

# 2025 Progress Across 50 States and DC: State Policy Wins in Home Visiting

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This analysis of the year in early childhood state policy advocacy relies on data from a survey of early childhood policy advocates in all 50 states and the District of Columbia, conducted May 2025 through December 2025. The survey asked them for highlights from the year, so the results are representative and not comprehensive. Policy "wins" include legislation, funding increases, executive actions, and regulatory changes.

The survey was developed and executed by Dr. Lisa Kerber of Frontera Strategy. Frontera supports advocacy efforts nationwide by providing qualitative and quantitative research services, including needs assessments and environmental scans, program and policy evaluation, statistical analyses, and survey research for associations, foundations, and nonprofit service organizations active in state capitols.

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## **Healthcare Coverage to Cover Aspects of Home Visiting**

### **Arkansas**

Authorization of Medicaid reimbursement for prenatal and postpartum home visitation care by doulas and community health workers. Act 965 – a companion piece of legislation to the Healthy Moms, Healthy Babies Act – creates a certification process for community-based doulas in Arkansas, defines the scope of practice for doulas, and requires other health benefit plans in the state to provide compensation to a certified community-based doula. Act 435, another piece of related legislation, sets out similar requirements specific to Community Health Workers.

Target population: Pregnant and postpartum women and their children

State funding: Relatively small increase of state funding

Quantify: This is difficult to quantify. There are approximately 35,000 births in Arkansas each year, but currently fewer than 50 trained doulas in Arkansas, according to studies by the University of Arkansas for Medical Sciences. Hopefully this legislation will increase the number of doulas in the state (as well as the number of community health workers) and, subsequently, the number of women who have access to doulas.

[Link](#)  
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### **Louisiana**

Act 190 requires insurance coverage of home visiting services for newborns and young children. These services promote healthy development and safe home environments, addressing topics such as breastfeeding, safe sleep practices, and postpartum depression.

Target population: This policy supports parents with young children who have private health insurance.

State funding: No change in state funding related to this win

Quantify: In 2022, the Louisiana Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs served 3,645 families through 32,754 home visits. At least one MIECHV model is available in Louisiana's 64 parishes. However, only about 6% of newborns in the state currently have access to home visiting services. Requiring private insurance to cover home visiting will increase access to this critical service for more families across Louisiana who wish to participate.

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### **Nebraska**

LB22 requires NDHHS to submit a state plan amendment to the federal Centers for Medicare & Medicaid Services for targeted case management for evidence-based nurse home visiting for new mothers. This would allow programs like Lincoln's Family Connects program to bill Medicaid and offer 3-4 visits with a nurse in the home at discharge from labor and delivery.

Target population: New mothers

State funding: No change in state funding related to this win

[Link](#)

### **New Hampshire**

Momnibus 2.0/Senate Bill 246 is a maternal health package that delivers support for moms by: 1) Improving maternal mental health screening and reducing care barriers, 2) Training rural EMS providers on labor and delivery emergencies, and 3) Strengthening workforce protections for postpartum and pediatric appointments. On January 1, 2026, maternal mental health screenings at well-child visits will be covered by Medicaid and commercial insurance carriers. Commercial carriers will also begin to cover home visits. No employer with 20 employees or more can deny an employee leave from work for medical appointments related to birth, postpartum care, or the child's medical appointments within the first year of birth or adoption (up to 25 hours). In 2028, the Department of Health and Human Services will receive funding to establish a perinatal psychiatric provider consult line.

State funding: Relatively small increase of state funding

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## **Increased Funding and Expansion of Home Visiting**

### **California**

AB 607 enables families enrolled in the CalWORKs (TANF) Home Visiting Program to remain enrolled in the program through model duration. The program had previously limited participation to 24 months or two years of age, whichever is longer for the child. Thousands of families will now have the opportunity to remain in the program for up to three to five years, the typical duration of evidence-based home visiting models funded by the program. This also reduces challenges providers on the ground were experiencing having to shift families to different sources of funding, potentially other providers, which wasted time and resources, and families having to rebuild connections or choosing to exit because they did not want to change providers.

Target population: All children and families enrolled in the CalWORKs Home Visiting Program will benefit – more than 5,000 families.

State funding: No change in state funding related to this win

Quantify: About 5,000 families enrolled in the state CalWORKs Home Visiting Program will benefit. The program previously ended service at 24 months or two years of age, whichever was longer. They can now stay on for full program duration which is typically three to five years.

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### **Georgia**

The Georgia legislature appropriated \$2.9 million to expand a home visiting pilot program, Perinatal Health Partnership, to improve birth outcomes, reduce pre-term delivery, and decrease infant and maternal mortality in rural Georgia.

Target population: Women experiencing high-risk pregnancies, plus new parents and their infants who meet certain requirements

State funding: Relatively small increase of state funding

Quantify: Expands Perinatal Health Partnership home visiting to 25 additional counties for a total of 75 counties

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## **New Mexico**

Increased funding for child care, PreK, home visiting, and early intervention, partly through an increased distribution from the Early Childhood Trust Fund to the Early Care and Education Department from \$250 million to \$500 million.

State funding: Relatively small increase of state funding

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## **Ohio**

Ohio increased funding for Help Me Grow's evidence-based home visiting programs by \$21.5 million. With this increase, Ohio can serve approximately 9,000 additional children and their caregivers, expanding access to proven interventions that promote healthy pregnancies, strengthen parent-child relationships, and support children's cognitive, social, and emotional development. Help Me Grow home visiting programs use nationally recognized, evidence-based models delivered by trained home visitors. Through regular visits, caregivers receive guidance on child development, early learning, safety, health, and family wellbeing, while also being connected to essential community resources. These programs have been shown to improve birth outcomes, boost school readiness, and strengthen family stability. This funding not only expands capacity but also supports the workforce, data systems, and quality-improvement infrastructure needed for effective, high-fidelity program delivery.

Target population: Each model (Healthy Families America, Nurse Family Partnership, Parents as Teachers & Family Connects) has different target populations, but overall all low-income moms and babies during pregnancy and the first three to five years of life.

State funding: Relatively large increase of state funding

Quantify: \$21.5 million to support 9,000 additional children

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## **Studies on Home Visiting**

### **Maryland**

HB 224/SB156 established a workgroup that will assess Maryland's home visiting landscape, identify gaps, and funding sources.

Target population: Families welcoming new children; birthing parents; babies; home visiting providers

State funding: No change in state funding related to this win

[Link](#)

### **Nebraska**

LB104 defines evidence-based home visiting services in statute and calls on NDHHS to offer annual reports from 2026-2028 on the use and impact of state funds for home visitation programs.

State funding: No change in state funding related to this win

[Link](#)