

ONE HUNDRED NINTH LEGISLATURE - FIRST SESSION - 2025
COMMITTEE STATEMENT
LB104

Hearing Date: Friday February 07, 2025
Committee On: Health and Human Services
Introducer: Raybould
One Liner: Adopt the Family Home Visitation Act

Roll Call Vote - Final Committee Action:
Advanced to General File

Vote Results:

Aye: 7 Senators Ballard, Fredrickson, Hansen, Hardin, Meyer, Quick, Riepe
Nay:
Absent:
Present Not Voting:

Testimony:

Proponents:

Senator Jane Raybould
Lana Temple-Plotz
Hailey Crumley
Dezarae Brandt
Anahi Salazar
Sara Howard
Keesha McQuay

Representing:

Opening Presenter
NCHS Nebraska Children's Home Society
self
Panhandle Public Health District
Voices for Children
First Five Nebraska
NABHO Nebraska Association of Behavioral Health
Organization

Opponents:

Representing:

Neutral:

Representing:

* ADA Accommodation Written Testimony

Summary of purpose and/or changes:

LB 104 requires DHHS to limit funding for a home visitation program that includes periodic home visits to improve the health, well-being, and self-sufficiency of parents and their children. The program shall provide visits by nurses, social workers, and other early childhood and health professionals or trained and supervised lay workers. This bill also requires DHHS to create a website and submit a report.

Sec. 1: Citation of Family Home Visitation Act

Sec. 2: Defines Department as DHHS. Defines home visitation as a voluntary program that is carried out in relevant settings, primarily in the homes of families with one or more children five years of age or younger or pregnant



persons.

Sec. 3: DHHS shall only fund a home visitation program that includes periodic home visits to improve the health, well-being, and self-sufficiency of parents and their children.

A home visitation program shall provide visits by nurses, social workers, and other early childhood and health professionals or trained and supervised lay workers.

A home visitation program shall accomplish one or more of the following: improve maternal, infant, or child health outcomes; promote positive parenting practices; build healthy parent and child relationships; enhance social and emotional development; support cognitive development; improve the health and well-being of the family; empower families toward economic self-sufficiency; reduce child maltreatment and injury; and increase school readiness.

Sec. 4: DHHS shall only fund an evidence-based home visitation program that:

- 1) Is founded on a clear, consistent model;
- 2) Is associated with, or certified by, a national organization, an institution of higher education, or a national/state public health institute;
- 3) Has comprehensive home visitation standards;
- 4) Follows a program manual;
- 5) Employs well-trained and culturally competent staff;
- 6) Provides continual professional development;
- 7) Demonstrates strong links to other community-based services;
- 8) Operates within an organization that ensures compliance with these standards; and
- 9) Operates with fidelity to the program model.

Sec. 5: Home visitation funds may be used for workforce purposes and to assist the programs and individuals in receiving and maintaining certification for home visitation providers.

Sec. 6: The Act does not apply to a program that provides a single home visit or infrequent visits.

Sec. 7: Families may decline home visitation program services at any time.

Sec. 8: DHHS may adopt and promulgate rules and regulations to carry out this Act.

Sec. 9: No later than February 15, 2026, and through February 15, 2028, , DHHS shall submit an electronic report to the Clerk of the Legislature. Such report shall be made available on DHHS's website, and shall include the following information, if available: type and location of home visitation programs in Nebraska; goals and achieved outcomes, number of families served; demographic data on the families served; total amount of funds expended for these programs; program model descriptions and model specific outcomes; training and professional credentials required for each model; eligibility criteria for each model; target populations for each model; wait list information, if applicable; and referral sources

DHHS shall only include outcomes from federally funded or state-funded home visitation programs.



Brian Hardin, Chairperson

