP randomized controlled trial found that NFP is effective at reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings^{iv}.

We support several pieces of legislation to address maternal, child and infant mortality in the 115th Congress, including:

- *Quality Care for Moms and Babies Act* (S. 2637/H.R. 5457), which seeks to improve the quality of maternity and infant care under Medicaid and CHIP programs by developing maternity care quality standards and maternity care partnerships, which would bring together states, providers, and stakeholders to improve maternity care.
- *Maternal Health Accountability Act* (S. 1112)/*Preventing Maternal Deaths Act of 2017* (H.R. 1318), both of which expand state maternal mortality review committees nationwide and provide for demonstration projects to implement and evaluate effective interventions.

For questions or more information about Nurse-Family Partnership or these policy priorities, please contact Teri Weathers, Director of Federal Policy and Government Affairs, at teri.weathers@nursefamilypartnership.org

ⁱ US Census Bureau, American Community Survey (2014). Kids Count Data Center Website: <http://datacenter.kidscount.org>.

ⁱⁱ Early Childhood Interventions, Proven Results, Future Promise, Karoly, Kilburn, Cannon, 2005.

ⁱⁱⁱ Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities, Commission to Eliminate Child Abuse and Neglect Fatalities, 2016

^{iv} Effect of Home Visiting by Nurses on Maternal and Child Mortality: Results of a Two-Decade Follow-Up of a Randomized Controlled Trial, Olds, Kitzman, Knudtson, et al. *Jama Pediatrics*, 2014.