



## **The Home Visiting Coalition’s Statement Regarding the Ways and Means Committee’s Mark-Up of the Increasing Opportunity through Evidence-Based Home Visiting Act (H.R. 2824)**

**September 12, 2017**

In anticipation of an upcoming markup of H.R. 2824, the *Increasing Opportunity through Evidence Based Home Visiting Act*, which would reauthorize the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, the Home Visiting Coalition (the “Coalition”) is providing a position statement in regard to the bill.

The MIECHV program, which provides funding for evidence based home visiting programs, has always enjoyed bipartisan support because, at its core, it empowers children and families to improve their health, educational attainment and economic stability, all of which provide children with an opportunity to realize their fullest potential as they become responsible adults. The Coalition is hopeful that the anticipated mark-up of H.R. 2824 will reflect the bipartisan tradition that MIECHV has always retained. We hope members will maintain their shared desire to see MIECHV reauthorized and retain the cordial and bipartisan tone consistent with the history of MIECHV.

The Coalition applauds the Committee’s commitment to reauthorize MIECHV before it expires on September 30, 2017. If MIECHV is allowed to lapse, even for a relatively short period of time, states, territories, and tribes would be forced to freeze enrollment, curtail services, and begin to dismantle the home visiting infrastructure, and thus would significantly undermine this program and the Federal investment. We support the Committee’s proactive steps to reauthorize MIECHV before it expires. The Coalition is grateful for five years of funding, which will provide states, territories, and tribes with stability to continue to develop their programs with a commitment to quality and accountability.

The Coalition commends the Committee for making important policy changes to avoid unintended, harmful consequences on a number of sections, because we have not reviewed the Chairman’s Mark we cannot offer input on the specific provisions. However, we refer the Committee to the Coalition’s previously provided Technical Corrections to H.R. 2824., which are hyperlinked [here](#) and attached.

We remain concerned about several provisions, one of which is Section 108. which requires states, territories, and tribes to match dollar-for-dollar federal MIECHV funds by FY 2022. This poses the greatest risk to the continued existence of the MIECHV program because it creates a significant hardship on many states and territories that may be unable to meet the match requirements. The provision would also create significant administrative burden and bureaucracy for the Federal government and states. The Coalition is also concerned that Tribes and tribal organizations, which serve Native American children and families who face the greatest health, educational and economic disparities will be disproportionately impacted by the match requirements. Based on the Coalition’s information, the match poses the risk of eliminating all or a significant portion of the Tribal MIECHV program. This provision will also put undue burden on non-profits that operate this program.

The Coalition is grateful to the Committee for its commitment to MIECHV and for working with the Coalition on policy modifications that strengthen MIECHV. We know that MIECHV currently serves only a

small fraction of the children and families in need. Increased funding would enable states to improve the lives of more children and families and also allow states to better use scarce public resources. This Committee's efforts to increase funding will further the positive impact of evidence-based home visiting. The Coalition is hopeful that the Committee can find a bipartisanly supported pay-for for MIECHV's reauthorization that allows for increased funding.

As this Committee moves forward with a published Chairman's Mark, we look forward to offering feedback and stand at the ready to work with the Committee toward a bipartisan reauthorization in September.