



PUBLIC POLICY AGENDA: 114th CONGRESS

March 2015

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Every year, over 700,000 children are born to low-income, first-time mothers in the United States that are at the greatest risk of suffering health, education and economic disparities. NFP produces the greatest benefit for those families and communities at the highest levels of risk. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Independent research proves that communities benefit from this relationship — every dollar invested in Nurse-Family Partnership can yield more than five dollars in return.

Across the nation, cities and states recognize the value of evidence-based programs that produce improved, sustained outcomes for families and offer significant return on investment for communities. The NFP program is an excellent example of evidence-based practice and policy in action, with three randomized controlled trials documenting that it works to improve pregnancy outcomes, child health and development, school readiness and achievement, parental employment, and family stability, while also reducing the number of families receiving government assistance.

NFP has experienced tremendous growth over the past 5 years, expanding services to enroll over 31,000 families across 43 states, six tribal organizations, and one territory. As we begin the 114th Congress, we champion the programs that have served as the foundation for this growth while also actively working outside of the traditional landscape to reach as many mothers and their babies as possible. We look forward to continuing to work in a bipartisan manner to improve the health and well-being of at-risk populations and advance solutions that work, and welcome opportunities to discuss innovative approaches.

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program

The MIECHV Program initially provided \$1.5 billion in mandatory spending for formula and competitive grants to states for evidence-based home visiting services. NFP is ranked the strongest of 15 evidence-based eligible home visiting models under the program. Over the past 5 years, the MIECHV program has enabled states to expand and establish statewide systems of home visiting targeted to serve the highest risk communities. In the coming year, NFP will play a leadership role in working with the United States Congress, the U.S. Department of Health & Human Services, states, territories and tribes, community providers and others to:

- Protect and sustain the authorized level of \$400 million in mandatory funding for the MIECHV Program throughout the FY2016 federal budget process;
- Provide support to state implementation of the MIECHV Program, placing particular emphasis on collaborating with the over 40 states, territories and tribes that have included NFP as part of their MIECHV Program plans; and
- Develop and lay the groundwork, together with our National Home Visiting Coalition partners, to build bipartisan support for the extension or reauthorization of the MIECHV Program in 2015.

Medicaid and Health Care Integration

Medicaid revenue is an important source of funding to sustain existing NFP programs and to help them grow. Today, NFP implementing agencies in 21 of 43 states are able to access some form of Medicaid reimbursement. But since there is no "preventive home visiting service" coverage category in the federal laws that govern Medicaid, states have had to fit a square peg into a round hole when trying to establish Medicaid coverage for NFP. As a result most coverage is not comprehensive and rarely reimburses for the full scope of NFP services. Some states have tried to work around this by using multiple coverage categories in tandem to maximize Medicaid revenue for NFP home visiting services.

Better integration of NFP within the health care system is another avenue for expanding Medicaid coverage of NFP. States' implementation of the Affordable Care Act and CMS' focus on achieving the Triple Aim (better health care,

better health outcomes, and lower costs) has resulted in new delivery system and payment reforms that offer potential opportunity for programs like NFP to become better integrated with the health care system.

NFP's strong evidence of effectiveness and predictable return on investment position us well to partner with managed care plans, large hospital systems, federally qualified health centers, and other integrated delivery care models that place a premium on achieving quality outcomes while reducing costs. Much of our current work is focused on developing a national, replicable model for integrating NFP within the health care system and on pursuing new relationships with health care providers, health plans and other integrated care models with the goal of national and targeted state growth and sustainability. We also actively advocate for state governments to include coverage and reimbursement for NFP as part of health care reform and develop policies that support integration of evidence-based home-visiting programs like NFP within managed care entities and new integrated care models.

Social Impact Bonds

States are becoming interested in Social Impact Bonds (SIBs) or Pay-for-Success (PFS) initiatives as innovative funding opportunities for scaling evidence-based programs like Nurse-Family Partnership. SIBs/PFS offer a viable opportunity to recruit private capital through partnerships with providers and government to improve outcomes and social mobility for young at-risk families through investments in NFP. While structures vary, the core to a SIB is a three-way contract between government, a provider and investors in which investors provide funding up front to pay for program services, and government is only required to pay back investors if and when the provider meets agreed-upon outcome metrics. NFP National Service Office (NSO) is currently pursuing formal and informal opportunities to explore SIBs with states including South Carolina, New York, Michigan and California, implementing partners in communities, potential commercial and philanthropic investors and third-party intermediaries.

In addition, SIBs/PFS initiatives have also sparked the interest of federal policymakers. In 2014, the United States House and Senate each introduced legislation on social impact bonds to direct scarce taxpayer resources towards programs that have demonstrated effectiveness. We will continue to follow this legislation in the 114th Congress.

Sustainability Solutions

The NSO headquartered in Denver, Colo. provides education, consultation and programmatic support to assist communities in implementing the NFP model with fidelity to ensure consistent results nationwide. We are actively working to identify federal grant opportunities for the NSO to increase the support available to implementing agencies. At the same time, the NSO works diligently to identify public and private funding opportunities to assist communities in sustaining, expanding, or establishing NFP programs. NFP proactively monitors and tracks successful strategies for supporting NFP through initiatives addressing intergenerational poverty, birth outcomes, health care integration, child protection, foster care, welfare reform, early childhood learning and crime prevention. The NSO has developed an inventory of strong examples of state legislation, state budget requests, public/private partnerships, and other locally-driven strategies for supporting NFP.

NFP also prioritizes building grassroots and grassstops support through our National Board, Statewide Leadership or Advisory Boards and local Community Advisory Boards. These national and community leaders are essential to our success and offer valuable guidance, advocacy, and expertise to NFP implementing agencies and staff.

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 or Sarah McGee, National Director of Advocacy, at sarah.mcgee@nursefamilypartnership.org.

