



WAYS AND MEANS

CHAIRMAN KEVIN BRADY

H.R. 2824 “Increasing Opportunity and Success for Children and Parents through Evidence-Based Home Visiting Act” **(Summary of Amendment in the Nature of a Substitute)**

Sponsored by Human Resources Subcommittee Chairman Smith (R-NE)

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) program is an evidence-based program that helps to improve the lives of families in at-risk communities, focusing on the first years of a child’s life. Unlike most federal social programs, MIECHV funding is tied to real results. House Republicans have long called for more programs to follow this evidence-based approach to ensure limited taxpayer dollars are actually delivering the intended results and helping those most in need.

By voluntarily participating in local home visiting programs, families receive help from health, social service, and child development professionals. Through regular, planned home visits, parents learn how to improve their family's health and provide better opportunities for their children. Home visits may include:

- supporting preventive health and prenatal practices
- assisting mothers on how best to breastfeed and care for their babies
- helping parents understand child development milestones and behaviors,
- promoting parents’ use of praise and other positive parenting techniques, and
- working with mothers to set goals for the future, and find employment and child care solutions.

Section 1 and 2: Short Title and Table of Contents

Section 3. Continuing Evidence-Based Home Visiting Program

- Continues the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) at the current-law level of \$400 million per year for FY 2018 through FY 2022.

Section 4. Continuing to Demonstrate Results to Help Families

- Requires states continue to show MIECHV is improving the lives of families by demonstrating improvements in at least four of six benchmark areas

specified in law (current law only required states to demonstrate improvement in four of six areas in the first three years after the program was fully implemented—FY 2012 through FY 2014).

- Requires states to develop a plan to improve outcomes if the state fails to demonstrate improvement in at least four of six benchmark areas specified in law (current law only required states to develop an improvement plan if the state failed to demonstrate results in four of six areas after the first three years after the program was fully implemented—FY 2012 through FY 2014).
- Clarifies that states need only measure and demonstrate improvements in the benchmark areas the home visiting programs selected by the state are intended to improve to reduce unnecessary tracking and reporting (instead of requiring the state to measure and demonstrate improvements in all areas regardless of whether the model is designed to impact those areas or not).

Section 5. Reviewing Statewide Needs to Target Resources

- Requires states to conduct a follow-up statewide needs assessment by October 1, 2020 to make sure states continue to review where home visiting services are most needed (current law only required states to conduct a needs assessment before receiving funds in FY 2011 as part of the first authorization of funding).
- Specifies the statewide needs assessment can be combined or coordinated with the assessment required to receive Maternal and Child Health Services Block Grant funds to reduce duplication and increase program coordination.

Section 6. Improving the Likelihood of Success in High-Risk Communities

- Continues to require that states prioritize serving families in communities identified as most in need of home visiting services, while also allowing them to take into account community resources and other service delivery requirements that may need to be developed to contribute to the success of a home visiting program in the state.

Section 7. Measuring Improvements in Family Economic Self-Sufficiency

- Requires measurements of improvement in the “self-sufficiency” benchmark to again include measures of employment and earnings to gauge the impact of home visiting programs on these outcomes (August 2016 HHS [guidance](#) eliminated work, earnings, and welfare receipt and counted only educational activities and health insurance coverage as the sole measures of “self-sufficiency”).



Section 8. Option to Fund Evidence-Based Home Visiting on a Pay-for-Outcomes Basis

- Allows states to fund home visiting services on a “pay-for-outcome” basis, where a state would be able to contract with providers so they only pay for services if a rigorous, independent evaluation confirms the services achieved the desired outcomes.

Section 9. Strengthening Evidence-Based Home Visiting through State, Local, and Private Partnerships

- Strengthens partnerships between the federal government and state, local, and private organizations by requiring a dollar-for-dollar match of federal MIECHV funds by FY 2022, mobilizing more resources to serve families in need of home visiting services. The phase-in of the match for tribes would be delayed by two years, so tribes would be required to provide 30 percent of the total spending on evidence-based home visiting beginning in FY 2022.

Section 10. Data Exchange Standards for Improved Interoperability

- Adds language previously added to Temporary Assistance for Needy Families, Child Support Enforcement, Unemployment Insurance, and child welfare programs requiring the Department of Health and Human Services to develop data standards for home visiting programs that will help state agencies and the federal government more easily exchange information to ensure the integrity of programs and improve services for families in need, all while maintaining privacy standards.

