

PUBLIC CHAPTER NO. 1029

SENATE BILL NO. 3198

By Black, Harper, Burks, Raymond Finney, Marrero, Ford

Substituted for: House Bill No. 3197

By Sherry Jones, Overbey, John Deberry, Montgomery, Lois DeBerry

AN ACT to amend Tennessee Code Annotated, Title 68, relative to evidence-based criteria for funding certain programs in the department of health.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 1, Part 1, is amended by inserting the following as a new, appropriately designated section thereto:

68-1-124.

(a) As used in this section, unless the context otherwise requires:

(1) "Evidence-based" means a program or practice that meets the following requirements:

(A) The program or practice is governed by a program manual or protocol that specifies the nature, quality, and amount of service that constitutes the program; and

(B) Scientific research using methods that meet high scientific standards for evaluating the effects of such programs must have demonstrated with two (2) or more separate client samples that the program improves client outcomes central to the purpose of the program;

(2) "In-home visitation" means a service delivery strategy that is carried out in the homes of families of children from conception to school age that provides culturally sensitive face-to-face visits by nurses, other professionals, or trained and supervised lay workers to promote positive parenting practices, enhance the socio-emotional and cognitive development of children, improve the health of the family, and empower families to be self-sufficient.

(3) "Pilot program" means a temporary research-based or theory-based program or project that is eligible for funding from any source to determine whether or not evidence supports its continuation beyond the fixed evaluation period. A pilot program must provide for and include:

(A) Development of a program manual or protocol that specifies the nature, quality, and amount of service that constitutes the program; and

(B) Scientific research using methods that meet high scientific standards for evaluating the effects of such programs must demonstrate on at least an annual basis whether or not the program improves client outcomes central to the purpose of the program;

(4) "Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based;

(5) "Theory-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, may have anecdotal or case-study support, and has potential for becoming a research-based program or practice.

(b)(1) With the long-term emphasis on procuring services whose methods have been measured, tested and demonstrated to improve client outcomes, the Department of Health, and any other state agency that administers funds related to in-home visitation programs, shall strive to expend state funds on any such program or programs related to in-home visitation, including any service model or delivery system in any form or by any name, that are evidence-based.

(2) With the goal of identifying and expanding the number and type of available evidence-based programs, the department shall continue the ongoing research and evaluation of sound, theory-based and research-based programs and to that end the department may engage in and fund pilot programs as defined in this section.

(c) The department shall include in any contract with a provider of services related to in-home visitation programs a provision requiring that the provider shall set forth a means to measure the outcome of the services. Such measures must include, but not be limited to, the number of people served, the type of services provided, and the estimated rate of success of the population served.

SECTION 2. The Department of Health, in conjunction with a representative of the Tennessee Commission on Children and Youth, and with ongoing consultation of appropriate experts and representatives of relevant providers who are appointed by the Commissioner of Health to provide such consultation, shall determine which of its current programs are evidence-based, research-based and theory-based, and shall provide a report of those findings, including an explanation of the support of those findings, to the governor, the Senate General Welfare, Health and Human Resources Committee, the Children and Family Affairs Committee of the House of Representatives, and the Select Committee on Children and Youth of the General Assembly by no later than January 1 of each year. The Department of Health shall also provide in its report

the measurements of the individual programs, as set forth in Tennessee Code Annotated, Section 68-1-124(c).

SECTION 3. The Commissioner of Health is authorized to promulgate rules and regulations to effectuate the purposes of this act. All such rules and regulations shall be promulgated in accordance with the provisions of Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.

PASSED: May 7, 2008



RON RAMSEY
SPEAKER OF THE SENATE



JIMMY NAIFEH, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 28th day of May 2008



PHIL BREDESEN, GOVERNOR