SB 526: Universally Offered Home Visiting

Senator Elizabeth Steiner Hayward

Senate Bill 526B establishes a Universally Offered Home Visiting (UoHV) program in Oregon. A home visit performed by a Registered Nurse will be offered to all new parents - regardless of income level or socioeconomic background. Participation in the program is *optional.*

Frequently Asked Questions

Will home visits for new parents be mandatory?

No. Participation in Oregon's Universally Offered Home Visiting program will be completely optional. New parents will only participate in a home visit if they choose to do so, and additional visits are always optional.

Is a program like this already offered in Oregon?

Yes and no. The State does offer in-home visits for Oregonians on the Oregon Health Plan, but they are not offered universally. SB 526B will roll out the tested, evidence-based *Family Connects*® program over the course of several years, and ensure the program is available to all Oregonians - regardless of income level, insurance type, or socioeconomic background. *Family Connects*® does already have a pilot program operating in Lincoln County, but not state-wide.

How will the Universally Offered Home Visiting program work?

After initial contact is made with the family (oftentimes the Registered Nurse will connect with the newborn's mother before she is discharged from the hospital), a comprehensive home visit will be offered for when the baby is 2-3 weeks old. The RN will assess the physical health of the mother and child; assess unique family risks and needs across 12 domains; respond to immediate family needs such as feeding, weight gain, sleep, parenting stress, substance abuse and mental health; and connect the family with local community services and resources based on individually identified needs and family wishes. Service referrals may include: medical and dental care, more intensive home visiting (e.g. Healthy Families Oregon, Babies First!, CaCoon, Early Head Start), WIC, TANF, childcare, parenting support, behavioral health services and housing. The referral may go to faith-based organizations, non-profits, or government programs. Follow-up visits (up to 2) and telephone calls are offered for further assessment, facilitating connections to community services, and family support. A call will occur around one month after case closure for customer satisfaction, quality assurance, and confirmation of connections to community resources.

What will the program cost and who is paying for it?

The cost per family is approximately $600. This will come from a combination of general fund, federal funds, and private sources such as foundations and commercial insurers. Data from other states show that there is a 2:1 return on investment program-wide in the first year of the program due to significant decreases in emergency department visits in the first year of a baby's life.

What are the benefits to the State?

We know that increasing access to comprehensive, preventive healthcare leads to healthier individuals, and a healthier state. Establishing a UoHV program will help Oregon cut down on costly,

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unnecessary emergency room visits for children under the age of one. The *Family Connects*® model estimates that for every dollar invested in the program, there is a $3.17 savings, primarily from reduced infant emergency medical care.

When will the program go into effect?
OHA is currently developing program details for Medicaid patients with the intent to begin delivering services to several initial cohorts by 2020. Because the bill requires rulemaking by DCBS, which will take several months to complete after the effective date, commercial insurance plans are not expected to begin covering universal home visits until January 2021. The program will be rolled out and scaled up over the course of three biennia.

How will cost-sharing be determined for those covered by commercial insurers and how does this affect Oregonians with Health Savings Accounts (HSAs)?
We've heard concerns that Section 3(3) may affect Oregonians' ability to contribute to health savings accounts (HSAs). The bill is not intended to prevent the offering of HSA-eligible insurance plans in Oregon. The intent is for the cost sharing requirements of SB 526 to be implemented in a manner consistent with federal allowances for well-child visits and ACA preventive health services. Under federal law, including guidance issued by the IRS, an HSA plan must be a high-deductible health plan. DCBS has pledged to work with the IRS to determine whether universal visits can be covered without cost sharing and still be eligible for HSA accounts. If DCBS cannot get that angle worked out, there are still other paths forward similar to what we see with other analogous statutory requirements.

Will the program be cookie-cutter for every family, or personalized?
One of the best things about the *Family Connects*® model is flexible delivery. The Oregon Health Authority will work closely with each cohort (or community) to ensure program fidelity to gain measurable results and address specific community needs, but also coordinate with existing community groups, non-profits, and local public health to best maximize existing resources. OHA has also guaranteed that Oregon's UoHV Program will be provided in a culturally responsive manner.

How will data collection operate and how will we guarantee privacy for families?
Program data will be submitted to OHA to monitor and evaluate the program. This information will mostly be collected in the aggregate, with the purpose of measuring how well Oregon's program is performing, and to help ensure the improvement of healthy families and health outcomes. With permission from families, information will be shared with their pediatric and obstetric care providers for the purpose of care coordination.

For more information on Family Connects® *visit: http://www.familyconnects.org/*