The Consolidated Appropriations Act, 2023, Public Law 117-328, included a 5-year reauthorization of the Maternal, Infant, Early Childhood and Home Visiting (MIECHV) Program. The language included in the final bill reflected what was included in the bipartisan House-passed Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 (H.R. 8876). This law:

- Provides the first-ever funding increase for MIECHV. Federal funding will double over the duration of the five 5 years, beginning with a $100M increase in base funding in FY23.
- Doubles the Tribal home visiting set-aside from 3% to 6% beginning in FY23.
- Phases in a state-matching requirement beginning in FY24. States will be required to provide a 25% match for additional federal funding.
- Establishes a new, transparent funding formula to states based on the share of children under the age of 5.

**FEDERAL FUNDING AND STATE MATCH REQUIREMENTS**

The new law establishes what is called “base funding” under MIECHV, which will not be subject to the new state match. The base funding will be set at $500M in FY23. Beginning in FY24, the new state matching requirement begins, so for every $1 in new state investment, there will be $3 of federal contributions. Any funding not drawn down by states under the new matching requirement will become available to eligible entities in succeeding fiscal years. The table below shows the breakdown of the increases to MIECHV funding over the course of the 5-year reauthorization period.

<table>
<thead>
<tr>
<th></th>
<th>CURRENT LAW</th>
<th>FY2023</th>
<th>FY2024</th>
<th>FY2025</th>
<th>FY2026</th>
<th>FY2027</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASE</td>
<td>$400M</td>
<td>$500M</td>
<td>$500M</td>
<td>$500M</td>
<td>$500M</td>
<td>$500M</td>
</tr>
<tr>
<td>MATCHING</td>
<td>$0</td>
<td>$0</td>
<td>$50M</td>
<td>$100M</td>
<td>$150M</td>
<td>$300M</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$400M</td>
<td>$500M</td>
<td>$550M</td>
<td>$600M</td>
<td>$650M</td>
<td>$800M</td>
</tr>
</tbody>
</table>

The law makes several other changes to the MIECHV Program, including:

- A dedicated 2% set-aside for workforce retention and support and case management
- A 3% set-aside for research, evaluation, and administration and a 2% set-aside for technical assistance
• A new, annually updated “outcomes dashboard” to allow Congress and the public track MIECHV’s success in improving family outcomes in every state and territory
• A new annual report to Congress will be required for Members of Congress to better oversee the program and make improvements in the future
• The Department of Health and Human Services will be required to work with states, beneficiary advocates, and home visiting models to reduce administrative burden by focusing data collection and monitoring on improving family outcomes
• Clarifies use of virtual home visiting as a model enhancement and requires 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

IMPLEMENTATION
Over the course of 2023, the Health Resources and Services Administration (HRSA) will be soliciting input and issuing guidance and rulemaking to fully implement the new law. Specific allocations of funding under the new formula may not be available until HRSA issues the Notice of Funding Opportunity (NOFO) for the FY23 MIECHV funds, which will not be allocated until September 2023. The National Service Office for Nurse-Family Partnership and Child First will take an active role in responding to Federal Register Notices and will work with Network Partners, nurse home visitors, families, and other stakeholders to provide input and feedback to shape the implementation of the law

OPPORTUNITY
When MIECHV was created in 2010, the new dedicated federal funding supported a rapid scaling of home visiting programs across the country. This first-ever expansion of MIECHV is critical to addressing funding constraints caused by a decade of flat funding. States have the opportunity to use this expanded funding to better support the dedicated home visiting workforce. States can and should also use the money to serve more families based on the most recent state needs assessment. The National Service Office for Nurse-Family Partnership and Child First will be working with state and local stakeholders to leverage this historic expansion of MIECHV to expand our service offerings across the country.

For questions or more information, please contact our Policy & Government Affairs Team at pga@nursefamilypartnership.org