

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 528. CHILDREN FIRST ELIGIBILITY REQUIREMENTS

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking.

PROPOSED RULES:

310: 528-1-3. Services [AMENDED]

310: 528-1-4. Eligibility Requirements. [AMENDED]

SUMMARY:

310: 528-1-3. Services: the Program requests to add bullet (g) which will state: “*Services will be prioritized to Children First Mothers whose household income is no greater than 185% of the federal poverty level. No more than 15% of a nurse home visitor’s caseload should be above 185% of the federal poverty level.*”

310: 528-1-4. Eligibility Requirements: the Program requests to strike “*have a household income no greater than 185% above the Federal Poverty Level*” in the introduction and add “*be within the prioritized services as set forth in 310: 528-1-3, and*”.

AUTHORITY:

Commissioner of Health, Title 63 O.S. § 1-104

COMMENT PERIOD:

February 3, 2020, through March 7, 2020. Interested persons may informally discuss the proposed rules with the contact person identified below; or may, through March 7, 2020, submit written comment to the contact person identified below, or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303(A), the public hearing for the proposed rulemaking in this chapter shall be on March 6, 2020, at the Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, in room 1102 from 9AM to noon. The alternate date and time in the event of an office closure due to inclement weather is March 10, 2020, in room 1102, from 9AM to noon. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through March 7, 2020, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.ok.gov/health.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., § 303(D), a rule impact statement is available through the contact person identified below or via the agency website at www.ok.gov/health.

CONTACT PERSONS:

Kim Bailey, General Counsel, Oklahoma State Department of Health, 1000 N. E. 10th Street, Oklahoma City, OK 73117-1207; phone (405) 271-6017, e-mail KimB@health.ok.gov or Audrey C. Talley, Rule Liaison, Oklahoma State Department of Health, 1000 N. E. 10th Street, Oklahoma City, OK 73117-1207, phone (405) 271-9444 ext.56535, e-mail AudreyT@health.ok.gov.

INITIAL RULE IMPACT STATEMENT

(This document may be revised based on comment received during the public comment period.)

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1. **DESCRIPTION:**

310: 528-1-3. Services: the Program requests to add bullet (g) which will state: “*Services will be prioritized to Children First Mothers whose household income is no greater than 185% of the federal poverty level. No more than 15% of a nurse home visitor’s caseload should be above 185% of the federal poverty level.*”

310: 528-1-4. Eligibility Requirements: the Program requests to strike “*have a household income no greater than 185% above the Federal Poverty Level*” in the introduction and add “*be within the prioritized services as set forth in 310: 528-1-3, and*”

2. **DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:**

Persons affected by from the proposed change include first time mothers who meet program eligibility requirements and whose income is above 185% of the federal poverty level (310: 528-1-3). According to T.R. Miller (2015), “state and federal cost savings due to NFP will average \$26,636 per family served or 3.4 times the cost of the program.”

Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777. This fact sheet relies on a state-specific return on investment calculator derived by Dr. Miller from published national estimates to project state-specific outcomes and associated return on investment. The calculator is revised periodically to reflect major research updates (latest revision: 3/27/2017).

3. **DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:**

Persons benefiting from the proposed change include first time mothers who meet program eligibility requirements and whose income is above 185% of the federal poverty level. This change would allow persons who may be at risk for child abuse due to circumstances such as poverty, transportation, teen pregnancy, lack of social network, etc. to access services. The expected health outcome from this change would decrease risk factors for child abuse and neglect and increase protective factors for the family. Other health outcomes documented by the Nurse Family Partnership® (NFP) model developers include decrease in smoking during pregnancy, pregnancy-induced hypertension, emergency department use for childhood injuries, language delay, pre-term births and infant mortality (Nurse Family Partnership®, 2017)

4. **ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:**

No additional cost accrued for compliance or fee changes. Economic Impact see #2.

5. **COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY.**

There are no costs associated with implementation.

6. **IMPACT ON POLITICAL SUBDIVISIONS:**

There will be no impact on political subdivisions and it will not require their cooperation in implementing or enforcing the proposed amendment.

7. **ADVERSE EFFECT ON SMALL BUSINESS:**

There is no known adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.

8. **EFFORTS TO MINIMIZE COSTS OF RULE:**

There are no less costly means currently identified.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:**

The NFP model as implemented by Oklahoma’s Children First Program demonstrates the following public health outcomes for Oklahoma:

Table 1. Expected Life Status and Financial Outcomes When First-Time Low-Income Mothers Receive Nurse-Family Partnership Home Visitation Services in Oklahoma

Outcome	Change
Smoking During Pregnancy	25% reduction in tobacco smoked
Complications of Pregnancy	33% reduction in pregnancy-induced hypertension
Preterm First Births	15% reduction in births below 37 weeks gestation (24 fewer preterm births per 1,000 families served)
Infant Deaths	48% reduction in risk of infant death (3.0 fewer deaths per 1,000 families served)
Closely Spaced, High-Risk Pregnancies	37% reduction in closely spaced, high-risk pregnancies within 15 months postpartum during 4 years after the first birth
Very Closely Spaced Births	25% reduction in second births within 15 months postpartum
Subsequent Preterm Births	39.6 fewer subsequent preterm births per 1,000 families served
Breastfeeding	12% increase in mothers who attempt to breastfeed
Intimate Partner Violence	17% reduction in assaults, prenatal to child age 5
Child Maltreatment	33% reduction in child maltreatment through age 15
Childhood Injuries	34% reduction in injuries treated in emergency departments, ages 0-2
Language Development	41% reduction in language delay; 0.14 fewer remedial services by age 6
Youth Criminal Offenses	25% reduction in crimes and arrests, ages 11-17
Youth Substance Abuse	56% reduction in alcohol, tobacco, & marijuana use, ages 12-15
Immunizations	14% increase in full immunization, ages 0-2
TANF Payments	7% reduction through year 13 post-partum; no effect thereafter
Food Stamp Payments	10% reduction through at least year 15 post-partum
Person-months of Medicaid Coverage Needed	8% reduction through at least year 15 post-partum due to reduced births and increased program graduation
Costs if on Medicaid	14% reduction through age 18
Subsidized Child Care	Caseload reduced by 3.7 children per 1,000 families served

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:**

The consequences of not approving the proposed rule change would result in fewer Oklahoma families benefiting from home-based parent education programming.

11. **PREPARATION AND MODIFICATION DATES:**

This rule impact statement was prepared on Friday, November 22, 2019.

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310:528-1-3. Services [AMENDED]

- (a) Services will be provided by a public health nurse in the home of the Children First Mother unless the Children First Mother requests that the services be provided in a different location.
- (b) Services include limited maternal and child health assessments; child development assessments; parenting education; health, safety and nutrition education; appropriate referrals to services such as primary health care, family planning, mental health services, job training, literacy services, employment opportunities, housing, and substance abuse treatment.
- (c) Services will be made available without requirement for legal residence, age, sex, race, religion, nationality, marital status or pregnancy history.
- (d) Acceptance of services must be voluntary, and individuals must not be subjected to any coercion to receive services.
- (e) Acceptance of services shall not be a prerequisite to eligibility for, or receipt of, any other services provided by the Oklahoma State Department of Health (OSDH).
- (f) All information obtained as to personal facts and circumstances of individuals will be held confidential, and shall not be divulged without the individual's written consent, court order, or by request of staff from a District Attorney's Office, a law enforcement official, or the Department of Human Services when conducting a child abuse investigation.
- (g) Services will be prioritized to Children First Mothers whose household income is no greater than 185% of the federal poverty level. No more than 15% of a nurse home visitor's caseload should be above 185% of the federal poverty level.

310:528-1-4. Eligibility requirements [AMENDED]

The Children First Mother must be at or less than 28 weeks gestation when the initial Children First visit occurs, ~~have a household income no greater than 185% above the Federal Poverty Level~~ be within the prioritized services as set forth in 310:528-1-3(g), and

- (1) be expecting her first live birth, never parented and plans on parenting this child; or
- (2) be expecting her first live birth, never parented and is contemplating placing the child for adoption; or
- (3) be expecting her first live birth and has parented stepchildren or younger siblings; or
- (4) be expecting her first live birth, been pregnant before, but the pregnancy did not result in a live birth;
or
- (5) be expecting a live birth, been pregnant and delivered a child in the past, but the child died within the first six months of life; or
- (6) be expecting a live birth, been pregnant and delivered a child in the past, but the mother placed the child for adoption immediately following delivery of the child.