



January 28, 2026

Senator Hardin, Chair
Members of the Health and Human Services Committee
Nebraska Legislature

RE: LB903

Chairman Hardin and Members of the Health and Human Services Committee,

Thank you for allowing me to testify today. My name is Sara Howard, spelled S-A-R-A H-O-W-A-R-D and I am a policy advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. My position at First Five Nebraska is focused on the area of maternal and infant health policy, because we know that healthy moms and babies are critical to ensuring the long-term success of children in our state. I am here to testify in support for LB903. Before I begin, I want to thank Senator Storer for her interest in, and support of, home visiting in the state of Nebraska.

What is Home Visiting?

Home visiting is a **voluntary** service that provides supports and interventions to families through visits in the home (or at any comfortable location for the families). In Nebraska, home visiting is a support that is offered to families at risk across the state, typically during pregnancy or within the first three years after birth of a child, who may be referred from physicians, social workers, other partner agencies or through self-referral. There is no "one size fits all" model for home visiting, rather the challenge is about matching a family with the correct model of home visiting that provides them with the support they need, when they need it. There are 26 different evidence-based models of home visiting utilized nationally, only a handful of which are being implemented in Nebraska. Each model varies in curriculum, visit frequency, focus populations and type of home visitor, among other factors, to provide families with a level of service that meets their needs.

Statutory History of Home Visiting in Nebraska

The Legislature has done important work on home visiting, and much of that work has occurred through the budget. The first bill related to home visiting in Nebraska was LB55, introduced in 2007 by then State Senator Gwen Howard, and was ultimately included in the appropriations package that year. The funding allocated \$600,000 for nurse home visiting services managed by the Division of Children and Family Services at the Department of Health and Human Services and benefited three independent programs. The next home visiting legislation was LB234 in 2013, which was also an appropriations bill that increased the line item in the budget to \$1.1 million, moved the funding over to the Division of Public Health and modified the language in the budget from "nurse home visiting" to "evidence-based home visiting."

Last year, during the long session, this committee unanimously approved, and the Legislature ultimately passed, LB22 and LB104. LB22 allowed for evidence-based nurse home visiting to bill Medicaid and LB104 created the Family Home Visitation Act to define home visiting in statute and offer a report to the Legislature on the service. These were both big leaps forward for home visiting in Nebraska.

Federal and State Funding Supports for Home Visiting in Nebraska

The main funding source for home visiting in Nebraska is the federal Maternal and Infant Early Childhood Home Visiting (MIECHV) grant. MIECHV is a program that was created in 2010, and reauthorized in 2013, 2018 and most

recently in December 2022. The MIECHV program is structured slightly differently than other federal programs in that states receive a base funding amount. For the past several years Nebraska's base funding amount has been \$1.2 million. In the reauthorization bill, Nebraska's base allocation increased to \$1.7 million with the opportunity for additional funding at a 25/75 match from the federal government. Nebraska is currently fully drawing down their federal match for home visiting.

The state of Nebraska also utilizes funding from the TANF Rainy Day fund, general funds and Medicaid Managed Care Excess Profit Fund monies for home visiting. Individual programs may also receive funding from federal Head Start, local city and county funds and private donors.

One additional funding source for home visiting programs is the Families First Prevention Services Act, or FFPSA. FFPSA was a law passed during the first Trump administration to reform the way the federal government funds our child welfare system. Previously the IV-E program required that a child be removed from their home for the state to draw down funds for that child and the service they receive. Under FFPSA, the federal government will fund specific programs that are proven to prevent children from being removed from their homes and keep families intact. Home visiting programs are approved for FFPSA billing and in Nebraska several are attempting to bill for the services they provide.

The main challenge with billing FFPSA is that the family must first be deemed *at risk* of involvement with the child welfare system by the case manager, and then the case manager must refer them to home visiting. Both of these prerequisites must be met before a home visiting agency can bill FFPSA for a family.

How Does LB903 Support Home Visiting in Nebraska?

LB903 adds a critical element for home visiting to the alternative response (AR) statutes. Within the list of considerations for the case manager in an AR case, it adds the referral to home visiting programs, *when appropriate*. The hope is that the addition of this language will raise the profile of home visiting programs available to families among case managers, improve referral rates for families to home visiting and ultimately increase the federal draw down of funding for the services.

Thank you for allowing me to testify today and again, I want to thank Senator Storer for her willingness to support home visiting programs in Nebraska.

Sincerely,



Sara Howard
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