

Significant Home Visiting Enacted Legislation in States (2008-2018)*

STATE	BILL		YEAR	Provisions
<i>Alaska</i>	SB 182	Chapter 19	2012	Establishes the Parents As Teachers (PAT) home visiting program within the Department of Education and Early Development. Requires the department to implement programming that is evidence-based, involves parents, is consistent with research and best practices for high quality early childhood education, incorporates early learning guidelines, and coordinates with existing pre-elementary education programs.
<i>Arkansas</i>	SB 491	Act 528	2013	Requires the implementation of statewide, voluntary home visiting services to promote prenatal care and healthy births. Prohibits the state from compelling parents to participate in home visiting services or hindering their ability to withdraw from services or from considering a parent's withdrawal from a program grounds for child protective services investigations. Requires the state to use at least 90 percent of funding toward evidence-based and promising practice models. Requires state agencies to develop protocols for sharing and reporting program data and a uniform contract for providers, to explore the inclusion of home visiting data in health-based, education-based or child welfare-based statewide longitudinal data systems.
<i>California</i>	SB 252	Chapter 563	2013	Allows pregnant women to satisfy welfare-to-work participation requirements by participating in a voluntary home visiting program under the auspices of the federal home visiting grant or another program for low-income Californians as approved by the U.S. Department of Health and Human Services.
<i>Colorado</i>	HB 1117	Chapter 169	2013	Moves the state home visiting program from the Department of Public Health and Environment to the Department of Human Services to better coordinate learning, health, mental health, family support and parent education services for young children.
	SB 73	Chapter 386	2010	Requires the Colorado Nurse Family Partnership to consult and collaborate with the Health Sciences Division at the University of Colorado and the Department of Public Health and Environment as a condition of state funding.
<i>Connecticut</i>	SB 925		2015	Establishes a home visitation program consortium; provides recommendations for implementing the coordination of home visitation programs within the early childhood system that offer a continuum of services to vulnerable families with young children, including developmental disabilities, prevention, early intervention, substance abuse challenges, mental health issues and intensive intervention.
	SB 1085		2015	Specifies the services health insurance policies must cover for mental and nervous conditions and includes among other things, evidence-based maternal, infant, and early childhood home visitation services designed to improve health outcomes for pregnant women, postpartum mothers, and newborns and children; and other home-based interventions for children.
	SB 972	Public Act 178	2013	Requires the Office of Early Childhood to recommend ways to improve home visiting services, develop a common family referral process, establish core competencies and training for home visitors, and develop program standards and monitor outcomes.

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<i>Hawaii</i>	HB 908	Act 91	2013	Establishes a statewide hospital-based home visiting and early identification program in the State Department of Health. Outlines the goals of the program as identifying families of newborns at risk for poor birth outcomes, promoting healthy child development and strengthening families. Requires the program to provide universal screening of newborns and refer high-risk families to evidence-based home visiting services. Appropriates tobacco settlement funds to the Department of Health to administer the program.
<i>Indiana</i>	SB 446	Chapter 174-2017	2017	Establishes an opioid addiction recovery pilot program to assist expectant mothers with an opioid addiction by providing treatment in a residential care facility and home visitation services following discharge from the residential care facility, provides that the program is administered by the Department of Health, requires the program to include three facilities and allows medication assisted treatment to be used when appropriate, makes an appropriation.
	HB 1004		2015	Establishes the Safety PIN (Protecting Indiana's Newborns) grant program to reduce the state's infant mortality rates. Programs can include, although are not limited to, evidence-based home visiting programs.
<i>Kentucky</i>	HB 366	Chapter 118	2013	Establishes definitions, criteria and goals for a statewide home visiting system. Requires programs to adhere to research-based or promising models and provide voluntary home visits for at-risk parents during the prenatal period or until the child's third birthday. Requires programs receiving state funds to meet the state definitions of home visiting by FY 2014; demonstrate their ability to work as part of a coordinated system; and report outcomes and relevant data to the state home visiting data system. Excludes from the definition services that have few or infrequent home visits, medically referred home visits, child protective services home visits, and visits conducted as part of the federal IDEA Part B or C program.
<i>Maine</i>	HP 1105	Resolve 77	2011	Requires the Department of Human Services to develop a comprehensive, multi-year plan for state home visiting services with an emphasis on research-proven strategies to improve early childhood health and cognition abilities, and services to improve outcomes for infants who are negatively affected by physical, emotional, developmental or environmental factors.
	HP 1671	Chapter 683	2008	Requires the Department of Health and Human Services, subject to the availability of funds, to offer voluntary universal home visiting for new families, regardless of family income.
<i>Maryland</i>	HB 699 SB 566	Chapter 80 Chapter 79	2012	Requires the state to fund evidence-based and promising home visiting models only. Establishes definitions for evidence-based programs, program monitoring and data reporting to the Governor's Office for Children and the General Assembly. Requires the state to use 75 percent of state funding for evidence-based home visiting programs.
<i>Michigan</i>	HB 5572	Public Act 291	2012	Requires the Departments of Community Health, Human Services and Education to collaborate and ensure that only voluntary, home visiting programs that meet evidence-based or promising practice standards are funded by state funds. Requires state agencies to collaborate to collect and share home visiting data.
<i>Minnesota</i>	HB 6		2015	Appropriates \$75,000 in FY 2016 to design baseline training for new home visitors to ensure statewide coordination across home visiting programs. Appropriates \$575,000 in fiscal year 2016 and \$2 million in fiscal year 2017 to provide grants to community health boards and tribal nations for start-up grants for new Nurse Family Partnership programs and for grants to expand existing programs to serve first-time mothers from 28 weeks gestation until the child is two years of age, who are eligible for medical assistance.

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<i>Mississippi</i>	HB 1067	Chapter 485	2010	Creates a pilot home visiting program (Nurse-Family Partnership) to provide home visiting to low-income pregnant women.
<i>New Hampshire</i>	SB 592	Act No. 2018-337	2018	Authorizes the use of Temporary Assistance to Needy Families (TANF) funds to expand home visiting and child care services through family resource centers. Requires the development of evidence-based parental assistance programs aimed at reducing child maltreatment and improving parent-child interactions.
<i>New Jersey</i>	SB 1475	Act No. 2017-50	2017	Establishes three-year Medicaid home visitation demonstration project to provide ongoing health and parenting information, parent and family support, and links to essential health and social services during pregnancy, infancy, and early childhood.
<i>New Mexico</i>	HB 2	Chapter 227	2013	Appropriates state funds for technical assistance and to support capacity-building of home visiting services and staff in high-risk areas of the state.
	SB 365	Chapter 118	2013	Requires the Department of Children, Youth and Families (DCYF) to establish statewide home visiting definitions, criteria and standards. Requires home visiting services to achieve at least two out of nine state-established objectives. Requires the DCYF to share home visiting data with the state Early Learning Advisory Council and requires the DCYF to consult with home visiting evaluators to develop indicators and measure objectives.
<i>Oklahoma</i>	HB 2157		2015	Enacts the Family Support Accountability Act which requires home-visiting programs to conduct visits by trained educators; requires programs to work in partnership; mandates programs achieve a minimum of specified outcomes; requires information sharing; and mandates collaboration with the Early Childhood Advisory Council.
<i>Rhode Island</i>	HB 6310 SB 324		2017	Directs the Department of Health to obtain an annual estimate of the number of children born to families who face significant risk factors known to impair child development, to coordinate the system of early childhood home-visiting services and to work with the Department of Human Services and Department of Children, Youth and Families to identify effective, evidence-based home-visiting models that meet the needs of vulnerable families with young children.
	HB 7220 SB 2096		2016	Establishes the Rhode Island Family Home Visiting Act. Requires the Department of Health to coordinate the system of early childhood home visiting services; to implement a statewide home visiting system that uses evidence-based models proven to improve child and family outcomes; and to identify and refer families prenatally or as early after the birth of a child as possible.
<i>Tennessee</i>	SB 2241	Chapter 873	2012	Outlines goals for state home visiting services to include improved child development, health and family economic sufficiency. Defines evidence-based and promising program models. Allocates 50 percent of state funds toward evidence-based home visiting services in FY 2012-13 and 75 percent by FY 2013-14.
<i>Texas</i>	HB 2630		2015	Requires the Department of State Health Services, Health and Human Services Commission, subject to availability of funds, to fund evidence-based programs, including but not limited to, parenting education, home visitation, and family support services offered by community-based organizations that are designed to prevent or ameliorate child abuse and neglect. Requires that not less than 75 percent of appropriated funds for parenting education programs will be evidence-based and that the remainder of the funds will be used for promising practice programs. The department

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Utah			will adopt outcome indicators to measure the effectiveness of parenting education programs in achieving desired outcomes.	
	SB 219	2015	(Sec.A531.982.) Requires implementation of the Texas Home Visiting program and maintaining of a strategic plan to serve at-risk pregnant women and families with children under the age of 6 through home visiting programs that improve outcomes for parents and families.	
	SB 1836	Chapter 820	2013	Allows individuals applying for marriage license to donate to the Texas Home Visiting Trust Fund.
	SB 426	Chapter 421	2013	Establishes the voluntary Texas Home Visiting program for pregnant women and families with children under age 6. Establishes the definitions of and funding for evidence-based and promising programs (75 percent and 25 percent, respectively). Requires home visiting programs to be evaluated and biennial reports submitted to the Legislature.
Utah	SB 135		2017	Requires the Department of Health to study the use of evidence-based home visiting programs in the state and report its findings to the Legislature, specifies what to study, creates the Home Visiting Restricted Account and specifies how money in the account may be used, includes a repealer provision.
	SB 161	Chapter 430	2018	Creates an evidence-based nurse home visiting pay for success program, describes the requirements of the program, allows that the program is funded through a contractual relationship between the Department of Health and one or more private investors, allows for success payments to investors if performance goals outlined in the pay for success contract are met by the program.
Vermont	SB 156	Act 66	2013	Establishes standards for statewide home visiting services, including issues related to provider training and supervision, family outreach, intake, referrals and transitions and state funding eligibility and criteria.
Washington	HB 1723	Chapter 323	2013	Requires the Department of Early Learning to deposit at least 80 percent of available home visiting funds into the Home Visiting Services Account (HVSA) and up to 20 percent of new funds to provide other parent support services.
	SB 5809	Chapter 165	2013	Requires the Department of Early Learning to deposit federal home visiting funds into the Home Visiting Services Account (HVSA) and administer federal home visiting grant requirements. Requires an annual 50 percent local match through public-private partnerships and requires that unmet match goals be reported to the Legislature.
	HB 2687	Chapter 329	2008	Establishes the Home Visiting Services Account (HVSA) and appropriates funding for home visiting activities to enhance child development and well-being, reduce child abuse and neglect prevalence, and promote school readiness. Requires HVSA expenditures for home visiting services and infrastructure building to be allocated only after private matching funds have been secured by Thrive by Five, a public-private partnership home visiting contractor.

**Sources: StateNet and state legislature websites. Bill status up to date as reported by StateNet and legislatures' websites as of September 26, 2018. Some appropriation bills may not be included. Visit the [Early Care & Education database](#) and search for legislation from 50 states and the territories on a variety of early care and education issues (Child Care Subsidy & Quality; Financing; Governance; Home Visiting; Prekindergarten & School Readiness; Prenatal, Infant & Toddlers Teachers & Workforce).*