

Maternal, Infant, and Early Childhood Home Visitation – Health Care Reform Law (111-148)

Status Update as of June 30, 2014:

In 2010, Congress established the Maternal, Infant, and Early Childhood Home Visiting Program administered by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF). Home visiting provides voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to age five.

In March 2014, funding for the Home Visiting Program was extended through March 2015, building upon the \$1.5 billion provided for the Home Visiting Program fiscal years 2010 through 2014.

For more information on this program please go to the HRSA website at <http://mchb.hrsa.gov/programs/homevisiting/>.

Background

Under the Patient Protection and Affordable Care Act, a new state grant program is created (as an amendment to the Title V Maternal and Child Health block grant program) that provides funding for home visitation programs for maternal, infant, and early childhood services. The goal of the program is to foster well-coordinated, comprehensive, and effective home visitation services in at-risk communities.

ACNM Position/Policy: ACNM affirms that the Maternal, Infant and Early Childhood Home Visiting Program funding offers significant opportunities to effect changes that will improve the health and well-being of vulnerable children and families. In addition, the program has the potential to shape a range of social and economic outcomes for at-risk populations. This program addresses issues of particular concern to midwives: specifically, its purpose is to narrow the health disparities that exist among politically and economically disadvantaged communities.

Impact on Nurse Midwives: This new program will provide midwives with new funding opportunities to compete for grants to improve maternal and newborn health by authorizing home visitation services under Medicaid.

Summary of Provisions

The program allocates \$1.5 billion in mandatory funding over five years for states that wish to provide coverage of home visitation services for new mothers and improve the care and well-being of low-income and at-risk families. Authorized funding for this program is substantial but is also subject to Congressional appropriations. States applying for funds must complete a statewide needs assessment that identifies at-risk populations. The U.S. Department of Health and Human Services' Center for Medicare and Medicaid Services is responsible for its implementation and enforcement.

To receive funding, states are required to identify and assess the needs of communities with high concentrations of premature births, low-birth-weight infants, and infant mortality, including infant deaths due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high- school drop-outs; substance abuse; unemployment; or child maltreatment (Section 2951).

Participation in the program by eligible families is voluntary. Detailed, participant outcomes must be reported using measurable data. Grantees are required to demonstrate evidence-based improvements in prenatal, maternal, and newborn health, including improved pregnancy outcomes among at-risk populations (see paragraph above).

References

1. Patient Protection and Affordable Care Act, S.3590, 111th Congress, 2nd Sess (2010)