



PUBLIC POLICY PRIORITIES IN RESPONSE TO COVID-19

As a public health program, Nurse-Family Partnership (NFP) and our nurses are already on the front lines of responding to COVID-19. Our policy priorities during this crisis reflect both the programmatic flexibilities that are needed to continue to deliver NFP to moms who need it, but also the healthcare and social services that will be required to meet their heightened needs during this time.

MIECHV

The Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) is the largest source of federal funding for NFP. Along with our partners in the National Home Visiting Coalition, we have requested emergency flexibility and a one-time investment of \$100 million for MIECHV, as outlined below, to help preserve the reach and impact of this valuable program:

- **Prioritize a one-time \$100 million appropriation for MIECHV** that can be used to train home visitors to deliver services through technology that enables home visits from a distance, as well as tangible needs for families including technology, formula, diapers, etc.
- **Allow virtual visits to be considered home visits** through the end of the calendar year to safely preserve valuable relationships without being penalized.
- **Maintain all funding for and staffing levels** of MIECHV programs regardless of potential temporary reductions in enrollment in order to maintain existing infrastructure.

Broadband & Wireless

NFP has been supportive of efforts to expand wireless coverage for low-income families and expand broadband connectivity, particularly as we deliver NFP exclusively through telehealth. We know that NFP moms may not have cellular phones, tablets, computers, etc. or sufficient broadband internet to actively participate in telehealth visits. NFP local implementing agencies are also facing connectivity issues and access to efficient broadband or cellular services, especially in rural areas.

NFP supports existing industry-led efforts that proposes the following provisions:

- **Provides at least \$1B for wireless connectivity**, to keep millions of low-income families and recently unemployed consumers connected through mobile wireless internet packages that offer five times more data (15 GB/month) than the current FCC Lifeline program, which serves low-income families that qualify; and
- **\$2B for broadband connectivity**, including mobile hotspot connections and capable devices, by harnessing the FCC's E-Rate program.

Medicaid & Health Coverage

More than ever, families need affordable health care from their providers and coverage that meets their medical, dental, and mental health needs. Additionally, newly unemployed parents mean more children will become eligible for Medicaid and the Children's Health Insurance Program (CHIP). Keeping those programs well-functioning in states demands increased funding and policy changes, including:

- **Auto-enrollment of newborns** – Auto-enroll newborns in Medicaid, CHIP, or private coverage before leaving the hospital to ensure there is no gap in coverage for newborn babies.
- **Extend parity in CHIP** – Provide parity in CHIP to what is in the Families First Coronavirus Response Act, which mandates states do not increase premiums in Medicaid or disenroll anyone already on Medicaid during the course of this public health emergency.
- **Waive extra costs and waiting periods for children** – Waive waiting periods for CHIP, CHIP premiums, and co-pays for Emergency Room and office visits so families who are already stretched for money aren't spending on CHIP during the COVID-19 pandemic.
- **Twelve-month continuous eligibility** – Provide 12-month continuous eligibility to Medicaid and CHIP recipients to eliminate the loss of coverage due to administrative paperwork and bureaucracy.
- **Postpartum coverage** – Expand maternal postpartum coverage requirement from 60 days after baby's birth to 12 months.

Along with many other national organizations, NFP has also urged Congress to provide an additional, short-term increase in FMAP for states, localities, territories, and tribes approximately doubling the percentage increase to FMAP provided for in Section 6008 of the Families First Coronavirus Response Act. That earlier legislation included an increase of 6.2 percent but an increase of 12 percent would allow states to effectively allocate public health and economic resources during this emergency. While we do not anticipate that the state FMAP increase will serve as a vehicle to expand NFP, we believe that this effort will help states and localities avert cuts that could ultimately hurt NFP or other programs that provide necessary services to NFP families.

Child Care

The Coronavirus Aid, Relief, and Economic Security (*CARES*) Act provided a critical \$3.5 billion investment in childcare through increased funding for the Child Care and Development Block Grant. The legislation also provided \$349 billion in Small Business Administration (SBA) loans that childcare providers as well as providers of vital services including healthcare and human services can potentially access. While these resources were important and vital start to preserve the childcare that our moms rely on, we also believe that additional flexible, dedicated childcare funding is needed in a subsequent package to provide:

- **Support for childcare providers** – Pay providers to cover ongoing operating costs while they are closed for public health reasons, or open but with reduced enrollment to serve children of essential workers.
- **Support for workers** – Provide essential duty pay for childcare workers in programs that are remaining open during the crisis.
- **Health and safety needs** – Provide materials, resources, training, and other public health supports regarding health and safety practices.
- **Support for families** – Eliminate copayments or tuition for families during this public health and economic crisis while ensuring that providers are still paid.
- **Virtual learning** – Provide virtual learning opportunities when appropriate and mental health supports for families.

Nutrition Programs

A vast majority of NFP moms depend on Women, Infants and Children (WIC) or Supplemental Nutrition Assistance Program (SNAP) benefits to provide life sustaining services and provide for their families. WIC also serves as an essential referral pipeline for NFP, and it is a priority that we keep these pipelines as strong as possible. While Congress already included an additional \$500 million dollars to cover an expected surge in WIC eligibility and \$15.5 billion for SNAP, states and local agencies are reporting growing unmet needs in both of these programs.

NFP is supporting efforts to build on the nutrition assistance provided in previous aid packages by:

- **Increasing WIC funding and access** – Increase the amount of the Special Supplemental Nutrition Program for WIC program's Cash Value Benefit as well as increase access to the program through raising the eligibility age for children up to age 6, increase postpartum eligibility for up to two years, and extend infant and child certification for two years.
- **Increasing SNAP** – Increase SNAP benefits by 15 percent, with an additional 20 percent bump for families with children, and increase the minimum SNAP benefit from \$16 to \$30 a month.
- **Extend Pandemic EBT Transfers** – Extend the Pandemic-Emergency Benefit Transfers through the summer and permit additional distribution sites.

Income Supports & Paid Leave

- **Provide emergency TANF assistance** – Establish an emergency assistance fund of at least \$5 billion to families with children, including children being cared for by kin, through the Temporary Assistance for Needy Families (TANF) program.
- **Extend paid leave** – Extend paid sick days and paid family and medical leave to all workers with full wage replacement, regardless of employer size.

State & Local Impact

NFP is tracking state and local level impacts of COVID-19 on NFP service capacity, safety net programs, and anticipated economic downturn that will significantly impact current and future state budgets. Currently over 50% of public funding that supports NFP programs across the country comes from state and local funding streams (approximately \$143M).

As of now, we see the greatest risks in the states most impacted (so far) with number of cases and potential economic downturn which currently include: California, Michigan, New York, Oklahoma, Texas, Washington, and Wisconsin. NFP is well positioned to justify our model's value and ROI as part of the public health essential provider network as well as how the NFP model provides crucial prevention and intervention services to a targeted, highest risk population. In many cases, NFP nurses are the only access or connection that families currently have to primary care and other linkages to safety net resources.

Examples of successes and challenges related to NFP in states and communities include (but not limited to):

- **Redeployment of NFP nurses** – Currently, approximately 15% of NFP nurses and supervisors have been redeployed in some capacity to respond to the COVID-19 crisis locally. We also recognize that requests for contact tracing needs may also threaten NFP staff capacity in states with more bureaucratic county health department structures that house NFP programs. NFP-NSO is prioritizing protecting existing capacity as part of our advocacy efforts at the state and local level to ensure that families continue to have access to the same level of services.
- **WIC referrals and availability/accessibility of resources** – The majority of WIC referrals are still done in-person and in-writing which has made it challenging to transition to an electronic referral system seamlessly and coordinate/connect NFP clients to resources. NFP staff have been connecting regularly with the USDA WIC office as well as the National WIC Association and state level WIC associations.

- **Electronic Balance Transfer (EBT) cards** – While federal guidance and the CARES Act allows for WIC and SNAP recipients to use their EBT cards to purchase groceries and other resources online or through electronic point of sale systems, these transactions are not always successful. We also know that there is a shortage of the available brands in stores that are eligible for WIC & SNAP recipients to purchase.
- **Technology** – NFP is hearing regularly from our network of the growing need for technology resources for our agencies, nurses, and moms. Available broadband internet and connectivity (especially in rural areas), affordable cellular plans, lack of equipment such as phones and tablets for moms, etc. continue to be the leading challenges.
- **Enrollment and prenatal visits via telehealth**
 - NFP nurses have not skipped a beat in making the transition to almost 100% of encounters/visits via telehealth and staying connected to families. Over 85% of all visits have been completed and NFP is seeing a higher level of interaction/encounters between nurses and clients.
 - NFP continues to enroll families and train new nurses to serve more families and maintain capacity.
 - NFP has also issued enhanced guidance to support nurses effectively and efficiently as they transition these first few visits to a telehealth environment, which are crucial to establishing that trusted relationships between nurses and moms. NFP has also issued additional guidance on providing assessments and supports related to mental health, intimate partner violence, substance use disorder, parent-child interaction, and other risk factors that NFP families may be facing.
 - NFP nurses providing connections to OB/GYN telehealth services and other prenatal supports for clients, especially those moms with high risk pregnancies, such as blood pressure cuffs for moms with hypertension or preeclampsia risks.

NFP will continue to update and clarify our policy and legislative asks as the COVID-19 crisis continues to evolve. If you have questions or need additional information, please contact pga@nursefamilypartnership.org.