



2024 Prenatal-to-3 State Policy Roadmap

RHODE ISLAND

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/ri

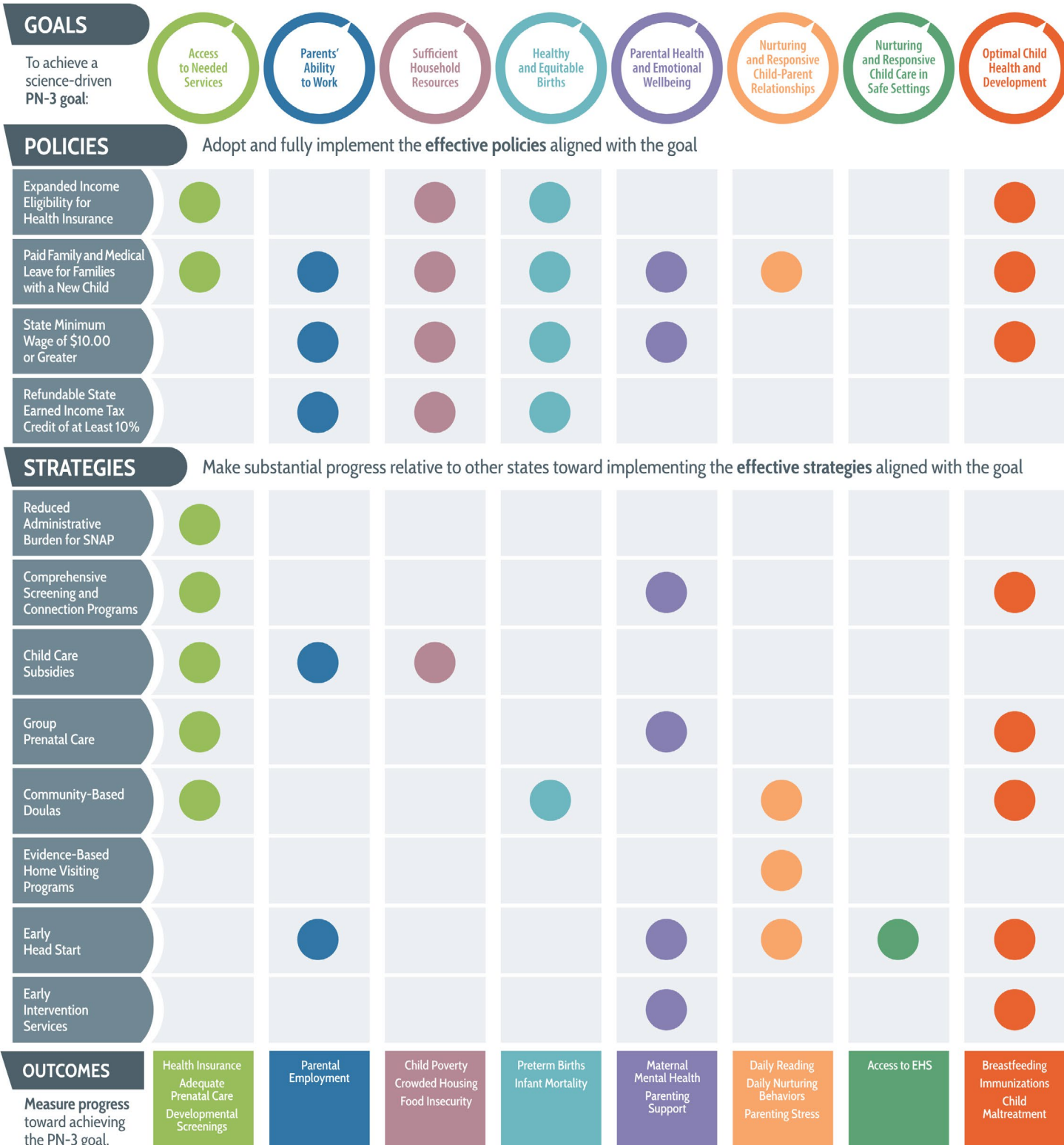
Explore Rhode Island’s Roadmap

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 Rhode Island Roadmap Summary

Effective Roadmap Policy

2024 Policy Snapshot



Expanded Income Eligibility for Health Insurance to 138%



138%
of the FPL

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



Paid Family and Medical Leave for Families with a New Child



6
weeks

Rhode Island has a paid family leave program that provides up to 6 weeks of benefits. In 2024, legislators enacted legislation to increase the duration of paid family leave to 7 weeks in 2025 and 8 weeks in 2026.



State Minimum Wage of \$10.00 or Greater



\$14.00
per hour

Rhode Island's state minimum wage increased from \$13.00 to \$14.00 on January 1, 2024. In 2017, legislators enacted a bill to gradually increase the state minimum wage until it reaches \$15.00 on January 1, 2025.



Refundable State Earned Income Tax Credit of at Least 10%



16%
of the federal credit

Rhode Island has a refundable state EITC equal to 16% of the federal credit. The value of the credit increased from 15% of the federal EITC to 16% of the federal EITC because of a provision included in the state's Fiscal Year 2024 budget passed in 2023.

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)



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%	9.9% RI	10
	% Births to Women Not Receiving Adequate Prenatal Care	23.8%	6.4% RI	1
	% Children < 3 Not Receiving Developmental Screening	72.0%	51.0% RI	12
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	36.7%	19.7%* RI	9
Sufficient Household Resources	% Children < 3 in Poverty	29.1%	10.6% RI	8
	% Children < 3 Living in Crowded Households	33.2%	15.5%* RI	27
	% Households Reporting Child Food Insecurity	15.0%	5.6%* RI	26
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.8%	9.0% RI	6
	# of Infant Deaths per 1,000 Births	9.1	3.9 RI	4
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	11.5%	4.8% RI	8
	% Children < 3 Whose Parent Lacks Parenting Support	26.4%	20.7% RI	47
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	71.5%	58.8% RI	24
	% Children < 3 Not Nurtured Daily	50.9%	43.0% RI	37
	% Children < 3 Whose Parent Reports Not Coping Very Well	45.4%	28.1% RI	4
Nurturing and Responsive Child Care in Safe Settings	% Children Without Access to EHS	95.3%	79.7% RI	6
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	32.1%	18.2% RI	31
	% Children < 3 Not Up to Date on Immunizations	38.8%	17.8% RI	2
	Maltreatment Rate per 1,000 Children < 3	29.9	21.8 RI	41

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.