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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO HEALTH AND SAFETY -- THE RHODE ISLAND FAMILY HOME--  
VISITING ACT

Introduced By: Representatives Giraldo, Alzate, Shallcross Smith, Cruz, and Sanchez

Date Introduced: February 12, 2026

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 The general assembly hereby finds that:

3 (1) A child's first experiences and relationships set the foundation for development and  
4 learning that leads to success in school and in life.

5 (2) Voluntary, high-quality home-visiting programs help families learn about and connect  
6 to essential resources, adjust to parenthood, build parenting skills, and address challenges  
7 commonly faced by young families.

8 (3) For at least four (4) decades, Rhode Island's First Connections program, overseen by  
9 the department of health and funded primarily through Medicaid billing, has been providing free,  
10 voluntary, statewide home-visiting to expectant mothers and families with newborns, infants, and  
11 toddlers. Families typically receive one to four (4) home visits. Between 2021 and 2024, the number  
12 of families receiving at least one First Connections visit declined by 42%. In 2024, 1,970 families  
13 received services, approximately 32% of those referred.

14 (4) Following the establishment of the federal Maternal, Infant, and Early Childhood Home  
15 Visiting (MIECHV) program in 2010, Rhode Island expanded home-visiting services to fund  
16 implementation of nationally-recognized evidence-based program models that connect pregnant  
17 and parenting families with a designated support person who guides them through the early stages  
18 of raising a family. Home visiting is voluntary, free, and tailored to meet families where they are

1 and help them achieve their goals to raise healthy, happy children. Each of these proven models is  
2 designed to provide multi-year, consistent, flexible, relationship-based services to a family starting  
3 in the third trimester of pregnancy or soon after the birth of a child.

4 (5) In 2022, the federal MIECHV funding was reauthorized and now includes a twenty-  
5 five percent (25%) state match requirement to receive increased funds. Most states have been able  
6 to meet or exceed the state match and have received additional federal funds. In 2024 and 2025,  
7 the first two (2) years of the state match challenge, Rhode Island did not meet the full state match  
8 challenge and was unable to draw down the full federal MIECHV grant.

9 (6) Starting in 2023, the department of health began requiring all evidence-based family  
10 home visiting providers and programs to implement Medicaid fee-for-service billing for each  
11 encounter for every mother or child who has Medicaid insurance. Medicaid billing and other  
12 funding challenges led to a 32% decline in the number of families in Rhode Island receiving  
13 evidence-based home visiting services and the closure of 7 home visiting programs since 2021.

14 SECTION 2. Section 23-13.7-2 of the General Laws in Chapter 23-13.7 entitled "The  
15 Rhode Island Family Home-Visiting Act" is hereby amended to read as follows:

16 **23-13.7-2. Home-visiting system components.**

17 (a) The Rhode Island department of health shall coordinate the system of early childhood  
18 home-visiting services in Rhode Island and shall work with the department of human services and  
19 department of children, youth and families to identify effective, evidence-based, home-visiting  
20 models that meet the needs of vulnerable families with young children.

21 (b) The Rhode Island department of health shall implement a statewide home-visiting  
22 system that uses evidence-based models proven to improve child and family outcomes. Evidence-  
23 based, home-visiting programs must follow with fidelity a program model with comprehensive  
24 standards that ensure high-quality service delivery, use research-based curricula, and have  
25 demonstrated significant positive outcomes in at least two (2) of the following areas:

- 26 (1) Improved prenatal, maternal, infant, or child health outcomes;  
27 (2) Improved safety and reduced child maltreatment and injury;  
28 (3) Improved family economic security and self-sufficiency;  
29 (4) Enhanced early childhood development (social-emotional, language, cognitive,  
30 physical) to improve children's readiness to succeed in school.

31 (c) The Rhode Island department of health shall implement a system to identify and refer  
32 families prenatally, or as early after the birth of a child as possible, to voluntary, evidence-based,  
33 home-visiting programs. The referral system shall prioritize families for services based on risk  
34 factors known to impair child development, including:

- 1 (1) Adolescent parent(s);
- 2 (2) History of prenatal drug or alcohol abuse;
- 3 (3) History of child maltreatment, domestic abuse, or other types of violence;
- 4 (4) Incarcerated parent(s);
- 5 (5) Reduced parental cognitive functioning or significant disability;
- 6 (6) Insufficient financial resources to meet family needs;
- 7 (7) History of homelessness; or
- 8 (8) Other risk factors as determined by the department.

9 (d) The Rhode Island department of health shall issue a state home-visiting report due  
10 annually by March 1 ~~of each year~~ that outlines the components of the state's family home-visiting  
11 system ~~that shall~~, including state and federal funding amounts and sources. This report shall be  
12 shared with the general assembly and be made publicly available on the department's website. The  
13 report shall include:

14 (1) The number of families served by First Connections, as defined by subsection (f) of  
15 this section, in each calendar year, and the number of families enrolled in each evidence-based  
16 family home-visiting model at a common point-in-time for each of the last five (5) years; and

17 (2) Demographic data on families served; ~~and~~

18 (3) Duration of participation of families; ~~and~~

19 (4) Cross-departmental coordination; ~~and~~

20 (5) Outcomes related to prenatal, maternal, infant and child health, child maltreatment,  
21 family economic security, and child development and school readiness; ~~and~~

22 (6) An annual estimate of the number of children born to Rhode Island families who face  
23 significant risk factors known to impair child development, and a plan including the fiscal costs  
24 and benefits to gradually expand access to First Connections and the existing evidence-based,  
25 family home-visiting programs in Rhode Island to all vulnerable families. The annual plan shall  
26 include a projected three (3) year estimate of the available federal MIECHV grant funds, the state  
27 match required to access the full federal MIECHV grant available, the projected Medicaid fee-  
28 for-service billing and/or other funding strategies to sustain the programs and to meet expansion  
29 targets. The annual plan shall be designed to maximize use of the federal MIECHV grant and  
30 ensure providers have adequate funds to recruit and retain qualified staff;

31 (7) The total annual federal MIECHV funding available, received, and spent by the state  
32 on direct home-visiting services by program model and the total spent on state administration for  
33 each of the last five (5) years;

34 (8) The total annual funding for each program model by source of funding to include

1 Medicaid fee-for-service state and federal funding, MIECHV federal funding, MIECHV state  
2 match funding, and any other funding by source for each of the last five (5) years for all models;  
3 and

4 (9) Implementation successes and challenges, including those related to funding, provider  
5 contracts, provider staffing and turnover, and family enrollment and retention.

6 (e) State appropriations for this purpose shall be combined with federal dollars to fund the  
7 expansion of evidence-based, home-visiting programs, with the goal of offering the program to all  
8 the state’s pregnant and parenting teens; families with a history of involvement with the child  
9 welfare system; and other vulnerable families.

10 (f) First Connections, as used in this section, means the state-run home-visiting program  
11 administered by the department's office of family visiting and implemented by community  
12 nonprofit organizations providing rapid-response and short-term home visits for pregnant  
13 individuals and families with newborns and children up to age three (3). Families typically receive  
14 one to four (4) home visits delivered by registered nurses, community health workers and social  
15 workers. Home visiting staff assess medical, safety, and other family needs and connect families  
16 with services to meet their needs such as postpartum support, basic needs, and referrals to more  
17 comprehensive, multi-year, evidence-based home visiting and early intervention programs.

18 (g) The executive office of health and human services shall pursue a Medicaid state plan  
19 amendment and allocate sufficient state general revenue, to increase Medicaid payment rates for  
20 family home visiting services by the amount recommended in the 2025 social and human service  
21 programs review report by the Rhode Island office of the health insurance commissioner. Rate  
22 increases shall be implemented on or before October 1, 2026.

23 (h) Annually, the state shall allocate the minimum amount required to draw down  
24 maximum MIECHV federal dollars available for Rhode Island to the department, which shall be  
25 used for funding home-visiting services.

26 SECTION 3. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO HEALTH AND SAFETY -- THE RHODE ISLAND FAMILY HOME--  
VISITING ACT

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1           This act would add the First Connections family home-visiting program as a provider under  
2 the statute and change the department of health's annual reporting requirements regarding family  
3 home-visiting programs. This act would also direct the executive office of health and human  
4 services to increase Medicaid rates for early intervention service providers by the amount  
5 recommended in the 2025 rate review, appropriate the minimum amount of general revenue to  
6 access the maximum amount of federal MIECHV funds and direct the department to spend all  
7 available federal funds.

8           This act would take effect upon passage.

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