OVERVIEW: Sec. 11E.12 of S.L. 2017-57 establishes a demonstration project, at least three years long, to study the extent home-based prenatal care reduces preterm birth and whether women pregnant with multiple children who are at risk of preterm birth can benefit from 17 Alpha-Hydroxyprogesterone Caproate (17P) therapy. This section provides that $2.2 million dollars in non-recurring funds from the federal Maternal and Child Health Block Grant are allocated to the Department of Health and Human Services (DHHS) for the 2017-18 and 2018-19 fiscal years to conduct this demonstration project in Robeson and Columbus counties.

The project must consist of the following components: (1) an Every Week Counts enrollment visit including an early ultrasound assessment and a complete medical examination; (2) women enrolled in Every Week Counts will receive home visits during pregnancy that combine a home-based prenatal care model with social interventions; (3) women enrolled in Every Week Counts will receive home visits during the first two years of their child's life. In these monthly visits, the child's health, growth, and development will be tracked, and the mother will be provided with information on nutritional, health, and developmental needs; (4) there must be a randomized clinical trial of 17P within Every Week Counts in a population of women enriched for preterm birth susceptibility.

Six months after the conclusion of the project, the University of North Carolina at Chapel Hill (UNC) must submit a final report on the project to DHHS. No later than three months after receiving the report from UNC, DHHS must submit a report to the Joint Legislative Oversight Committee on Health and Human Services including an estimate of the cost to expand the program incrementally and statewide, an estimate of any potential savings of State funds associated with expansion of the program, and a timeline for expanding the program statewide if expansion is recommended. The demonstration program will end when UNC submits its report to DHHS.

This section became effective July 1, 2017.