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Postpartum Newborn Nurse Home Visiting Task Force

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**Postpartum Newborn Nurse
Home Visiting Task Force
Final Report**

HCR 113 by Representative Stephanie Hilferty

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Executive Summary

In response to [House Concurrent Resolution 113](#) (HCR 113) by Representative Stephanie Hilferty, of the 2024 Regular Legislative Session, the Postpartum Newborn Nurse Home Visiting Task Force was created to:

- Study the implementation and impact of the Family Connects model of postpartum newborn nurse home visiting in Louisiana and other states
- Develop policy and funding recommendations to implement postpartum newborn nurse home visiting services, such as those provided through the Family Connects model in this state,
- Provide for the composition and duties of the task force
- Report findings to the Louisiana Legislature.

The Family Connects model is an evidence-based postpartum newborn nurse home visiting program designed to support maternal and infant health through short-term interventions and connections to community resources.

This report evaluates the impact of the Family Connects model in existing pilot sites in Louisiana and other states and provides recommendations for scaling postpartum newborn nurse home visiting services statewide. Louisiana faces significant challenges in maternal and infant health, including high maternal and infant mortality rates and limited access to postpartum services, particularly in rural and under-resourced areas. The Family Connects model, with demonstrated success in other states, could offer a solution for improving maternal and infant health outcomes in Louisiana.

Key Findings for the Family Connects Model in Other States

- **Improved Health Outcomes:** The Family Connects model has been shown in other states to reduce emergency room visits by 50% and hospital stays by 37% for participating infants (Family Connects International, 2020), while also reducing maternal anxiety and increasing positive parenting behaviors.
- **Cost Savings:** The model demonstrates a reduction in Medicaid costs, driven by lower healthcare utilization among participating families.
- **Positive Feedback from Participants:** Families report high satisfaction with the program, particularly in receiving timely health and social service referrals.

Recommendations from the Task Force

1. **Statewide Expansion:** The Task Force recommends postpartum newborn nurse home visiting services, such as those provided through the Family Connects model, be available in all regions of Louisiana.
2. **Create Sustainable Funding Mechanisms:** Propose legislation to ensure Medicaid and private insurance coverage and reimbursement for postpartum newborn nurse home visiting services.

The provision of postpartum newborn nurse home visiting services, such as those provided in the Family Connects model, will allow Louisiana to improve maternal and infant health outcomes while achieving cost efficiencies, making it a vital component of the state’s public health strategy.

Introduction

The state of maternal and infant health in Louisiana presents significant challenges. Louisiana, where there are approximately 60,000 births per year (60% of which are covered by Medicaid), ranks among the highest in the nation for maternal and infant mortality ([CDC, 2024](#)). The postpartum period is a vulnerable time. Based on the [Louisiana Pregnancy-Associated Mortality Review 2020 Report](#), most deaths occur after delivery and up to 1-year postpartum, with the majority of those deaths occurring in the first 6-weeks. Many families lack access to the essential postpartum services needed to ensure healthy outcomes for both mothers and newborns. In response, the Louisiana Legislature passed HCR 113 during the 2024 Regular Session, creating a task force to evaluate and explore the implementation of the Family Connects model of postpartum newborn nurse home visiting in Louisiana.

[Family Connects International](#) is an evidence-based nurse home visiting program that provides short-term interventions designed to support maternal and child health, connect families with necessary community resources, and reduce the risk of adverse outcomes. Family Connects is designed for universal implementation, allowing all families in areas where it is offered to participate. The program, already piloted in several areas across the United States, including New Orleans, has shown promising results in improving both health outcomes and reducing healthcare costs by lowering emergency room visits and hospital stays.

This report aims to assess the effectiveness of the Family Connects model in pilot areas such as New Orleans, and provide policy and funding recommendations for statewide expansion of postpartum newborn nurse home visiting services in Louisiana. The Task Force was mandated to make recommendations to allow implementation of Family Connects in all regions of Louisiana.

The findings presented in this report are based on existing national data from the Family Connects model and lessons learned from its implementation in other states. The report concludes with recommendations for legislative action to support the expansion of postpartum newborn nurse home visiting services across Louisiana, with the goal of improving the well-being of postpartum families and achieving long-term cost savings for the state.

Task Force Members

- **Cheri Johnson, MSN, RNC-OB (Task Force Chair)** – Chief Nursing Officer, Woman’s Hospital of Baton Rouge
- **Veronica Gillispie-Bell, MD, MAS (Task Force Vice Chair)** – Medical Director, Louisiana Perinatal Quality Collaborative and Pregnancy-Associated Mortality Review, Louisiana Department of Health

- **Ahnyel Burkes, DNP, RN-BC, NEA-BC** – Executive Director, Louisiana State Nurses Association
- **Aimee Cloyd, RN** – Vice President of Quality Improvement and Member Services, Louisiana Hospital Association
- **Rebecca DeLaSalle, JD** – Assistant Deputy Commissioner, Louisiana Department of Insurance, Office of Health, Life, and Annuity
- **Susan East Nelson, JD** – Executive Director, Louisiana Partnership for Children and Families
- **Libbie Sonnier, PhD** – CEO, Louisiana Policy Institute for Children
- **Kimberly Sullivan, JD** – Director of Louisiana Medicaid Program, Louisiana Department of Health
- **Sheree Taillon, MPA** – Executive Director, Louisiana Managed Medicaid Association
- **Shelby Wynne, MHA** – Program Manager, Family Connects New Orleans
- **Amy Zapata, MPH** – Director, Bureau of Family Health, Louisiana Department of Health

Methodology

To ensure that the Task Force’s recommendations were grounded in evidence, a systematic approach was taken to review existing data, engage stakeholders, and evaluate the Family Connects program.

Data Sources

- **Family Connects Programs:** National Data from the Family Connects model as well as the preliminary data from the New Orleans pilot, including health outcomes, cost savings, and participant feedback, were reviewed.
- **Medicaid and Insurance Coverage:** Comparative analysis of Medicaid and private insurance models in states such as Oregon, New Jersey, Colorado and North Carolina, where Family Connects has been integrated into the state’s healthcare delivery system. Texas was also considered as a data source, but their results are preliminary with only five counties participating in a pilot thus far.
- **Academic Studies:** Published evaluations of Family Connects from other states, including randomized control trials (RCTs) and cost-benefit studies.

Stakeholder Consultations

- **Healthcare Providers:** Nurses, hospital administrators, and family support specialists were consulted to understand the practical implementation of the program.
- **State Agencies:** Representatives from Louisiana Medicaid, the Louisiana Department of Health, and the Louisiana Policy Institute for Children provided insights on current postpartum care systems and funding mechanisms.
- **Community Organizations:** Input from Family Connects International guided recommendations on community outreach and service delivery.

Evaluation Tools

- **Surveys:** Participant satisfaction and health outcomes were evaluated through surveys conducted with New Orleans families who participated in Family Connects. Relevant data from these past surveys was shared with the Task Force.
- **Cost Analysis:** Cost-per-family estimates and Medicaid savings were calculated using cost models from other states and data from New Orleans.

Overview of Nine Tasks

To fulfill its mandate under HCR 113, the Task Force approached its responsibilities by addressing each of the nine key tasks as laid out in the resolution. Each task was evaluated based on data from existing Family Connects programs, input from stakeholders, and research from other states and/or subject matter experts. This section provides a brief outline of how each task was addressed and the findings that emerged from the Task Force's work. Further explanation can be found in subsequent information in the report.

1. Review the current landscape of Family Connects postpartum newborn nurse home visiting programs being developed or delivered in this state

The Task Force conducted a comprehensive review of the Family Connects model, including a focus on the pilot project in New Orleans. Randomized control trial data shows that the Family Connects model demonstrates strong outcomes, including reduced emergency room visits, improved maternal mental health, and increased connections to community resources ([Family Connects New Jersey, n.d.](#)). This model is currently being implemented in both birthing facilities in Orleans Parish, Touro Infirmary and Ochsner Baptist. All individuals actively residing in Orleans Parish and giving birth in these facilities are eligible for the Family Connects services. Participants are offered up to three in-home visits by a registered nurse following the birth of their child, and following a family needs assessment, are connected with community resources that nurture and support the whole family.

2. Review the current landscape of Medicaid Coverage for Family Connects postpartum newborn nurse home visiting programs in other states

The Task Force conducted a detailed examination of Family Connects implementation in Oregon and New Jersey, focusing on Medicaid coverage for postpartum nurse home visiting services. In Oregon, efforts are underway to secure Medicaid reimbursement, with a proposed model that aims to cover both service delivery and program infrastructure. While full implementation is still in progress, Oregon's strategy highlights a commitment to integrating evidence-based nurse home visiting services into the Medicaid framework.

New Jersey, on the other hand, has successfully developed sustainable funding models that reimburse both direct service costs and associated administrative expenses for Family Connects programs. This approach ensures that providers can maintain high-quality care while covering essential operational costs, offering a replicable model for other states.

Based on this comparative review of reimbursement structures in Oregon and New Jersey, the Task Force recommends that Louisiana Medicaid adopt a bundled payment model for postpartum newborn nurse home visiting services. This payment structure should reflect the comprehensive services provided through the Family Connects model, including physical and mental health screenings, health education, and connections to community resources, ensuring both accessibility and sustainability of these vital services for Louisiana families.

Billable Service	Current LA Medicaid Code	Reimbursement Amount
<p>Home visit for postnatal assessment and follow-up care, a crucial service aimed at supporting new mothers and their newborns in the comfort of their own homes. This visit is typically conducted by a home health provider, such as a registered nurse, who evaluates the health status of both the mother and the infant. The provider not only assesses physical health but also offers education and resources to ensure a smooth transition into parenthood, addressing any concerns that may arise during the early days after childbirth.</p>	<p>99501</p>	<p>\$74.86 (x3 - for up to 3 visits during postpartum time period)</p>
<p>Home visit for newborn care and assessment, a vital service provided by healthcare professionals to ensure the well-being of newborns in their home environment. This service is particularly important as it allows for personalized care and education for new parents, helping them navigate the early stages of infant care. The visit typically involves a thorough evaluation of the newborn's health status, education on infant care practices, and support for breastfeeding, all conducted in the comfort of the family's home.</p>	<p>99502</p>	<p>\$293.69 (x3 - for up to 3 visits during postpartum time period)</p>

3. Review the current landscape of Private Insurance coverage for Family Connects postpartum newborn nurse home visiting programs in other states

The Task Force reviewed private insurance participation in Family Connects postpartum newborn nurse home visiting programs by examining models in Oregon and New Jersey. In both states, legislation mandates that private insurers reimburse postpartum nurse home visiting services, promoting equitable access to these critical services across diverse populations.

In Oregon, private insurers are required to provide reimbursement for postpartum home visiting services, fostering a collaborative public-private model that enhances the sustainability of Family Connects programs. Similarly, New Jersey's legislative framework ensures private insurance reimbursement, enabling broader coverage beyond Medicaid-eligible families. These models serve as effective examples of how policy-driven mandates can expand access to nurse home visiting services while ensuring financial viability.

Based on these findings, the Task Force recommends that Louisiana explore and enact legislation requiring private insurance coverage of postpartum newborn nurse home visiting services. This approach would ensure that families beyond the Medicaid system have equitable access to essential postpartum care, supporting maternal and infant health outcomes throughout the state.

4. Evaluate the impact of existing Family Connects Programs on health outcomes for families served including mothers and infants

Randomized control trials conducted by Family Connects International highlight significant positive impacts, including a 50% reduction in emergency room visits, a 37% reduction in hospital stays, and lower levels of maternal anxiety ([Lucy, L., & Trudeau, J., 2012](#); [Boulder County, 2024](#); [Partnership for Children of Cumberland County, n.d.](#)). The Task Force recommends statewide expansion of postpartum newborn nurse home visiting services in an effort to replicate these results across Louisiana.

5. Evaluate the estimated per-family cost of Family Connects postpartum newborn nurse home visiting services in this state

The Task Force reviewed cost estimates from other states, including Oregon, where the per-family cost of providing Family Connects services is approximately \$1,774. This cost includes nurse visits and administrative support. In Louisiana, these costs are expected to be similar, and given the reductions in healthcare utilization, the provision of postpartum newborn nurse home visiting services is expected to provide long-term savings to the state's Medicaid program. One of the areas of anticipated savings would be on ED utilization. See the chart below.

Louisiana Medicaid Postpartum ED Utilization Cost For Medicaid Birthing Person During the 12 Month Postpartum Period	
Fiscal Year of Delivery	Total Cost of ED Visits
SFY 2022	\$13,422,165.33
SFY 2023	\$14,846,381.17

Table Notes:

1. The cost of ED visits was attributed to the fiscal year of delivery.
2. Limited to paid/adjusted ED visits that occurred during the 12-month postpartum period.
3. Includes ED visits beginning on the day following the delivery date through 12 months postpartum.
4. There is a 50% reduction in ED visits using a postpartum home visiting program.

6. Define the scope of services provided by Family Connects postpartum newborn nurse home visiting programs including billable and non-billable Activities

Family Connects offers a range of services designed to promote the well-being of both mother and baby. These services include thorough physical and mental health assessments, including early detection of postpartum depression. In addition to personalized health education such as lactation, the program ensures families are connected to vital community resources tailored to their specific needs. Family Connects provides a follow-up contact four weeks after the final visit, ensuring continuity of care and addressing any emerging concerns. This evidence-based approach strengthens families by fostering early intervention and sustained community engagement.

Billable services include the nurse visit and assessments, while non-billable activities, such as community coordination and follow-up calls, are equally essential to achieving successful outcomes. The Task Force recommends that Louisiana’s reimbursement structure account for both types of services.

7. Identify the most appropriate Medicaid State Plan Authority to establish a covered benefit for evidence-based postpartum newborn nurse home visiting services

The Task Force reviewed several Medicaid State Plan options for establishing postpartum newborn nurse home visiting services as a covered benefit. The recommended approach is to incorporate these services through a State Plan Amendment (SPA) or Medicaid Waiver, allowing for the reimbursement of postpartum newborn nurse home visiting services under existing maternal health provisions. The Task Force advises working closely with the Centers for Medicare & Medicaid Services (CMS) to navigate the approval process.

8. Recommend suitable reimbursement rates and develop a reimbursement structure

Based on findings from other states, the Task Force recommends a reimbursement rate similar to that of Oregon for postpartum home visiting services. These rates should include not only the cost of the nurse visit but also administrative tasks, follow-up services, and community resource coordination. A tiered reimbursement structure could be developed to account for regional cost differences and varying service needs.

9. Identify or create provider billing codes and recommend provider documentation requirements for Medicaid and private insurance plans

Billing codes do not currently exist. However, Oregon has established a billing model based on the services provided during postpartum home visits. Additional collaboration with CMS is needed to ensure the creation of billing codes that are specific to home visiting programs. The Task Force recommends adopting existing billing codes used in states where postpartum newborn nurse home visiting is reimbursed by Medicaid and private insurance, which utilizes existing billing codes associated with services provided through the program (e.g., integrated home visits and support newborn home visits billed under procedure code 99502). Louisiana Medicaid should also publish clear guidance on documentation requirements to ensure that providers capture all necessary information for reimbursement.

Family Connects Oregon (FCO) Reimbursement Rates for 2023-2025 Biennium

- Case rate for FCO Services - \$1276.93
- Single support visit rate - \$293.69
- Multiple infant rate - \$204.31

Current landscape of home visiting programs in Louisiana

Louisiana offers several maternal and child home visiting programs aimed at improving health outcomes for families, particularly in under-resourced communities. These programs provide critical services such as prenatal care, parenting support, and early childhood development resources. However, despite these efforts, the state continues to face significant challenges in maternal and infant health, including high rates of infant mortality, maternal morbidity, and child abuse. The need for expanded, universally available postpartum newborn nurse home visiting services is urgent.

Existing Programs

Louisiana currently operates a range of home visiting programs that target specific populations, each with distinct eligibility requirements and goals. Programs include:

- **Nurse-Family Partnership (NFP):** In Louisiana, this program targets Medicaid-eligible first-time mothers, NFP services begin in pregnancy and continue throughout the child's second birthday. The program focuses on improving pregnancy outcomes, child health, and family economic self-sufficiency. NFP is available in 52 parishes across the state, but participation is limited to first-time mothers enrolled by 29 weeks of gestation.
- **Parents as Teachers (PAT):** The PAT model is open to all pregnant women and children under age 5. In Louisiana this program serves Medicaid-eligible caregivers with children up to age three. Available in 36 parishes, PAT aims to improve school readiness, prevent child abuse and neglect, and strengthen family health and economic well-being.
- **Healthy Start:** Focused on pregnant women and families with children up to 18 months, Healthy Start operates in specific regions, including New Orleans and Baton Rouge. Its goals include promoting comprehensive health services and providing social and health education. However, access is limited to certain geographic areas.
- **Early Head Start (EHS):** This federally funded program supports low-income pregnant women and families with children under age three. While it offers a home-based option, it primarily serves families through a center-based model. EHS is widely available but reaches only a subset of the population in need.
- **EarlySteps Home Visiting:** Serving children under three with developmental delays or medical conditions, EarlySteps focuses on enhancing child development and is available statewide.
- **Child First:** A federally funded program available in limited parishes, this program pairs families with children ages 0-5 with a mental health clinician and care coordinator to promote healthy child development, address behavioral and emotional challenges, and connect families to community resources.

Louisiana Home Visiting System

The following diagram shows each home visiting program currently offered in Louisiana and the intended audience or early childhood life stage. Each program serves a vital purpose and covers different demographics, highlighting the need for all programs to coexist across the state.

The Louisiana Home Visiting System

Prenatal

Birth

1st Year

2nd Year

3rd Year

4th Year

5th Year

Early Childhood Life Stage

Nurse-Family Partnership (LDH OPH BFH)

- Medicaid-eligible first time pregnant caregiver enrolled before 29 weeks gestation
- Available in 45 parishes in Louisiana (LA Regions 3-9)
- Funding: MIECHV, TANF, Title V, State General Fund (MOE)
- Goals: Improve pregnancy outcomes, child health & development, and economic self-sufficiency

Parents As Teachers (LDH OPH BFH)

- Medicaid-eligible caregivers, must enroll by child age 3
- Available in 36 parishes in Louisiana, LA Regions 1,2,6,7,8 & 9
- Funding: MIECHV, Title V, State General Fund (MOE)
- Goals: Prevent child abuse & neglect, improve parenting practices, increase school readiness, improve parent, child, and family health, and improve family economic wellbeing

Early Head Start Home-based (LA DOE)

- Serves children from birth-age 2 and supports pregnant women with a family income at or below 100% of FPG
- Home-based options available based on needs of families (home-based vs center-based)
- Federally Funded-Administration for Children and Families
- Goals: promote the physical, cognitive, social and emotional development of infants and toddlers through safe and developmentally enriching caregiving

Child First (LA DCFS)

- Caregivers with children ages 0 through 5 and they must have an active open DCFS case and assessed by DCFS to need the service.
- Available in Caddo, Ouachita, Rapides, Lafayette, East Baton Rouge, Tangipahoa, Orleans and neighboring parishes (within 40 mile radius of Region 1, 2, 3, 5, 7, 8, 9.
- Federal Funding: Federal Family First Prevention Services Act, Promoting Safe and Stable Families; Title IV-E (Social Security Act for child welfare activities)
- Goals: To develop a nurturing parent child relationship, stabilize families, build executive functioning and safely prevent children from entering out-of-home care or reunify them with family as quickly as possible

Family Connects (City of New Orleans)


- Universal model
- Available in Orleans Parish, LA
- Funding: City of New Orleans, Kellogg Foundation, Humana, and other partners
- Goals: Promote / support maternal and child health & well-being and link families to community resources

EarlySteps Home Visiting (LDH OCDD)

- Families with infants and toddlers aged birth to three years (36 months) who have a medical condition likely to result in a developmental delay, or who have developmental delays
- Available statewide
- Federal US Dept. of Education - Office of Special Education Programs
- Goals: Improve the family's capacity to enhance their child's development

Healthy Start (various CBOs)

- Pregnant women and both men and women caregivers with children up to 18 months of age
- Available in Alexandria, New Orleans, Baton Rouge, & Houma
- Federally Funded - HRSA
- Goals: Connect families to comprehensive health services, provide access to community health education, and ensure social and health services are well coordinated

 Federal MIECHV eligible models

Family Connects Model

The Family Connects model represents a unique approach to postpartum newborn nurse home visiting. Unlike existing programs that target specific groups, Family Connects is designed to be universally offered, making it accessible to all families regardless of income or risk factors. The program provides up to three home visits by trained nurses during the critical first few weeks postpartum, with the goal of supporting maternal and infant health and linking families to community resources. The model's universal approach ensures that all families, regardless of their socioeconomic background, have access to early postpartum newborn nurse home visiting support.

Gaps in Current Services

Despite the presence of these programs, the reach and impact remain limited. Key gaps include:

- **Geographic Limitations:** Current home visiting programs, such as NFP and Healthy Start, are only available in specific regions, leaving portions of the state without access to services.
- **Eligibility Restrictions:** Most existing programs are targeted at specific populations, such as first-time mothers or Medicaid recipients, which excludes many families who could benefit from home visiting support.
- **Limited Postpartum Focus:** While some programs like PAT address long-term child development, there is a need for more services focused specifically on the critical postpartum period, when mothers and newborns are most vulnerable.

The current landscape of nurse home visiting programs in Louisiana highlights both the strengths of existing services and the critical need for expansion.

The Family Connects model can offer a viable solution to bridge the gaps in coverage by providing universally accessible postpartum newborn nurse home visiting support. Implementing this model statewide would ensure that all families are offered the care and resources they need during the crucial postpartum period, and work toward improving maternal and infant health outcomes across the state.

Evaluation of Family Connects Impact in Louisiana

The Family Connects model has been implemented in various pilot locations across the United States, including a current pilot in New Orleans, where it has demonstrated preliminary success in improving maternal and infant health outcomes. This section provides an assessment of the model's impact, based on implementation and evaluations from other states, as there is currently only preliminary data from the New Orleans pilot. The results highlight the effectiveness of the Family Connects model in reducing emergency healthcare utilization, improving maternal mental health, and providing families with necessary social services and community resources.

Health Outcomes

Family Connects has proven successful in addressing key maternal and infant health challenges. Key findings from various pilot programs across the U.S. include:

- **Reduction in Emergency Room Visits and Hospitalizations:** Families who participated in Family Connects experienced a significant reduction in emergency room (ER) visits and hospital admissions. National data shows that emergency room visits among participating infants were reduced by approximately 50%, with hospital stays decreased by 37% ([Lucy, L. & Trudeau, J., 2012](#); [Boulder County, 2024](#); [Partnership for Children of Cumberland County, n.d.](#)).
- **Improved Maternal Mental Health:** Family Connects has also had a positive impact on maternal mental health. National data on participating mothers reported lower levels of anxiety and depression, a finding that aligns with national studies showing that Family Connects reduces maternal clinical anxiety by 28% within six months postpartum (Family Connects International, 2020). This outcome could be particularly significant in Louisiana, where access to mental health services for postpartum women is often limited.
- **Increased Parenting Confidence and Positive Parenting Practices:** Family Connects has helped foster stronger parenting practices. National data collected from participating mothers substantiated more positive parenting behaviors and a stronger ability to respond to their infant's needs (Family Connects International, 2020). These findings are critical given the link between early parenting practices and long-term child development.

Cost Savings

When studied in other states, the reduction in healthcare utilization has translated into significant cost savings for states implementing the Family Connects model. The lower rates of ER visits and hospitalizations contributed to a decrease in overall healthcare costs, with studies from other states showing a \$3.17 reduction in hospital billing for every \$1 spent on the program ([Goodman et al, n.d.](#); [Illuminate Colorado, 2023](#)). This cost-effectiveness underscores the value of potentially expanding the Family Connects model statewide, not only for improving health outcomes but also for reducing Louisiana's healthcare expenditures.

Family and Community Engagement

Family Connects successfully links families with community resources, helping to address social determinants of health. Nurses conduct comprehensive assessments during home visits, identifying needs ranging from healthcare access to social services such as child care, housing, and financial support. In the New Orleans pilot, 217 connections to resources from a variety of community organizations have been provided to participating families, with a particular focus on parent-child relationships and infant health. The high rate of successful linkages to services reflected in the model's national data support its ability to bridge gaps in care and improve the well-being of families.

Program Satisfaction

Feedback from participating families in the New Orleans pilot has been overwhelmingly positive, with many mothers expressing gratitude for the support provided by nurse home visitors. Common themes include the program's responsiveness to health concerns, the personalized attention given to each family, and the peace of mind provided by regular follow-up visits.

Lessons Learned from the New Orleans Pilot

The New Orleans pilot of Family Connects has yielded important lessons for broader implementation:

- **Community Engagement is Vital:** Early and sustained engagement with local communities has been crucial to the pilot's success. Partnering with local hospitals, healthcare providers, and community organizations has expanded the pilot's reach and fostered trust among participating families.
- **Tailored Approaches Improve Outcomes:** Customizing the approach to meet the diverse needs of families—especially considering cultural and linguistic differences—has been key to high levels of participation and satisfaction.
- **Sustained Follow-Up Enhances Impact:** Follow-up phone calls four weeks after home visits have proven effective in ensuring that families remain connected to necessary resources, further improving health outcomes.

Policy and Funding Recommendations

Based on the evaluation of the Family Connects International model, this section outlines policy and funding recommendations for scaling postpartum newborn nurse home visiting services statewide. These recommendations focus on expanding coverage, establishing sustainable funding mechanisms, and leveraging legislative actions to ensure that all families in Louisiana have access to postpartum nurse home visiting services. Recommendations include:

Statewide Expansion of the Family Connects Model

The Task Force recommends that postpartum newborn nurse home visiting services be expanded to all regions of Louisiana to ensure all families are offered essential postpartum care and connections to local resources. Key actions:

- **Universal Access:** Ensure that postpartum newborn nurse home visiting services are universally available to all families in Louisiana, starting with regions that have the highest maternal and infant mortality rates.
- **Regional Pilots and Phased Rollout:** Begin with pilot programs in under-resourced regions to ensure localized adaptation before full-scale statewide implementation.

Create Sustainable Funding Mechanisms - Louisiana Medicaid

Medicaid will play a critical role in sustaining postpartum newborn nurse home visiting services. Medicaid currently covers approximately 60% of births in Louisiana, and integrating postpartum newborn nurse home visiting into Medicaid as a covered benefit is essential for long-term sustainability.

Key actions:

- **Medicaid Coverage for Postpartum Newborn Nurse Home Visiting:** Implement postpartum nurse home visiting as a covered benefit under Louisiana Medicaid, ensuring reimbursement for services.
- **Reimbursement Rates:** Establish reimbursement rates that reflect the full cost of delivering postpartum newborn nurse home visiting services, including both billable and non-billable activities such as community coordination and follow-up care.
- **Billing Codes and Documentation:** Identify or create Medicaid billing codes specific for postpartum newborn nurse home visiting services and ensure proper documentation requirements for providers.

Private Insurance Participation

In addition to Medicaid, private insurers must be engaged to ensure that families not covered by Medicaid also benefit from the Family Connects program. Other states, such as Oregon and New Jersey, have successfully integrated postpartum home visiting programs into their private insurance systems. Key actions:

- **Private Insurance Coverage:** Propose legislation that recommends private health insurance plans in Louisiana to cover postpartum nurse home visiting services, such as the services provided in the Family Connects model.
- **Uniform Coverage Requirements:** Ensure that private insurers adopt standardized reimbursement rates and coverage requirements to avoid disparities in access based on insurance type.

Multi-Source Funding Model

To ensure the long-term sustainability of postpartum newborn nurse home visiting services, the Task Force recommends adopting a multi-source funding model (see potential funding sources in the bullets below). This approach aims to create a financially viable framework while expanding services to reach all Louisiana families, regardless of their insurance status. By leveraging multiple funding sources, the state can build a robust, scalable program that addresses gaps in care and ensures equitable access to vital postpartum support services.

Key Actions:

- **State Funds Contribution:** Allocate state funds for families who may not be eligible for Medicaid or families who are uninsured. Additionally, these funds would support the development and maintenance of program infrastructure, enabling the statewide expansion of postpartum newborn nurse home visiting services.
- **Medicaid Reimbursement:** Implement a payment model under Medicaid for postpartum nurse home visiting services, covering both direct care and administrative costs. This reimbursement model would encourage provider participation and support service delivery consistency across the state. Medicaid reimbursements consist of both state funds and federal funds. The federal percentage is 67.89% and the state percentage of the payment is 32.11%.
- **Private Insurance Coverage:** Pursue legislative action to require private insurers to reimburse postpartum nurse home visiting services, ensuring financial sustainability and equitable access for insured families outside the Medicaid system.
- **Public-Private Partnerships:** Foster partnerships between public health agencies and private healthcare providers to facilitate program implementation, enhance service delivery, and improve maternal and child health outcomes statewide.

By adopting this multi-source funding model, Louisiana can create a sustainable, inclusive, and scalable postpartum nurse home visiting program that benefits all families, reduces health disparities, and strengthens community health systems.

Legislative Action for Program Implementation

To facilitate the provision and expansion of postpartum newborn nurse home visiting services, the Task Force recommends legislative action to establish a clear statutory framework that supports this service integration into Louisiana's healthcare system. Key actions:

- **Introduce Legislation:** Introduce legislation that formalizes Medicaid and private insurance coverage and reimbursement for postpartum nurse home visiting services, including scope of services and reimbursement for services.

Conclusion

The expansion of universal postpartum newborn nurse home visiting services across Louisiana offers a strategic opportunity to address the state's high maternal and infant mortality rates, improve health outcomes for postpartum families, and reduce healthcare costs. By integrating postpartum newborn nurse home visiting services into Medicaid and private insurance systems, establishing sustainable funding streams, and passing enabling legislation, Louisiana can lead the way in providing comprehensive postpartum support to all families, setting the stage for long-term improvements in public health.

The national data provided on the Family Connects model demonstrates that universal postpartum newborn nurse home visiting services are effective in improving health outcomes, reducing emergency

healthcare utilization, and providing much-needed mental health support for mothers. Furthermore, the cost savings achieved through reduced emergency room visits and hospital stays justifies these services as a fiscally responsible investment for the state.

By expanding Medicaid and private insurance coverage, Louisiana can ensure that all families, regardless of income or geographic location, have access to vital postpartum services. Legislative action will be critical in establishing the necessary statutory framework and to secure sustainable funding to support the integration of universal postpartum newborn nurse home visiting into the state's healthcare system.

The Postpartum Newborn Nurse Home Visiting Task Force strongly recommends comprehensive coverage and reimbursement through Medicaid and private insurance for universal postpartum newborn nurse home visiting services with an emphasis on sustainable funding in an effort to improve health outcomes for Louisiana families.

Citations

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Appendices

HCR 113

ENROLLED

2024 Regular Session

HOUSE CONCURRENT RESOLUTION NO. 113

BY REPRESENTATIVE HILFERTY

A CONCURRENT RESOLUTION

To create a task force to study the implementation and impact of the FamilyConnects model of postpartum newborn nurse home visiting in Louisiana and other states, to develop policy and funding recommendations to implement the Family Connects model in this state, to provide for the composition and duties of the task force, and to report findings to the Louisiana Legislature.

WHEREAS, the Louisiana Legislature recognizes that evidence-based newborn nurse home visiting programs for babies have demonstrated success in improving outcomes for children and families; and

WHEREAS, a 2023 report by the Louisiana Policy Institute for Children found that current state-sponsored home visiting programs reached only approximately six percent of all births in the state in 2022; and

WHEREAS, Louisiana ranks among the highest states for maternal and infant mortality and lacks access to the services that address the needs of postpartum mothers and their infants; and

WHEREAS, very young children represent the highest percentage of those children taken into the child welfare system; and

WHEREAS, parents of children across the economic spectrum can benefit from targeted

services in their baby's earliest days; and

WHEREAS, the FamilyConnects model of postpartum newborn nurse home visiting is being provided in local communities and demonstrating success in Louisiana; and WHEREAS, other states have recognized the benefits of the FamilyConnects model of postpartum newborn nurse home visiting and designed public and private insurance benefits as a sustainable source of funding for postpartum newborn nurse home visiting programs; and

WHEREAS, postpartum nurse newborn home visiting services can help families identify potential health issues that may lead to developmental delays allowing for less costly interventions; and

WHEREAS, the state could dramatically change the trajectory for many children by increasing access to postpartum nurse newborn home visiting services to families when children are the most vulnerable and their brains are rapidly developing; and

WHEREAS, the FamilyConnects model of postpartum newborn nurse home visiting has been found to improve health outcomes and reduce costs associated with emergency and inpatient hospital utilization.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby create the Postpartum Newborn Nurse Home Visiting Task Force.

BE IT FURTHER RESOLVED that the task force shall be composed of the following members:

- (1) The director of the Louisiana Medicaid program or his designee.
- (2) The director of the bureau of family health within the Louisiana Department of Health or his designee.
- (3) The medical director of the Louisiana Pregnancy-Associated Mortality Review within the Louisiana Department of Health or his designee.
- (4) The deputy commissioner of the Louisiana Department of Insurance, office of health, life, and annuity or his designee.

(5) The executive director of the Louisiana Policy Institute for Children or his designee.

(6) The executive director to the Louisiana Partnership for Children and Families or his designee.

(7) The executive director of the Louisiana Managed Medicaid Association or his designee.

(8) The executive director of the Louisiana Hospital Association or his designee.

(9) The executive director of the Louisiana State Nurses Association or his designee.

(10) The director of the Family Connects New Orleans or his designee.

(11) The chief nursing officer of Woman's Hospital of Baton Rouge or his designee.

BE IT FURTHER RESOLVED that the duties of the task force shall include but not be limited to all of the following:

(1) Reviewing the current landscape of FamilyConnects postpartum newborn nurse home visiting programs being developed or delivered in this state.

(2) Reviewing the current landscape of Medicaid coverage for Family Connects postpartum newborn nurse home visiting programs in other states.

(3) Reviewing the current landscape of private insurance coverage for Family Connects postpartum newborn nurse home visiting programs in other states.

(4) Evaluating the impact of existing Family Connects postpartum home visiting programs on health outcomes for families served including mothers and infants.

(5) Evaluating the estimated per family cost of Family Connects postpartum newborn nurse home visiting services in this state.

(6) Defining the scope of services provided by Family Connects postpartum newborn nurse home visiting programs encompassing both billable and non-billable activities.

(7) Identifying the most appropriate Medicaid State Plan authority to establish a covered benefit for evidence-based postpartum newborn nurse home visiting services.

(8) Recommending suitable reimbursement rates and developing a reimbursement structure for postpartum newborn nurse home visiting.

(9) Identifying or creating provider billing codes and recommending provider documentation requirements for Medicaid and private insurance plans.

BE IT FURTHER RESOLVED that the task force shall be empowered to request and collect relevant data and information necessary to fulfill its purposes from state agencies, Medicaid managed care organizations, and community-based organizations. BE IT FURTHER RESOLVED that the task force may, to the extent feasible, request such information and data at no cost.

BE IT FURTHER RESOLVED that the task force shall incorporate the findings from the study of other states' insurance coverage of evidence-based postpartum newborn nurse home visiting programs in its comprehensive report of findings and policy recommendations.

BE IT FURTHER RESOLVED that the Louisiana Department of Health shall provide staff support to the task force to assist with identifying appointees, scheduling task force meetings, recording meeting minutes, conducting policy research, and developing the draft and final report.

BE IT FURTHER RESOLVED that the members of the task force shall elect a chair at the first meeting of the task force.

BE IT FURTHER RESOLVED that the first meeting of the task force meeting shall be held by August 31, 2024, and shall meet as frequently as it deems necessary for the timely performance of its duties.

BE IT FURTHER RESOLVED that a draft report with preliminary recommendations shall be generated and reviewed at a meeting of the task force by January 31, 2025, and a final report with recommendations shall be generated and approved by the task force by February 28, 2025.

BE IT FURTHER RESOLVED that the task force meetings may be conducted in person,

by telephone, or virtually using a secure web-based platform as authorized by law. BE IT FURTHER RESOLVED that the task force shall transmit a final report of the task force's findings and policy recommendations to the legislature.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the director of the Louisiana Medicaid program, the director of the bureau of family health within the Louisiana Department of Health, the medical director of the Louisiana Pregnancy Associated Mortality Review within the Louisiana Department of Health, the deputy commissioner of the Louisiana Department of Insurance, office of health, life, and annuity, the executive director of the Louisiana Policy Institute for Children, the executive director to the Louisiana Partnership for Children and Families, the executive director of the Louisiana Managed Medicaid Association, the executive director of the Louisiana Hospital Association, the executive director of the Louisiana State Nurses Association, the director of the Family Connects New Orleans, the chief nursing officer of Woman's Hospital of Baton Rouge.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

Agenda for Task Force Meeting 1

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana Louisiana Department of Health Office of Public Health

POSTPARTUM NEWBORN NURSE HOME VISITING TASK FORCE

August 21, 2024
9:00 a.m. – 11:00 a.m.

Location:
Success Labs
10621 N. Oak Hills Parkway
Suite B
Baton Rouge, LA 70810

Meeting link for members of the public
<https://lsu.zoom.us/j/5436725732>

AGENDA

- I. Call to Order – Task Force Facilitator
- II. Roll Call & Introductions – Task Force Facilitator (3 minutes)
- III. Housekeeping notes for Zoom calls – Task Force Facilitator (1 minute)
- IV. Approval of Previous Meeting Minutes – Task Force Chair (1 minute)
- V. Election of a Vice-Chair of the Task Force – Task Force Chair (5 minutes)
- VI. Presentation about the Family Connects model – Guest Speakers (30 minutes)
- VII. Discussion about Family Connects model – Task Force Chair (60 minutes)
- VIII. Public Comment (15 minutes)
- IX. Adjourn

Note: the order of the agenda may not be followed as listed in order to accommodate presenter schedules.

Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to mthompson@successlabs.com at least 48 hours prior to the meeting with details of the required accommodations.

In lieu of verbal public comment, individuals may submit a prepared statement in accordance with Senate Rule 13.79. Statements should be emailed to mthompson@successlabs.com and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.

Agenda for Task Force Meeting 2

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Public Health

POSTPARTUM NEWBORN NURSE HOME VISITING TASK FORCE

September , 2024
9:00 a.m. – 11:00 a.m.

Location:
Success Labs
10621 N. Oak Hills Parkway
Suite B
Baton Rouge, LA 70810

Meeting link for members of the public
<https://lsu.zoom.us/j/5436725732>

AGENDA

- I. Call to Order – Task Force Facilitator
- II. Roll Call & Introductions – Task Force Facilitator (3 minutes)
- III. Housekeeping notes for Zoom calls – Task Force Facilitator (1 minute)
- IV. Approval of Previous Meeting Minutes – Task Force Chair (1 minute)
- V. Presentation about the Family Connects model, Medicaid Information, and Current Louisiana Home Visiting Programs – Guest Speakers (60 minutes)
- VI. Task Force Discussion – Task Force Chair (40 minutes)
- VII. Public Comment (15 minutes)
- VIII. Adjourn

Note: the order of the agenda may not be followed as listed in order to accommodate presenter schedules.

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Agenda for Task Force Meeting 3

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana

Louisiana Department of Health

Office of Public Health

POSTPARTUM NEWBORN NURSE HOME VISITING TASK FORCE

September, 18th, 2024
9:00 a.m. – 11:00 a.m.

Location:
Success Labs
10621 N. Oak Hills Parkway
Suite B
Baton Rouge, LA 70810

Meeting link for members of the public
<https://lsu.zoom.us/j/5436725732>

AGENDA

- I. Call to Order – Task Force Facilitator
- II. Roll Call & Introductions – Task Force Facilitator (3 minutes)
- III. Housekeeping notes for Zoom calls – Task Force Facilitator (1 minute)
- IV. Approval of Previous Meeting Minutes – Task Force Chair (1 minute)
- V. Presentation about Medicaid Information and Billing – Task Force Chair (30 minutes)
- VI. Presentation about Family Connects model – Task Force Chair (30 minutes)
- VII. Discussion about next steps and future meetings – Task Force Chair (30 minutes)
- VIII. Public Comment (15 minutes)
- IX. Adjourn

Note: the order of the agenda may not be followed as listed in order to accommodate presenter schedules.

Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to mthompson@successlabs.com at least 48 hours prior to the meeting with details of the required accommodations.

In lieu of verbal public comment, individuals may submit a prepared statement in accordance with Senate Rule 13.79. Statements should be emailed to mthompson@successlabs.com and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.

Agenda for Task Force Meeting 4

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana

Louisiana Department of Health

Office of Public Health

POSTPARTUM NEWBORN NURSE HOME VISITING TASK FORCE

December 18, 2024
4:00 p.m. - 5:00 p.m.

Location:
Success Labs
10621 N. Oak Hills Parkway
Suite B
Baton Rouge, LA 70810

Meeting link for members of the public
<https://lsu.zoom.us/j/5436725732>

AGENDA

- I. Call to Order – Task Force Facilitator
- II. Roll Call & Introductions – Task Force Facilitator (3 minutes)
- III. Discussion of the final report draft (40 minutes)
- IV. Potential vote to endorse the final report (5 minutes)
- V. Public Comment (12 minutes)
- VI. Adjourn

Note: the order of the agenda may not be followed as listed in order to accommodate presenter schedules.

Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to mthompson@successlabs.com at least 48 hours prior to the meeting with details of the required accommodations.

In lieu of verbal public comment, individuals may submit a prepared statement in accordance with Senate Rule 13.79. Statements should be emailed to mthompson@successlabs.com and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.

Agenda for Task Force Meeting 5

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana

Louisiana Department of Health

Office of Public Health

POSTPARTUM NEWBORN NURSE HOME VISITING TASK FORCE

January 14
1:00 p.m. - 2:00 p.m.

Location:
Success Labs
10621 N. Oak Hills Parkway
Suite B
Baton Rouge, LA 70810

Meeting link for members of the public

<https://lsu.zoom.us/j/5436725732>

AGENDA

- I. Call to Order – Task Force Facilitator
- II. Roll Call & Introductions – Task Force Facilitator (3 minutes)
- III. Discussion about the final report - Task Force Chair (30 minutes)
- IV. Vote to endorse the final report - Task Force Chair (3 minutes)
- V. Public Comment (12 minutes)
- VI. Adjourn

Note: the order of the agenda may not be followed as listed in order to accommodate presenter schedules.

Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to mthompson@successlabs.com at least 48 hours prior to the meeting with details of the required accommodations.

In lieu of verbal public comment, individuals may submit a prepared statement in accordance with Senate Rule 13.79. Statements should be emailed to mthompson@successlabs.com and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.