

2025 -- H 6073

LC001650

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

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

Introduced By: Representatives Giraldo, Potter, Stewart, Alzate, and Morales

Date Introduced: March 12, 2025

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, has been providing free, voluntary, statewide home-visiting to expectant  
10 mothers and families with newborns, infants, and toddlers, reaching about thirty-five percent (35%)  
11 of families with new babies. Families typically receive one to four (4) home visits.

12 (4) Following the establishment of the federal Maternal, Infant, and Early Childhood Home  
13 Visiting (MIECHV) program in 2010, Rhode Island expanded home-visiting services to fund  
14 implementation of Healthy Families America, Nurse-Family Partnership, and Parents as Teachers  
15 as nationally-recognized evidence-based program models that connect pregnant and parenting  
16 families with a designated support person who guides them through the early stages of raising a  
17 family. Home visiting is voluntary, free, and tailored to meet families where they are and help them  
18 achieve their goals to raise healthy, happy children. Each of these proven models is designed to

1 provide multi-year, consistent, flexible, relationship-based services to a family starting in the third  
2 trimester of pregnancy or soon after the birth of a child.

3 (5) In 2022, the federal MIECHV funding was reauthorized and now includes a twenty-  
4 five percent (25%) state match requirement to receive increased funds. In 2024 when the state  
5 match requirement went into effect, Rhode Island was one of only three (3) states and territories in  
6 the U.S. that did not meet the full federal match and was unable to draw down the full federal  
7 MIECHV grant.

8 (6) In 2023, Rhode Island revised contracts with the evidence-based family home visiting  
9 providers and programs to implement Medicaid fee-for-service billing for each encounter for every  
10 mother or child who has Medicaid insurance. About eighty-five percent (85%) of families enrolled.  
11 Rhode Island reserved the federal MIECHV funding to pay for home visits for the fifteen percent  
12 (15%) of enrolled families and children who have commercial insurance or no insurance.

13 (7) Between 2021 and 2024, the number of pregnant and parenting families enrolled in the  
14 evidence-based home-visiting programs in Rhode Island fell by thirty-seven percent (37%) due to  
15 staffing and financing challenges. In 2024 and 2025, four (4) agencies statewide stopped delivering  
16 one or more of the evidence-based program models due to increased fiscal challenges resulting  
17 from Medicaid fee-for-service billing.

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

20 **23-13.7-2. Home-visiting system components.**

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

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

30 (1) Improved prenatal, maternal, infant, or child health outcomes;

31 (2) Improved safety and reduced child maltreatment and injury;

32 (3) Improved family economic security and self-sufficiency;

33 (4) Enhanced early childhood development (social-emotional, language, cognitive,  
34 physical) to improve children's readiness to succeed in school.

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

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

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

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

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

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

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

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

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

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

4           (8) The total annual funding for each program model by source of funding to include  
5 Medicaid fee-for-service state and federal funding, MIECHV federal funding, MIECHV state  
6 match funding, and any other funding by source for each of the last five (5) years for all models;

7           (9) Implementation successes and challenges, including those related to funding, provider  
8 contracts, provider staffing and turnover, and family enrollment and retention; and

9           (10) An analysis of how other states have combined Medicaid and MIECHV home-visiting  
10 grants to support and sustain home-visiting programs, including an analysis of how other states use  
11 Medicaid's Targeted Case Management option.

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

16           (f) First Connections, as used in this section, means the state-run home-visiting program  
17 administered by the department's office of family visiting, and carried out by community nonprofit  
18 organizations.

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

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

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

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

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1           This act would change the department of health's annual reporting requirements regarding  
2 the family home-visiting program. This act would also appropriate the minimum amount of general  
3 revenue to access the maximum amount of federal MIECHV funds and the department to spend all  
4 federally available funds.

5           This act would take effect upon passage.

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