



14 March 2023

Joint Ways and Means Committee
Subcommittee on Human Services
Oregon State Legislature
900 Court Street NE
Salem, Oregon 97301

Dear Co-Chair Campos, Co-Chair Valderrama, and members of the Human Services Subcommittee,

My name is Matthew Richardson, and I am a government affairs manager supporting the work of Nurse-Family Partnership (NFP) across Oregon. I am submitting this written testimony to request support for the NFP's 2023 budget request. For the 2023-25 biennium, NFP is requesting an appropriation of \$8 million from the state general fund to the Health Systems Division of the Oregon Health Authority. Funding will provide the non-federal Medicaid match that is required for NFP programs in Oregon to receive reimbursement under the Targeted Case Management benefit in the Oregon Medicaid State Plan.

NFP is an evidence-based community health program with 45 years of evidence showing significant improvement in the health and lives of first-time moms and their children facing economic and social barriers. NFP has operated in Oregon since 1999. NFP works by having specially trained nurses regularly visit young, first-time moms-to be, starting early in the pregnancy and continuing through the child's second birthday. Mothers, babies, families, and communities all benefit.

NFP is currently funded to support 885 families every year. In Oregon there are nine counties that currently operate NFP programs: Multnomah, Washington, Lane, Yamhill, Lincoln, Deschutes, Jackson, Umatilla, and Morrow. Oregon moms and their children participate in NFP programs. The median age of participants is 24 years old, 74% are unmarried and 85% of are enrolled in Medicaid. The annual median household income for participants is \$9,000-\$12,000.

Requiring counties to pay the non-federal match for Medicaid is different from the approach used to support other evidence-based home visiting programs in Oregon. Not having a statewide funded program prevents us from accessing more federal resources to help Oregonians. The nine counties currently spend just over \$2.3 million a year and roughly \$4.625 million for the biennium on the Medicaid match. NFP is looking to expand services to other counties and parts of the state, but securing enough funding for the non-federal match is a challenge for many local communities.

Oregon would see greater cost savings statewide based on improved health outcomes of the mother and child in areas where services are not currently offered. Studies show that for every \$1 invested in NFP saves roughly \$6.10 in future costs for the highest risk families served. There are numerous health benefits seen by those participating in the program that not only improve the

health of the mother and of the child, but that also lower future health care costs to the state. Key projected outcomes from NFP participants that lead to cost savings include:

- 89% of babies born full term
- 96% of mothers-initiated breastfeeding
- 97% of clients 18 and over were employed at 24 months
- 55% of babies received all immunizations by 24 months
- Reduction of smoking in pregnancy by 23%
- Reduction of pregnancy-induced hypertension by 30%
- Reduction in closely spaced births (15 months postpartum) by 34%
- Reduction of emergency department use for childhood injuries by 31%
- Increase in rates of full immunization by 12%
- Reduction of language delays by 37%
- Reduction of first pre-term births by 14%
- Reduction of infant mortality by 43%
- Increase in rates of moms who attempt breastfeeding by 11%
- Decrease in TANF payments by 7% (13 years post-partum)
- Decrease of person-months on Medicaid by 7% (15 years post-partum)
- Reduction in costs if on Medicaid by 13% (through age 18)

NFP programs provide critical services and assistance to families across the state. This investment would increase health equity and access to the NFP home visiting system in counties that currently don't offer it. Funding will improve health outcomes and provide critical support for those families who need it the most. This investment will save the state dollars in reduced health care costs as referenced above.

I am also including with this written testimony responses to some frequently asked questions with regards to this legislative ask.

We appreciate your consideration of this request and look forward to working with you to expand home visiting through the NFP programs statewide. If you have any questions regarding this request, please don't hesitate to contact Matthew Richardson with NFP at (360) 764-0991 or Justen Rainey with Public Affairs Counsel at (503) 816-3075.

Best regards,
Matthew Richardson
Government Affairs Manager
The National Service Office for Nurse-Family Partnership and Child First

Nurse-Family Partnership FAQ Document

What is Nurse-Family Partnership (NFP)? NFP is an evidence-based community health program with 45 years of evidence showing significant improvement in the health and lives of first-time moms and their children living in poverty. NFP has operated in Oregon since 1999. NFP works by having specially trained nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy and continuing through the child's second birthday. Mothers, babies, families, and communities all benefit.

How many children are served each year and what is the average cost to provide services to a family? Right now, NFP can support 885 families every year. It costs on average \$8,301 a year per family.

What is the overall need for this type of home visiting in the state? There are roughly 5,500 first-time births per year to mothers enrolled in Medicaid, which NFP uses to estimate the number of eligible families in the state. Of this number, we estimate that about 2,000 mothers would enroll when informed about NFP.

Who participates in the NFP programs? Oregon moms and their child. The median age of participants is 24 years old. 74% are unmarried and 85% of are enrolled in Medicaid. The annual median household income for participants is \$9,000-\$12,000.

What is the 2023 legislative ask and why is state funding needed? NFP is requesting \$8 million over the biennium in state general funds to provide the non-federal match required by Medicaid. NFP programs rely on Medicaid funding. For every dollar spent by Medicaid, the federal government pays about 66% and requires a non-federal match of about 34%. The counties are currently required to pay this non-federal match, which makes the sustainability of current programs depend on local political will and resources. This is also a barrier to new counties offering NFP to families. As a result, having counties pay the non-federal match prevents us from leveraging additional federal resources to help Oregonians. It also creates inequities and unequal access to critical services and beneficial outcomes. Having the state pay the non-federal match would ensure the sustainability of current programs and remove this barrier for new programs to open.

What counties currently operate NFP programs? In Oregon, there are 8 programs that currently operate NFP programs in 9 counties (Multnomah, Washington, Lane, Yamhill, Lincoln, Deschutes, Jackson, Umatilla, and Morrow). The 9 counties currently spend just over \$2.3 million a year and roughly \$4.625 million for the biennium on the Medicaid match. Multnomah County pays the most at about \$1.56 million a biennium. Umatilla/Morrow operate a joint program and project paying around \$60,000 a biennium. Other counties are somewhere in between.

What counties are interested in adding an NFP program if funding is approved? In recent years, we have had conversations with partners in Clackamas, Marion, Linn, Benton, and Josephine Counties. We also explored a large, multi-county implementation across eastern

Oregon in partnership with Greater Oregon Behavioral Health, Inc. We are currently moving forward with plans to expand the Lincoln County NFP team to also serve in Linn County.

Why should the state fund this program rather than the counties? Requiring counties to pay the non-federal match for Medicaid is different from the approach used by many other states and is different from how most Medicaid services are funded in Oregon. Not having a statewide funded program prevents us from accessing more federal resources to help Oregonians. The state would see greater cost savings statewide based on improved health outcomes of the mother and child in areas where services are not currently offered. Every \$1 invested in NFP saves roughly \$6.10 in future costs for the highest risk families. There are numerous health benefits seen by those participating in the program that not only improve the health of the mother and of the child, but that also lower future health care costs to the state.

What will counties do with the dollars saved if the state pays the match? Counties could choose to fund other public health priorities with those resources or they could provide additional funds to expand the number of nurses and families with access to home visiting services provided by NFP. If the legislature allocates state funds to pay the Medicaid match, counties would still be required to pay certain operational costs in order to operate an NFP program. Counties would maintain some level of funding and investment in the NFP program and model, such as to cover the onboarding and education costs for NFP nurse home visitors, model fees, and program expenses not covered under the Medicaid benefit.

What are some key outcomes that lead to the state saving on health care spending? There are numerous health benefits and outcomes seen by those participating in the program that not only improve the health of the mother, the health of the child, they lower future health care costs. Key outcomes projections for NFP participants, that lead to cost savings, include:

- 89% of babies born full term;
- 96% of mothers-initiated breastfeeding
- 50% of clients 18 and over were employed at 24 months
- 91% of babies received all immunizations by 24 months
- Reduction of smoking in pregnancy by 23%
- Reduction of pregnancy-induced hypertension by 30%
- Reduction in closely spaced births (15 months postpartum) by 34%
- Reduction of emergency department use for childhood injuries by 31%
- Increase in rates of full immunization by 12%
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Is there any data to show how children who participate in NFP do in school – or long-term?

An [18-year follow-up study](#) on a randomized controlled trial on NFP in Memphis that was published in [Pediatrics](#) showed that NFP-visited children were three times more likely to graduate from high school with honors compared to the control group. In addition, outcomes for youth at age 18 included improved math achievement scores, receptive language abilities, working memory, and ability to accurately read others' emotions. These outcomes were observed for those children born to high-risk mothers with limited psychological resources to cope with poverty, such as those with lower intellectual functioning, mental health, and sense of mastery.

When it comes to the high school graduation rates of the parents served by NFP, an article in [Public Health Nursing](#) shows that across a one-year interval, NFP mothers with less than a high school diploma or GED at baseline showed a 9.5 percentage point increase in diploma or GED attainment compared to the reference mothers.

Is participation in the program voluntary? Yes, only families who want assistance, and choose to voluntarily participate are enrolled. The state would not send nurses into homes where families did not ask or request the service.

How does this compliment other home visiting programs? NFP works best as a piece of the portfolio of home visiting programs available to families. As NFP serves primarily low-income, first-time families from the prenatal stage until age 2, it is not a program that fits for every family. However, NFP brings to the table a highly-skilled nurse home visitor who receives special education to serve those families with the highest levels of need and risk. As such, NFP fits well into a continuum of other home visiting programs that may have different priorities, intensity, and duration so that each family can get the services that fit their specific needs. In this way, we can achieve the aim of targeted universalism, where each family gets the degree of services for their needs.

Is there enough workforce to expand services to different counties? Workforce challenges are impacting many sectors of our society, and it is no different with registered nurses. The National Service Office that supports NFP programs across the country recognizes the challenges that exist in nurse shortages in Oregon, and we dedicate support and resources to the programs implementing the model to help them be successful in finding and hiring the nurses they need.