VANDERBILT Peabody College | prenatal-to-3 policy IMPACT CENTER

SEPTEMBER 30, 2025

The Sixth Annual

Prenatal-to-3 Research to Policy Summit

2025 Summit: Guiding Questions

- What are the most effective, evidence-based policies to help families build strong foundations?
  - Sneak peek: We have identified 5 new emerging strategies!
- What progress have states made in implementing evidence-based policies this past year?
- How will recent federal policy changes impact state policy?
- How do state policy choices impact family resources?

Summit Presenters

Cynthia Osborne, Ph.D.

Prenatal-to-3 Policy Impact Center
Executive Director, Professor

Elisabeth Wright Burak

Georgetown University, Center for Children and Families
Senior Fellow

Alyssa Rafa

Prenatal-to-3 Policy Impact Center
Assistant Policy Director

Sarah Ritter

Prenatal-to-3 Policy Impact Center
Policy Manager, Income Security

Maria Spinetti

Prenatal-to-3 Policy Impact Center
Senior State Policy Analyst

Science of the Developing Child Informs Policy Goals

Safe, stable, stimulating, nurturing interactions between an infant and a parent or caregiver **promote optimal brain and body development**

Our health and wellbeing prenatally and in the first 3 years of life **affect all future learning, behavior, and health**

The absence of a comprehensive system of support can **compromise a child's ability to learn and grow throughout life**

8 Prenatal-to-3 Policy Goals

- Access to Needed Services
- Parents' Ability to Work & Provide Care
- Sufficient Household Resources
- Healthy & Equitable Births
- Parental Health & Emotional Wellbeing
- Nurturing and Responsive Child-Parent Relationships
- Nurturing and Responsive Child Care in Safe Settings
- Optimal Child Health & Development

Building a Prenatal-to-3 System of Care

Early Care & Learning

Economic & Family Supports

Child & Parent Health

Building a **Prenatal-to-3 System of Care**

Child & Parent Health

- Expanded Income Eligibility for Health Insurance to 138%
- Comprehensive Screening and Connection Programs
- Group Prenatal Care
- Community-Based Doulas
- Early Intervention Services
- Perinatal Telehealth Services

Economic & Family Supports

- Paid Family and Medical Leave for Families with a New Child
- State Minimum Wage of $10.00 or Greater
- Refundable State Earned Income Tax Credit of at Least 10%
- Reduced Administrative Burden for SNAP
- Evidence-Based Home Visiting Programs
- Cash Transfers

Early Care & Learning

- Early Head Start
- Child Care Subsidies
- Shared Book Reading Programs
- Emergent Literacy Coaching Programs
- Child Care Workforce Retention Incentives

Building a **Prenatal-to-3 System of Care**

Child & Parent Health

- Expanded Income Eligibility for Health Insurance to 138%
- Comprehensive Screening and Connection Programs
- Group Prenatal Care
- Community-Based Doulas
- Early Intervention Services
- Perinatal Telehealth Services

Economic & Family Supports

- Paid Family and Medical Leave for Families with a New Child
- State Minimum Wage of $10.00 or Greater
- Refundable State Earned Income Tax Credit of at Least 10%
- Reduced Administrative Burden for SNAP
- Evidence-Based Home Visiting Programs
- Cash Transfers

Early Care & Learning

- Early Head Start
- Child Care Subsidies
- Shared Book Reading Programs
- Emergent Literacy Coaching Programs
- Child Care Workforce Retention Incentives

Building a **Prenatal-to-3 System of Care**

Child & Parent Health

- **Expanded Income Eligibility for Health Insurance to 138%**
- Comprehensive Screening and Connection Programs
- Group Prenatal Care
- Community-Based Doulas
- Early Intervention Services
- Perinatal Telehealth Services

Economic & Family Supports

- **Paid Family and Medical Leave for Families with a New Child**
- **State Minimum Wage of $10.00 or Greater**
- **Refundable State Earned Income Tax Credit of at Least 10%**
- **Reduced Administrative Burden for SNAP**
- **Evidence-Based Home Visiting Programs**
- **Cash Transfers**

Early Care & Learning

- **Early Head Start**
- **Child Care Subsidies**
- Shared Book Reading Programs
- **Emergent Literacy Coaching Programs**
- **Child Care Workforce Retention Incentives**

Building a **Prenatal-to-3 System of Care**

Child & Parent Health

- Expanded Income Eligibility for Health Insurance to 138%
- Comprehensive Screening and Connection Programs
- Group Prenatal Care
- **Community-Based Doulas**
- **Early Intervention Services**
- Perinatal Telehealth Services

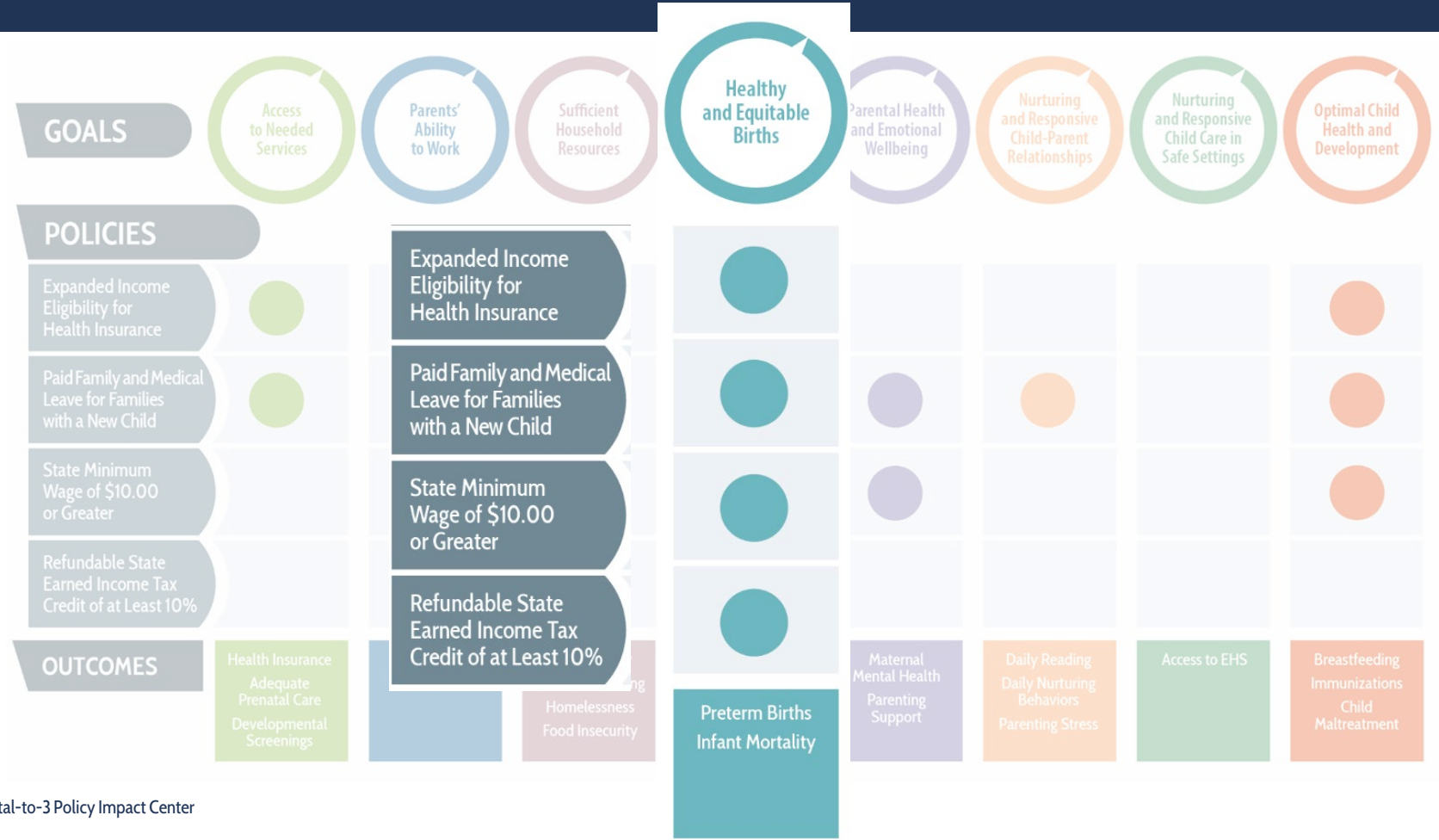
Economic & Family Supports

- **Paid Family and Medical Leave for Families with a New Child**
- State Minimum Wage of $10.00 or Greater
- Refundable State Earned Income Tax Credit of at Least 10%
- Reduced Administrative Burden for SNAP
- **Evidence-Based Home Visiting Programs**
- Cash Transfers

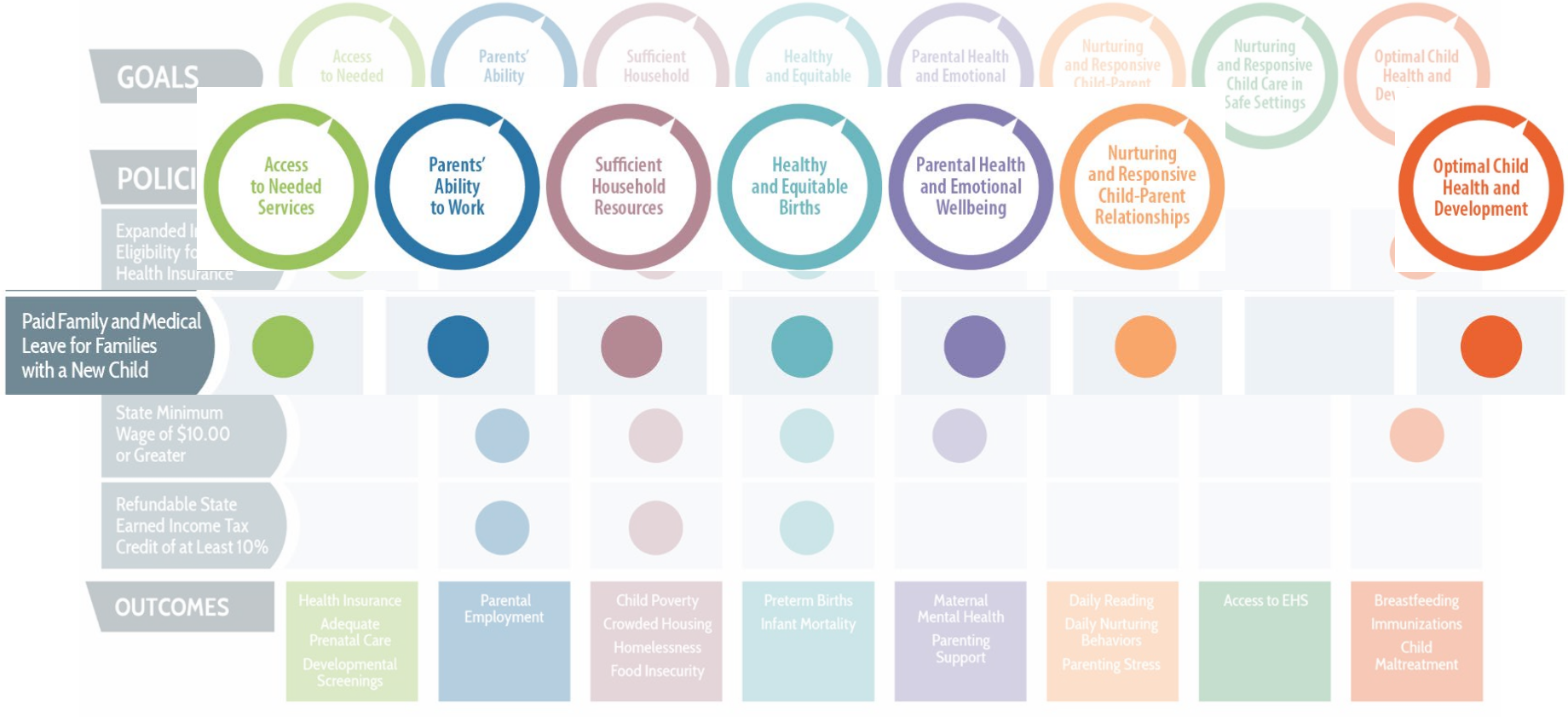
Early Care & Learning

- **Early Head Start**
- **Child Care Subsidies**
- **Shared Book Reading Programs**
- **Emergent Literacy Coaching Programs**
- **Child Care Workforce Retention Incentives**

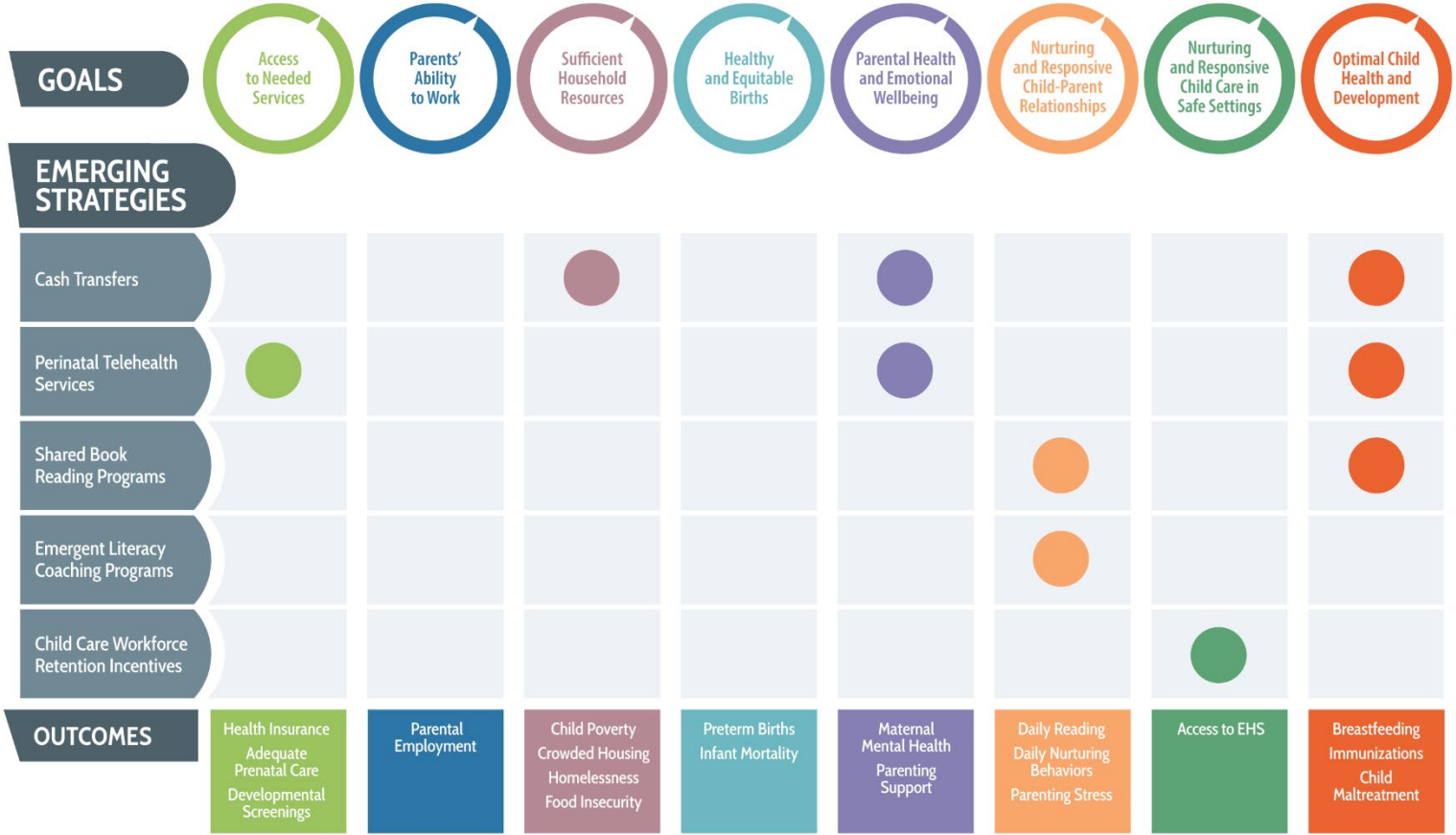
Effective Roadmap Policies



Effective Roadmap Policies



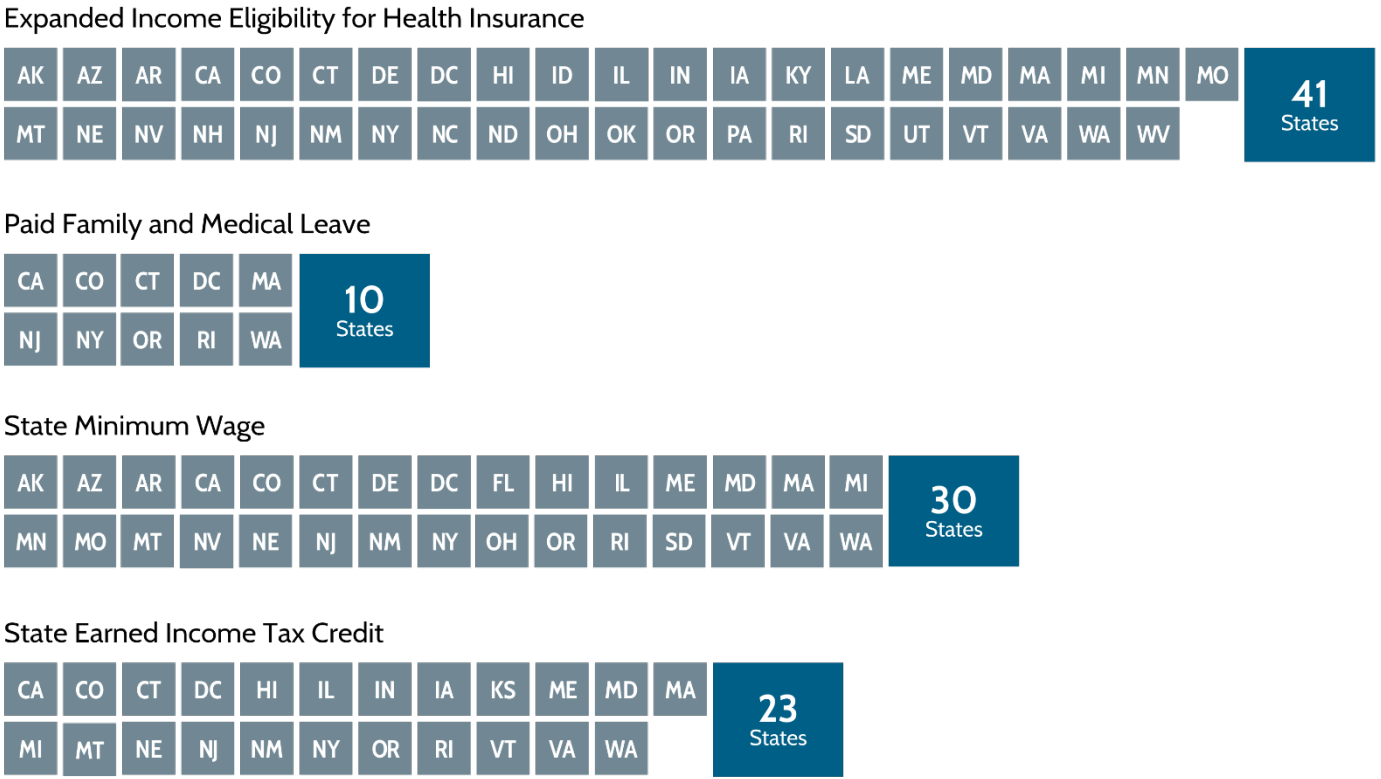
NEW: Emerging Strategies



prenatal-to-3 policy IMPACT CENTER

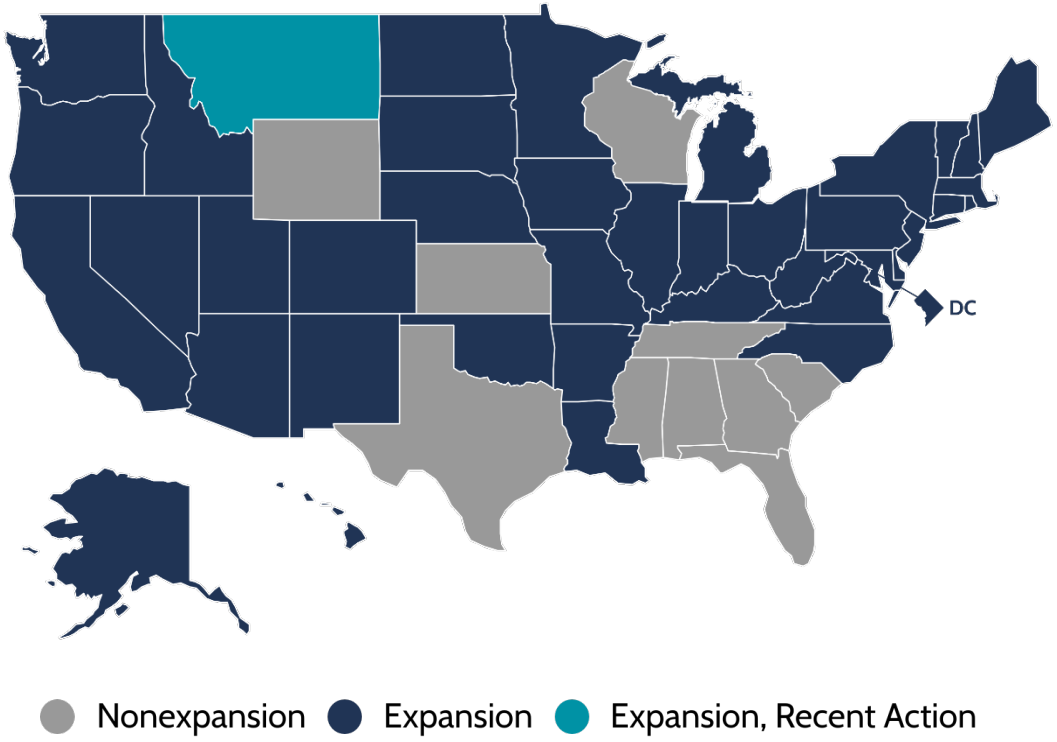
How do states vary in implementing evidence-based policies?

No States Newly Implemented Any Effective Policies Since October 1, 2024



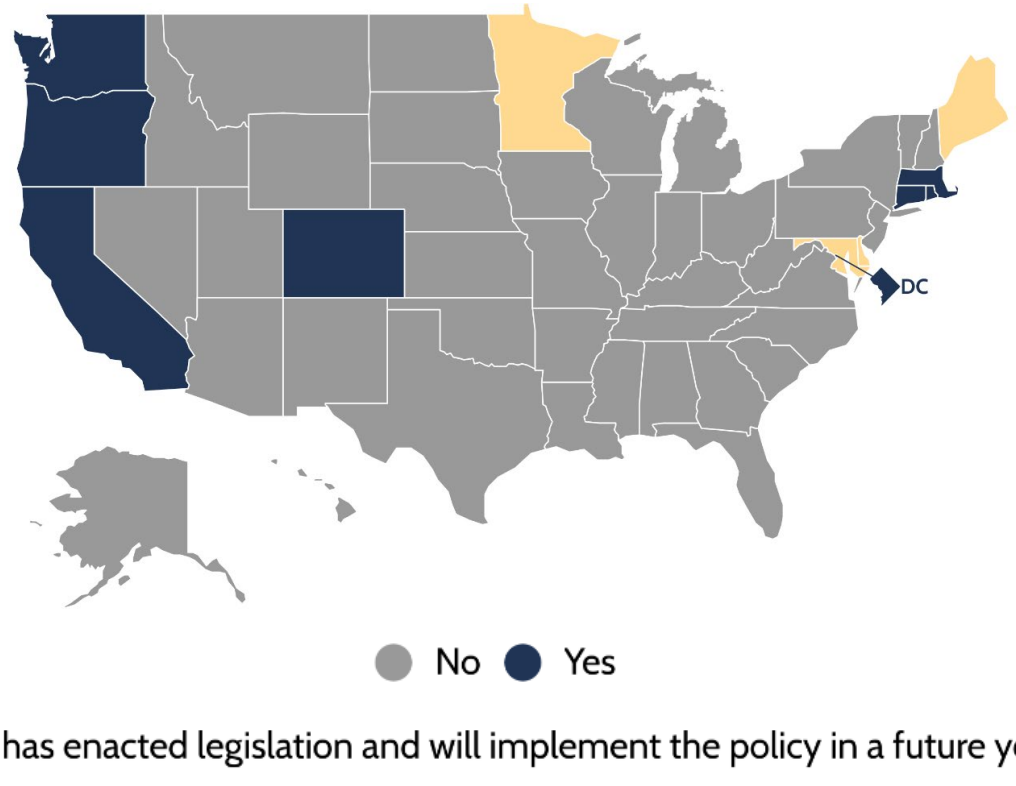
41 States Have Implemented the Medicaid Expansion Under the ACA

- Montana extended its expansion program to prevent it from expiring.
- Among the 10 remaining non-expansion states, 6 states introduced legislation to expand coverage.



10 States Have Implemented Paid Family and Medical Leave

- Delaware, Minnesota, and Maine will implement their programs in 2026; Maryland delayed implementation to 2028.
- 16 states considered legislation for a statewide program.
- 31 states have implemented paid leave for state employees only.



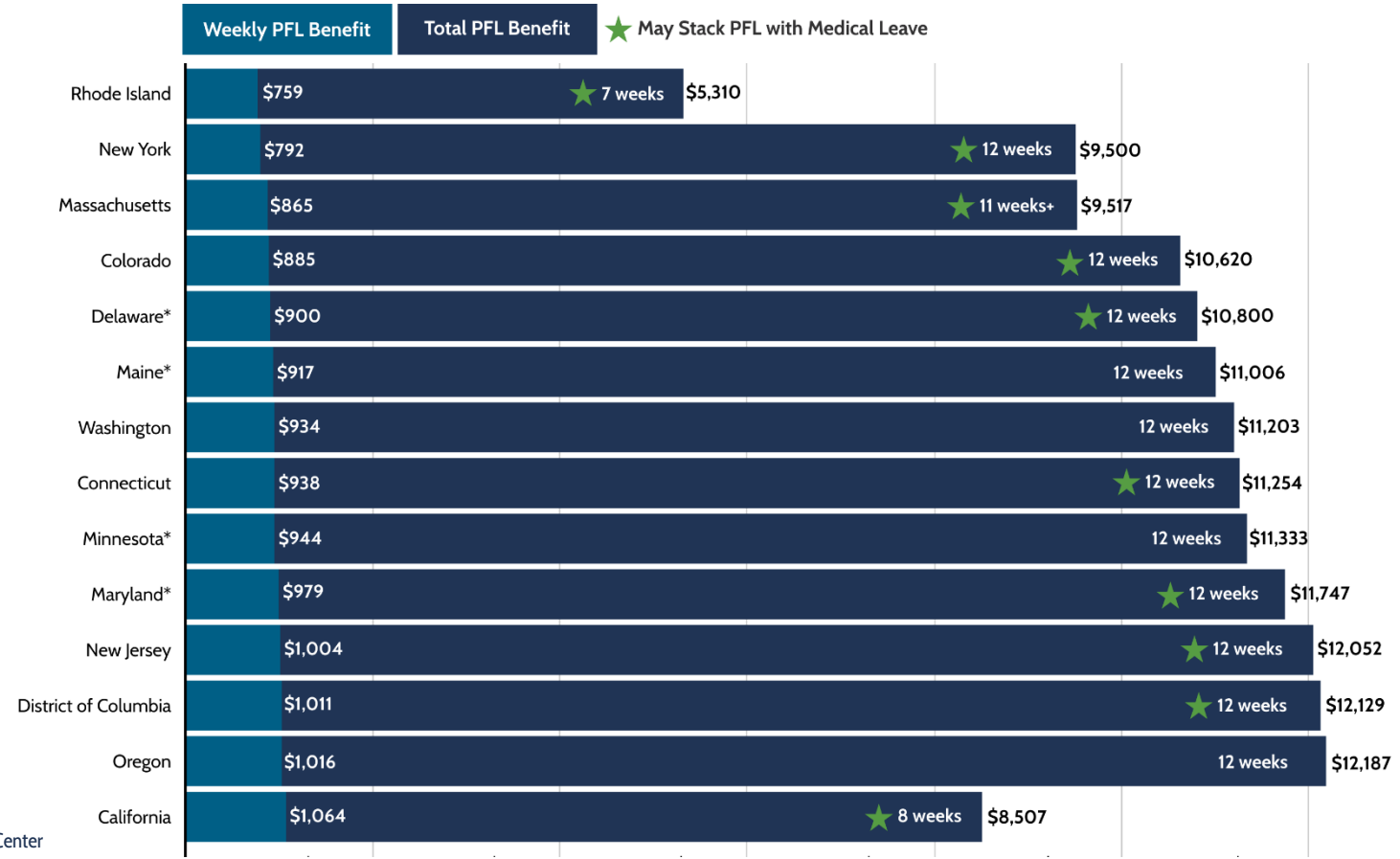
Paid Family and Medical Leave Policy Changes

Increased Wage Replacement

Lengthened Duration of Leave

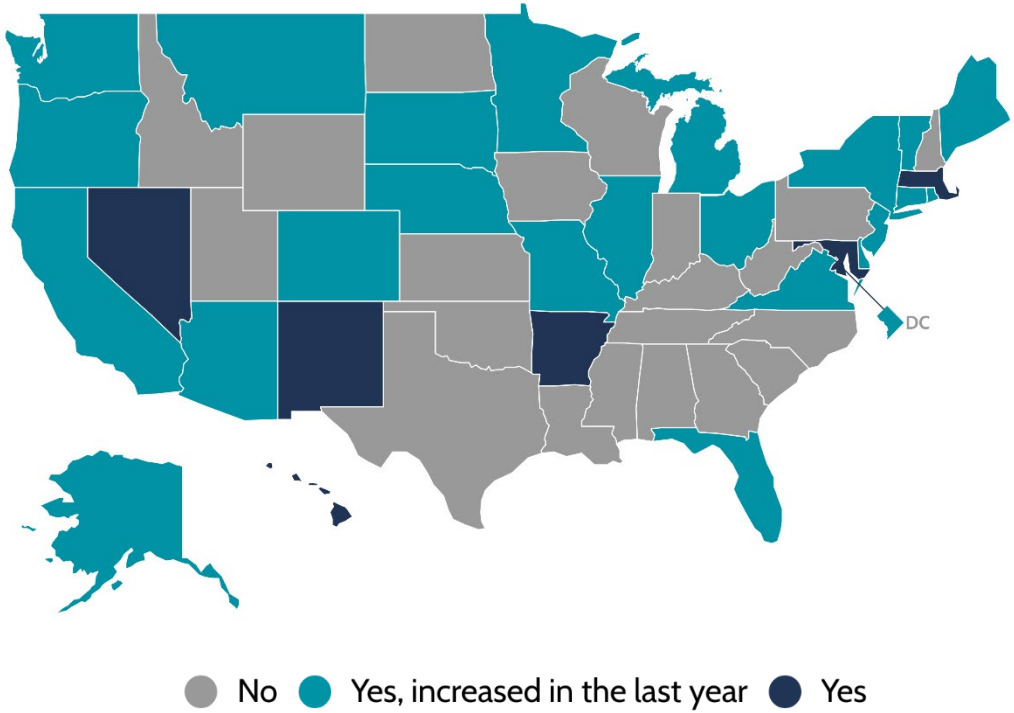
Incremental Progress

Projected PFML Benefits for a Median Wage, Full-Time Worker



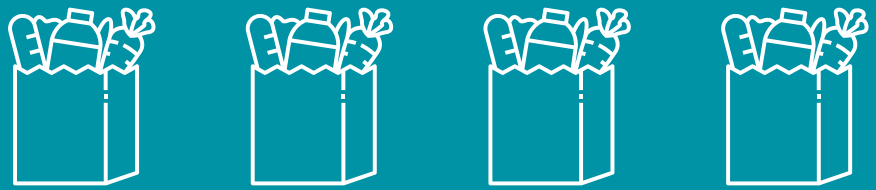
30 States Have Implemented a Minimum Wage of at Least $10.00

- In 2025, the minimum wage increased in 24 states with increases ranging from $0.25 in Montana and Ohio to $2.15 in Michigan.



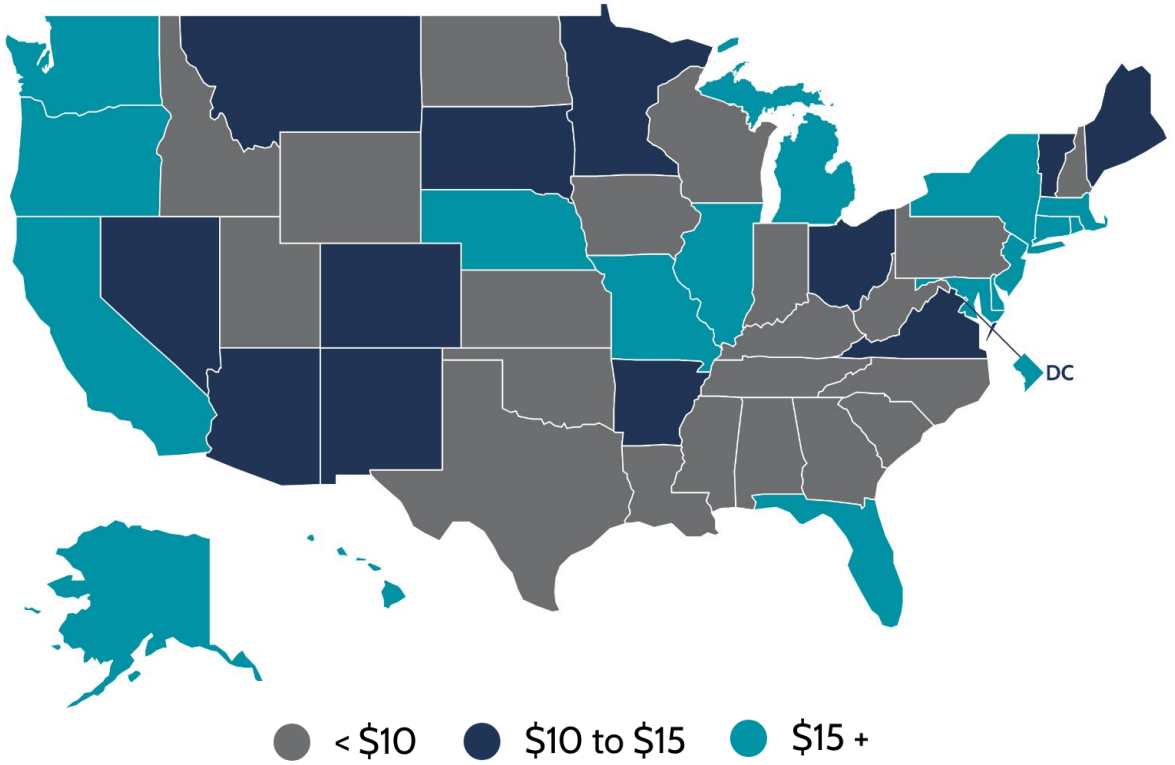
Small Changes in Hourly Wages Result in Big Impacts for Families

A **$0.25 per hour increase** to the state minimum wage translates into **an additional $520 in annual income** for a full-time worker earning minimum wage, which is enough to cover **4 weeks of groceries** for a single parent with two young children.



At Least 18 States' Minimum Wage Will Be $15 or Greater by 2027

- 12 states have minimum wages of $15.00 or greater, and at least 6 more states will by 2027.



State Minimum Wage Policy Changes

Approved Ballot Measures

2025 $12.30 → 2026 $15.00

2025 $13.00 → 2027 $15.00

Enacted Incremental Increases

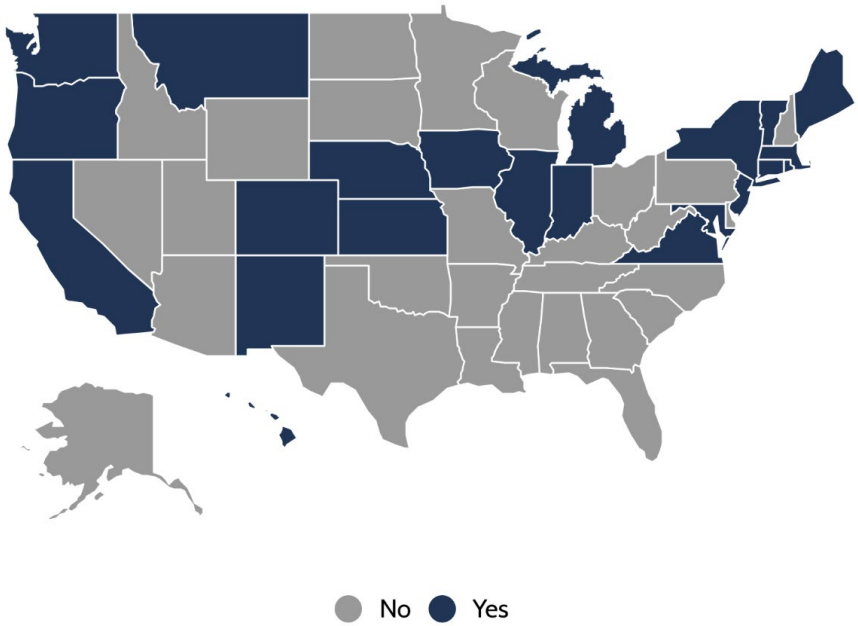
2025 $12.48 → 2027 $15.00

2025 $15.00 → 2027 $17.00

Increase Passed, but Vetoed

23 States Have Implemented a Refundable EITC of at Least 10% of the Federal EITC

- 5 additional states have a refundable EITC that is less than 10% of the federal credit, and 4 states have a nonrefundable EITC.
- Connecticut, the District of Columbia, and Virginia expanded the generosity of their state EITC.
- 27 states introduced legislation to enact or expand their state EITC.



State EITC Policy Changes

Enacted Increases, Effective in 2025

Additional $250 to 40% Credit

20% Credit Fully Refundable

Implemented Previously Enacted Increase

2024 70% → **2025** 85%

(families with children)

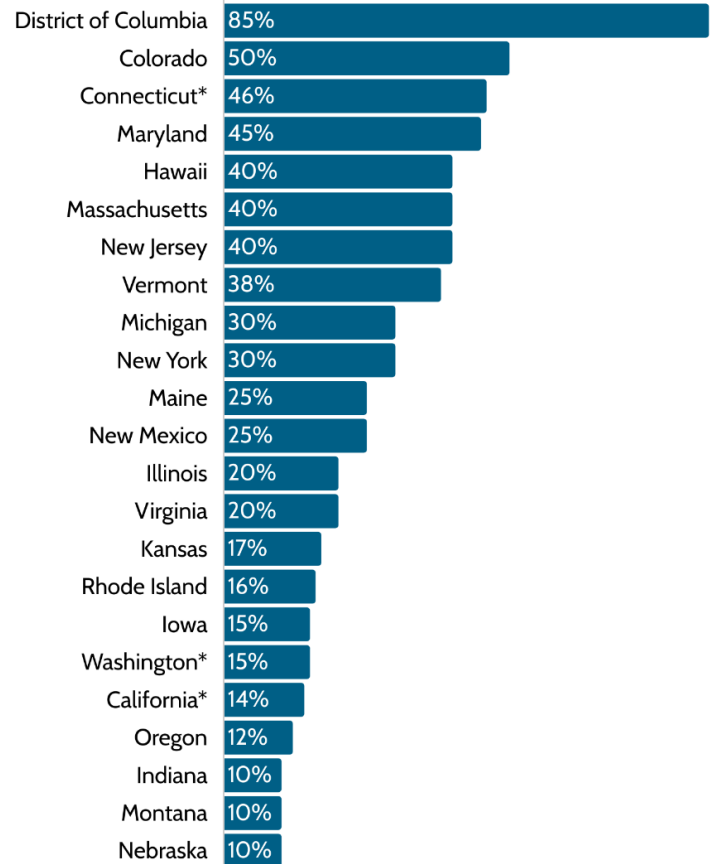
Enacted Increases, Effective in 2026

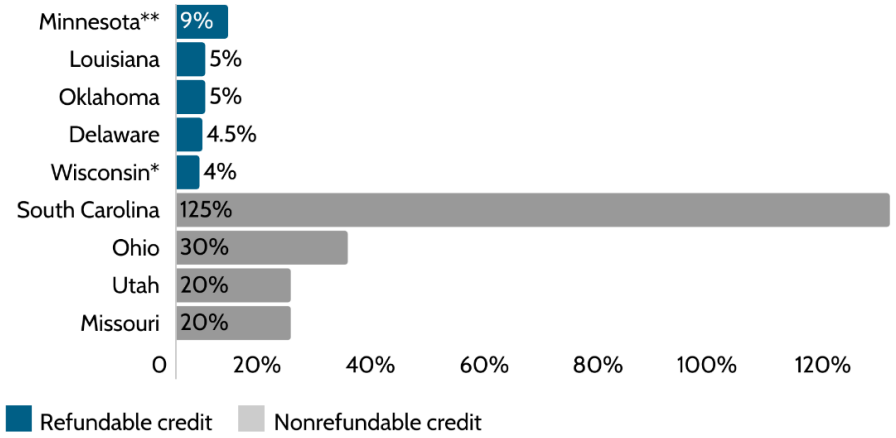
2025 10% → **2026** 20%

2025 38% → **2026** 100%

(childless adults)

Variation in the State EITC





- No EITC: AL, AZ, AR, GA, ID, KY, MS, NC, ND, PA, WV
- No EITC, no income tax: AK, FL, NV, NH, SD, TN, TX, WY

Child Care Subsidies: Key Policy Levers

15 states set **income eligibility** limits at or above 85% of the state median income (SMI)

AR	CA	KS	KY	LA	ME	NM	NY	OK	SC
TX	UT	VT	VA	WV					

34 states **limit copayments** to 7% of family income or less for all families

AZ	AR	CA	CT	DE	DC	GA	ID	IL	IN
KS	KY	LA	MD	MI	MS	NE	NV	NH	NJ
NM	NY	ND	OK	OR	RI	SC	SD	TN	TX
UT	VA	WA	WV						

20 states set **equitable** infant and toddler **reimbursement rates** at or above the 75th percentile of the market rate survey or set rates based on a cost estimation model

AR	CO	DC	IA	LA	MD	MA	MN	MS	MO
NE	NH	NM	NY	ND	PA	SC	TX	VT	VA

Variation in Initial Income Eligibility Limits for Child Care Subsidies

Income eligibility for a family of three as of June 30, 2025:

$153,240

575% FPL

146% SMI

$66,048

248% FPL

60% SMI

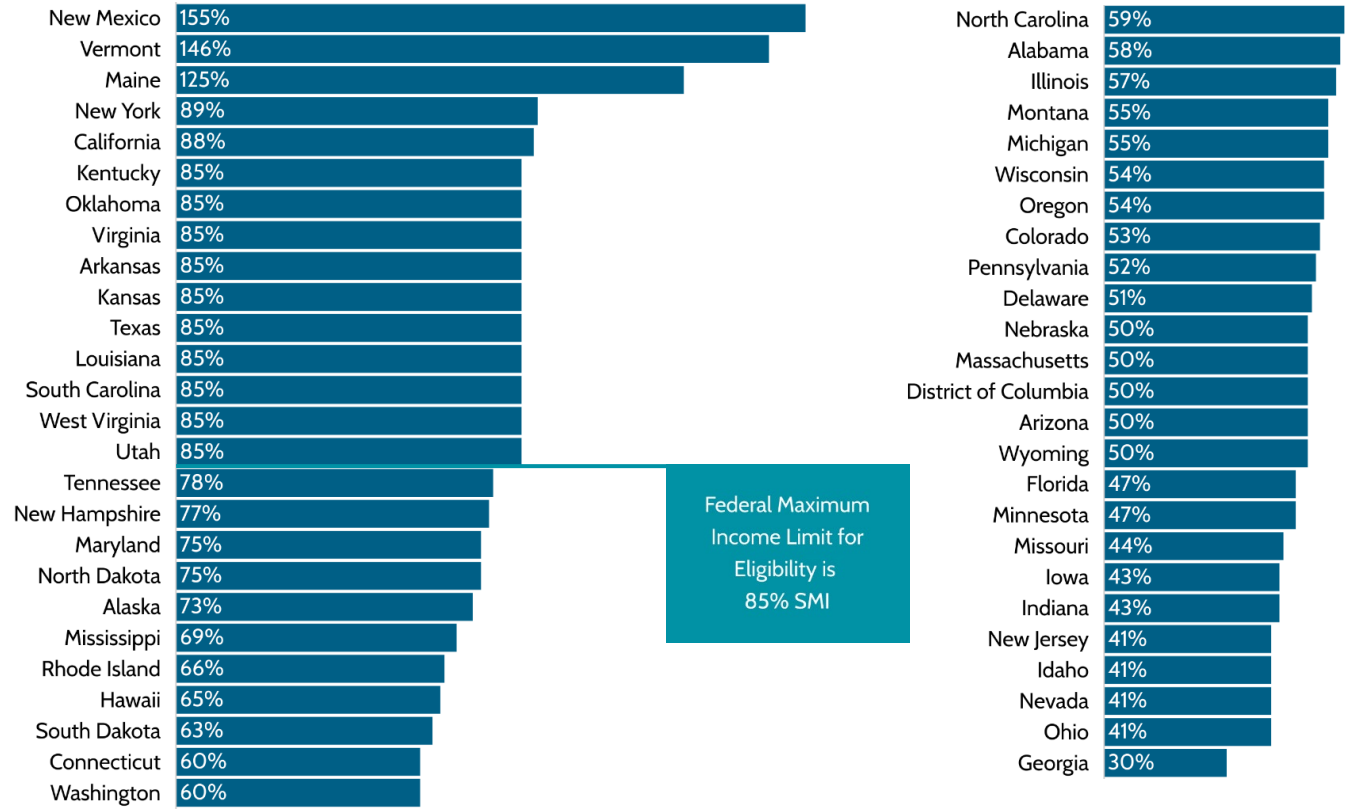
$26,686

100% FPL

30% SMI

New Mexico took steps to make child care universal starting November 2025.

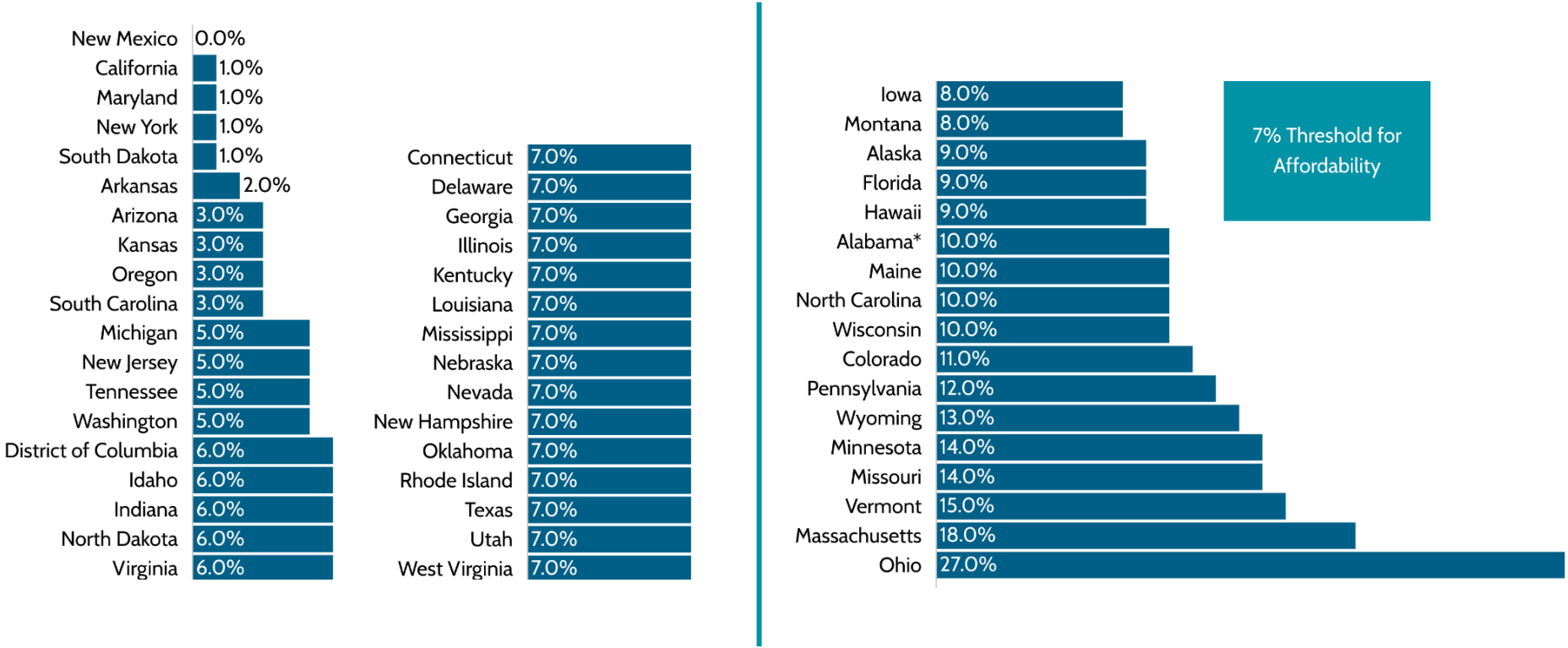
15 States Set Their Child Care Subsidy Income Eligibility at 85% of SMI or Higher



As of June 30, 2025

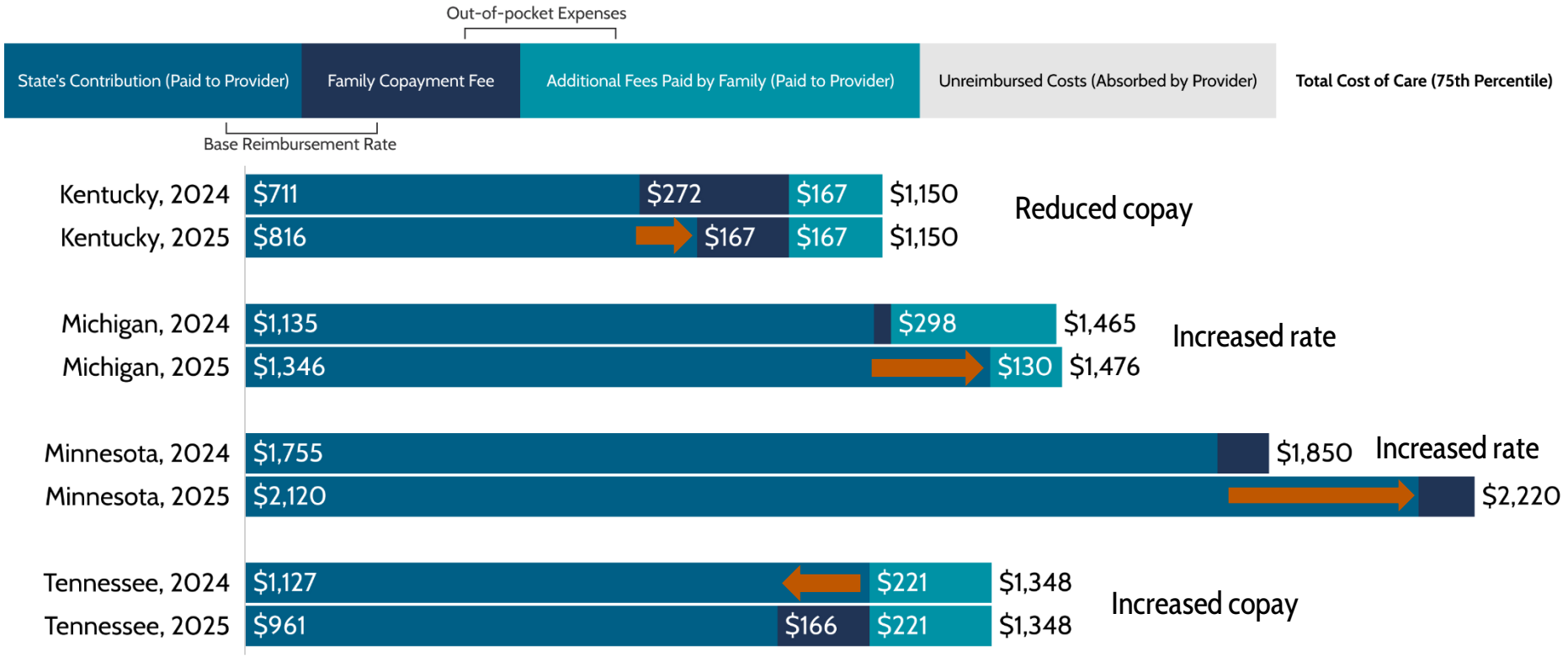
Prenatal-to-3 Policy Impact Center

34 States Limit Child Care Subsidy Copayments to 7% Percent or Less of Family Income



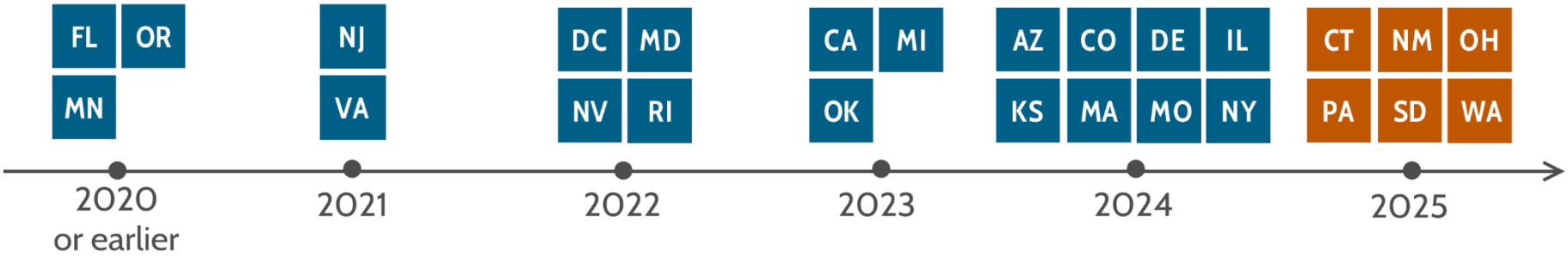
As of June 30, 2025

15 States Set Child Care Subsidy Reimbursement Rates at the 75th Percentile, 5 States Use Cost Estimation Models



Note: 2024 data as of October 1, 2024; 2025 data as of June 30, 2025

26 States Use Medicaid to Fund Doula Services



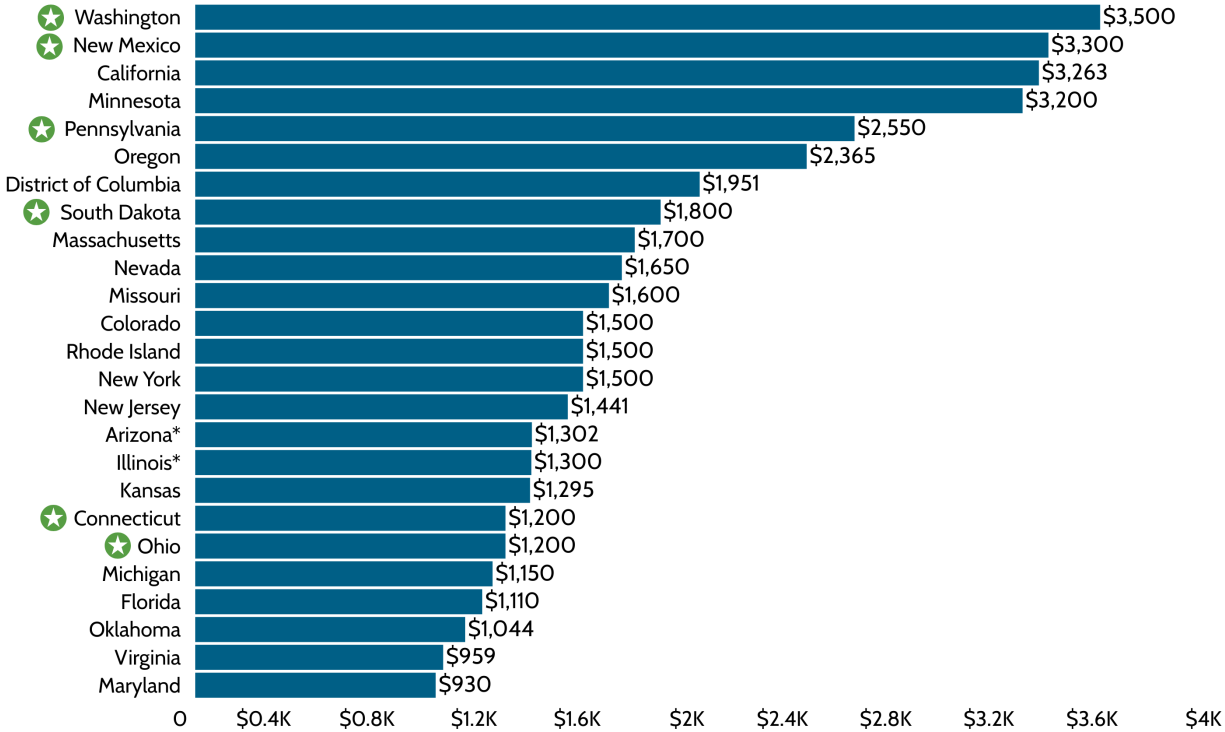
AR LA ME MT NH UT VT

Implementation is in progress; coverage expected in future years.

State has fully implemented Medicaid coverage of doula services by October 1 of a given year.

State has fully implemented Medicaid coverage of doula services since October 1, 2024.

Variation in Medicaid Rates and Coverage for Community-Based Doula Services



Began covering and reimbursing doula services under Medicaid in the last year.

As of September 2025. *Arizona and Illinois do not have a maximum number of visits. Arizona reimburses $16.28/15 minutes and $781 for labor and delivery. Illinois reimburses $15/15 minutes, $720 for labor and delivery, $50 for one initial newborn visit, and $50 for one postpartum visits with a provider. Arizona and Illinois's rate in the chart assumes 8 hours of service, plus labor and delivery. Full details of Medicaid reimbursement rates were not yet publicly available for Delaware at the time of publication.

Panel: 2025 State Legislative Trends

Alyssa Rafa
Prenatal-to-3 Policy Impact Center
Assistant Policy Director

Sarah Ritter
Prenatal-to-3 Policy Impact Center
Policy Manager, Income Security

Maria Spinetti
Prenatal-to-3 Policy Impact Center
Senior State Policy Analyst

prenatal-to-3 policy IMPACT CENTER

How will recent federal policy action impact states?

Federal SNAP Policy Changes

SNAP Cost Sharing

- In October 2027, states will begin contributing toward SNAP benefit payments based on their error rates (this is not about fraud).
- H.R. 1 will also increase states' responsibility for SNAP administrative costs in October 2026, from 50% to 75% (e.g., Tennessee will spend an additional $67M).

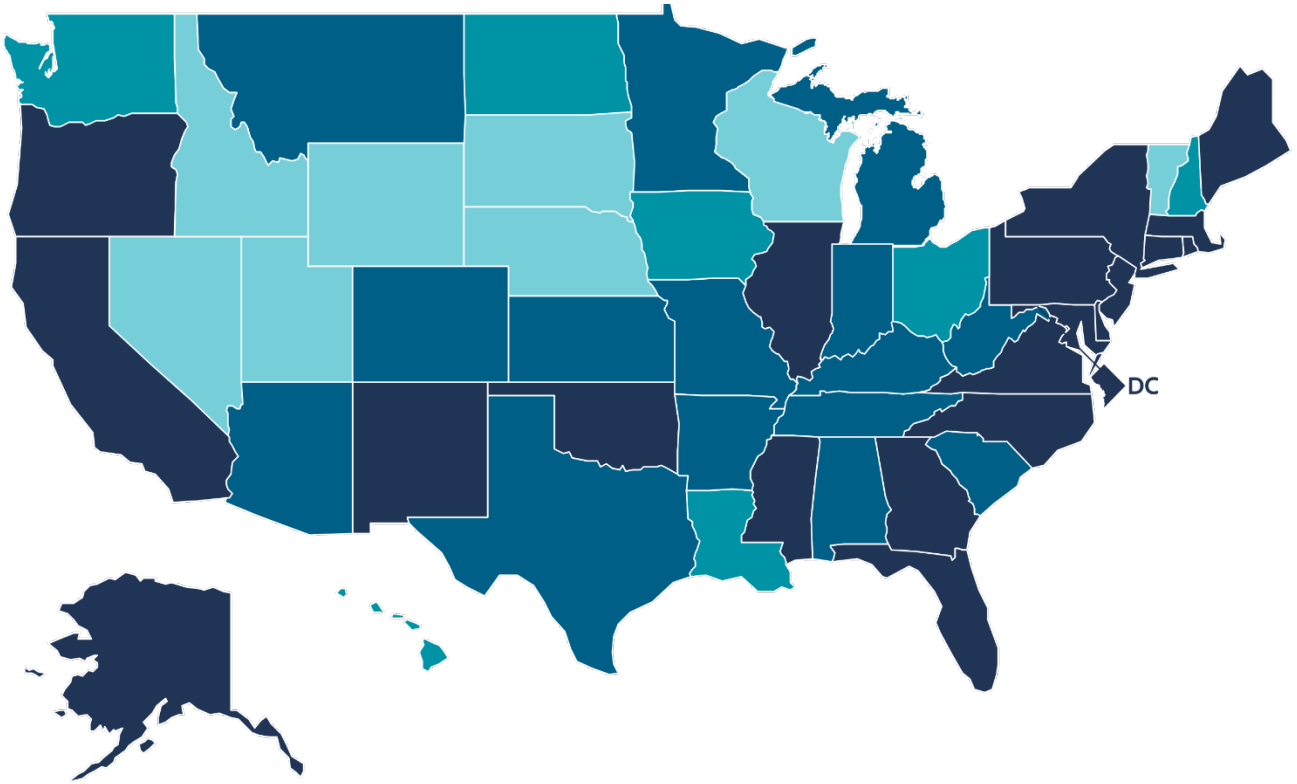
Work Requirements

- Effective Sept. 1, 2025, the age range for SNAP's 80-hour work requirement for able-bodied adults without dependents was raised to 18 – 64 (from 50).

Immigration Status Eligibility Changes

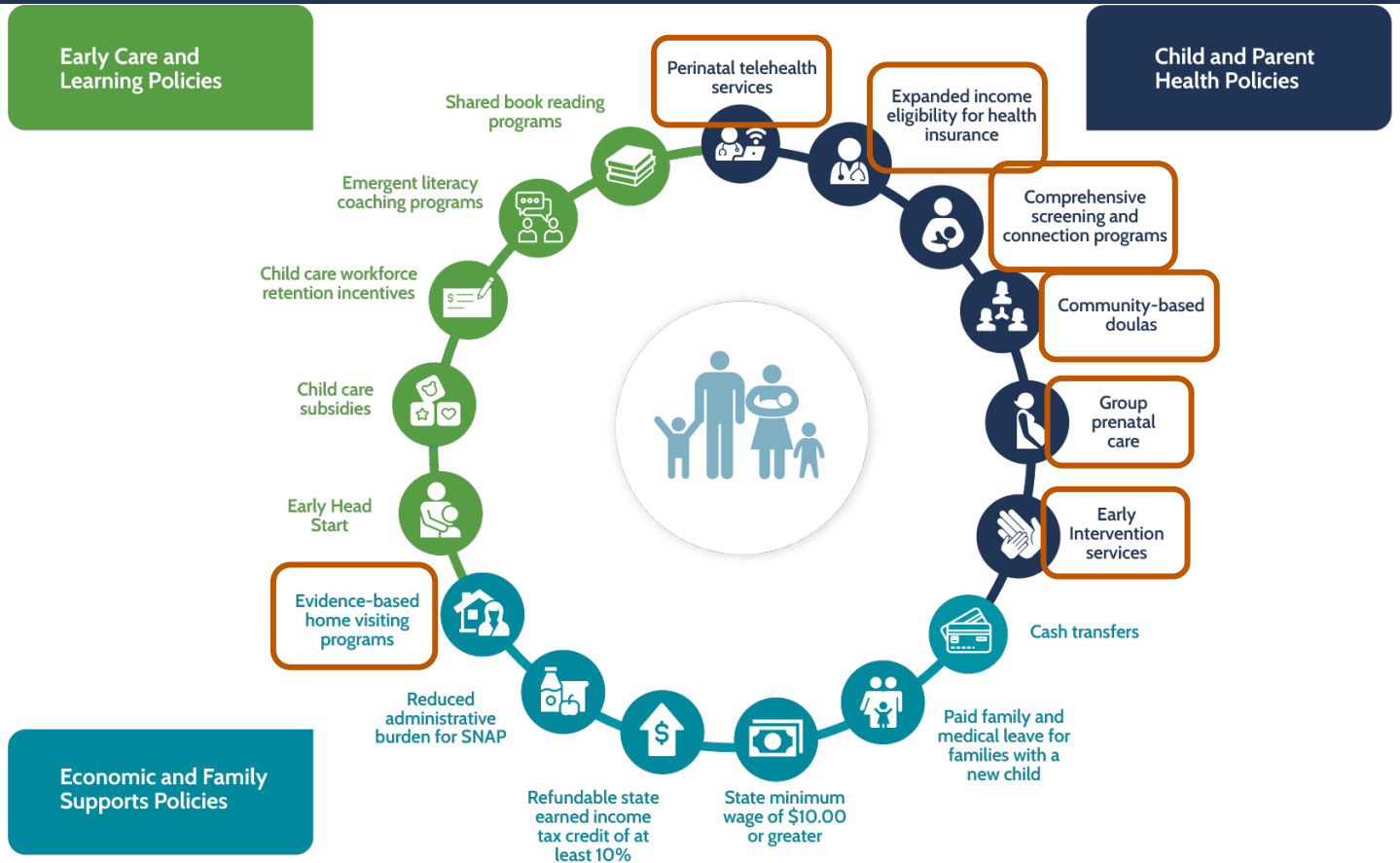
- Only U.S. citizens and Lawful Permanent Residents will remain eligible for SNAP.

FY24 Error Rates and SNAP Policy Changes



Below 6% | Between 6-8% (5% HR 1 Cost Share) | Between 8-10% (10% HR 1 Cost Share) | Above 10% (15% HR 1 Cost Share)

Impact of Medicaid Policy Changes



Discussion: Impacts of Recent Federal Policy Changes on State Policy

Cynthia Osborne, Ph.D.
Prenatal-to-3 Policy Impact Center
Executive Director, Professor

Elisabeth Wright Burak
Georgetown University, Center for Children and Families
Senior Fellow

Georgetown University
McCourt School *of* Public Policy
CENTER FOR CHILDREN
AND FAMILIES

HR1 Medicaid Provisions and Prenatal-to-3 Health: Now What?

Elisabeth Wright Burak
Senior Fellow

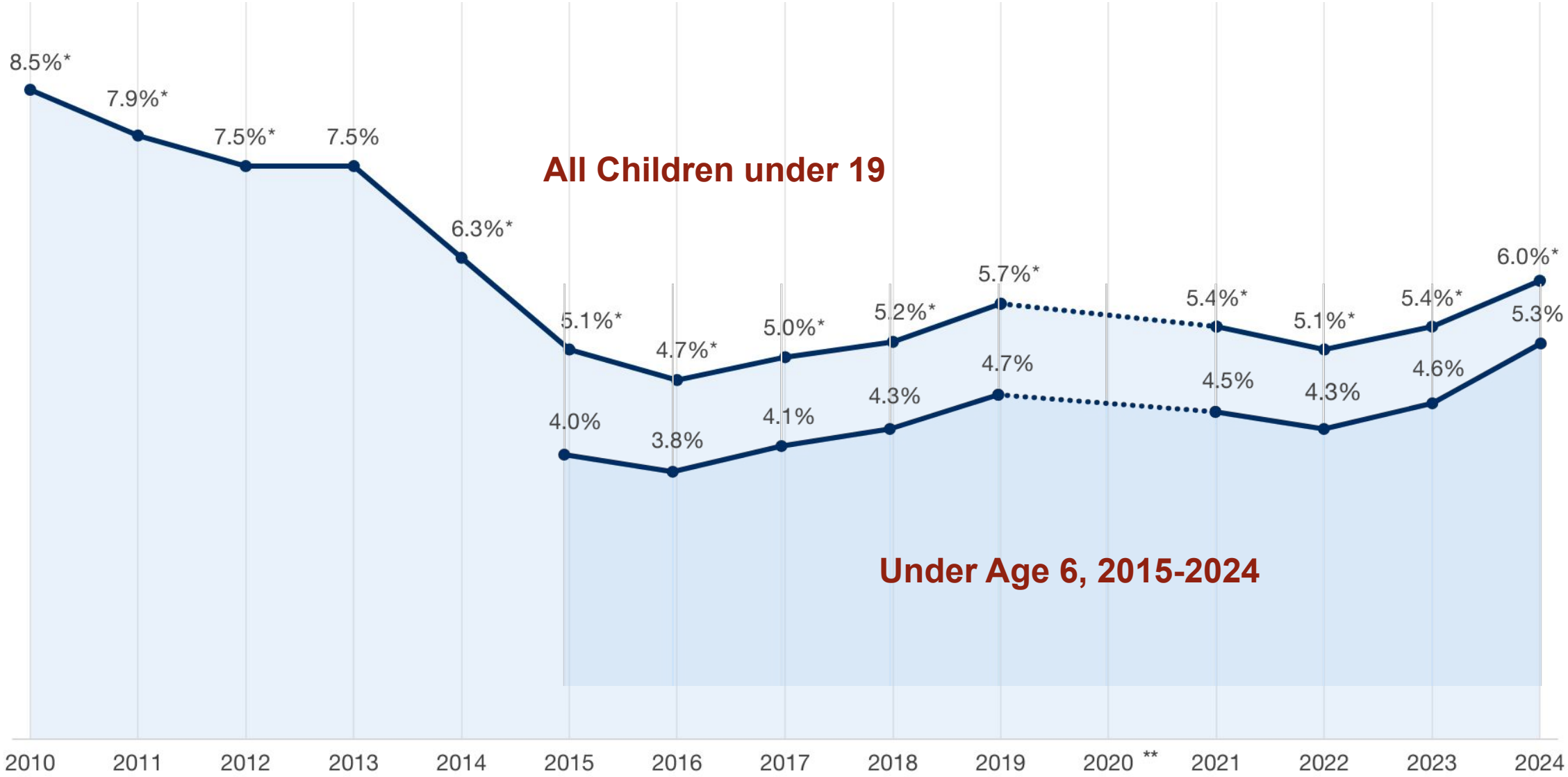
Prenatal-to-3 Research to Policy Summit
September 30, 2025

Medicaid is a **Long-Term, Multi-Generational Investment**

Georgetown University McCourt School of Public Policy
CENTER FOR CHILDREN AND FAMILIES

Sources: Edwin Park, Joan Alker, and Alexandra Corcoran, *Jeopardizing a Sound Investment: Why Short-Term Cuts to Medicaid Coverage During Pregnancy and Childhood Could Result in Long-Term Harm* (Commonwealth Fund, Dec. 2020). https://doi.org/10.26099/qe16-9f97. Also see East, C. et al (January 2023) *Multigenerational Impacts of Childhood Access to the Safety Net: Early Life Exposure to Medicaid and the Next Generation's Health*, American Economic Review VOL. 113, NO. 1, (pp. 98-135). https://www.aeaweb.org/articles?id=10.1257/aer.20210937

Rate of Uninsured Children in the U.S., 2010-2024



** Change is significant at the 90% confidence level relative to the prior year.*
*** Due to pandemic-related data quality issues, the U.S. Census Bureau did not release standard 1-year ACS estimates in 2020.*

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State--Children Under 19: 2008 to 2024, Health Insurance Historical Tables.

Medicaid covers **more than 1 out of 4** child care staff in the U.S.

An estimated **99%** of children in foster care have Medicaid coverage

Medicaid finances more than 4 in 10 births across the nation

INFANTS & TODDLERS WITH DISABILITIES ENROLLED IN MEDICAID AND PART C:

- Show improvements in early development
- Show reduced need for school special education
- Grow up with better health
- Have less severe disabilities as adults

NEARLY HALF of adult women ages 19-49 & **MORE THAN 60%** of older women ages 50-64 covered by Medicaid are enrolled under the Medicaid expansion.

An estimated **42%** of young children, birth to age 6 rely on Medicaid Coverage

Where were we BEFORE HR1?

- States facing budget shortfalls already making decisions to make state Medicaid cuts (e.g. primary care rate cuts from 3-8% in North Carolina, $700M+ in Washington State budget)
- Rural hospital/OB closures
- Provider burnout and workforce shortages, particularly in behavioral health fields
- Existing/persistent maternal health, maternal mental health, child mental health crises

AND

- **Unprecedented progress in Medicaid maternal and infant health**

HR1: What was preserved

- Medicaid entitlement - NO CAP
  - Funding for states, benefit for individuals
  - Including pediatric benefit (EPSDT)
- Federal 90% matching rate for expansion
- Strong public support for Medicaid

HR1: Major Medicaid Provisions

- Cuts targeting the ACA Medicaid Expansion
- Restrictions on states' ability to finance Medicaid through provider taxes
- Red tape enrollment/renewal barriers for all
- Increased medical debt for families - shortened retroactive eligibility to 60 (traditional categories) or 30 days (expansion group)
- Immigrant eligibility rollbacks
- Restrictions on care access
- Other budget hits (e.g. penalties for payment error rates)

E. Park and S. Corlette, "Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law, Explained, (Washington: Center for Children and Families), available here.

Key Medicaid Cuts Largely Targeting Expansion States (or potential* expansion states)	Effective Date	Non-Expansion States	Expansion States
Eliminates the 2-year 5pp FMAP incentive to expand*	1/1/26	Y	N
Reduces federal reimbursement for Emergency Medicaid for unenrolled expansion eligible immigrants to state regular FMAP	10/1/26	N	Y
Mandatory work requirements for expansion adults	1/1/27	N	Y
Mandatory cost sharing on expansion adults	1/1/27	N	Y
Mandatory semi-annual renewals for expansion adults	1/1/27	N	Y
Phase down of existing provider taxes starting at a 5.5% cap in October 2027 and decreasing .5% annually to 3.5% in FFY 2032	10/1/27	N	Y
Phase down of state directed payments (SDPs) in managed care as a share of Medicare rates by 10% annually until such SDPs reach new limit	1/1/28	110%	100%

E. Park and S. Corlette, "Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law, Explained, (Washington: Center for Children and Families), available here.

Key Medicaid Cuts Impacting ALL States	Effective Date	Non-Expansion States	Expansion States
Prohibits new or increased provider taxes and new or increased state-directed payments to MCOs, Prohibition on certain "uniformity waiver" provider taxes	7/4/25	Y	Y
Defunds some reproductive health providers	7/4/25 – 7/3/26	Y	Y
Moratorium on implementation of rule to streamline eligibility (except provisions already in effect)	7/4/25 until 10/1/34	Y	Y
Eliminates eligibility for many lawfully present individuals by limiting immigrant eligibility to legal permanent residents, certain Cuban and Haitian entrants, and citizens of the Compact of Free Association	10/1/26	Y	Y
Reduces Medicaid retroactive coverage from 90 to 30 days for expansion adults; **60 days** for all other beneficiaries	1/1/27	Y	Y
Financial penalties for state eligibility errors begin for FFY 2030	10/1/29	Y	Y

E. Park and S. Corlette, "Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law, Explained, (Washington: Center for Children and Families), available here.

WHAT WE KNOW: Funding and Coverage Losses

HR1 Estimated Spending and Coverage Impacts, FFY 2025-2034

Federal Spending:

- -$911B (state impact estimates here)

Coverage:

- ↓10M people will have coverage taken away (state impacts here)
  - Work requirements alone put 9.9M - 14.9M people at risk

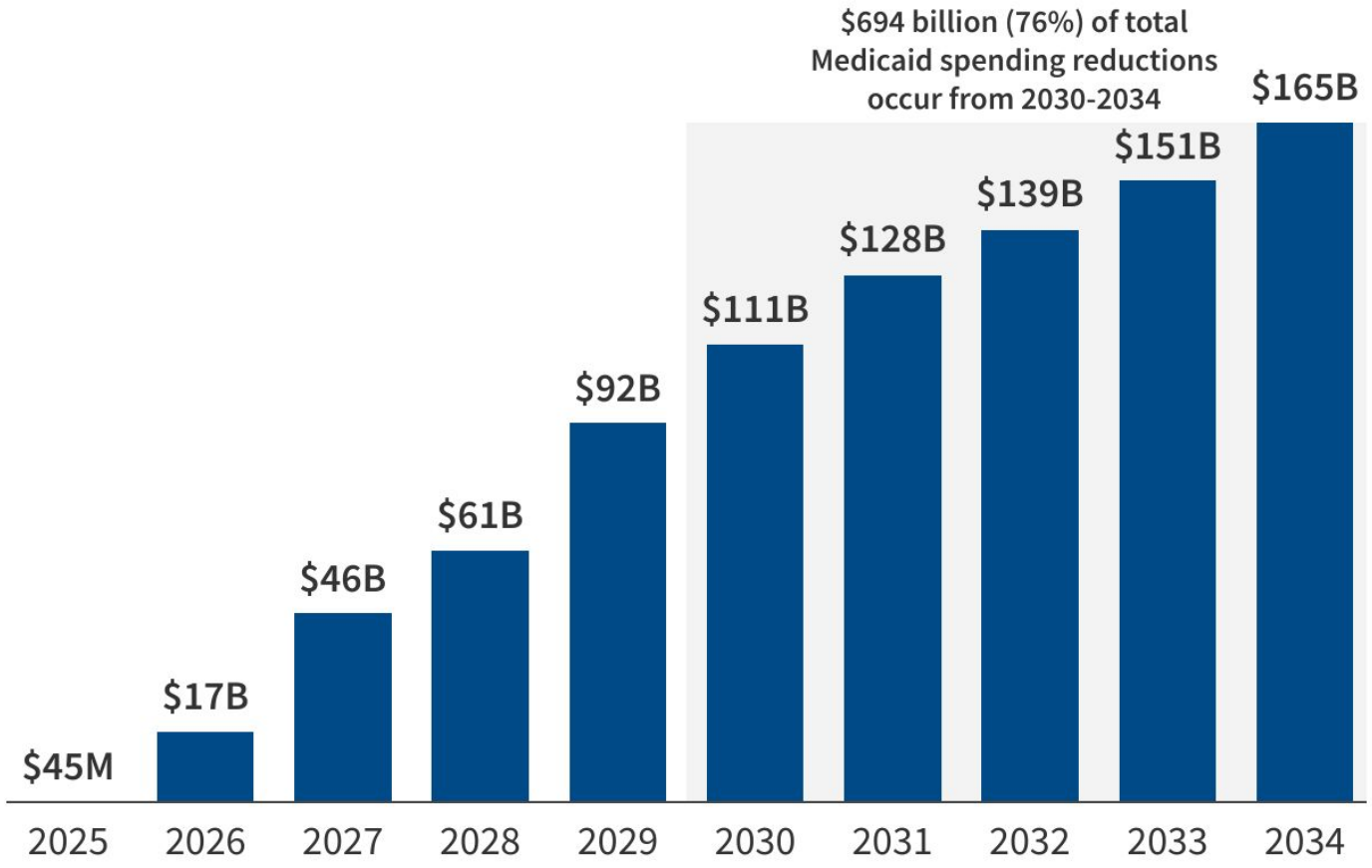
These totals do not account for interactions that further increase spending and coverage losses.

Sources: E. Park and S. Corlette, "Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law, Explained, (Washington: Center for Children and Families), available here.
E. Zhang and G. Lukens, "Medicaid Work Requirements Will Take Away Coverage From Millions: State and Congressional District Estimates," (Washington: Center on Budget and Policy Priorities), available here.

Cuts grow over time, each state impacted differently

Figure 2

Federal Medicaid Cuts in the Enacted Reconciliation Package, By Year



Note: Estimated interaction effects are included each year. Over the 10-year period, the Medicaid spending reductions total $911B, including $79B in estimated Medicaid spending interactions. Without accounting for interactions, the total is $990B. See Methods in "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package" for more details.

Source: KFF analysis of CBO estimates of the enacted reconciliation package

KFF

Spoure: Kaiser Family Foundation (2025) Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package

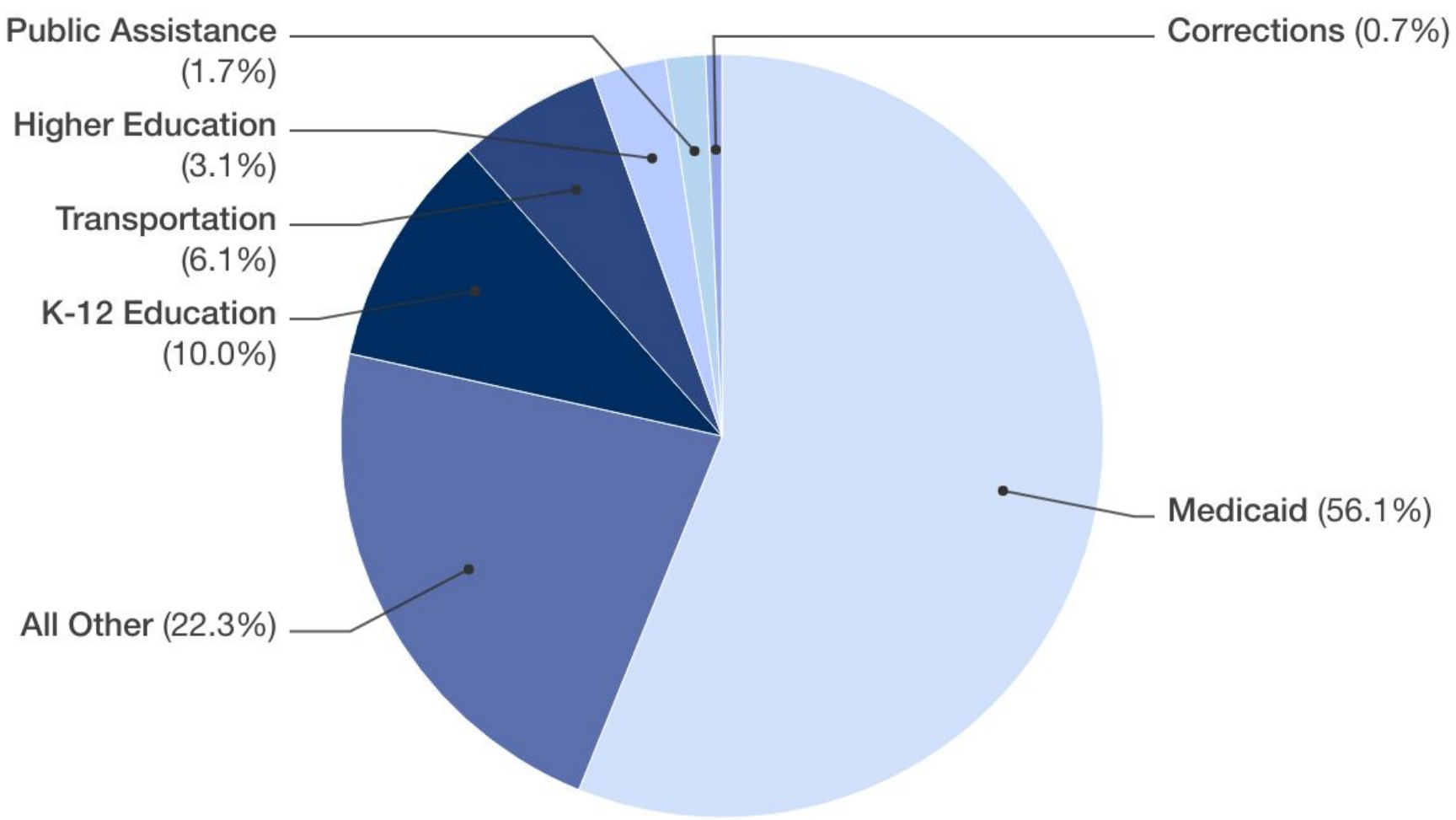
HR1 Estimated Spending and Coverage Impacts, FFY 2025-2034

	Change in Federal Spending	Medicaid Coverage Loss
National	-$911B -14% of baseline	–7,500,000
Arkansas	-$8B -11% of baseline	–93,000
Tennessee	-$7B -7% of baseline	–24,000

Note: Medicaid Coverage Loss refers to the amount uninsurance will increase based on the Medicaid provisions specifically. The whole of HR 1 is expected to increase uninsurance by 10M people.

Sources: R. Euhus, et. al, "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package," (Washington: KFF) July 23, 2025, available here.
A. Burns, et. al, "How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State?" (Washington: KFF), August 20, 2025, available here.

Federal Funds for States, FY2024



Source: CCF analysis of National Association of State Budget Officers (NASBO) data for state fiscal year 2024 (estimated).

Medicaid is the Largest Source of Federal Funds to States (FY 2024)

Find your state's percentage here.

Georgetown University McCourt School of Public Policy CENTER FOR CHILDREN AND FAMILIES

State Choices to Offset Federal Funding Losses (within the Health System)

Close or cap enrollment

Impose more red tape to suppress enrollment and retention

OR Boost State Revenues

Reduce Eligibility

Cut Benefits

Increase Out-of-Pocket Costs

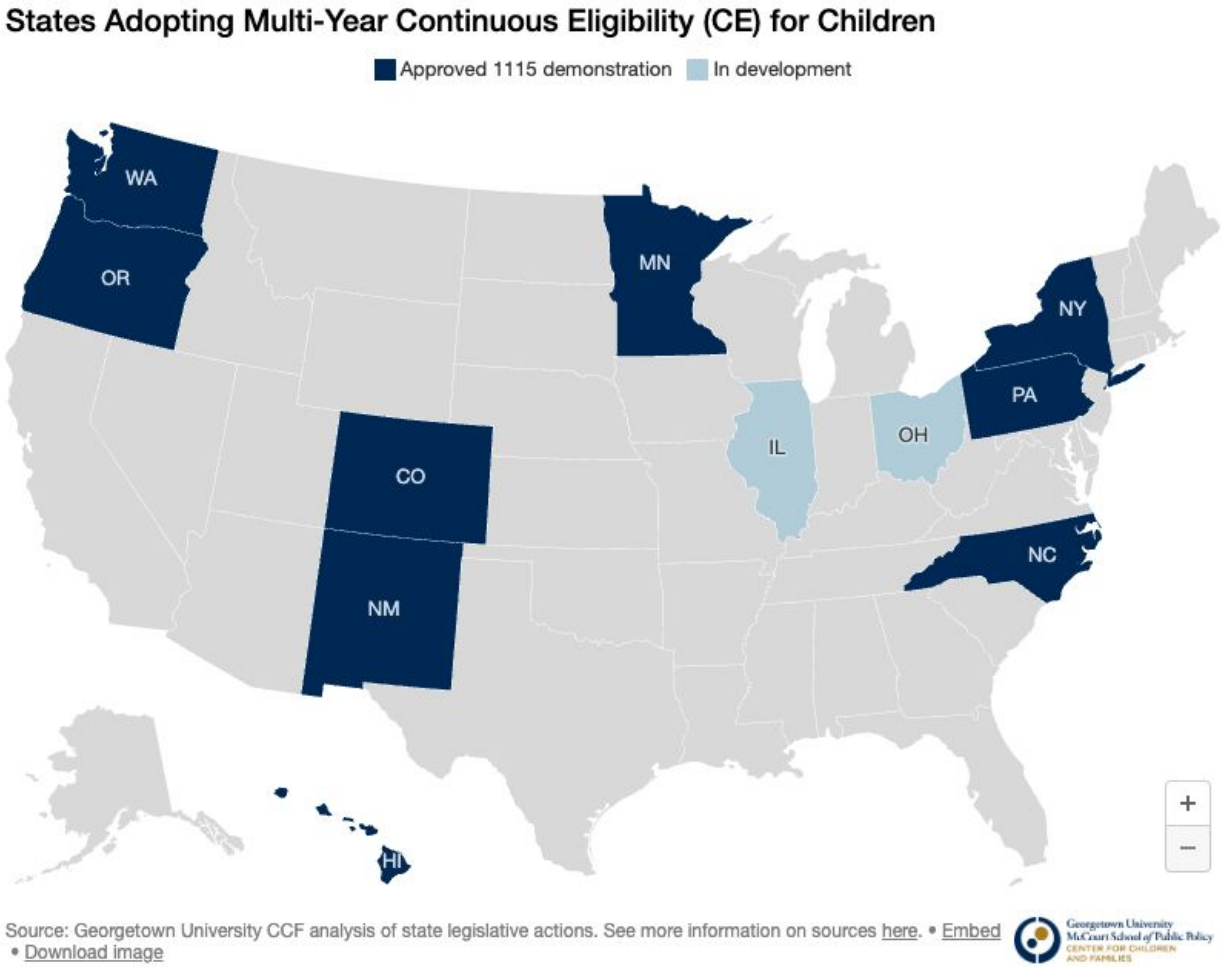
Lower Reimbursement for Providers

And/or….cut other areas of the state budget

Early Impacts: What to Watch

- State budget impacts (e.g. special legislative sessions?)
- Provider impacts - Rural hospital, OB unit closures/announcements
- ACA open enrollment (11/1) - cost increases, coverage losses as preview to years ahead as Medicaid cuts increase grow each year
- Misinformation/confusion on who will be impacted
- Work (reporting) requirement implementation by states and contractors
  - Federal Medicaid agency Centers for Medicare and Medicaid Services must release (CMS) interim final rule by June 2026 for 1/1/27 implementation

Other Federal Medicaid Actions: No More 0-6 Continuous Eligibility Approvals



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

SUBJECT: Section 1115 Demonstration Authority for Continuous Eligibility Initiatives

July 17, 2025

Dear Colleague:

I am writing today regarding the use of section 1115 demonstration authority for expanded continuous eligibility. The Centers for Medicare & Medicaid Services (CMS) has approved several demonstrations under the authority of section 1115(a) of the Social Security Act (the Act) that provide federal financial participation (FFP) for expanding continuous eligibility to certain populations for periods of time beyond what is allowable under the state plan under the current Medicaid or Children's Health Insurance Program (CHIP) statutes. These demonstration initiatives allowed states to expand continuous eligibility to additional populations, as well as to increase the length of time that individuals could stay enrolled in Medicaid or CHIP, regardless of changes in circumstance that would have made an individual otherwise ineligible for continued Medicaid or CHIP eligibility. After reviewing these approvals, CMS has concerns about the appropriateness of providing continuous eligibility for additional populations and for longer durations of time than are required or available under the Medicaid and CHIP state plans, which could affect fiscal and program integrity. As such, CMS does not anticipate approving new state proposals of section 1115 demonstration expenditure authority that allow for expanded continuous eligibility or extending existing section 1115 demonstration authority for expanded continuous eligibility, beyond what is required or available under the Medicaid or CHIP statutes. This shift in approach reflects the agency's commitment to preserving these vital programs for the most vulnerable Americans and being good stewards of taxpayer dollars.

Background

Under federal Medicaid and CHIP regulations, states generally must redetermine a beneficiary's eligibility once every 12 months, as well as when the individual experiences a change in circumstances that could affect their Medicaid or CHIP eligibility. This includes changes in income, household size, residency, or new health coverage, for example. However, section 5112 of subtitle B of title V of division FF of the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023), which amended sections 1902(e)(12) and 2107(e)(1) of the Social Security Act, requires that, effective January 1, 2024, states must provide 12 months of continuous

Georgetown University McCourt School of Public Policy CENTER FOR CHILDREN AND FAMILIES

https://ccf.georgetown.edu/2025/08/08/trump-administration-blocks-states-from-keeping-babies-and-toddlers-connected-to-health-coverage/

Other CMS Items to Watch

- Rural Health Transformation Fund - $50B
  - Half ($5B/year) distributed evenly across states who apply, remaining funds allocated at CMS discretion
  - Applications open, due November 1
  - States have wide discretion on how they will distribute - not necessarily limited to rural areas or hospitals
- Make America Healthy Again agenda
- Transforming Maternal Health (CMMI)

NOW WHAT?: Opportunities for State Leaders

- **Work with coalition partners to identify shared priorities, strategies, consider tradeoffs as budget strains threaten to pit groups against one another**
- Request or help support state-based analysis of HR1 financial impacts (e.g. Maine, Michigan, New Jersey, Utah)
- ID/use data points at the policy, community, or provider levels to monitor health changes ahead (e.g. enrollment/coverage, hospital or OB rollbacks, care access, new restraints)
- Collect and share stories of individuals, families, providers impacted

Opportunities for States: Medicaid Specific

- Fact check and educate on HR1 implications
- Check out state options to access Rural Health Fund - propose innovations for PN-3 such as those in the roadmap
- Monitor and engage in state budget impacts/responses, partner with groups following closely
- Monitor state "readiness" for HR1 implementation
- Engage in/aim to influence work requirements and other implementation discussions with state agency and stakeholders for moms and babies

What HR1 *Didn't* Change: Opportunities for Select States

- CHIP option ("ICHIA") to cover lawfully-residing pregnant women and children in Medicaid and CHIP may help to mitigate broader immigrant rollbacks.
- States with separate CHIP programs - implement CHIP protections, adopt retroactive eligibility
- Work on benefits, provider payment, access to services (including taking advantage of attention on pediatric benefit, **EPSDT**) administratively (where possible)

Additional Resources

CCF's Say Ahhh! Blog:
https://ccf.georgetown.edu/

Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law, Explained,
Georgetown CCF (July 22, 2025)

- Recording of webinar overview available here.
- Toolkit for state leaders to plan/prioritize
- State HR1 readiness report, tracker

Contact: Elisabeth.burak@Georgetown.edu
Twitter/X/Bluesky: @georgetownccf @ewburak

prenatal-to-3 policy IMPACT CENTER

How do state policy choices impact family resources?

prenatal-to-3 policy IMPACT CENTER

The Policy Impact Calculator

Meet Lina.

- Single mother with an infant and toddler
- Works full time all year, and earns the state's minimum wage
- Receives the benefits she is eligible for and files her taxes
- Takes 12 weeks of leave following her infant's birth
- Sends her children to center-based care that charges the 75th percentile of the market rate

Policy Impact Calculator

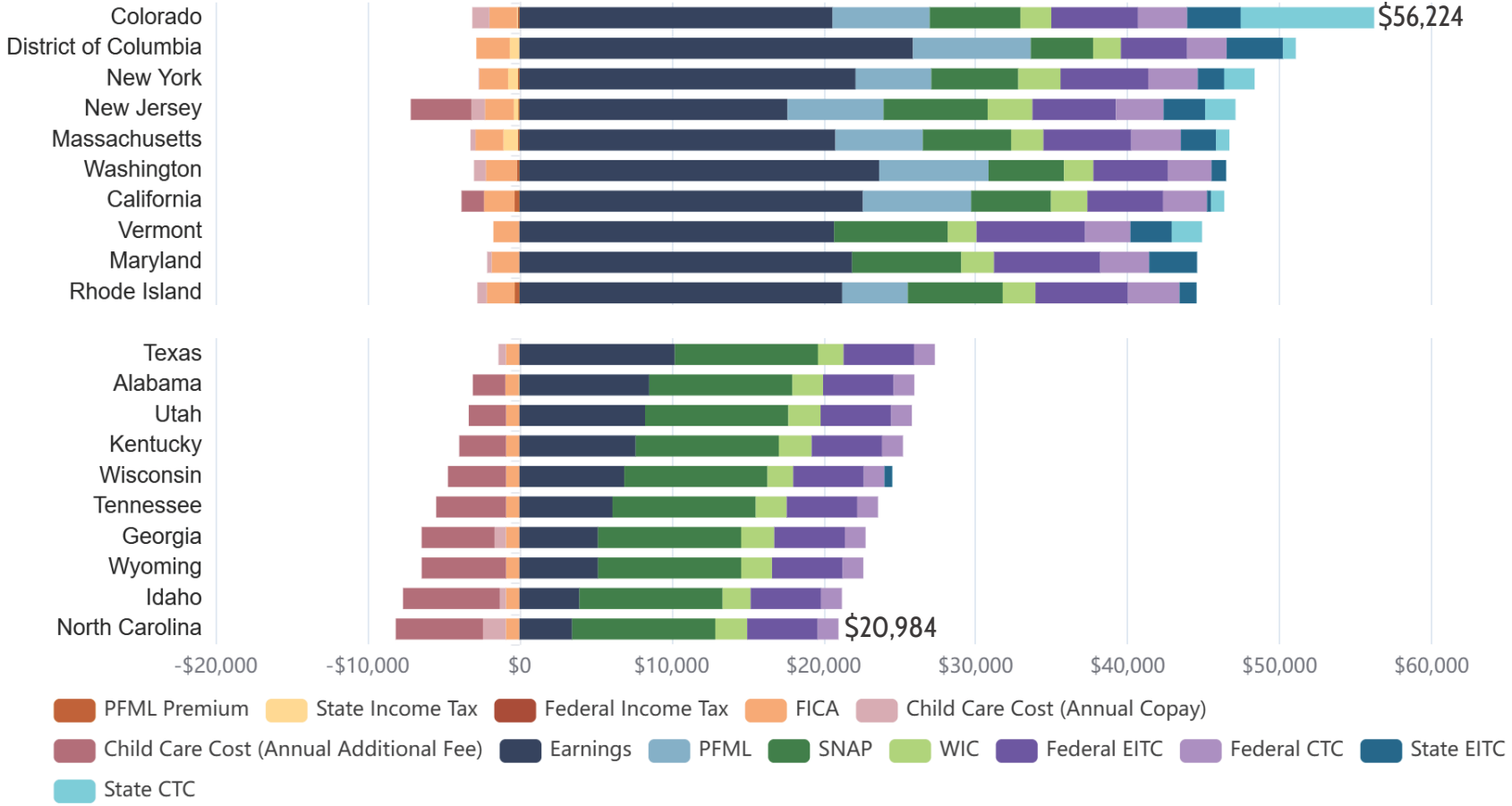
Earnings from the state minimum wage and paid family and medical leave benefits

Out-of-pocket child care expenses after receiving a child care subsidy

Federal nutrition benefits

Federal and state income taxes and credits

Policy Impact Calculator: Top and Bottom Ten States in 2025

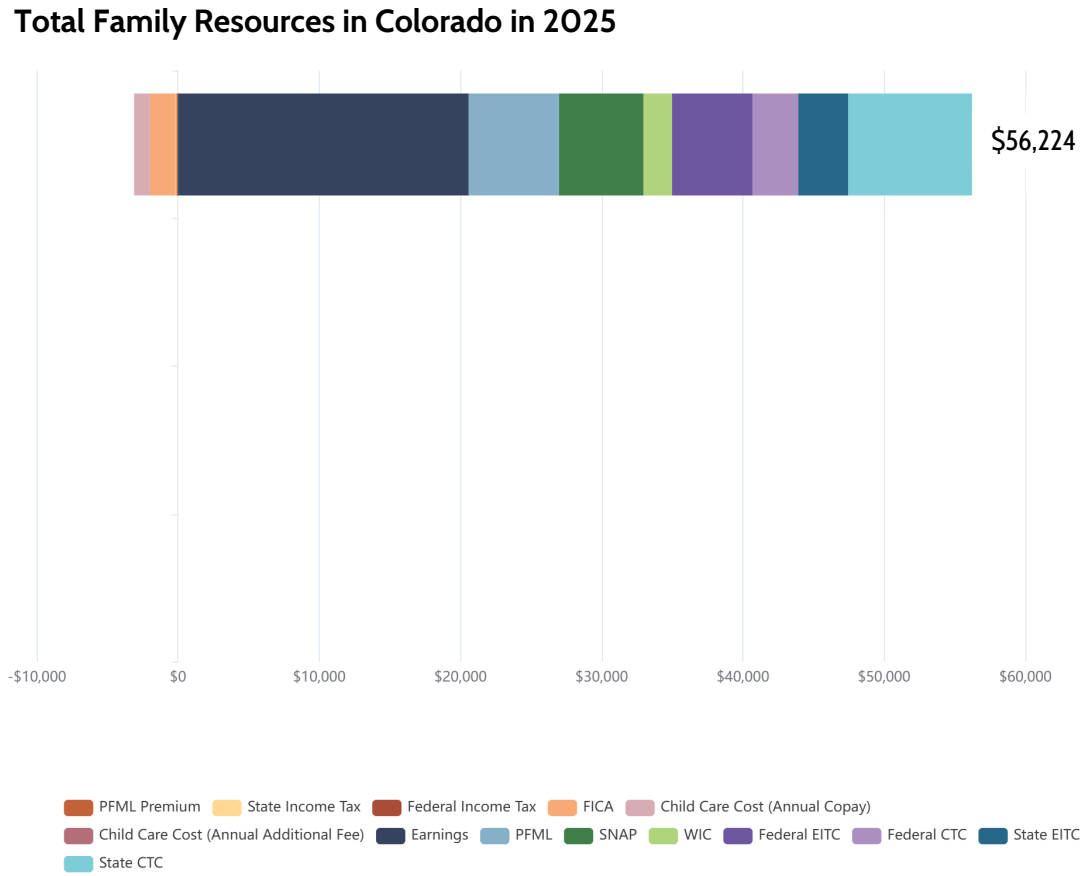


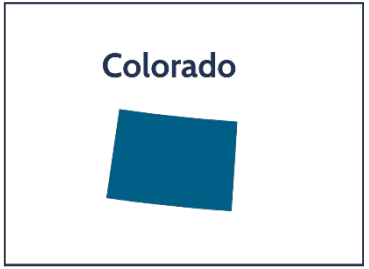
Use the calculator to:

- **Explore how your state ranks** on the Policy Impact Calculator using annual data, starting in 2020.
- **Explore how federal and state policy choices interact** to reach Lina's total resources. See which policies have the biggest impact on family resources.
- **See comparisons over time and across states** and **simulate policy changes** to see their potential impact.

How Do the Policy Choices in My State Impact Family Resources?

How Do the Policy Choices in My State Impact Family Resources?

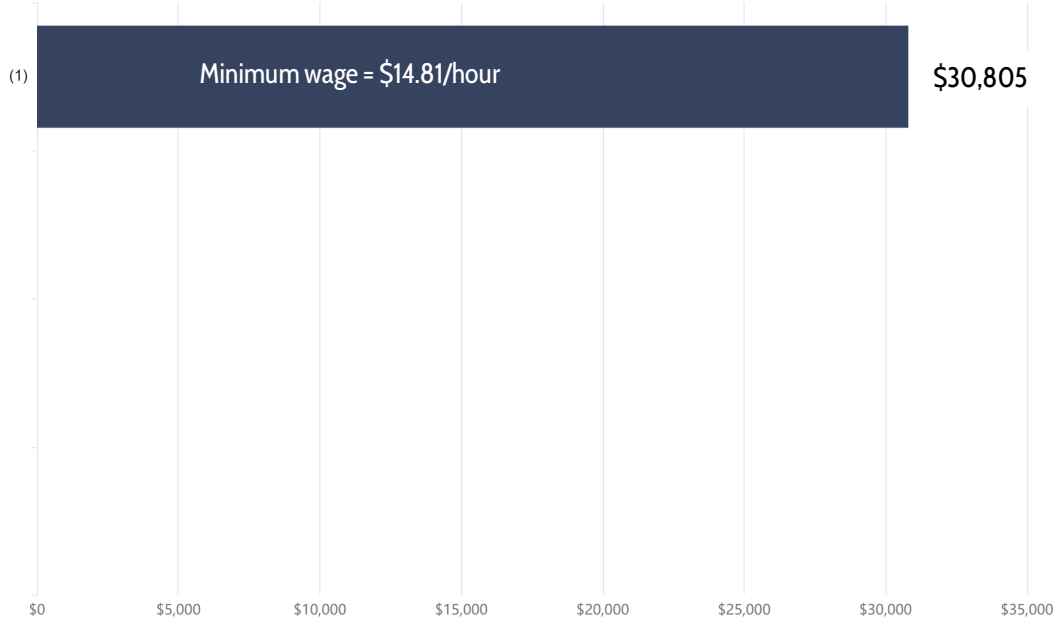




State Rank
1st

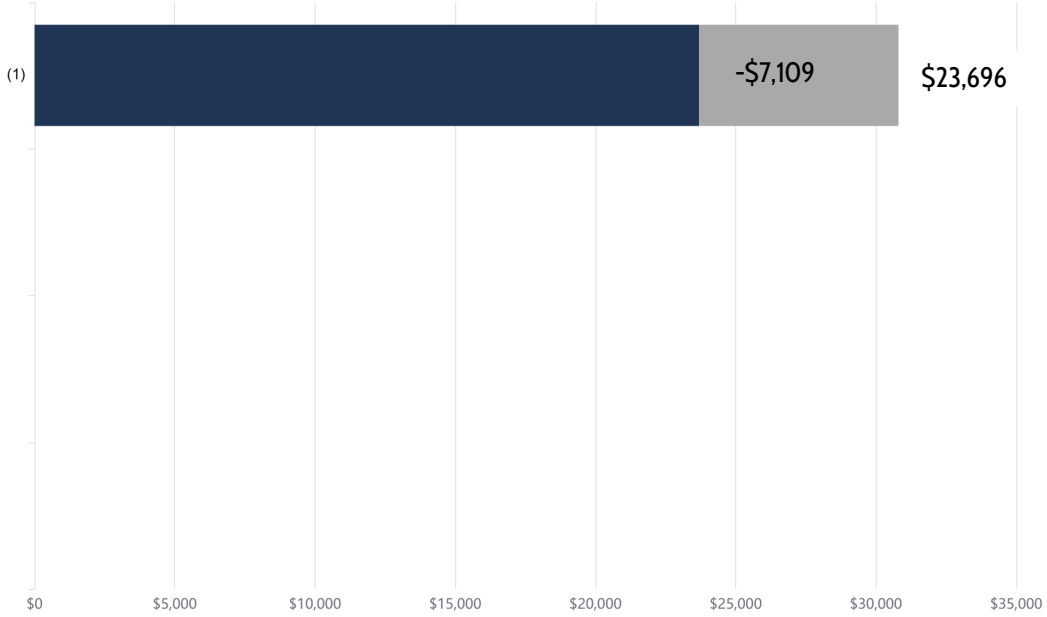
Total Gross Earnings from the State Minimum Wage

(1) Annual minimum wage earnings (52 weeks)



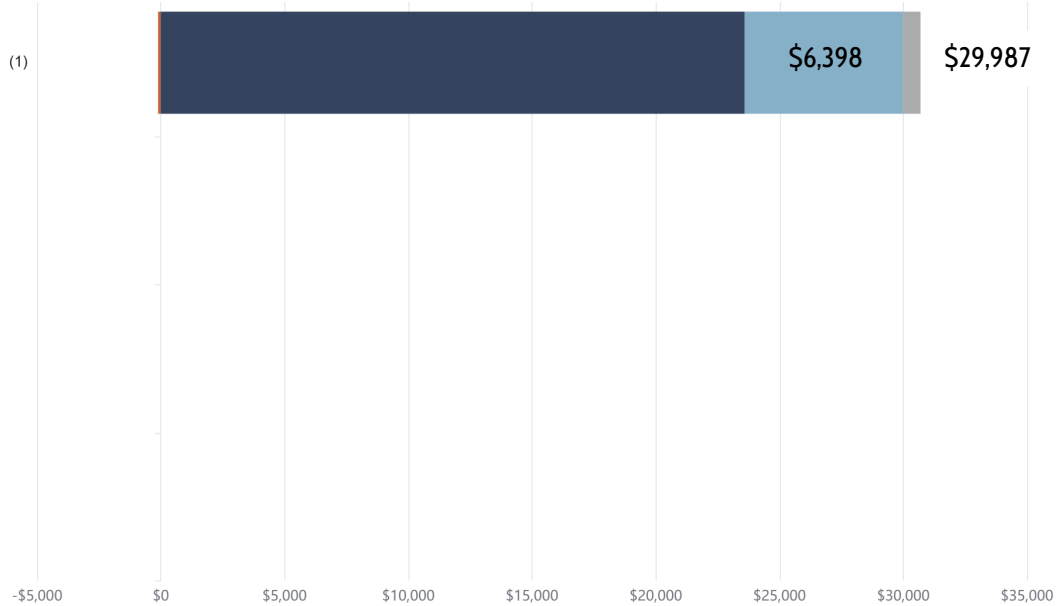
Unpaid Leave Leads to Lost Earnings

(1) Annual minimum wage earnings (40 weeks) – lost earnings from 12 weeks of family leave



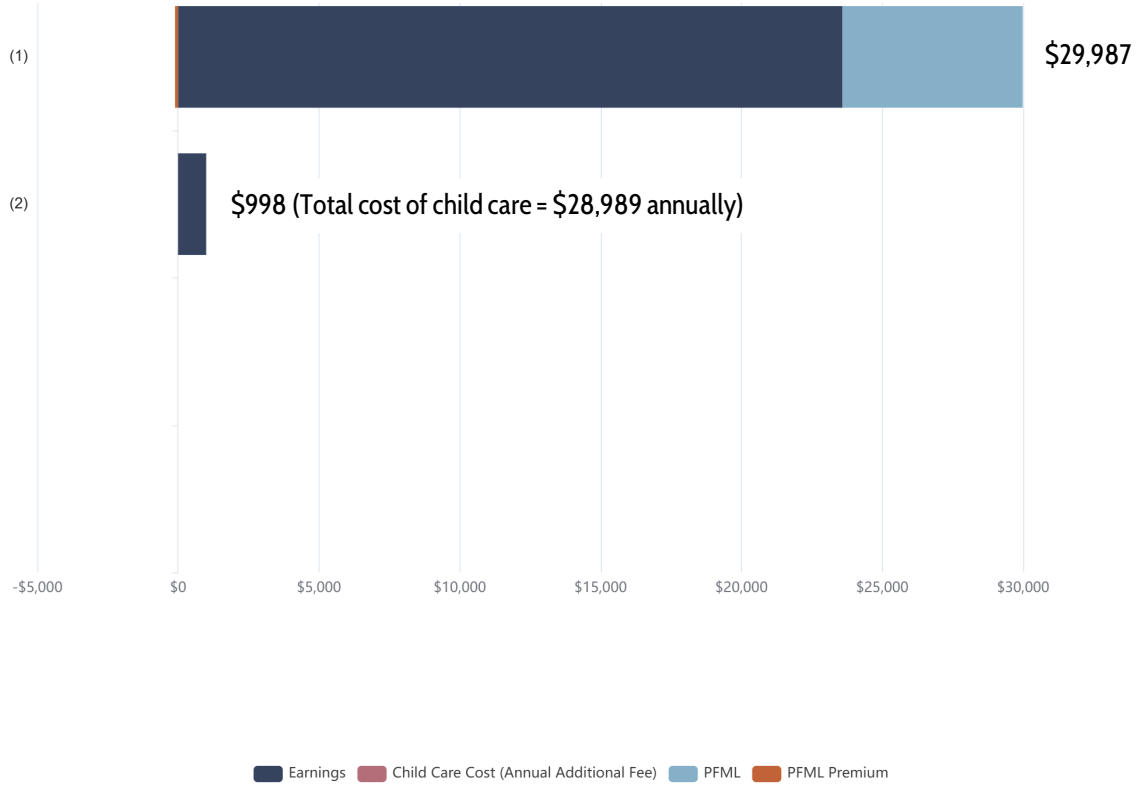
Paid Family and Medical Leave Can Protect Lost Earnings

(1) Annual minimum wage earnings (40 weeks) – lost earnings from 12 weeks of family leave + 12 weeks of Paid Family and Medical Leave



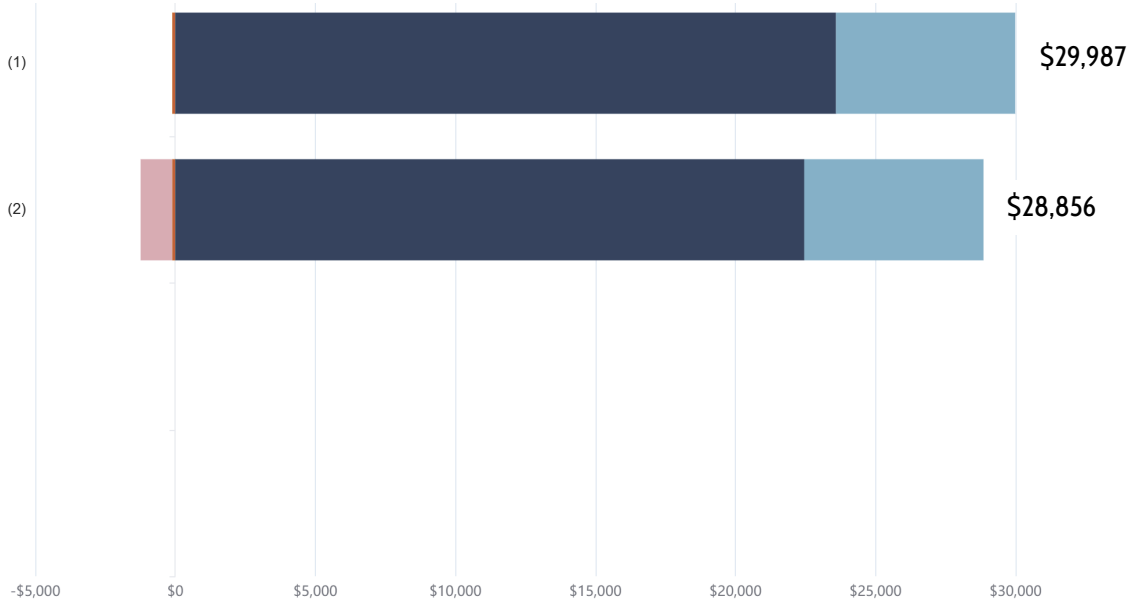
The Cost of Child Care Requires Nearly All of Lina's Earnings

(1) Annual minimum wage earnings (40 weeks) + PFML, (2) Minus out-of-pocket child care expenses



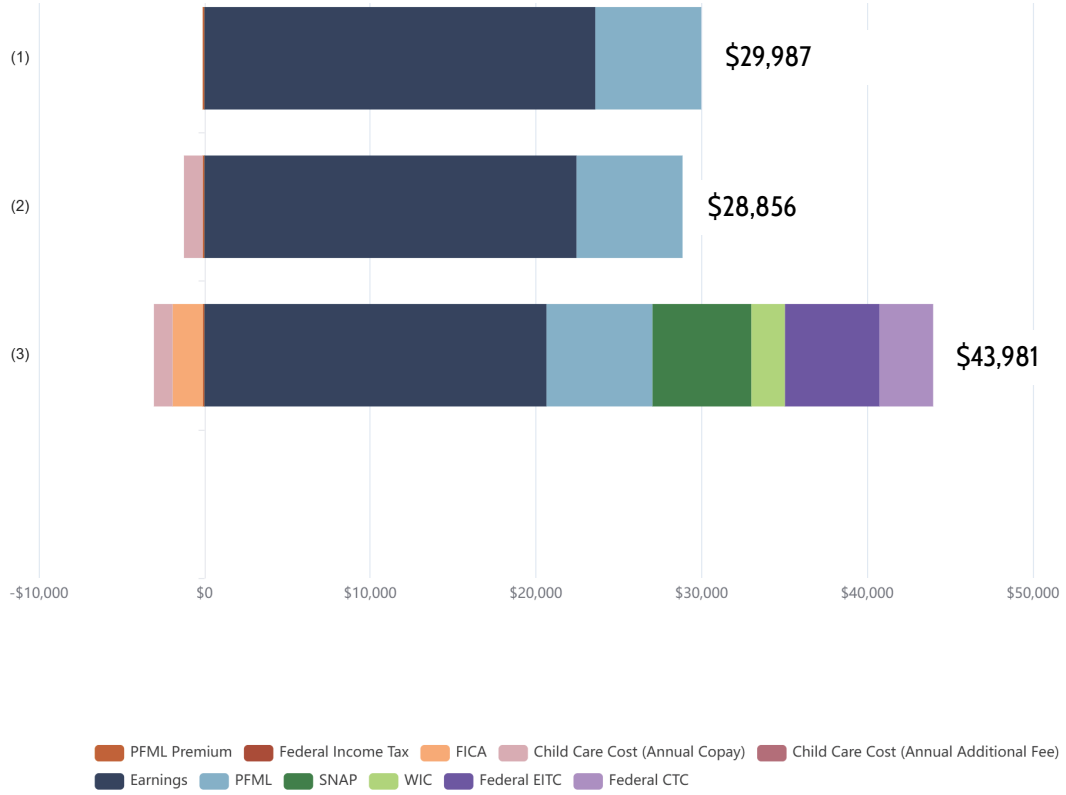
Subsidies Reduce Lina's Child Care Expenses and Protect Her Earnings

(1) Annual minimum wage earnings (40 weeks) + PFML, (2) Minus out-of-pocket child care expenses w/subsidy



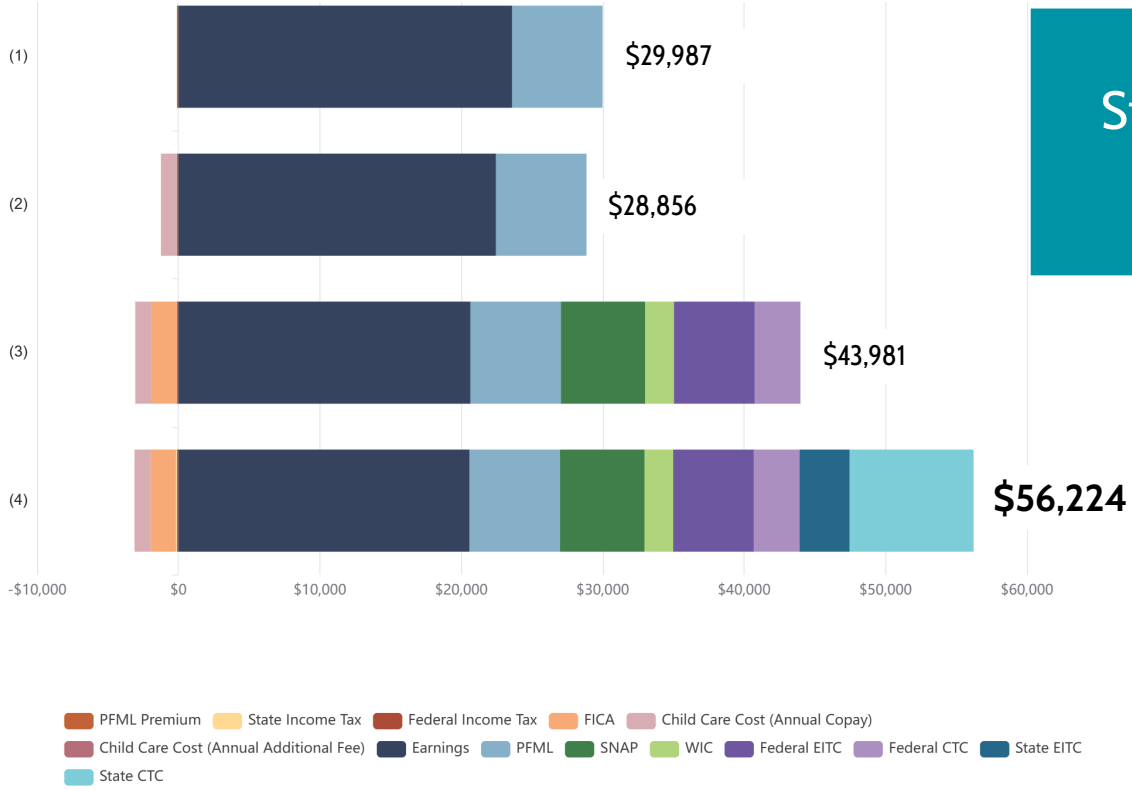
Federal Nutrition Programs and Tax Credits Supplement Earnings

(1) Annual minimum wage earnings (40 weeks) + PFML, (2) Minus out-of-pocket child care expenses w/subsidy, (3) Plus net federal benefits



State Tax Credits Can Supplement Earnings

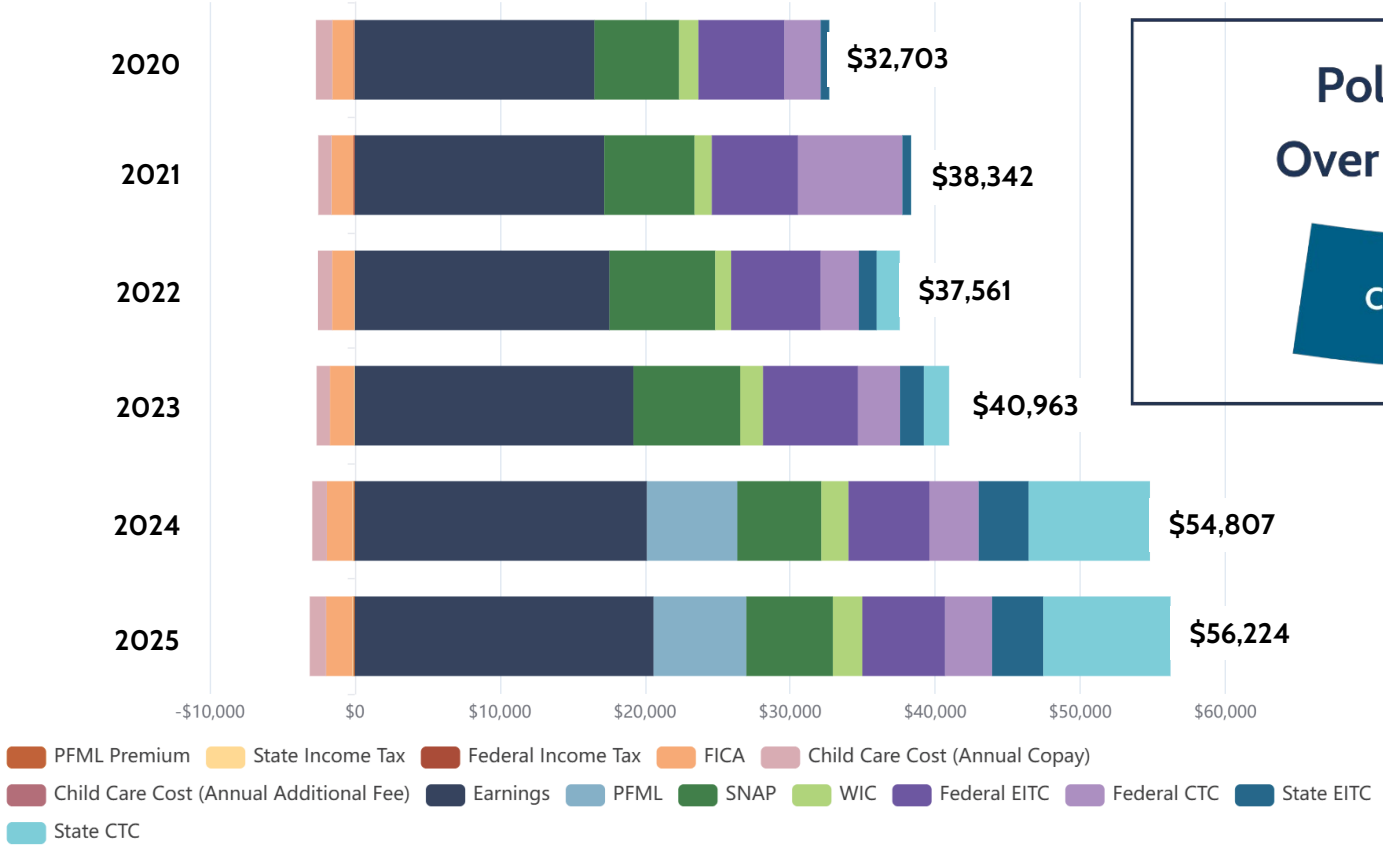
(1) Annual minimum wage earnings (40 weeks) + PFML, (2) Minus out-of-pocket child care expenses w/subsidy, (3) Plus net federal benefits, (4) Plus net state benefits



State Rank 1st

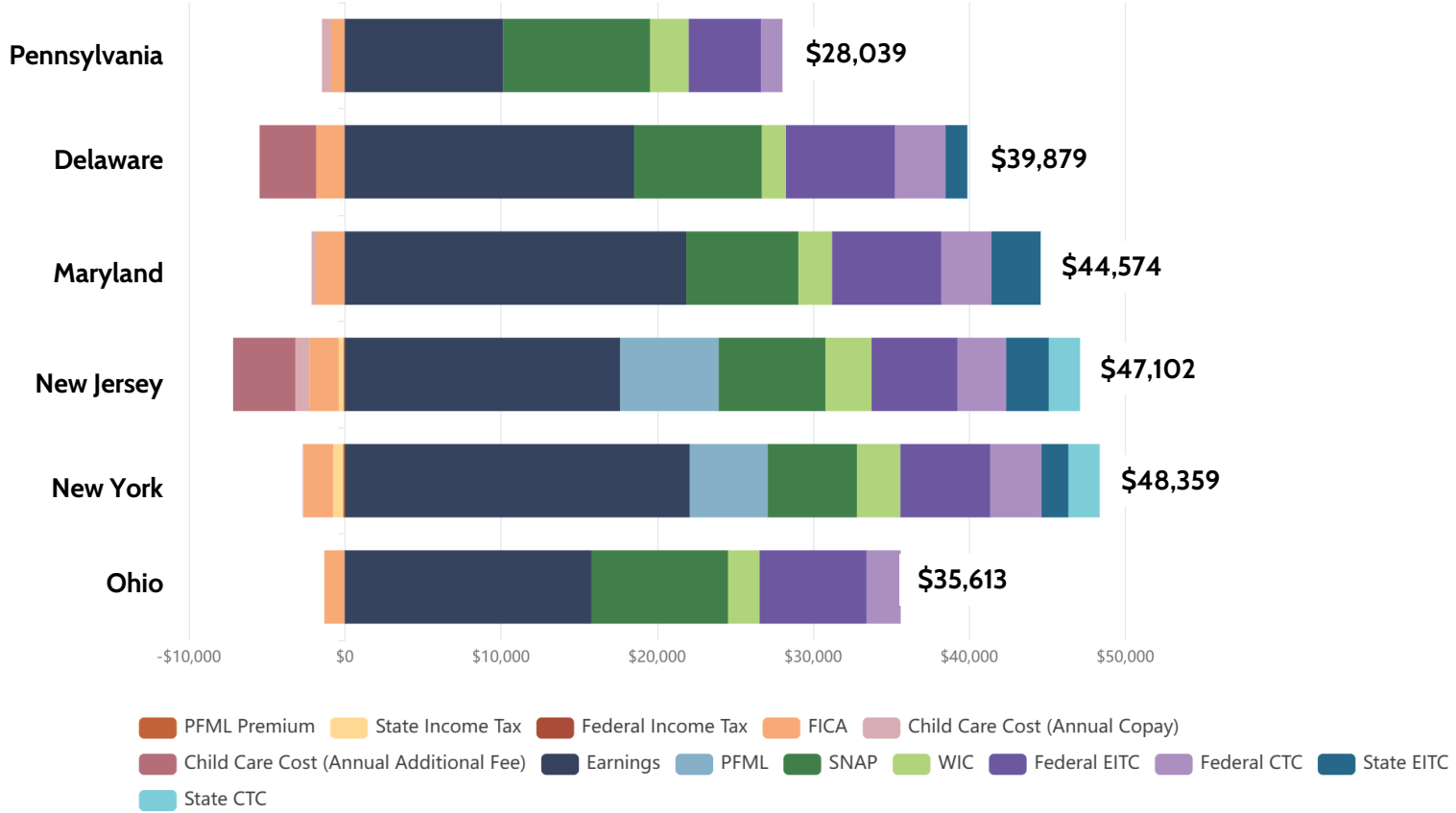
How Does My State Compare Over Time?

How Does My State Compare Over Time?



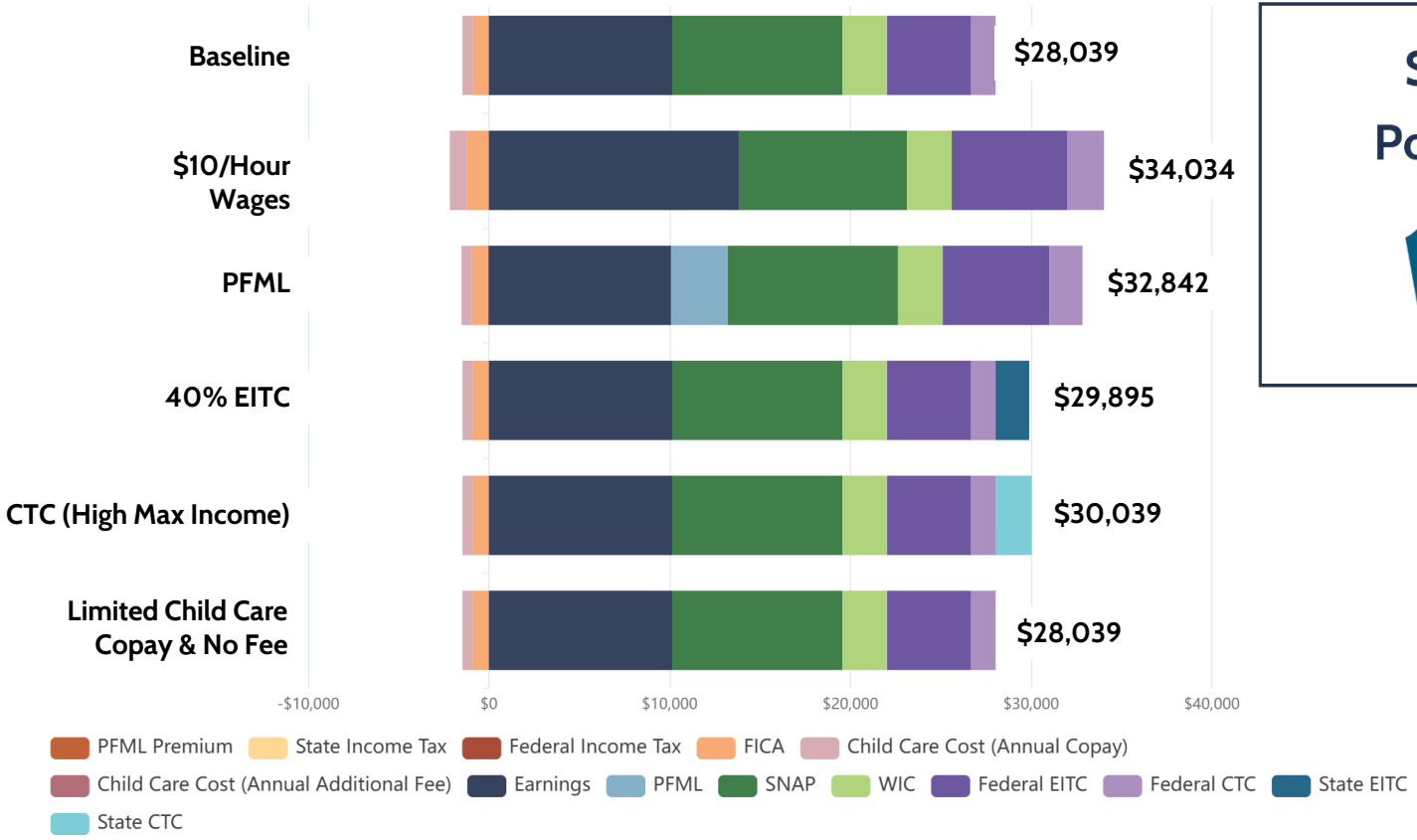
How Does My State Compare to Other States?

How Does My State Compare to Other States?

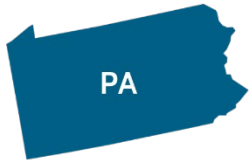


What if My State Implemented Different Policies?

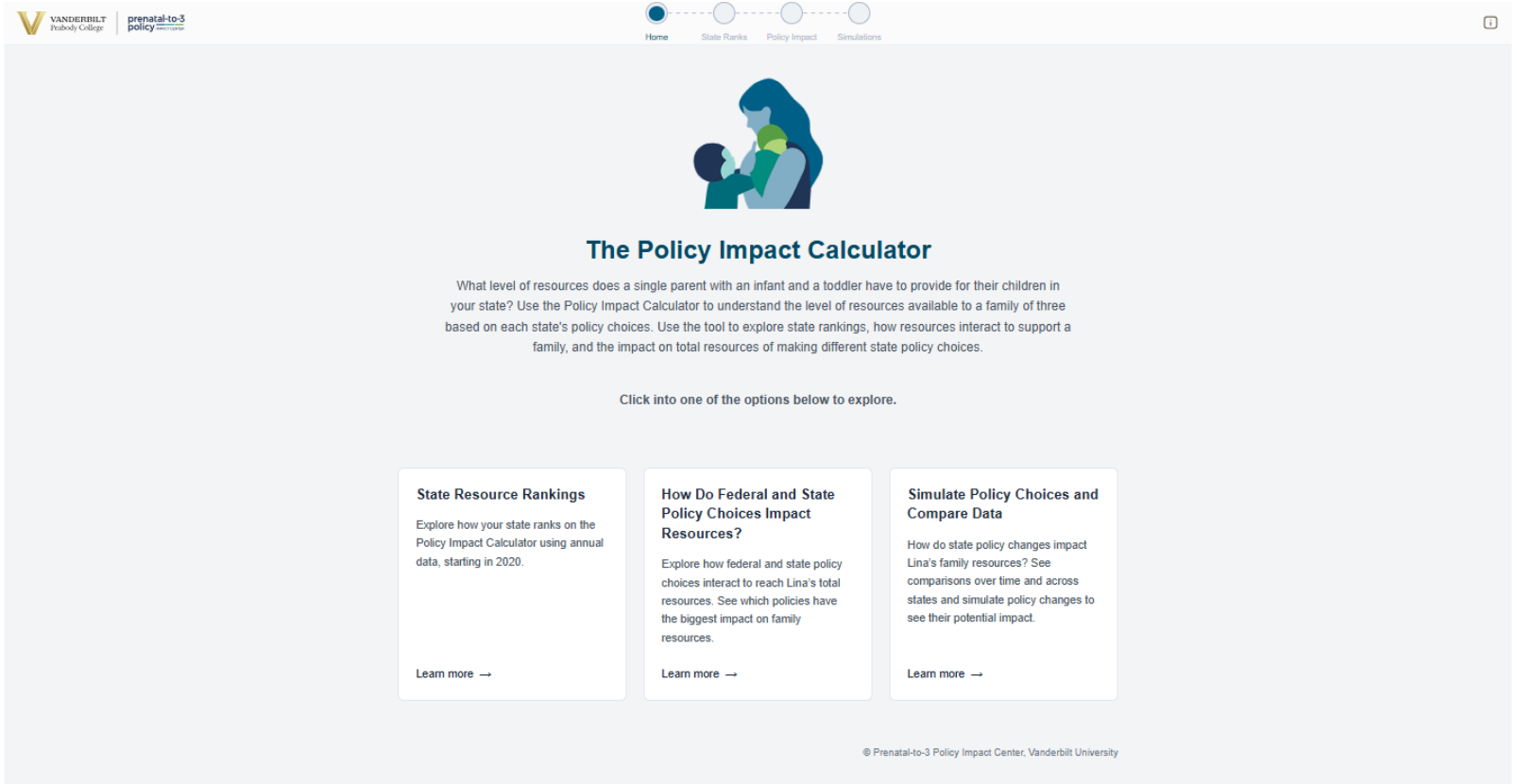
What if My State Implemented Different Policies?



Simulating Policy Change



Check Out the Calculator!



The Policy Impact Calculator

Check out the calculator! pn3policy.org/policy-impact-calculator

As you use the Policy Impact Calculator, we want to hear from you!

- How are you using the Policy Impact Calculator?
- What messages and visuals resonate best with different audiences?
- What additional features would be helpful in your work?

Wrap Up

- The **Prenatal-to-3 State Policy Roadmap** highlights the most **effective, evidence-based policies** to help families build strong foundations.
- **States made incremental, but meaningful policy changes** across effective policies and strategies in 2025. View the US summary in the 2025 Roadmap to learn more.
- **Federal policy choices impact states!** Recent federal policy changes on Medicaid and SNAP may have large impacts on state budgets and services.
- Use the **INTERACTIVE Policy Impact Calculator** to see how state policy choices impact family resources. Compare over time, across states, and simulate the impact of policy change.

How can we support you?

Learn more about how we can support your state:

- Data analysis related to policy costs and benefits
- Legislative testimony from PN-3 Policy Impact Center staff
- A presentation from PN-3 Policy Impact Center staff to colleagues
- Legislative analysis of what other states are doing or on certain policy levers
- Research or an evaluation specific to your state
- Connections to experts in the field

prenatal-to-3 policy IMPACT CENTER

Scan to view the 2025 Roadmap!

https://pn3policy.org/roadmap