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

LEGISLATIVE SNAPSHOT

July 2024

2024 Prenatal-to-3 Legislative Highlights

By Alyssa Rafa, Assistant Policy Director

Throughout the 2024 state legislative session, policymakers across the country introduced, and some enacted, policies proven to positively impact children and families. Several of these policies are well-aligned with evidence from rigorous research—as detailed in our [Prenatal-to-3 State Policy Roadmap.]

Our team of policy experts tracks and analyzes hundreds of bills each year on policy issues that impact infants, toddlers, and their families. In this brief, we provide an overview of trends in introduced and enacted legislation, including state examples across four key components of the prenatal-to-3 system of care: child care, state tax credits, paid family and medical leave, and community-based doulas.

Child Care

At least 26 states introduced, and 8 enacted, child care bills to expand subsidy eligibility for certain populations, create dedicated funding streams, or establish cost-sharing programs.

State Tax Credits

At least 27 states introduced, and 4 enacted, bills to establish new state child tax credits or to expand eligibility for existing earned income and child tax credits.

Paid Family & Medical Leave

At least 34 states introduced, and 6 enacted, paid family and medical leave bills to establish new statewide programs, modify existing programs, or expand programs for state and public school employees.

Community-Based Doulas

At least 18 states introduced, and 6 enacted, bills to require Medicaid coverage of doula services, require private insurance coverage of doula services, explore doula issues, or ensure doula involvement in the policymaking process.

Child Care

Support for child care is a strong bipartisan issue in many statehouses because parents' ability to access high-quality child care directly affects their capacity to work and support the overall wellbeing of their family. This legislative session, a few key trends in child care legislation included child care subsidy eligibility for child care workers and certain families, dedicated child care funding streams, and cost-sharing programs.

Categorical Eligibility for Child Care Subsidies

Child care subsidy programs provide financial assistance to help make child care more affordable for families with low incomes. This year, several states introduced legislation to modify their child care subsidy programs, with a notable trend toward making child care workers—and families eligible for other benefit programs—categorically eligible for child care subsidies. At least 18 states introduced, and seven states enacted, legislation to this effect.

State Examples

Bill Status | ✓ Enacted

✓	Indiana	S.B. 2 extends eligibility for child care subsidies to child care employees. This bill became effective upon passage.
✓	Utah	H.B. 461 extends eligibility for child care assistance to children with at least one parent who works full-time as an employee of a child care provider. This law went into effect in May 2024.
✓	Washington	H.B. 2124 extends categorical eligibility for child care subsidies to employees working in early education programs, including Head Start and Early Head Start, beginning in November 2024. The bill also extends eligibility for child care subsidies to children already participating in those early education programs. H.B. 1945 allows receipt of food assistance through SNAP to satisfy the income requirements for child care subsidy eligibility beginning in June 2024.

Funding Streams

Adequate funding for child care lays the foundation for broad access, affordability, and quality. This session, at least five states introduced legislation to develop new funding streams for child care, with no enactments to date.

State Examples

Georgia	S.R. 538 includes a proposal for a constitutional amendment to authorize sports betting and casino gambling in the state, the proceeds of which would be used for child care and other state programs.
Rhode Island	H.B. 7338 would create a new personal income surtax of 3 percent on taxable income over $1 million and dedicate a portion of those funds to child care.
Tennessee	S.B. 1907/H.B. 2517 would create a fund to provide a dollar-for-dollar match to local governments to support infant and toddler care. The funds would be derived from a new 10 percent tax on car services (e.g., limousines, sedans, shuttles, and taxicabs).
Washington	H.B. 2243 would create the Children's Social Equity Land Trust under the state Department of Natural Resources. Revenue generated from state-managed forests would fund grants to help child care providers start programs in child care deserts.

Cost-Sharing Models

This session, many state policymakers proposed legislation to promote employer involvement in child care, with at least 12 states introducing bills to create child care cost-sharing programs. Similar to the **Michigan Tri-Share** model, these programs are designed to improve affordability for families by splitting child care costs between participating employers, employees, and the state.

State Examples

✔ Connecticut	H.B. 5002 creates a tri-share pilot matching program in which participating employers, employees, and the state share child care costs equally. The pilot will run for a minimum of two years in New London County, and the state must report on program metrics after the first year of the program. This law goes into effect in July 2024.

Kentucky	H.B. 561 makes the Employee Child Care Assistance Partnership Program permanent and requires the state to develop strategies to promote awareness of the program among employers. The state piloted the program in 2022 to support families by incentivizing employers to contribute toward child care costs of their employees. Through the program, the state matches the employer's contribution based on the employee's household income.
Ohio	S.B. 273 would create a voluntary cost-share program in which employees, employers, and the state each cover one-third of the cost of child care, with the option for employers to further contribute to the employee share. To be eligible, employees must be selected by their employer and must be ineligible for other publicly funded child care programs.

State Tax Credits

To support families and relieve tax burdens, several states have implemented, and many are considering, state-level earned income tax credits (EITCs) and child tax credits (CTCs). State EITCs provide targeted support to low-to-moderate income workers. EITCs are conditional on employment and vary based on income and family structure. State CTCs help offset the costs of raising children and vary based on the number of children and family income. This session, policymakers in several states proposed creating new CTCs and/or expanding eligibility for EITCs and CTCs.

New Credit Establishment

Establishing new CTCs continues to be a popular approach to improve family economic security. This session, at least 18 states introduced, and two enacted, legislation to establish a new state CTC. Most bills would create refundable, per-child credits. States varied significantly in the value of their proposed credit, as well as the age range of eligible children.

State Examples

Colorado

H.B. 1311 creates a refundable Family Affordability Tax Credit as a third credit for low-income families, in addition to the state's EITC and CTC. Effective tax year 2024, families can receive $3,200 for each child ages 0-5 and $2,400 for each child ages 6-16. Families earning less than $15,000 (or $25,000 for married filers) would receive the full credit, and the credit would phase out fully for incomes above $85,000 ($95,000 for married filers).

Illinois

H.B. 4951, enacted as part of the state's budget package, establishes a total refundable CTC of roughly $300 to $600. Effective tax year 2024, families with at least one child under 12 years of age who are eligible for the state EITC can claim a CTC worth 20 percent of the EITC. The value of the credit will double in tax year 2025. The CTC will be funded, in part, by a tax increase on sports betting.

Nebraska

L.B. 1324 would create a refundable state CTC effective tax year 2025. Families would be able to claim a credit worth up to $1,000 per child under age 7, including children with individual taxpayer identification numbers (ITINs). The value of the credit would phase out for annual incomes over $110,000 for tax-payers filing jointly, $92,500 for those filing as head of household, and $75,000 for all others.

Rhode Island

H.B. 7924/S.B. 2575 would establish a refundable state CTC for children under age 19. Families with annual incomes below $150,000 as a dual-filer household, or $100,000 as a single-filer household, would receive $1,000 per child.

Eligibility Expansions

EITC expansions often extend eligibility to ITIN holders (individuals without social security numbers), noncustodial parents, younger workers, and married adults filing separately due to domestic abuse. CTC expansions typically expand the age range of children eligible for CTCs. This session, at least 10 states introduced legislation to expand eligibility for their state EITC and/or their state CTC and two bills have been enacted.

State Examples

Minnesota

H.F. 5247, enacted as part of the state's tax package, raises the age eligibility for the state CTC to include 18-year-olds. The bill directs the Department of Revenue to establish a process allowing taxpayers to choose to receive advanced payments of the credit. It also creates a pilot program to guarantee that families receive at least 50 percent of the credit they received the previous year if they opt for advanced payments.

New Jersey	A. 2441 and S. 2173 would expand eligibility for the state EITC to ITIN holders. S. 2003 would expand eligibility to victims of domestic abuse who are married but filing separately from their spouse. A. 4082 and S. 2229 would expand eligibility to both groups and increase the generosity of the credit gradually from 40 to 45 percent of the federal EITC by tax year 2026.
Utah	H.B. 153 extends the upper age limit for the state's nonrefundable CTC from children younger than 4 to children younger than 5 years old. Effective January 2025, the range of eligible children will be those who are at least 1 year old to those who are younger than 5.
Virginia	S.B. 183 and H.B. 621 would make ITIN holders eligible for the state EITC. H.B. 621 would also increase the generosity of the refundable portion of the state credit from 15 to 20 percent of the federal EITC.
Wisconsin	A.B. 248 and S.B. 243 would expand eligibility for the state EITC to individuals who are married but file separately. To qualify, individuals must live apart from their spouse and be unable to file a joint return due to domestic abuse.

Paid Family & Medical Leave

State paid family and medical leave (PFML) programs require employers to provide eligible employees with time off from work while receiving a portion of their wages. In the context of the prenatal-to-3 period, paid family and medical leave provides parents with the time to care for and bond with their new child. This session, several states proposed PFML legislation, including bills to establish statewide PFML programs, modify existing programs, and expand state employee programs.

New Statewide Programs

This session, at least 12 states introduced legislation to establish a new statewide PFML program. Though some states came close, none of the bills have been enacted to date.

State Examples

Hawaii	S.B. 2474 would establish a 16-week PFML program with a graduated wage replacement structure, such that workers with lower incomes would receive a higher portion of their wages while on leave than workers with higher incomes.
New Mexico	S.B. 3 would create a 12-week PFML program with a graduated wage replacement structure.
Pennsylvania	H.B. 181 and S.B. 580 would establish a 20-week statewide PFML program with a graduated wage replacement structure.
Virginia	S.B. 373 would create a statewide PFML program of 8 weeks. Lawmakers initially proposed to create a 12-week program but amended the bill to align with the state's existing paid parental leave program for state employees.

Modifications to Existing Programs

Lawmakers introduced bills to modify existing PFML programs in at least 11 states this session, and at least five states enacted their proposals. Program modification proposals ranged from simple technical changes to more significant programmatic shifts.

State Examples

New Jersey	S. 2950/A. 3451 would ensure more workers in the state are eligible for job protection benefits while taking PFML by gradually increasing the number of employers required to provide job-protected leave. Job protection benefits require an employer to place the worker in the same position, or a comparable position, when the worker returns from leave.
New York	A. 4053B/S. 2821B would increase the wage replacement benefit for the state's temporary disability insurance program by modifying the wage replacement structure and raising the maximum weekly benefit—which has been capped in the state for several decades. The bill also expands the definition of "family" in the state's PFML program to include all blood relatives and those with close associations to the employee that are equivalent to a family relationship.

✓	Rhode Island	H.B. 7171 and S.B. 2121 will gradually increase the maximum duration of paid family leave from 6 to 8 weeks.

Expanding State Employee Programs

Several states have programs to provide paid family leave specifically to certain state employees. Continuing a trend from recent years, this session saw at least 15 states introduce legislation to create or expand a paid family leave program for state and/or public school employees. Of those 15, two states enacted legislation.

State Examples

	Alabama	S.B. 305 would provide eligible state employees and public-school employees with 8 weeks of paid leave after the birth or adoption of a child.
✓	Georgia	H.B. 1010 increases the duration of paid parental leave for eligible state employees and public school employees from 3 to 6 weeks, aligning with the majority of other states that offer this benefit to state employees.
	Louisiana	S.B. 426 would provide 6 weeks of paid parental leave for public school employees, building on the state's adoption of a 6-week parental leave program for eligible state employees last year.

Community-Based Doulas

Community-based doulas are trained social service professionals who provide non-clinical support to expectant parents during pregnancy and the postpartum period. This session, trends in doula-related legislation included bills to require Medicaid and/or private insurance coverage for doula services, to study doula policies and programs, and to ensure doula involvement in various aspects of the policymaking process.

Medicaid Coverage

Fourteen states currently require Medicaid coverage of doulas to ensure that families with low incomes have access to doula services. This session, at least 11 states introduced, and one state enacted, legislation to require Medicaid coverage for doula services.

State Examples

Pennsylvania	H.B. 1608 would direct the state Department of Human Services to seek federal approval for the reimbursement of doula services under Medicaid through a state plan amendment or federal waiver. The bill would also create a doula advisory board tasked with advising the Secretary of Human Services on best practices, doula participation in the state's Medicaid program, and racial and geographic disparities in maternal health services.
Washington	S.B. 5950, the state's enacted supplemental budget bill, requires the state Medicaid program to cover doula services. In January 2025, the total reimbursement rate for doula services will be up to $3,500—the highest in the nation. The bill also allocates funding to support effective policy implementation through a doula hub, which is an organization tasked with identifying ways to increase access to doula services, provide workforce development and support, and assist with Medicaid billing processes.

Private Insurance Coverage

To expand doula access beyond Medicaid recipients, many states have considered bills to require private insurance coverage of doula services. This session, at least seven states introduced, and two states enacted, bills to that effect.

State Examples

Colorado	S.B. 175 requires private insurance coverage for doula services in the same scope and duration as Medicaid by July 2025. Colorado is also in the process of submitting a state plan amendment for a doula Medicaid benefit.
Virginia	S.B. 118 requires that all insurers, corporations, or health maintenance organizations providing insurance coverage for obstetrical services also cover services provided by a state-certified doula by January 2025. Coverage will include at least eight visits during the perinatal period and attendance at labor and delivery.

Doula Policy Exploration

Policymakers in several states are interested in exploring doula policies and programs and ensuring doula involvement in the policymaking process. This session, at least 12 states introduced, and five states enacted, legislation to establish doula committees or workgroups, and/or to include doulas on advisory boards.

State Examples

Kentucky	S.B. 74 requires the state to study current doula certification programs in Kentucky and across the nation, reviewing the training and quality requirements of each program, by December 2024. The report must also include recommendations on doula services for "populations most at risk for poor perinatal outcomes" and is one of many maternal health initiatives the bill includes.
Virginia	H.B. 831 creates a workgroup tasked with identifying policies and recommendations to address circumstances that lead to negative birth outcomes and creating an actionable plan to implement those policies and recommendations. The bill requires that the workgroup include community stakeholders, including doulas working in impacted communities. The workgroup must present a report, complete with findings and an action plan, by July 2026.
Vermont	S. 109 requires the state Office of Professional Regulation to develop recommendations on doula regulation, including registration, certification, and licensure. The bill also requires the Department of Vermont Health Access to submit recommendations on Medicaid coverage for doula services in its 2026 fiscal year budget proposal.

More Legislative Detail in Coming Months

In 2024, trends in legislative action show that policymakers across the country have a deep interest in strengthening the prenatal-to-3 system of care. Though this brief dives deeply into a select few bills and policy areas, the trends are apparent—state leaders want to move the needle for children and families. Stay tuned this fall for the release of our 5th annual Prenatal-to-3 State Policy Roadmap, which will provide further detail on legislative action this session across a range of evidence-based policies.

Acknowledgements:

Special thanks to Allison McHorse, Lara McCormick, Sarah Ritter, Maria Spinetti, and Laura Stephany for their contributions to this resource and their efforts to track and analyze state legislation this session.