

## **BILL ANALYSIS**

CSHB 424  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Nurse-Family Partnership (NFP) is an evidence-based, nurse home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. The NFP National Service Office (NFPNSO) is a nonprofit organization that provides service to communities in implementing and sustaining this program. NFP nurse home visitors work with their clients to achieve three important goals, improve pregnancy outcomes by helping women engage in good preventive health practices, including obtaining thorough prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol and illegal substances; improve child health and development by helping parents provide responsible and competent care; and improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

This model was first tested in 1977, and as a result of replication efforts, the program now is operating in 23 states, serving approximately 20,000 families annually. A cornerstone of NFP is the extensive research on the model conducted over the last three decades. Randomized controlled trials were conducted with three diverse populations beginning in Elmira, New York, 1977; in Memphis, Tennessee, 1987; and Denver, Colorado, 1994. All three trials targeted first-time, low-income mothers. Follow-up research continues today, studying the long-term outcomes for mothers and children in the three trials.

CSHB 424 implements the NFP in multiple sites across Texas. The program features regular home visits by specially trained registered nurses from pregnancy through child's first two years of life. According to NFP the positive effects of the program include improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, and improved school readiness.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that rulemaking authority is expressly granted to the Executive Commissioner of the Texas Health and Human Services Commission in SECTION 1 of this bill.

### **ANALYSIS**

CSHB 424 adds Subchapter M to Chapter 531, Government Code, SUBCHAPTER M. NURSE-FAMILY PARTNERSHIP COMPETITIVE GRANT PROGRAM and defines "competitive grant program" and "partnership program."

The Health and Human Services Commission (commission) shall establish a nurse-family partnership (NFP) competitive grant program through which the commission will award grants for the implementation of NFP programs, or the expansion of existing programs, and for the operation of those programs for a period of not less than two years. The commission shall award grants under the program to applicants in a manner that ensures that the partnership programs collectively operate in multiple communities; and provide program services to at least 2,000 families.

A partnership program funded through a grant awarded under this must strictly adhere to the program model developed by the Nurse-Family Partnership National Service Office (NFPNSO), including any clinical, programmatic, and data collection requirements of that model; require that

registered nurses regularly visit the homes of low-income, first-time mothers participating in the program to provide services designed to improve pregnancy outcomes; improve child health and development; improve family economic self-sufficiency and stability; and reduce the incidence of child abuse and neglect; and require that the regular nurse visits begin not later than a mother's 28th week of gestation and end when her child reaches two years of age.

A public or private entity, including a county, municipality, or other political subdivision of this state, may apply for a grant. To apply for a grant, an applicant must submit a written application to the commission on a form prescribed by the commission in consultation with the NFPNSO. The application prescribed by the commission must require the applicant to provide data on the number of low-income, first-time mothers residing in the community in which the applicant proposes to operate or expand a partnership program and provide a description of existing services available to those mothers; describe the ongoing monitoring and evaluation process to which a grant recipient is subject, including the recipient's obligation to collect and provide information requested by the commission; and require the applicant to provide other relevant information as determined by the commission.

Additionally, in determining whether to award a grant to an applicant, the commission shall consider the demonstrated need for a partnership program in the community in which the applicant proposes to operate or expand the program, which may be determined by considering: the poverty rate, the crime rate, the number of births to Medicaid recipients, the rate of poor birth outcomes, and the incidence of child abuse and neglect during a prescribed period in the community; and the need to enhance school readiness in the community; the applicant's ability to participate in ongoing monitoring and performance evaluations, including the applicant's ability to collect and provide information requested by the commission; the applicant's ability to adhere to the partnership program standards; the applicant's ability to develop broad-based community support for implementing or expanding a partnership program, as applicable; and the applicant's history of developing and sustaining innovative, high-quality programs that meet the needs of families and communities.

The executive commissioner, with the assistance of the NFPNSO, shall adopt standards for the partnership programs. The standards must adhere to the NFPNSO program model standards and guidelines that were developed in multiple, randomized clinical trials and have been tested and replicated in multiple communities.

The grant funds awarded may be used only to cover costs related to implementing or expanding and operating a partnership program, including costs related to administering the program; training and managing registered nurses who participate in the program; paying the salaries and expenses of registered nurses who participate in the program; paying for facilities and equipment for the program; and paying for services provided by the NFPNSO to ensure a grant recipient adheres to the organization's program model.

Using money appropriated for the competitive grant program, the commission shall contract with a state nurse consultant to assist grant recipients with implementing or expanding and operating the partnership programs in the applicable communities.

The commission, with the assistance of the NFPNSO, shall adopt performance indicators that are designed to measure a grant recipient's performance with respect to the partnership program standards adopted by the commission; use the performance indicators to continuously monitor and formally evaluate on an annual basis the performance of each grant recipient; and prepare and submit an annual report, not later than December 1 of each year, to the Senate Health and Human Services Committee, or its successor, and the House Committee on Public Health, or its successor, regarding the performance of each grant recipient during the preceding state fiscal year with respect to providing partnership program services. The report must include the number of low-income, first-time mothers to whom each grant recipient provided partnership program services; the extent to which each grant recipient made regular visits to mothers during the required time period; the extent to which each grant recipient adhered to the NFPNSO's program model, including the extent to which registered nurses conducted home visitations comparable in frequency, duration, and content to those delivered in NFPNSO clinical trials; and the extent to which each grant recipient assessed the health and well-being of mothers and children participating in the partnership programs in accordance with indicators of maternal, child, and

family health defined by the commission in consultation with the NFPNSO. On request, each grant recipient shall timely collect and provide data and any other information required by the commission to monitor and evaluate the recipient or to prepare the report.

The commission shall actively seek and apply for any available federal funds, including federal Medicaid and Temporary Aid for Needy Family (TANF) funds, to assist in financing the competitive grant program. The commission may use appropriated funds from the state government and may accept gifts, donations, and grants of money from the federal government, local governments, private corporations, or other persons to assist in financing the competitive grant program. As added by this Act, the commission shall, as soon as practicable, apply for any available federal funds to assist in financing the nurse-family partnership competitive grant program. Not later than December 1, 2007, the Health and Human Services Commission shall establish and implement the nurse-family partnership competitive grant program. Not later than December 1, 2008, the Health and Human Services Commission shall submit the initial annual report required.

### **EFFECTIVE DATE**

September 1, 2007.

### **COMPARISON OF ORIGINAL TO SUBSTITUTE**

The original specifies that "The commission shall award grants under the program to applicants, including the YWCA of Metropolitan Dallas," and the substitute deletes the specific language referring to the YWCA of Metropolitan Dallas, leaving in reference to "applicants." The original version states the NFP program shall "provide program services to approximately 1,200 families" and the substitute states the NFP program shall "provide program services to at least 2,000 families." The substitute identifies the "Committee on Public Health", instead of the "Human Services Committee" as used in the original, as the designated House committee which is to exercise oversight of and to which reports are to be submitted regarding the NFP program. The substitute also grants rulemaking authority to the Executive Commissioner of the Texas Health and Human Services Commission.