



HOME VISITING LEGISLATION SUMMARIES

Bill Summaries

On June 2, Congressmen Jim McDermott (D-WA), Danny Davis (D-IL), and Todd Platts (R-PA) introduced HR 2667, the Early Support for Families Act. The bill builds off of previous bipartisan legislation, the Education Begins at Home Act, as well as President Obama's \$8.6 billion initiative to fund evidence-based home visitation programs. This legislation would establish a new state grant under Title IV-B of the Social Security Act to provide mandatory funding to states to create and expand early childhood home visitation programs. Under the Early Support for Families Act, states are directed to use the grants to supplement current funding for home visiting programs.

The funding would start at \$100 million in 2010, increasing to \$700 million by 2014. The bill would require a state match of 15 percent in the first year, 20 percent in year two, and a 25 percent match by year three. The legislation does not dictate which, or how many, home visiting models may be used. A state's grant funding award would be based on the number of children in the state whose families live below the poverty line, with emphasis on communities with a high proportion of low-income families or a high incidence of maltreatment.

On June 19, the three House committees with jurisdiction over health policy--Energy and Commerce, Ways and Means, and Education and Labor--unveiled draft health care reform legislation. The final version of the America's Affordable Health Care Act was released on Tuesday, July 14, 2009, and is now being marked-up by the three respective committees. The bill included two home visiting elements. The first is an amendment to Title IV-B which would provide grants to states for quality home visitation programs for families with young children and families expecting children. The language is very similar to HR 2667, but the funding is lower in the final bill (see funding breakdown below). The second amendment includes a provision for the optional coverage of nurse home visitation services under the Medicaid and Children's Health Insurance Program. In addition, it calls for an enhanced federal medical assistance percentage (FMAP) to cover the cost of these services.

Senators Robert Menendez (D-NJ) and Robert Casey (D-PA) introduced the Evidence-Based Home Visitation Act (S. 1267) on June 16. This legislation would amend Title V of the Social Security Act to provide grants to local agencies to establish or expand quality programs providing home visitation for low-income pregnant women and low-income families with young children. Eligibility for grants will be based on a local agency's ability to implement an approved model (one that has demonstrated significant positive effects on important program-determined child and parent outcomes, such as reducing abuse and neglect, improving prenatal health, improving child health and development, improving school readiness, reducing juvenile delinquency, and improving family economic self-sufficiency), adhere to model fidelity, and meet the state or local match as all requirements established by the Secretary approved. The

Evidence-Based Home Visitation Act would also provide a Medicaid option for simplified billing by approved home visitation agencies.

Both HR 2667 and S 1267 require priority funding to go towards programs with the strongest evidence (although exact expenditure is not specified in S 1267). They also require that the Secretary (in awarding grants) take into account the distribution of low-income families with young children by geography.

In the Senate, the Health, Education, Labor and Pensions (HELP) and Finance Committees have been working on separate health care reform bills. On Wednesday, July 15, 2009, the HELP Committee passed its health care reform bill by a vote of 13-10. It contains very limited home visitation language. In this bill, Part P of title III of the Public Health Service Act is amended to provide grants to promote positive health behaviors for populations in medically underserved communities through the use of community health workers. These grants can be used to educate, guide, and provide home visitation services regarding maternal health and prenatal care. The Senate Finance Committee has yet to release their health care reform bill.

Funding Levels

- HR 2667 would provide 2 billion/5yrs
 - \$100,000,000 for FY 2010;
 - \$250,000,000 for FY 2011;
 - \$400,000,000 for FY 2012
 - \$550,000,000 for FY 2013
 - \$700,000,000 for FY 2014

- Tri-Committee Bill for IV-B amendment would provide roughly 750 million/5yrs
 - \$50,000,000 for FY 2010;
 - \$100,000,000 for FY 2011;
 - \$150,000,000 for FY 2012;
 - \$200,000,000 for FY 2013;
 - \$250,000,000 for FY 2014.

- S 1267 would provide 2 billion/5yrs
 - \$100,000,000 for FY 2010;
 - \$250,000,000 for FY 2011;
 - \$400,000,000 for FY 2012
 - \$550,000,000 for FY 2013
 - \$700,000,000 for FY 2014