

2025 Prenatal-to-3 State Policy Roadmap



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 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 19 child and family outcome measures that assess the wellbeing of its infants and toddlers.

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

Although no states newly implemented effective Roadmap policies in the last year, many states made progress to improve access to effective policies and strategies.

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 | NH | NC | 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, 2024.

Explore the District of Columbia Roadmap.

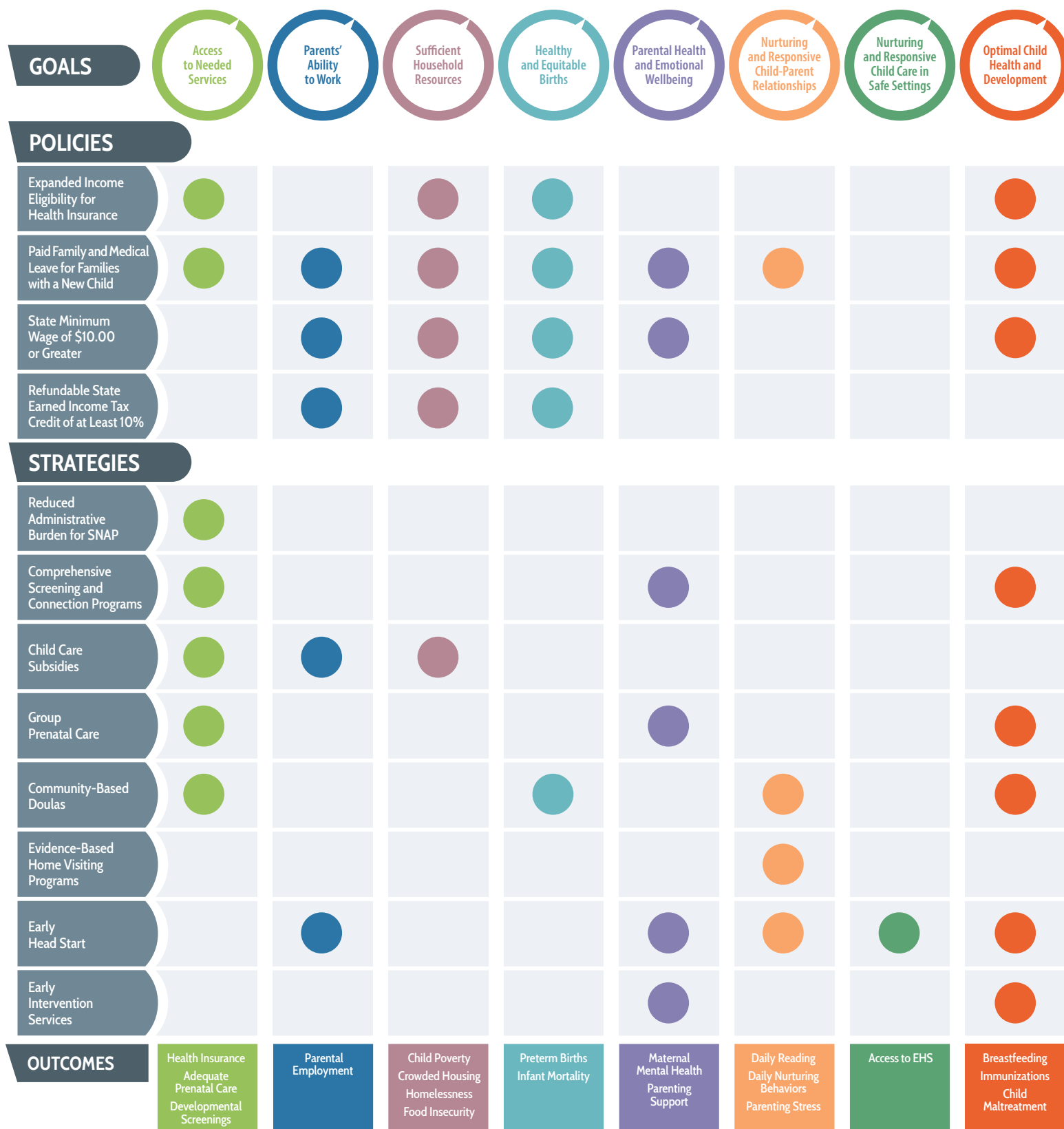
pn3policy.org/roadmap/dc

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

Align Policy Goals with Effective Policy Solutions Proven to Impact Outcomes











2025 District of Columbia Roadmap Summary


DISTRICT OF COLUMBIA

Explore a summary of the District of Columbia's progress implementing effective policies and strategies.

Effective Roadmap Policy

2025 Policy Snapshot




























| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Expanded Income Eligibility for Health Insurance to 138% |  221% of the FPL | The District of Columbia has expanded Medicaid eligibility under the Affordable Care Act. Parents earning up to 221% of the FPL are eligible for Medicaid coverage in DC. |
|  Paid Family and Medical Leave for Families with a New Child |  12 weeks | The District of Columbia has a paid family leave program that provides up to 12 weeks of benefits. |
|  State Minimum Wage of \$10.00 or Greater |  \$17.95 per hour | The current state minimum wage in the District of Columbia is \$17.95, the highest in the country, and it is adjusted annually for inflation. |
|  Refundable State Earned Income Tax Credit of at Least 10% |  85% of the federal credit | The District of Columbia has a refundable state EITC equal to 85% of the federal credit (100% for workers without dependents), and it is scheduled to increase to 100% by 2026. |

 State has adopted and fully implemented the policy


 State has newly adopted and fully implemented the policy since October 1, 2024


Effective Roadmap Strategy


2025 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 the criteria for the lever

 State has met criteria for the lever since October 1, 2024

 State has not met the criteria for the lever

| Policy Goal | Outcome Measure | Worst State | | Best State | Rank |
|------------------------------------------------------|-------------------------------------------------------------|-------------|--|--------------------|------|
| Access to Needed Services | % Low-Income Women Uninsured | 40.7% | | 6.2% DC 5.5% | 2 |
| | % Births to Women Not Receiving Adequate Prenatal Care | 25.9% | | 21.0% DC 6.2% | 47 |
| | % Children < 3 Not Receiving Developmental Screening | 71.8% | | 53.8% DC 41.3% | 19 |
| Parents' Ability to Work | % Children < 3 Without Any Full-Time Working Parent | 33.0% | | 19.2%* DC 12.3% | 7 |
| Sufficient Household Resources | % Children < 3 in Poverty | 26.7% | | 8.5% DC 6.2% | 4 |
| | % Children < 3 Living in Crowded Households | 35.3% | | 21.2%* DC 7.6% | 42 |
| | % Children < 3 Experiencing Homelessness | 9.1% | | 9.1% DC 1.1% | 51 |
| | % Households Reporting Child Food Insecurity | 16.2% | | 3.4% DC 1.6% | 8 |
| Healthy and Equitable Births | % Babies Born Preterm (< 37 Weeks) | 15.0% | | 10.8% DC 7.7% | 34 |
| | # of Infant Deaths per 1,000 Births | 8.9 | | 7.0 DC 2.9 | 41 |
| Parental Health and Emotional Wellbeing | % Children < 3 Whose Mother Reports Fair/Poor Mental Health | 11.9% | | 3.4% DC 2.3% | 2 |
| | % Children < 3 Whose Parent Lacks Parenting Support | 24.4% | | 15.8% DC 6.2% | 36 |
| Nurturing and Responsive Child-Parent Relationships | % Children < 3 Not Read to Daily | 71.2% | | 46.5% DC 38.6% | 4 |
| | % Children < 3 Not Nurtured Daily | 49.9% | | 29.3% DC 27.7% | 3 |
| | % Children < 3 Whose Parent Reports Not Coping Very Well | 44.1% | | 42.5% DC 27.1% | 49 |
| Nurturing and Responsive Child Care in Safe Settings | % Children Without Access to EHS | 95.5% | | 30.0% DC 30.0% | 1 |
| Optimal Child Health and Development | % Children Whose Mother Reported Never Breastfeeding | 30.3% | | 14.9% DC 6.9% | 20 |
| | % Children < 3 Not Up to Date on Immunizations | 39.6% | | 25.8% DC 9.9% | 10 |
| | Maltreatment Rate per 1,000 Children < 3 | 28.1 | | 11.2 DC 2.0 | 22 |

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.