



2024 Prenatal-to-3 State Policy Roadmap

NEW HAMPSHIRE

**prenatal-to-3
policy** IMPACT CENTER

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A Roadmap to Strengthen Your State’s Prenatal-to-3 System of Care

Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, this Prenatal-to-3 State Policy Roadmap provides 12 evidence-based policy solutions that foster the nurturing environments infants and toddlers need to thrive.

The annual Roadmap includes:

- policy profiles that summarize the research and related impacts on child and family outcomes, and the progress states have made towards full and equitable implementation, and
- state profiles that track implementation of each effective Roadmap policy and strategy, and 18 child and family outcome measures that assess the wellbeing of its infants and toddlers.

Number of Implemented Effective Roadmap Policies by State

4 out of 4	CA	CO	CT	DC	MA	NJ	NY	OR	RI	WA	10 States		
3 out of 4	HI	IL	ME	MD	MI	MT	NE	NM	VT	VA	10 States		
2 out of 4	AK	AZ	AR	DE	IN	IA	MN	MO	NV	OH	SD	11 States	
1 out of 4	FL	ID	KS	KY	LA	NC	NH	ND	OK	PA	UT	WV	12 States
0 out of 4	AL	GA	MS	SC	TN	TX	WI	WY	8 States				

■ State newly implemented at least one effective policy since October 1, 2023.

Few States Are Doing It All, But Many Are Moving Forward

Three states fully implemented four new Roadmap policies and strategies to strengthen their prenatal-to-3 system of care in the last year – Colorado, Montana, and North Carolina.



pn3policy.org/roadmap/nh

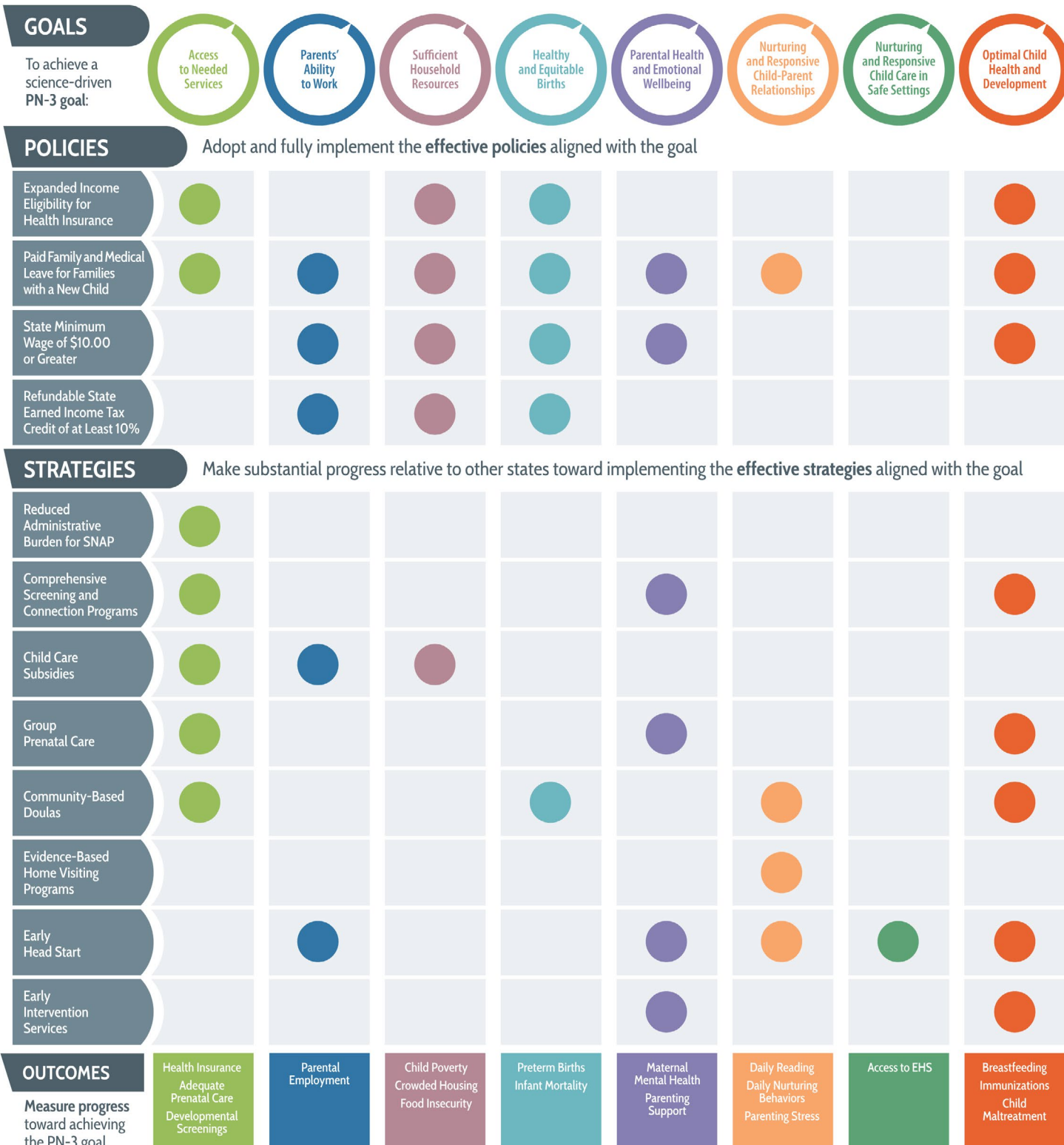
Explore New Hampshire’s Roadmap

We’re here to help. Contact us to inquire about our state services at pn3center@vanderbilt.edu or submit a request for our services online at pn3policy.org/state-services.

Prenatal-to-3 State Policy Roadmap

Effective policies impact PN-3 goals and research provides clear state legislative or regulatory action. Effective strategies impact PN-3 goals, but the research does not yet provide precise guidance for state legislative or regulatory action.

● Policy/strategy is aligned with goal in column
 Policy/strategy does not align with goal in column (intentionally blank)



Note: More extensive information on each of the eight PN-3 policy goals can be found in the [Prenatal-to-3 Policy Clearinghouse](#).

2024 New Hampshire Roadmap Summary

Effective Roadmap Policy

2024 Policy Snapshot



Expanded Income Eligibility for Health Insurance to 138%



138%
of the FPL

New Hampshire has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% of the FPL are eligible for Medicaid coverage in NH.

Paid Family and Medical Leave for Families with a New Child



0
weeks

New Hampshire does not have a statewide paid family and medical leave program, but it does have a family leave program for eligible state employees and a voluntary program for other employees.

State Minimum Wage of \$10.00 or Greater



\$7.25
per hour

The current state minimum wage in New Hampshire is \$7.25. The state's minimum wage is set by statute to the federal minimum.

Refundable State Earned Income Tax Credit of at Least 10%



No
EITC

New Hampshire does not have a state EITC, and the state does not have an income tax, which is the typical mechanism used to finance and provide administrative structure for a state EITC.



State has adopted and fully implemented the policy



State has newly adopted and fully implemented the policy since October 1, 2023

Effective Roadmap Strategy

2024 Strategy Snapshot

Reduced Administrative Burden for SNAP



12-Month Certification Period

Simplified Income Reporting

Online Case Management

Comprehensive Screening and Connection Programs



Statewide Goal

Medicaid Funding

State Funding

Child Care Subsidies



Income Eligibility (85% SMI)

NEW Limit Family Copayments

Equitable Reimbursement Rates

Group Prenatal Care



Enhanced Medicaid Reimbursement Rate

State Funding

Community-Based Doulas



Medicaid Coverage

Fund Training and Credentialing



Evidence-Based Home Visiting Programs



Medicaid Funding

Early Head Start



State Support



Early Intervention Services



Very Low Birthweight Qualification

At-Risk Qualification

Eliminate Family Fees



State implemented all key policy levers



State has met criteria for the lever since October 1, 2023



State has met the criteria for the lever



State has not met the criteria for the lever

Prenatal-to-3 Outcomes to Measure Impact

Policy Goal	Outcome Measure	Worst State		Best State	Rank	
Access to Needed Services	% Low-Income Women Uninsured	41.4%	●	9.7% NH	3.0%	9
	% Births to Women Not Receiving Adequate Prenatal Care	23.8%	●	9.0% NH	6.4%	3
	% Children < 3 Not Receiving Developmental Screening	72.0%	●	53.2% NH	40.0%	18
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	36.7%	●	21.1%* NH	11.9%	14
Sufficient Household Resources	% Children < 3 in Poverty	29.1%	●	6.8% NH	6.8%	1
	% Children < 3 Living in Crowded Households	33.2%	●	8.9% NH	6.4%	2
	% Households Reporting Child Food Insecurity	15.0%		Unreliable	1.1%	
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.8%	●	8.2% NH	8.2%	1
	# of Infant Deaths per 1,000 Births	9.1	●	3.5 NH	3.3	2
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	11.5%	●	5.8% NH	3.3%	15
	% Children < 3 Whose Parent Lacks Parenting Support	26.4%	●	13.1% NH	5.7%	20
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	71.5%	●	49.6% NH	42.0%	5
	% Children < 3 Not Nurtured Daily	50.9%	●	32.0% NH	28.0%	5
	% Children < 3 Whose Parent Reports Not Coping Very Well	45.4%	●	35.5% NH	26.3%	32
Nurturing and Responsive Child Care in Safe Settings	% Children Without Access to EHS	95.3%	●	85.8% NH	45.3%	16
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	32.1%	●	14.4% NH	6.1%	22
	% Children < 3 Not Up to Date on Immunizations	38.8%	●	19.0% NH	12.9%	4
	Maltreatment Rate per 1,000 Children < 3	29.9	●	7.8 NH	2.2	15

Data marked with a * should be interpreted with caution. For additional information regarding calculation details, data quality, and source data please refer to Methods and Sources.