



THE JACKIE WALORSKI MATERNAL AND CHILD HOME VISITING REAUTHORIZATION ACT OF 2022

Reauthorizes the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) and increases federal investment over 5 years. The bill includes:

- A \$100 million increase in base funding starting in fiscal year 2023
- Phased in additional federal matching funding starting in fiscal year 2024 which requires a 25% state match (for every \$1 in state investment, \$3 federal contribution)
- Doubles the tribal set-aside (from 3% to 6%) starting in fiscal year 2023
- Dedicated funding (2% set-aside) for workforce support, retention, and case management
- Set-aside funding for research, evaluation, and administration (3%) and technical assistance (2%)
- An increase over fiscal year 2022 state allocations for every state and territory

	Current law	FY2023	FY2024	FY2025	FY2026	FY2027
Base	\$400m	\$500m	\$500m	\$500m	\$500m	\$500m
Matching	\$0	\$0	\$50m	\$100m	\$150m	\$300m
TOTAL	\$400m	\$500m	\$550m	\$600m	\$650m	\$800m

- Requires a new, annually updated “outcomes dashboard” to help Congress and the public track MIECHV’s success in improving family outcomes in every state or territory.
- Requires a new annual report to Congress to allow Members to better oversee the program and make improvements in the future.
- Requires HHS to work with states, beneficiary advocates, and home visiting models to reduce administrative burden by focusing data collection and monitoring on improving family outcomes, instead of details of local site financial accounting.
- Adds a transparent, predictable funding formula, which targets new funding to states with more eligible families using their share of children (and poor children) under age 5.
- Clear, predictable “maintenance of effort” requirement for states and territories.
- Clarifies limited uses of virtual home visiting as a model enhancement to an approved model, and requires that all MIECHV models provide at least one in-person visit per year.
- Limits state administrative spending to 10 percent of grants and requires grantees to focus their program dollars on targeted, intensive services for at-risk families.
- Maintains the current strong focus on evidence-based home visiting models and practices.