National Rural Health Association

July 9, 2026

The Honorable Darin LaHood
Chairman
House Committee on Ways and Means
Work & Welfare Subcommittee
503 Cannon House Office Building
Washington, DC 20515

The Honorable Danny Davis
Ranking Member
House Committee on Ways and Means
Work & Welfare Subcommittee
2159 Rayburn House Office Building
Washington, DC 20515

Submitted via email: WMSubmission@mail.house.gov

Dear Chairman LaHood, Ranking Member Davis, and members of the House Ways and Means Work and Welfare Subcommittee,

The National Rural Health Association (NRHA) appreciates the opportunity to submit a written comment on the recent House Ways and Means Work and Welfare Subcommittee hearing on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. NRHA encourages continued bipartisan support for the program and urges Congress to reauthorize the program to sustain support for rural mothers and families.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

**The current landscape of rural maternal and child health**

On average, one in four women of reproductive age live in rural counties, with approximately 2.3 million rural women living in counties that are deemed maternity care deserts.[1] Rural areas often have disproportionately less access to maternal healthcare services, resulting in higher rates of poor outcomes; expectant mothers living in rural areas are nearly two times more likely to die than those living in urban areas.[2] Rural communities often face unique challenges in terms of maternal healthcare access, including difficulty in recruiting and retaining maternal healthcare workers, hospital obstetrics unit closures, longer distances to travel to access obstetrics and maternal care services, and lack of access to supportive prenatal and postpartum healthcare services.

**Home visiting programs for rural communities**

Home visiting programs help bring healthcare services to meet families and patients where they are. Especially for rural families, where access to healthcare services is limited, home visiting

[1] Klein S. Positive outliers: how some rural communities maintain access to labor and delivery services. *Commonwealth Fund.* Published October 24, 2025. Accessed July 8, 2026. https://www.commonwealthfund.org/publications/2025/oct/positive-outliers-how-rural-communities-maintain-access-labor-delivery

[2] Harrington KA, Cameron NA, Culler K, Grobman WA, Khan SS. Rural–urban disparities in adverse maternal outcomes in the United States, 2016–2019. Am J Pub Health. 2023;113(2):224-227. doi: 10.2105/AJPH.2022.307134

programs can help provide supportive prenatal and postpartum services to rural mothers and their families. Home visiting programs are shown to help alleviate transportation challenges and geographical barriers residents face to access healthcare services.[3] Additionally, social support and community engagement services provided through home visiting programs are found to improve community resource and outpatient clinic utilization, lower emergency room visits, decrease substantiated reports of child maltreatment, and lower rates of preterm birth.[4] Further, home visiting programs are a key resource for[5], with many programs aiding in improving maternal health literacy among rural patients. Home visiting programs are shown to help support rural families and link them to critical resources during pregnancy, postpartum, and in early childhood; as a result, home visiting programs directly impact child development and maternal and child health and helps to support rural health [6].[7]

**MIECHV's impacts on rural**

The MIECHV program provides expectant mothers and families with voluntary home visits by a nurse, social worker, or other trained professional; it historically demonstrates that utilization of this program during pregnancy and in the first years of life can improve the lives of rural children and families. The success of the program led to expansion of its use to rural communities; in the Fiscal Year (FY) 2024, the program reached 1,124 counties in the United States, 62% of which were rural counties,[8] and covered about 30% of all rural counties in the country. Since the program was reauthorized by Congress in 2022 with increased funding, the MIECHV program has expanded to serving 20% more rural counties,[9] role in connecting families with health services, child development supports, and other community resources.[10]

The MIECHV program has allowed rural patients to be seen by a home visitor, which for many rural parents, may be the only point of contact outside their family in a given week after giving birth. The program has allowed staff to build mutual trust with rural mothers and families to provide them with support services to address issues relating to pregnancy, postpartum health, and parenting. Additionally, studies have shown that new rural mothers may experience higher degrees

[3] Gordon RD, Kishi A, Brown JA, et al. Rural maternal health interventions: A scoping review and implications for best practices. *J Rural Health*. 2025;41(1):e70007. doi:10.1111/jrh.70007
[4] Ibid.
[5] Ibid.

[7] Maternal and Child Health Bureau. *Maternal and Child Health Bureau Program Brief.* Health Resources and Services Administration. Published 2023. Accessed July 8, 2026.
[8] Ibid

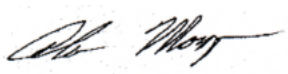
[10] Health Resources and Services Administration. HRSA releases new MIECHV data. Published April 10, 2024. Accessed July 8, 2026. https://www.hrsa.gov/about/news/press-releases/hrsa-releases-new-miechv-data

of social isolation compared to urban areas.[11] As a result, the MIECHV program in rural areas has been critical for addressing social isolation as well as basic health [12].[13]

Continued expansion of MIECHV to additional rural counties is critical to address the needs of all rural communities. A 2020 needs assessment in Oregon found that rural and frontier communities are in particular need of MIECHV program capacity expansion, but are also the areas where the MIECHV and Home Visiting programs struggle to enroll and engage families.[14] Barriers include rural workforce and retention, long travel times, low participant volume across large geographical areas, and a lack of easily accessible support services for rural patients' needs. With further expansion of the MIECHV program in rural counties, rural-specific technical assistance [15]to support states' efforts in implementing the program.[16]

With demonstrated success in rural communities, reauthorization of the MIECHV program is critical to addressing the rural maternal health crisis. NRHA thanks the Committee for the opportunity to voice our support for the MIECHV program. If you have any questions or would like to discuss our response further, please contact NRHA's Chief Policy Officer, Carrie Cochran McClain at ccochran@ruralhealth.us.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association

[11] Office of Planning, Research, and Evaluation. *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Program Area Brief.* Administration for Children and Families. Published March 2023. Accessed July 8, 2026. https://acf.gov/sites/default/files/documents/opre/miechv_program_area_brief_mar2023.pdf

[13] Ibid.

[14] Federal Office of Rural Health Policy, Health Resources and Services Administration. *MIECHV Policy Brief.* Published September 2023. Accessed July 8, 2026. https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/miechv-policy-brief-september-2023.pdf

[16] Ibid.

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