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

NEBRASKA

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.

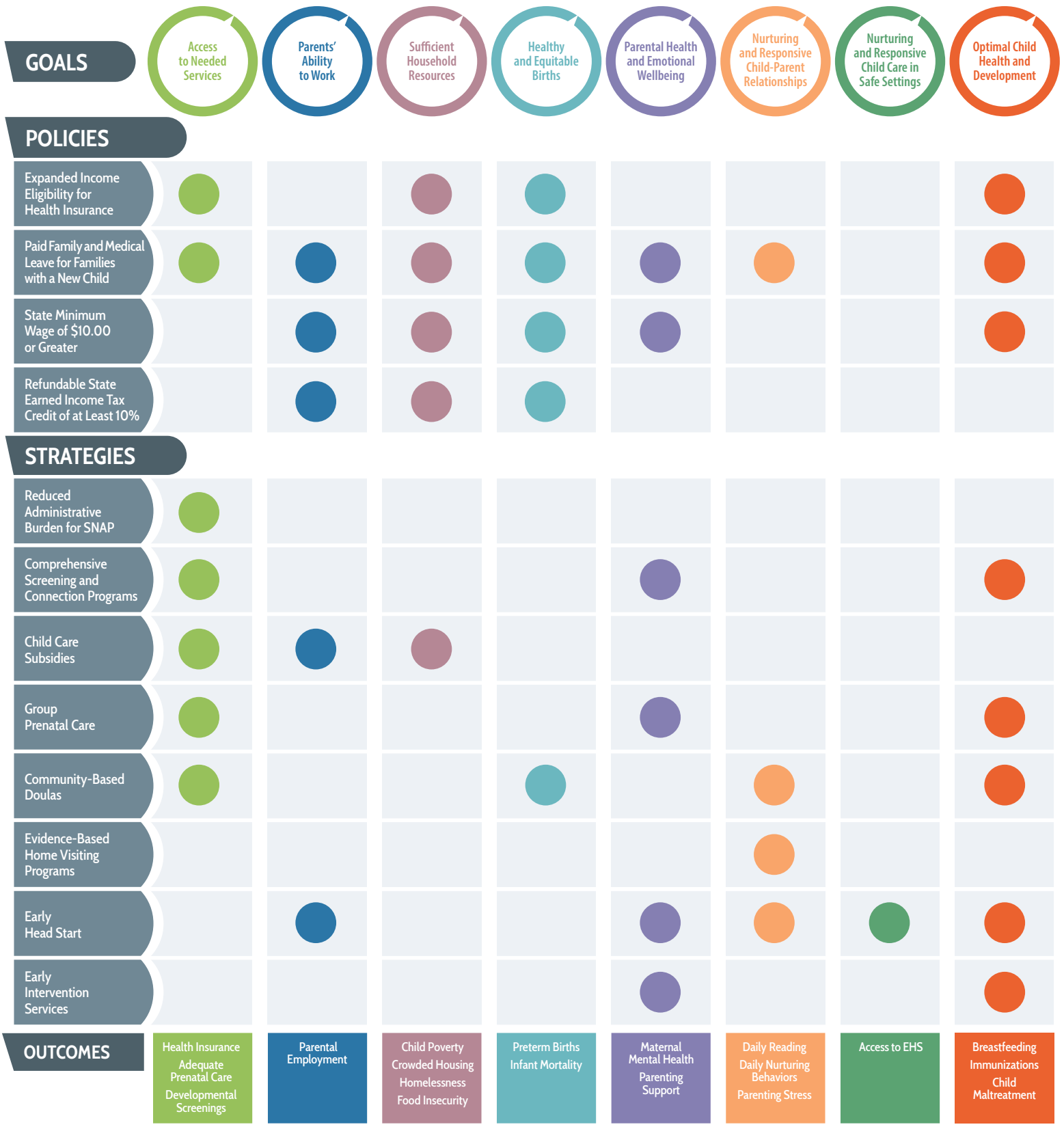
Explore Nebraska's Roadmap.

pn3policy.org/roadmap/ne

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 Nebraska Roadmap Summary

NEBRASKA

Explore a summary of your state's progress implementing effective policies and strategies.

As of September 30, 2025. See Methods and Sources for additional information at https://pn3policy.org/methods-and-sources/

Effective Roadmap Policy		2025 Policy Snapshot
✓ Expanded Income Eligibility for Health Insurance to 138%	138% of the FPL	Nebraska has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% of the FPL are eligible for Medicaid coverage in NE.
Paid Family and Medical Leave for Families with a New Child	0 weeks	Nebraska does not have a statewide paid family and medical leave program.
✓ State Minimum Wage of $10.00 or Greater	$13.50 per hour	Nebraska's state minimum wage increased from $12.00 to $13.50 on January 1, 2025. The state minimum wage is scheduled to increase to $15.00 by 2026 with annual adjustments for inflation thereafter.
✓ Refundable State Earned Income Tax Credit of at Least 10%	10% of the federal credit	Nebraska has a refundable state EITC equal to 10% of the federal credit.

✓ State has adopted and fully implemented the policy

+1 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

NEW 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%	16.6% NE	5.5%	32
	% Births to Women Not Receiving Adequate Prenatal Care	25.9%	12.6% NE	6.2%	14
	% Children < 3 Not Receiving Developmental Screening	71.8%	61.1% NE	41.3%	35
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	33.0%	15.6% NE	12.3%	3
Sufficient Household Resources	% Children < 3 in Poverty	26.7%	12.5% NE	6.2%	16
	% Children < 3 Living in Crowded Households	35.3%	14.5% NE	7.6%	18
	% Children < 3 Experiencing Homelessness	9.1%	1.1% NE	1.1%	1
	% Households Reporting Child Food Insecurity	16.2%	16.2%* NE	1.6%	49
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	15.0%	11.1% NE	7.7%	39
	# of Infant Deaths per 1,000 Births	8.9	6.4 NE	2.9	37
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	11.9%	5.3% NE	2.3%	10
	% Children < 3 Whose Parent Lacks Parenting Support	24.4%	14.4% NE	6.2%	28
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	71.2%	59.0% NE	38.6%	25
	% Children < 3 Not Nurtured Daily	49.9%	44.7% NE	27.7%	40
	% Children < 3 Whose Parent Reports Not Coping Very Well	44.1%	31.5% NE	27.1%	6
Nurturing and Responsive Child Care in Safe Settings	% Children Without Access to EHS	95.5%	78.8% NE	30.0%	4
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	30.3%	15.6% NE	6.9%	23
	% Children < 3 Not Up to Date on Immunizations	39.6%	36.1% NE	9.9%	45
	Maltreatment Rate per 1,000 Children < 3	28.1	8.0 NE	2.0	14

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.