

800 NE Oregon Street
Portland, OR 97232
Voice: (971) 673-1222
FAX: (971) 673-1299
TTY: 711

DATE: July 29, 2022

TO: Hearing Attendees and Commenters –
OAR chapter 333, division 006, "Universally Offered Newborn Nurse
Home Visiting Program"

FROM: Brittany Hall, Hearing Officer

cc: Cate Wilcox, Manager
Maternal and Child Health Section

Anna Stiefvater, Public Health Nurse
Maternal and Child Health Section

SUBJECT: Presiding Hearing Officer's Report on Rulemaking Hearing and Public
Comment Period

Hearing Officer Report

Date of Hearing: July 20, 2022, via Microsoft Teams

Purpose of Hearing: To receive testimony regarding the Oregon Health Authority (Authority), Public Health Division, Maternal and Child Health Section's proposed permanent amendments to OAR chapter 333, division 6 pertaining to the Universally offered Newborn Nurse Home Visiting Program.

OARs 333-006-0000 through 333-006-0160 will be amended to provide clarity on the criteria for Newborn Nurse Home Visiting services and the use of telehealth.

OAR 333-006-0170, which permits the use of telehealth during a public health emergency, will be repealed to align with the end of the Governor-declared COVID-19 public health emergency.

Hearing Officer: Brittany Hall

Testimony Received: There was no oral testimony received on this matter during the hearing.

Other Comments: Four individuals or organizations submitted written comments to the Authority within the period allotted for public comment, which closed on July 21, 2022, at 5 P.M. These comments are briefly summarized as follows:

Allison Tonge, MPH, BSN, RN, Operations and Policy Analyst, Oregon Health Authority, Office of Program Integrity

Ms. Tonge wrote that the Oregon Health Authority (OHA), Office of Program Integrity (OPI) audits all Oregon Health Plan (OHP) providers. She submitted OPI recommendations to the proposed text that are specific to the Newborn Nurse Home Visiting (NNHV) program, as well as some for all provider types and programs.

She noted that current OAR in chapter 410, division 130 for OHP coverage of NNHV "appears to allow 4 visits = 1 support visit + up to 3 visits for the comprehensive NNHV (billed as a case rate)." She further noted that in review of the proposed chapter 333, division 6 rules she "could not determine if this is consistent with how the current NNHV program counts home visits."

Ms. Tonge wrote that she recommends review of OARs to "ensure consistency between Ch 410 and Ch 333 for births with multiple infants." She noted that "OHP payment rules in 410-130-0605 appear to require providers to submit separate bills for each infant, " but that in reviewing chapter 333 proposed rules she "could not determine if this is consistent with the current NNHV program and NNHV provider operations/processes."

Ms. Tonge's written comments and recommendations to the proposed text are attached to this report as "Exhibit 1".

Agency response: OAR 410-130-0605 and OARs 410-138-0000 through 410-138-0390 were reviewed to ensure consistency between the Medicaid rules and the Newborn Nurse Home Visiting program and services. The number and type of visits and payment rules for births with multiple infants described in OAR 410-130-0605 are consistent with how the program operates. The Newborn Nurse Home Visiting program rules are describing the program and services provided to all newborns in Oregon including those enrolled in Medicaid and those enrolled in health benefit plans. The services offered are the same for all families regardless of insurance coverage. The payment rules for Medicaid are described in OAR 410-130-0605 and OARs 410-138-0000 through 410-138-1390. As recommended, cross-reference to the Medicaid rules were added.

Sadie Ellwood, Regulatory Consultant II, Kaiser Permanente

Ms. Ellwood wrote that Kaiser has "concerns about the current proposed rule language not aligning with the original intent of the legislation by allowing a telehealth visit in lieu of the initial comprehensive in-home visit." She noted that "the original statute states that the program must provide nurse home visiting services that are conducted in the

family's home. There is no statutory language permitting the initial home visit to be conducted using telemedicine, only that the additional two subsequent follow-up visit may be performed remotely." She further noted that "all legislative intent and public testimonies describe the program as offering services physically in a newborn's home."

Ms. Ellwood opined that "the use of telemedicine for the first comprehensive visit would greatly disadvantage the provider and member from the real benefits of the program." She wrote that "we understand that the program was permitted to use telemedicine during the state declared COVID-19 Public Health Emergency, but with more widespread testing, prevention, and knowledge now than ever before, we believe it's important that the first visit be in the home so that we are meeting families in their current surroundings." She noted that "this is also supported by both the legislative intent and the plan language of the statute."

Ms. Ellwood's written comments are attached to this report as "Exhibit 2".

Agency response: Oregon Health Authority (OHA) recognizes the in-person home visit as the primary approach to delivering home visiting services. The rule language supports use of telemedicine limited to families who decline an in-person home visit and otherwise would not be served. OHA is charged with designing a program that makes available "universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families." (ORS 433.301).

Statute directs the OHA to design a program to be "flexible so as to meet the needs of the communities where the program operates" (ORS 433.301). Research shows home visiting clients want more flexibility in service delivery, including telemedicine.

Nationally and throughout the state of Oregon, evidence-based home visiting models now incorporate telemedicine. A telemedicine option for the program is in alignment with home visiting best practices.

Marni Kuyl, Assistant County Administrator, Washington County Department of Health and Human Services

Ms. Kuyl wrote that Washington County Public Health is in support of Senate Bill 526 "which would allow nurse home visiting services to be provided via telehealth." In quoting the bill she wrote that it states:

"The authority shall design, implement, and maintain a voluntary statewide program to provide universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families. The authority shall design the universal newborn nurse home visiting program to be flexible so as to meet the needs of the communities where the program operates."

Stating that Washington County Public Health has been providing nurse home visiting services for over 20 years, Ms. Kuyl opined that they have "learned through experience how important it is that families have flexibility in the way these visits are conducted."

Ms. Kuyl recognized that "the gold standard for nurse home visits is, and always will be, a visit that takes place in the family's home" but that "telehealth visits should be an option when the family declines an in-home visit." She wrote that "the initial visit is designed to be a comprehensive maternal/caregiver and newborn assessment" and "most of these assessments can be completed through conversation and visual examination, thus feasible through telehealth." She noted that there may be "cases where a family needs a physical assessment, such as a weight check or blood pressure check" and in those instances Washington County Public Health is "committed to providing the necessary support for the family to obtain this information."

Ms. Kuyl closed by writing that Washington County Public Health is "committed to health equity and providing care that is client-centered and trauma informed to all families supported by a nurse home visitor" and "to make this happen, we need to continue to offer home visits via telehealth."

Ms. Kuyl's written comments are attached to this report as "Exhibit 3".

Agency response: Oregon Health Authority (OHA) recognizes the in-person home visit as the primary approach to delivering home visiting services. The rule language supports use of telemedicine limited to families who decline an in-person home visit and otherwise would not be served. OHA is charged with designing a program that makes available "universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families." (ORS 433.301).

Statute directs the authority to design a program to be "flexible so as to meet the needs of the communities where the program operates" (ORS 433.301). Research shows home visiting clients want more flexibility in service delivery, including telemedicine.

Nationally and throughout the state of Oregon, evidence-based home visiting models now incorporate telemedicine. A telemedicine option for the program is in alignment with home visiting best practices.

Jennifer Baker, Director of Government Affairs, Providence Health Plan

Ms. Baker wrote that Providence Health Plan has "concerns that the proposed rule language goes beyond the granting statutory authority when allowing the program services to be offered through use of telemedicine."

Ms. Baker wrote that the "draft language in OAR 333-006-0120(8) exceeds the statutory authority provided in ORS 433.301 (2021). The law creating the Newborn Home Visiting

Program states 'the program must provide nurse home visiting services that are....provided in the family's home.' There is no statutory language permitting the initial home visit to be conducted using telemedicine, other than for the potential two subsequent follow-up visits." She noted that "all legislative intent via public testimony and hearings describe the program to offer services in a newborn's home." Ms. Baker further wrote that "there is no language in testimony or the granting statute that proffers the agency an opportunity to redirect services through use of telemedicine, so any rule language permitting use of telemedicine for the primary initial newborn visit should be removed."

Noting again that "all legislative intent and the plan language of the statute indicates this program can offer the primary initial visit only in the newborn's home," Ms. Baker opined that "if OHA would like to expand the program to include use of telemedicine, the agency needs to pursue an update to the statute through the legislative process."

Ms. Baker's written comments are attached to this report as "Exhibit 4".

Agency response: Oregon Health Authority (OHA) recognizes the in-person home visit as the primary approach to delivering home visiting services. The rule language supports use of telemedicine limited to families who decline an in-person home visit and otherwise would not be served. OHA is charged with designing a program that makes available "universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families." (ORS 433.301).

Statute directs the authority to design a program to be "flexible so as to meet the needs of the communities where the program operates" (ORS 433.301). Research shows home visiting clients want more flexibility in service delivery, including telemedicine.

Nationally and throughout the state of Oregon, evidence-based home visiting models now incorporate telemedicine. A telemedicine option for the program is in alignment with home visiting best practices.

EXHIBIT 1

From: [Tonge Allison M](#)
To: [Public Health Rules](#)
Subject: RE: Notice of Proposed Permanent Rulemaking –OAR chapter 333, division 6, "Universally Offered Newborn Nurse Home Visiting Program"
Date: Thursday, July 21, 2022 3:29:02 PM
Attachments: [universal.pdf](#)
[333-006-0000 - 0170 Notice of Proposed Rulemaking 06.10.2022 OPI Bar.pdf](#)

Hello,

The OHA Office of Program Integrity is submitting the attached recommendations for draft rules in Ch 333 Div 6. OHA OPI audits all OHP providers – some of the recommendations in the attached draft are things that I would recommend for all provider types and programs. And some of the recommendations in the attached are specific to the NNHV program.

Of note – the current rule in Ch 410 Div 130 for OHP coverage of NNHV appears to allow 4 visits = 1 support visit + up to 3 visits for the comprehensive NNHV (billed as a case rate). In reviewing these Ch 333 Div 6 draft rules, I could not determine if this is consistent with how the current NNHV program counts home visits. Recommend OHA review to ensure consistency between Ch 410 and Ch 333 for births with multiple infants. OHA's OHP payment rules in 410-130-0605 appear to require providers to submit separate bills for each infant. In reviewing these Ch 333 Div 6 draft rules, I could not determine if this is consistent with the current NNHV program and NNHV provider operations/processes.

Please let me know if you have questions regarding any of the OPI recommendations/feedback.

Thank you for the opportunity to review these draft rules.

Allison Tonge, MPH BSN RN

Operations and Policy Analyst
OREGON HEALTH AUTHORITY
Fiscal and Operations Division
Office of Program Integrity
SIU-SURS-Policy
Email: Allison.m.tonge@dhsosha.state.or.us
Phone: 503-378-8100
Cell: 503-890-5970
Fax: 503-378-2577
PIAU website: <https://www.oregon.gov/oha/FOD/PIAU/Pages/index.aspx>



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From: Oregon Health Authority <oha@service.govdelivery.com>
Sent: Wednesday, June 22, 2022 2:42 PM
To: Tonge Allison M <ALLISON.M.TONGE@dhsosha.state.or.us>
Subject: Notice of Proposed Permanent Rulemaking –OAR chapter 333, division 6, "Universally Offered Newborn Nurse Home Visiting Program"

HLO Header



Notice of Proposed Permanent Rulemaking –OAR chapter 333, division 6, "Universally Offered Newborn Nurse Home Visiting Program"

The Oregon Health Authority, Maternal and Child Health Section (MCH) is proposing Oregon Administrative Rule (OAR) changes for the Universally offered Newborn Nurse Home Visiting Program. OARs 333-006-0000 through 333-006-1060 will be amended to provide clarity on the criteria for Newborn Nurse Home Visiting services and the use of telehealth.

OAR 333-006-0170, which permits the use of telehealth during a public health emergency, will be rescinded to align with the end of the Governor-declared COVID-19 public health emergency.

You are being invited to review these proposed rules and to comment on them. If you wish to present oral testimony, a **public hearing will be held on July 20, 2022 at 9:00 AM via video/phone conference using Microsoft Teams**. To provide oral testimony during this hearing, please contact publichealth.rules@dhsosha.state.or.us to register and receive the link for the Microsoft Teams video conference. Alternatively, you may dial 971-277-2343, Phone conference ID 430 386 0606 for audio only.

You may also file written comments before 5:00 p.m. PDT on July 21, 2022 by e-mailing them to the Public Health Division Rules Coordinator at publichealth.rules@dhsosha.state.or.us or sending by mail to:

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Comments may also be sent by fax to: (971) 673-1299.

Final rules will be filed after consideration of all comments.

For more details, please see the attached Notice of Proposed Rulemaking, including the Statement of Need, Fiscal and Racial Equity Impact and the full text of the proposed rules.

If you have questions or would like a paper copy of any of the documents referenced above, please contact Joan Mullen Woods by email at UOHV@dhsosha.state.or.us or by phone at 503-507-3626. Thank you for your continued support.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Public Health Division at 971-673-1222, 711 TTY or publichealth.rules@dhsosha.state.or.us.

- [333-006-0000 - 0170 Notice of Proposed Rulemaking 06.10.2022.pdf](#)



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This email was sent by ALLISON.M.TONGE@dhsosha.state.or.us from the Oregon Health Authority or Oregon Department of Human Services • 500 NE Summer Street • Salem OR 97301 • 503.947.2340 (CHA) 503.945.5600 (DHS)

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ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED

06/10/2022 2:22 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Universally Offered Newborn Nurse Home Visiting Program

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 07/21/2022 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Joan Mullen Woods
503-507-3626
publichealth.rules@dhsosha.state.or.us

800 NE Oregon St. Suite 825
Portland, OR 97232

Filed By:
Public Health Division
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 07/20/2022

TIME: 9:00 AM

OFFICER: Staff

ADDRESS: Microsoft Teams - Video/teleconference call

Due to COVID-19 public meetings are
currently being held remotely

Portland, OR 97232

SPECIAL INSTRUCTIONS:

Due to COVID-19, public meetings are
being held remotely. To provide oral
testimony during this hearing, please
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NEED FOR THE RULE(S)

The Oregon Health Authority, Maternal and Child Health Section (MCH) is proposing Oregon Administrative Rule (OAR) changes for the Universally offered Newborn Nurse Home Visiting Program. OARs 333-006-0000 through 333-006-1060 will be amended to provide clarity on the criteria for Newborn Nurse Home Visiting services and the use of telehealth.

ORS 433.301 requires the Oregon Health Authority to “design the universal newborn nurse home visiting program to be flexible so as to meet the needs of the communities where the program operates” and “adopt by rule...criteria for universal newborn nurse home visiting services that must be covered by health benefit plans in accordance with ORS 743A.078”.

OAR 333-006-0170, which permits the use of telehealth during a public health emergency, will be repealed to align with the end of the Governor-declared COVID-19 public health emergency.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

ORS 433.301 https://www.oregonlegislature.gov/bills_laws/ors/ors433.html

SB 1555 <https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/SB1555/Enrolled>

OHA PHD OAR Chapter 333, Division 6

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=5722>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The rule changes will impact Newborn Nurse Home Visiting Providers and Community Leads, health benefit plans and all families with newborns residing in Oregon.

The Universally offered Newborn Nurse Home Visiting Program aims to promote healthy child development and support all Oregon families of newborns. In Oregon, and throughout the United States, systemic racism within health care and other social institutions has led to large racial and ethnic disparities in access to health care, poor health outcomes, and high mortality rates for women and children of color. Evidence-based home visiting programs can help reduce racial and ethnic health disparities by providing families with screenings, case management, and referrals that address a family’s physical, mental, and health-related social needs. There is not yet evidence for Oregon’s Newborn Nurse Home Visiting Program, but evidence from other home visiting programs suggest that programs need to culturally tailor home visiting and intentionally target racial equity goals to have greater impact on families of color.

The Family Connects model, which is being used to implement Oregon’s Newborn Nurse Home Visiting Program, is an evidence-based approach to supporting all newborns and their families. By reaching all families in a community, Family Connects improves health outcomes at the population level. The proposed changes to the rules will clarify that the criteria for Newborn Nurse Home Visiting services include community coordination, quality assurance and home visiting. These services improve child and family health and well-being at the population level by supporting evidence-based, culturally responsive, community-driven, and anti-racist approaches that build community systems of care and improve health and well-being outcomes for parents of color and their children.

(<https://www.chcs.org/resource/addressing-racial-and-ethnic-disparities-in-maternal-and-child-health-through-home-visiting-programs/>)

Offering a telehealth visit to families that decline a visit in their home maximizes family choice and increases opportunities for all families to receive services. During the COVID19 pandemic, remote options for home visiting have been shown to increase equity through increasing family options for participation. (<https://perigeefund.org/wp->

content/uploads/2021/10/Perigee_Report-Summary.pdf) The Family Connects model currently requires that a virtual visit be offered to families who decline an in-person visit.

The Confederated Tribes of Warm Springs have engaged in some initial planning with the Central Oregon Early Adopter cohort. Over time, the Universally offered Newborn Nurse Home Visiting Program will offer services to all families caring for newborns, including foster and adoptive newborns. This program requires coordination with primary care providers and social service providers. Therefore, the proposed rule changes may impact all tribal health providers and tribal members.

As part of our government-to-government agreements, OHA Tribal Affairs sent a "Dear Tribal Leader Letter" to Oregon's nine federally recognized tribes on May 6, 2022, to invite participation in the Rules Advisory Committee and provide feedback on the rules. MCH has invited participation from culturally specific community-based organizations and home visiting clients in the Rules Advisory Committee. MCH has engaged with impacted communities through a steering committee for the Universally offered Newborn Nurse Home Visiting program.

MCH will engage affected communities through the Rules Advisory Committee and will continue to engage communities via the public comment period. MCH will continue to engage impacted communities as the Program is implemented. MCH will consider future rulemaking as we learn about how the Program impacts various populations.

FISCAL AND ECONOMIC IMPACT:

There is no direct fiscal or economic impact from the proposed amendments to the public. Legislation requires that the Program be offered at no cost to all families of newborns in Oregon. Certified providers seek reimbursement for the costs of services provided to families with newborns from private and public payors. The statute directs health benefit plans to cover the cost of the newborn nurse home visiting services without any cost-sharing, coinsurance or deductible.

Repealing OAR 333-006-0170 will not have fiscal or economic impact because it was only effective during a declared public health emergency.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The Authority has previously addressed the fiscal impact of the statute. There is no additional impact to the Authority as a result of the proposed amendments.

Local Public Health Authorities (LPHAs) and tribes that are home visiting service providers and Early Learning Hubs that are designated community leads would need to comply with the proposed rule amendments. There may be some additional cost to home visiting service providers if the appropriate technology to deliver services by telehealth is not available.

(2)(a) A small number of small businesses may be subject to the proposed rule amendments if they choose to apply for certification as a home visiting services provider. Current home visiting providers are operated by local public health authorities and tribal organizations.

(b) Small businesses may be impacted if they pursue certification as a home visiting services provider. However, there is no requirement that small businesses must pursue certification. There is no additional reporting, recordkeeping or other administrative activities required for compliance as a result of the proposed amendments.

(c) Small businesses may be impacted if they pursue certification as a home visiting services provider. However, there is no requirement that small businesses pursue certification. There is no additional equipment, supplies, labor or increased administration required for compliance as a result of the proposed amendments.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of the rule because we did not anticipate that this rule would impact small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

333-006-0000, 333-006-0010, 333-006-0020, 333-006-0050, 333-006-0070, 333-006-0080, 333-006-0090, 333-006-0100, 333-006-0110, 333-006-0120, 333-006-0130, 333-006-0140, 333-006-0150, 333-006-0170

AMEND: 333-006-0000

RULE SUMMARY: Amend 333-006-0000 Changes to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0000

Purpose

(1) The purpose of these rules is to establish requirements for a voluntary statewide program for providing newborn nurse home visiting services to all families with newborns residing in the state to support healthy child development and strengthen families. ¶

(2) Newborn nurse home visiting services provided by providers certified under these rules must be reimbursed by health benefit plans as specified in ORS 743A.078.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

RULE SUMMARY: Revision to definitions of Community Lead, Newborn Nurse Home Visiting Services Provider, Home Visitor, Newborn Nurse Home Visiting Services, Newborn Nurse Home Visiting Program to clarify that services are inclusive of requirements of the community leads and newborn nurse home visiting providers.

CHANGES TO RULE:

333-006-0010

Definitions

- (1) "Authority" means the Oregon Health Authority.¶
 - (2) "Carrier" has the meaning given to that term under ORS 743B.005. ¶
 - (3) "Community" means a geographic region, county, tribe or other group of individuals living in proximity. ¶
 - (4) "Community lead" means a local public health authority, early learning hub, or tribe that is designated by the Authority to serve as the coordinating entity provide community coordination and quality assurance services in accordance with OAR 333-006-0050 for the newborn nurse home visiting program in a specified community.¶
 - (5) "Comprehensive newborn nurse home visit" means a home visit where a comprehensive, defined set of assessments and activities must be completed as described in OAR 333-006-0120. ¶
 - (6) "Early learning hub" means any entity designated by regional partners to coordinate early learning services, as determined by rules adopted by the Early Learning Council under ORS 417.827.¶
 - (7) "Families with newborns" or "families" means all families caring for newborns up to the age of six months, including foster and adoptive newborns. ¶
 - (8) "Health benefit plan" has the meaning given to that term under ORS 743B.005. ¶
 - (9) "Newborn nurse home visiting ~~services~~ provider" or "certified provider" means a person or LPHA certified by the Authority to provide newborn nurse home visiting ~~services~~ in accordance with OAR 333-006-0120. ¶ 
 - (10) "Home visitor" means an individual who provides newborn nurse home visiting ~~services~~ on behalf of a newborn nurse home visiting ~~services~~ provider. ¶
 - (11) "Identified community" means the community that the community lead is designated to coordinate the newborn nurse home visiting services for. ¶
 - (12) "Local public health authority" or "LPHA" has the meaning given that term in ORS 431.003.¶
 - (13) "Newborn nurse home visiting services" ~~or "services" means the services described in these rules provided to families with newborn means the services required by the Newborn Nurse Home Visiting Program. These services include but are not limited to requirements of the community lead and newborn nurse home visiting providers as described in these rules.~~¶ 
 - (14) "Other home visiting provider" means a provider of any home visiting services serving pregnant women and families with young children and may include newborn nurse home visiting ~~services~~ providers. ¶
 - (15) "Newborn Nurse Home Visiting Program" or "program" means the statewide program that families with newborns may voluntarily participate in to receive newborn nurse home visiting services. Newborn nurse home visiting ~~services~~ providers provide home visiting services through the program and community leads coordinate the provision of the program provide community coordination and quality assurance services in the identified community. ¶ 
 - (16) "Support newborn home visit" means a home visit to complete defined set of assessments and activities or address a specific nurse or family-identified need. ¶
 - (17) "These rules" means OAR 333-006-0000 to 333-006-0160.
- Statutory/Other Authority: ORS 413.042, ORS 433.301
- Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0020

RULE SUMMARY: Changed universal to universally offered to make it clear that the program is voluntary.

CHANGES TO RULE:

333-006-0020

Community Lead Designation

- (1) The Authority shall designate one community lead per community.¶
- (a) Communities based on geographic areas, including counties, shall have one community lead; ¶
- (b) Communities may be based on tribal membership and coexist with a community lead designated for the geographic area where the tribal member lives. ¶
- (2) The designation of a community lead is effective for up to three years unless withdrawn earlier. ¶
- (3) To apply for community lead designation, a LPHA, early learning hub, or tribe must submit to the Authority:¶
 - (a) A complete application in the format provided by the Authority; and¶
 - (b) Documentation demonstrating that the applicant shall comply with the requirements in OAR 333-006-0050, including but not limited to:¶
 - (A) Identification of staff available to implement community lead activities; and ¶
 - (B) Evidence of established partnerships with other home visiting providers in the community, including but not limited to memorandums of agreement; and ¶
 - (c) If the applicant is an early learning hub, a letter of support from any LPHA in the applicant's proposed identified community. ¶
 - (d) If the applicant is an LPHA, a letter of support from any early learning hub in the applicant's proposed identified community.¶
 - (e) Evidence demonstrating that the applicant has initiated planning and implementation activities for a universally offered newborn nurse home visiting services model that has been reviewed by the Administration for Children and Families to meet the U.S. Health and Human Services (HHS) criteria for an evidence-based early childhood home visiting service delivery model. ¶
- (4) The application shall describe the identified community that the applicant proposes to serve.¶
- (5) The Authority may designate as the community lead a LPHA, early learning hub, or tribe that has been approved by the Authority as an early adopter for Oregon's Universally Offered Home Visiting Initiative without an application being submitted.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0050

RULE SUMMARY: Amend 333-006-0050 Changes to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0050

Community Lead Services Requirements

(1) Community leads must: ¶¶

(a) Implement a universally offered newborn nurse home visiting services model that has been reviewed by the Administration for Children and Families to meet the HHS criteria for an evidence-based early childhood home visiting service delivery model. ¶¶

(b) Coordinate with all certified providers in its identified community so that all families with newborns are contacted no later than two weeks after birth of the newborn and offered services.¶¶

(c) Develop and implement strategies in collaboration with the Authority to obtain funding to facilitate the provision of newborn nurse home visiting services. ¶¶

(d) Collaborate with other home visiting providers to integrate newborn nurse home visiting services into the existing services for families in the identified community so that a coordinated system of support is in place. ¶¶

(e) Maintain a written plan describing how the community lead will comply with subsections (a) through (d) of this section. ¶¶

(2) Community leads shall maintain, and consider input from, an advisory board that:¶¶


(a) Includes stakeholders from the identified community with representation from the following where applicable: parents, medical providers, hospitals, social service providers serving families, WIC, child protective services, early learning hub, tribal leadership, LPHA, Coordinated Care Organizations, insurers that offer health benefit plans, newborn nurse home visiting services providers and other home visiting providers. ¶¶

(b) Meets at least quarterly and distributes meeting minutes to board members and certified providers in the identified community.¶¶

(3) Community leads shall assure local community resources are compiled in a web-based format or printed directory and updated at least quarterly for use by certified providers.¶¶

(4) Community leads shall engage in quality assurance activities that include: ¶¶

(a) A monthly review of data including key performance indicators such as scheduling rate, comprehensive newborn nurse home visit completion rate, follow-up rate, demographic profile of families receiving services, community connections and referrals in the identified community. ¶¶

(b) A monthly review of feedback from familyNewborn Nurse Home Visiting Program participant  the identified community ~~receiving services~~ using standardized methodology.¶¶

(c) Monitoring program reach in the identified community measured by the ratio of number of completed comprehensive newborn nurse home visits to total births in the identified community taking into consideration the number of births served by other home visiting providers. ¶¶

(5) Community leads shall provide the Authority access to data for program monitoring and evaluation in a manner and format designated by the Authority.¶¶

(6) Community leads shall work with the Authority to address quality improvement needs. ¶¶

(7) Community leads shall submit the following de-identified data electronically to the Authority in a manner and format designated by the Authority on a quarterly basis:¶¶

(a) The number of infants born during the previous quarter who reside in the identified community; ¶¶

(b) For each certified provider in the identified community:¶¶

(A) The scheduling rate; ¶¶

(B) Comprehensive newborn nurse home visit completion rate;¶¶

(C) Follow-up rate;¶¶

(D) Demographic profile of families receiving newborn nurse home visiting ~~services~~;¶¶

(E) Community connections and referrals;¶¶

(F) Feedback from families and referral partner feedback; and¶¶

(c) Any other data identified by the Authority.¶¶

(8) Community leads shall collaborate and coordinate with tribes designated as community leads operating in the same geographic area.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0070

RULE SUMMARY: Amend 333-006-0070 Changes to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0070

Newborn Nurse Home Visiting ~~Services~~ Provider Certification

- (1) To apply for certification as a newborn nurse home visiting ~~services~~ provider, an applicant must:¶¶
- (a) Submit a complete application, in a format prescribed by the Authority;¶¶
 - (b) Submit documentation demonstrating that the applicant meets the requirements of these rules, including but not limited to providing the following:¶¶
 - (A) Letter of support from the community lead designated for the applicant's identified community; and¶¶
 - (B) Copies of the policies and procedures required in OAR 333-006-0110.¶¶
- (2) The application shall:¶¶
- (a) Describe the identified community that the applicant proposes to serve;¶¶
 - (b) Describe how the applicant shall coordinate with certified providers and other home visiting providers serving the same identified community so that all families with newborns are offered newborn nurse home visiting ~~services~~.¶¶
 - (c) Describe how the applicant shall coordinate with primary care providers of care to the families receiving services. ¶¶
 - (d) Include a staffing plan that describes staff positions (home visitors and supervisors) including required qualifications, required training, or training to be provided upon hiring.¶¶
 - (e) Describe how the applicant will collect and maintain newborn nurse home visiting services data.¶¶
 - (f) Include any other information or forms required by the Authority.¶¶
- (3) A certified provider must ensure it meets and continues to meet during its certification, the requirements in these rules. ¶¶
- (4) A certificate for a newborn nurse home visiting ~~services~~ provider is effective for one year. A certificate shall be effective no earlier than January 1, 2021.¶¶
- (5) A certified provider is only certified to provide home visiting services in the identified community or communities listed on its certificate.¶¶
- (6) The Authority shall maintain a current list of all certified providers and make the list publicly available.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0080

RULE SUMMARY: Amend 333-006-0080 Changes title of rule to align with proposed revisions to definitions.
Removed effective date prior to January 2021.

CHANGES TO RULE:

333-006-0080

Newborn Nurse Home Visiting ~~Services~~ Provider Application Review

(1) The Authority shall review the application to determine if it is complete. If the applicant does not provide all of the documentation and information required in OAR 333-006-0070, the Authority shall reject the application as incomplete.¶

(2) If the applicant meets all of the certification requirements, the Authority may:¶

(a) Issue the applicant a written certificate that includes the identified community(ies); and¶

(b) Schedule an on-site review in accordance with OAR 333-006-0140.¶

~~(3) The Authority shall not issue a certificate with an effective date prior to January 1, 2021.¶~~

~~(4) The Authority may deny an applicant if:¶~~

(a) The applicant does not meet all of the requirements of these rules; ¶

(b) The applicant submitted false, misleading, or incorrect information; ¶

(c) The applicant does not comply or has a history of past noncompliance with these rules; or ¶

(d) The applicant poses a danger to public health or safety.¶

~~(54)~~ If the Authority denies the applicant, the Authority shall notify the applicant of the denial in accordance with ORS chapter 183.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0090

RULE SUMMARY: Amend 333-006-0090 Changes title of rule to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0090

Newborn Nurse Home Visiting ~~Services~~ Provider Certification Renewal

(1) A certified provider may apply to renew its certification by submitting a complete renewal application to the Authority in the format provided by the Authority. ¶

(2) A renewal application shall include the following:¶

(a) Attestation that the certified provider continues to implement the home visiting model described in OAR 333-006-0050(1)(a); and¶

(b) Attestation that the community lead's letter of support for the certified provider has not been withdrawn.¶

(3) A complete renewal application must be received by the Authority at least 30 days prior to the expiration of the certified provider's current certificate.¶

(4) The Authority may require an on-site review or that the certified provider submit additional information during its review of the renewal application. ¶

(5) The Authority shall review a renewal application in accordance with OAR 333-006-0080.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0100

RULE SUMMARY: Amend 333-006-0100 Changes title of rule to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0100

Newborn Nurse Home Visiting ~~Services~~ Provider Coordination

(1) Certified providers must coordinate with the community lead(s) designated in the communities that the certified provider serves, or the Authority if no community lead has been designated. Coordination includes, but is not limited to: ¶

(a) Actively communicating and working with community leads to ensure that the services are offered to all families with newborns residing in the community lead's identified community. ¶

(b) Participating in community lead's community advisory board. ¶

(c) Actively communicating and collaborating with other home visiting providers in the identified communities to promote continuity of care. ¶

(2) Certified providers must coordinate with the certified providers in the same identified communities to coordinate the offering of services to families. ¶

(3) Certified providers must actively communicate with primary care providers of care to the families receiving services. ¶

(4) A certified provider discontinuing services voluntarily must notify the community lead(s) and the Authority at least 90 days prior to the date of voluntary closure and provide a written plan to ensure continuity of care for families and appropriately maintain records.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0110

RULE SUMMARY: Amend 333-006-0110 Changes to align with proposed revisions to definitions. Changed universal to universally offered to make it clear that the program is voluntary.

CHANGES TO RULE:

333-006-0110

Newborn Nurse Home Visiting Services Provider Requirements


(1) Certified providers must: ¶

(a) Provide home visiting services that meet the requirements for the universally offered newborn nurse home visiting model implemented by the community lead in the provider's identified community. ¶

(b) Provide visits and services that meet the requirements for newborn nurse home visiting in OAR 333-006-0120. ¶

(2) Certified providers must ensure that families of newborns understand that participating in the home visiting services is voluntary and carry no negative consequences for a family that declines to participate. ¶

(3) Certified providers may only provide home visiting services after obtaining written informed consent from an individual with authority to consent to the services. ¶

(4) Certified providers shall develop and implement policies and procedures regarding provider operations, including but not limited to: ¶ 

(a) Home visitor safety; ¶

(b) Obtaining written consent for services prior to provision of services; ¶

(c) Newborn nurse home visiting services documentation; ¶

(d) Mandatory abuse reporting; ¶


(e) Security and confidentiality of provider records and communications; ¶

(f) Services for persons with disabilities; ¶


(g) Services for persons with limited English proficiency; ¶



(h) Billing services to public and private payors; and ¶

(i) Communication with primary care providers of care to the families. ¶

(5) Reimbursement of cost of services: ¶ 

(a) Certified providers shall seek reimbursement  for the cost  of services provided to families with ~~newborn~~ newborn nurse home visiting services from private and public payors. ¶  

(b) Prior to providing services, certified providers shall explain to the family with a newborn the family's insurance coverage for the services. ¶ 

(6) Certified providers must: ¶  

(a) Facilitate or conduct weekly team meetings for peer review of families who received a home visit during the preceding week that includes all staff who interact with families. ¶

(b) Submit newborn nurse home visiting services data in a manner and format designated by the Authority. ¶

(c) Ensure that each nurse home visitor is supervised by a registered nurse trained to provide quality assurance on the home visit protocol. ¶


(d) Ensure that each quarter every home visitor has at least: ¶

(A) One home visit observed for quality assurance review; and ¶

(B) One chart reviewed. ¶

(e) Communicate with primary care providers providing care to the family. ¶


(f) Ensure all staff working in the Newborn Nurse Home Visiting Program complete the training required in OAR 333-006-0130. ¶

(g) Confirm that staff have and maintain required licenses or certifications at the beginning of employment and at least annually. ¶ 

(h) Maintain personnel records documenting any required licenses, certifications, training, and supervision. ¶

(7) Certified providers must ensure that: ¶

(a) Comprehensive newborn nurse home visits are provided by registered nurses licensed in Oregon; ¶

(b) All services are delivered in a culturally responsive manner  and ¶

(c) All services are delivered according to standards of practice for trauma informed care.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0120

RULE SUMMARY: Amend 333-006-0120 Changes to align with proposed revisions to definitions. Describes use of telemedicine.

CHANGES TO RULE:

333-006-0120

Newborn Nurse Home Visit and Service Requirements

- (1) Certified providers must timely offer the home visiting services described in this rule to families with newborns. ¶
- (2) Certified providers must timely provide the visits and home visiting services as described in this rule unless: ¶
- (a) The family requests that the services be provided at another time and the provider documents the request in the service record; or ¶
- (b) The family refuses or elects not to participate in a specific service and the provider documents the refusal in the service record. ¶
- (3) Certified providers must: ¶
- (a) Provide a comprehensive newborn nurse home visit within two to twelve weeks of the newborn's birth. ¶
- (b) Conduct a post services phone call approximately four weeks after the last services are provided to assess the family's satisfaction with services and effectiveness of community connections. ¶
- (4) Certified providers may: ¶
- (a) Provide a support newborn nurse home visit prior to the comprehensive newborn nurse home visit if the nurse home visitor determines the family has immediate postpartum needs within two weeks of birth. ¶
- (b) Provide one to two support newborn nurse home visits after the comprehensive newborn nurse home visit based on the clinical assessment of the nurse home visitor at the comprehensive newborn nurse home visit for additional assessment or to ensure community connections. ¶
- (c) Provide support telephone calls after the comprehensive newborn nurse home visit to ensure community connections are established. ¶
- (5) Comprehensive newborn nurse home visits must: ¶
- (a) Be provided by a registered nurse. ¶
- (b) Be provided in the family's home. ¶
- (6) Services offered on a comprehensive newborn nurse home visit must include: ¶
- (a) Maternal physical assessment (if applicable) according to clinical guidelines approved by the Authority. ¶
- (b) Newborn physical assessment according to clinical guidelines approved by the Authority. ¶
- (c) Systematic assessment of family strengths, risks, and needs according to clinical guidelines approved by the Authority. ¶
- (d) Screening for intimate partner violence, perinatal mood disorders and substance use using a validated screening tool. ¶
- (e) Standardized anticipatory and supportive guidance according to clinical guidelines approved by the Authority. ¶
- (f) Referrals for identified interventions or community resources as a result of needs identified by the home visitor during the home visit. ¶
- (7) Support newborn nurse home visits shall be provided by a certified traditional health worker as defined in ORS 414.665 or a registered nurse. ¶
- (8) If a family declines home visiting services in their home, an alternate location may be offered, and telemedicine services must be offered and delivered in accordance with ORS 743A.058. ¶

NOTE: Clinical guidelines approved by the Authority are available on the Authority's website:

<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HOMEVISITING/Pages/Family-Connects-Oregon.aspx>.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301



AMEND: 333-006-0130

RULE SUMMARY: Amend 333-006-0130 Changes to align with proposed revisions to definitions. Changed universal to universally offered to make it clear that the program is voluntary.

CHANGES TO RULE:

333-006-0130

Newborn Nurse Home  Visitor Services Provider Training Requirements

- (1) Certified providers shall ensure that staff working in the program timely receive the training in this rule.¶
- (2) All staff working in the program must receive training that includes an overview of the universally offered newborn nurse home visiting model implemented by the community lead in the certified provider's identified community prior to providing services. ¶
- (3) All staff working in the program must receive the following training prior to providing services and annually thereafter: ¶ 
- (a) Culturally and linguistic responsiveness and implicit bias;¶
 - (b) Child abuse and vulnerable adult mandatory reporting; and¶
 - (c) Other training as required by the Authority.¶
- (4) All home visitors and supervisors providing services must, prior to providing services, receive an orientation that includes: ¶ 
- (a) Overview of the newborn nurse home visiting services home visit protocol;¶
 - (b) Documentation of services;¶
 - (c) Observational training that includes services delivery, documentation and fidelity assessment; ¶
 - (d) Foundations of infant mental health;¶
 - (e) Motivational interviewing;¶
 - (f) Maternal and newborn physical assessments;¶
 - (g) Lactation;¶
 - (h) Adverse childhood experiences and resilience; and¶
 - (i) Home visitor safety.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0140

RULE SUMMARY: Amend 333-006-0140 Changes to align with proposed revisions to definitions.

CHANGES TO RULE:

333-006-0140

Newborn Nurse Home Visiting Services Provider Review

(1) The Authority, or its designee, may conduct an on-site review of each certified newborn nurse home visiting services provider within one year of initial certification to determine compliance with these rules. The Authority may conduct additional on-site reviews in its discretion.

(2) The certified provider must permit the Authority, or its designee, access to the certified provider's place of business during a review. The provider must permit the Authority, or its designee, access to provider records and cooperate with the Authority during a review. A review may include, but is not limited to:

- (a) Review of documents, policies and procedures, and records;
- (b) Review of electronic health records systems, and review of practice management systems;
- (c) Review of data reports from electronic systems or other tracking systems; and
- (d) Interviews with management, clinical and administrative staff.

(3) The Authority, or its designee, shall provide the certified provider with a written report of the findings from the on-site review.

(4) If the Authority finds violations by the certified provider, the Authority may:

- (a) Require corrective actions to be completed within a specified timeline; or
- (b) Revoke or suspend the certification in accordance with ORS chapter 183.

(5) The Authority may conduct a review of a certified provider without prior notice at any time.

(6) A certified provider must provide the Authority with provider records upon request.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0150

RULE SUMMARY: Amend 333-006-0150 Changes title of rule to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0150

Newborn Nurse Home Visiting ~~Services~~ Provider Compliance

(1) A certified provider must notify the community lead(s) and the Authority within 20 calendar days of any change that brings the provider out of compliance with these rules. ¶

(2) The Authority may revoke, deny renewal, or suspend a certificate for a certified provider if: ¶

(a) The certified provider submits false, misleading, or incorrect information; ¶

(b) The certified provider violates ORS 433.301 or these rules; ¶

(c) The certified provider fails to cooperate with a review or request for documentation; ¶

(d) The certified provider fails to timely complete corrective actions; ¶

(e) The community lead withdraws its letter of support for the certified provider; or ¶

(f) The certified provider poses a danger to public health or safety. ¶

(d) The certified provider fails to timely complete corrective actions; ¶

(e) The community lead withdraws its letter of support for the certified provider; or ¶

(f) The certified provider poses a danger to public health or safety.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

REPEAL: 333-006-0170

RULE SUMMARY: Repeal 333-006-0170 Describes use of telehealth during a public health emergency. Rule is no longer in effect given the end of the Governor declared public health emergency. Proposed rule language describes ongoing use of telemedicine.

CHANGES TO RULE:

~~333-006-0170~~

~~Newborn Nurse Home Visiting Services Provided by Telehealth~~

- ~~(1) For the purposes of this rule "telehealth" includes synchronous (live two-way interactive) video and audio transmission resulting in a real time communication between the home visitor and the client. Telehealth only includes telephone communication if a video platform is not available.¶¶~~
- ~~(2) Any visit or service provided under OAR 333-006-0120 may be provided through telehealth rather than an in-person visit to the family's home.¶¶~~
- ~~(3) All services provided by telehealth must be provided according to clinical and telehealth guidelines approved by the Authority. All services provided by telehealth must be provided in accordance with these rules except that:¶¶~~
- ~~(a) Screening for intimate partner violence may be delayed or omitted for safety reasons during a telehealth visit.¶¶~~
- ~~(b) Certified providers may obtain oral consent for services, as an alternative to written consent, prior to provision of services. Providers must document consent for services in the family's record.¶¶~~
- ~~(4) Certified providers providing services through telehealth shall develop and implement telehealth policies and procedures that describe appropriate use of communication technology and considerations for privacy protections.¶¶~~
- ~~(5) Certified providers may virtually observe telehealth home visits for quality assurance review.¶¶~~
- ~~(6) Certified providers must allow for virtual reviews of the provider and permit the Authority/designee timely access to provider records as an alternative to an on-site review.¶¶~~
- ~~(7) This rule is effective only during a Governor-declared or Authority-declared public health emergency and up to 120 days after the emergency ends.¶¶~~

~~NOTE: Clinical and telehealth guidelines approved by the Authority are available on the Authority's website: <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HOMEVISITING/Pages/Family-Connects-Oregon.aspx>.~~

~~Statutory/Other Authority: ORS 413.042, ORS 433.301, ORS 743A.078~~

~~Statutes/Other Implemented: ORS 433.301, ORS 743A.078~~

July 20, 2022

Joan Mullen Woods
OHA Public Health Division Rules Coordinator
Oregon Health Authority
800 NE Oregon Street, Suite 825
Portland, OR 97232

SENT VIA EMAIL: publichealth.rules@dhsosha.state.or.us

Re: Proposed Rulemaking on Universally Offered Newborn Nurse Home Visiting Program

Dear Ms. Mullen Woods,

Thank you for the opportunity to provide comments on the proposed rule language for the Universally Offered Newborn Nurse Home Visiting Program. Kaiser is committed to working with the Oregon Health Authority (OHA) to make sure all Oregon newborns have access to the Home Visiting Program created with the passage of SB 526 in 2019. However, we have concerns about the current proposed rule language not aligning with the original intent of the legislation by allowing a telehealth visit in lieu of the initial comprehensive in-home visit.

The draft language in OAR 333-006-0120(8) does not align with the law creating the Newborn Home Visiting Program. The original statute states that the program must provide nurse home visiting services that are conducted in the family's home. There is no statutory language permitting the initial home visit to be conducted using telemedicine, only that the additional two subsequent follow-up visits may be performed remotely. In addition, all legislative intent and public testimonies describe the program as offering services physically in a newborn's home.

The use of telemedicine for the first comprehensive visit would greatly disadvantage the provider and member from the real benefits of the program. For example, how will the provider spot issues within the home that could be harmful to the baby if the appointment is conducted via a computer screen angled at only one small part of the home? We understand that the program was permitted to use telemedicine during the state declared COVID-19 Public Health Emergency, but with more widespread testing, prevention, and knowledge now than ever before, we believe it's important that the first visit be in the home so that we are meeting families in their current surroundings. This is also supported by both the legislative intent and the plan language of the statute.

Please do not hesitate to reach out if you have questions or concerns regarding these comments. We appreciate the opportunity to provide input on the implementation of this program.

Sincerely,

Sadie Ellwood
Regulatory Consultant II
Kaiser Permanente



WASHINGTON COUNTY OREGON

Oregon Health Authority
Public Health Division
Attn: Public Health Division Rules Coordinator
Via email: publichealth.rules@dhsosha.state.or.us

July 11, 2022

Re: OAR 333-006-0120, RULE TITLE: Visit and Service Requirements, RULE TEXT (8) regarding telehealth

Dear Ms. Hall,

Washington County Public Health is writing in support of Senate Bill 526 which would allow nurse home visiting services to be provided via telehealth. The bill states:

"The authority shall design, implement, and maintain a voluntary statewide program to provide universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families. The authority shall design the universal newborn nurse home visiting program to be flexible so as to meet the needs of the communities where the program operates."

Washington County Public Health has been providing nurse home visiting services for over 20 years. We are an early adopter of universal newborn nurse home visiting services and have learned through experience how important it is that families have flexibility in the way these visits are conducted.

While the gold standard for nurse home visits is, and always will be, a visit that takes place in the family's home, we agree that telehealth visits should be an option when the family declines an in-home visit. The initial visit is designed to be a comprehensive maternal/caregiver and newborn assessment. Most of these assessments can be completed through conversation and visual examination, thus are feasible through telehealth. However, in cases where a family may need a physical assessment, such as a weight check or blood pressure check, we are committed to providing the necessary support for the family to obtain this information.

The pandemic gave us a lot of experience with telehealth visits. During the first year of Family Connects--the universally offered newborn nurse home visiting program-- we provided in-home and telehealth visits, where we were able to maintain program fidelity and clinical practice standards, while also honoring the family's choice.

For example, one family declined an in-person visit, but agreed to a telehealth visit. While the mother reported feeling safe during the initial visit, the nurse followed up later in the week and the mother shared elevating concerns with her safety and challenges with her partner. Together, the nurse and mother developed a safety plan and connected with Washington County's Family Justice Center to obtain safe housing for her and her two young children. This is just one example of how a telehealth visit and relationship with a trusted provider can result in significant life improvements for families. This mother and children may never have received help and gotten safe housing if we had not been able to use the telehealth option.

At Washington County Public Health, we are committed to health equity and providing care that is client-centered and trauma informed to all families supported by a nurse home visitor. To make this happen, we need to continue to offer home visits via telehealth.

Thank you,

Marni Kuyl
Assistant County Administrator
Washington County Department of Health and Human Services



Department of Health and Human Services — Public Health Division
155 N First Avenue, Suite 160, MS-5A, Hillsboro, OR 97124-3072
Phone: 503-846-4402 • Fax: 503-846-4490 • www.co.washington.or.us/HHS





P.O. Box 4327
Portland, OR 97208-4327
ProvidenceHealthPlan.com

July 18, 2022

Joan Mullen Woods
OHA Public Health Division Rules Coordinator
Oregon Health Authority
800 NE Oregon Street, Suite 825
Portland, OR 97232

SENT VIA EMAIL: publichealth.rules@dhsosha.state.or.us

Re: Proposed Rulemaking on Universally Offered Newborn Nurse Home Visiting Program

Dear Ms. Mullen Woods,

Thank you for the opportunity to provide comments on the proposed rule language for the Universally Offered Newborn Nurse Home Visiting Program. Providence Health Plan is committed to working with the Oregon Health Authority (OHA) to ensure all Oregon newborns have access to the newly established Home Visiting Program established by SB 526 (2019), however, we have concerns that the proposed rule language goes beyond the granting statutory authority when allowing the program services to be offered through use of telemedicine.

The draft language in OAR 333-006-0120(8) exceeds the statutory authority provided in ORS 433.301 (2021). The law creating the Newborn Home Visiting Program states “the program must provide nurse home visiting services that are.... provided in the family’s home.”¹ There is no statutory language permitting the initial home visit to be conducted using telemedicine, other than for the potential two subsequent follow-up visits. All legislative intent via public testimony and hearings describe the program to offer services in a newborn’s home. OHA testified that the voluntary program will “offer every Oregon family with a newborn one to three visits in their home, during which the nurse would assess support needs.” The OHA testimony reiterated these program services were to be offered in the newborn’s home when comparing it to other “home visiting” programs when stating that the program will “offer a home visit to every family with a newborn, including foster and adoptive families” and it is “less-intensive than existing home visiting programs in Oregon.”² There is no language in testimony or the granting statute that proffers the agency an opportunity to redirect services through use of telemedicine, so any

¹ ORS 433.301(4)(c) (2021)

² Legislative testimony from Cate Wilcox, OHA Manager of Maternal and Child Health Section
<https://olis.oregonlegislature.gov/liz/2019R1/Downloads/CommitteeMeetingDocument/154852>



rule language permitting use of telemedicine for the primary initial newborn visit should be removed.

We recognize the program was permitted to use telemedicine during the state declared COVID-19 Public Health Emergency, but there is nothing in the granting statute that permits ongoing use of telemedicine to work toward the goal “meeting families where they are” as described by the program’s chief legislative sponsor.³ In fact, all legislative intent and the plan language of the statute indicates this program can offer the primary initial visit only in the newborn’s home. If OHA would like to expand the program to include use of telemedicine, the agency needs to pursue an update to the statute through the legislative process.

Thank you for the opportunity to participate in the discussion of this rule proposal and to comment on our concerns.

Sincerely,

Jennifer Baker
Director of Government Affairs
Providence Health Plan

³ <https://olis.oregonlegislature.gov/liz/2019R1/Downloads/CommitteeMeetingDocument/154725>