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2025 Prenatal-to-3 Legislative Roundup

Throughout the 2025 state legislative session, policymakers across the country introduced, and some enacted, policies proven to positively impact children and families. Several of these policies are aligned with evidence from rigorous research, as detailed in our [2025 Prenatal-to-3 State Policy Roadmap].

Our team of policy experts tracks and analyzes hundreds of bills each year on 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 6 key components of the prenatal-to-3 system of care: Medicaid, paid family and medical leave, state tax credits, the Supplemental Nutrition Assistance Program (SNAP), child care, and community-based doulas.

Medicaid

At least **29 states introduced, and 8 enacted,** legislation to modify Medicaid program eligibility, strengthen continuity of coverage, change administrative processes, or manage state agency flexibility.

Paid Family and Medical Leave

At least **30 states introduced, and 8 enacted,** paid family and medical leave bills to establish new statewide programs or modify existing programs. States also took action to adopt or expand paid parental leave for state employees and/or public school teachers.

State Tax Credits

At least **37 states introduced, and 10 enacted,** bills to establish new state earned income tax credits or child tax credits, to increase the generosity of those credits, or expand eligibility for existing credits.

Supplemental Nutrition Assistance Program

At least **21 states introduced, and 3 enacted,** bills to affect how families access and retain food support through SNAP benefits.

Child Care

At least **36 states introduced, and 11 enacted,** child care bills to create dedicated funding streams, provide supports to child care workers, or incentivize employer involvement in child care.

Community-Based Doulas

At least **27 states introduced, and 15 enacted,** bills to require Medicaid coverage of doula services, financially support the doula workforce, or require doula-friendly hospital policies.

Medicaid

Although no state newly enacted or implemented Affordable Care Act (ACA) coverage this year, at least **29 states introduced, and 8 enacted,** legislation to modify Medicaid program eligibility, adjust continuity of coverage, change administrative processes, or manage state agency flexibility. These state-level shifts unfolded alongside federal policy changes projected to reduce Medicaid funding and narrow the financing tools states can use to sustain or pursue expanded coverage.

Modifications to Medicaid Programs

Though some states worked to maintain or broaden Medicaid coverage this year, others introduced bills that would ultimately limit access through work requirements and 'trigger laws,' which are laws that would automatically end Medicaid expansion or require coverage changes if the federal matching rate for the expansion population were to decrease.

State Examples

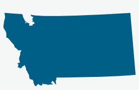
A check mark indicates the bill was enacted.

Kansas

H.B. 2375 and S.B. 257 would have expanded Medicaid coverage to individuals with incomes at or below 138% of the federal poverty level (FPL). The expanded coverage would have included work requirements and been contingent on the continued 90% federal matching rate.

Mississippi

S.B. 2386 would have extended Medicaid coverage to children aging out of foster care until age 26, required less frequent reenrollments for children with certain health conditions, and extended Medicaid's family planning services to adults of reproductive age at or below 194% of the FPL. The bill was passed by the state legislature and vetoed by Governor Reeves.



Montana

✓ H.B. 245 reauthorized the state's Medicaid expansion program by removing its July 2025 termination date. The bill also added work requirements to the state's program.

Tennessee

H.B. 1101 and S.B. 851 would have authorized the governor to expand Medicaid coverage to adults with incomes at or below 138% of the FPL.

West Virginia

H.B. 3518 would have established a trigger law to repeal Medicaid expansion if the federal matching rate fell below 90%.

Postpartum and Early Childhood Coverage Continuity

During the 2025 legislative session, the **2 states that have not yet implemented 12 months of postpartum Medicaid coverage introduced, but did not enact, legislation to do so.** States also continued efforts to stabilize coverage for young children by creating multi-year continuous eligibility, though federal shifts may limit future implementation.

State Examples

Alaska

H.B. 151 would have required the state to apply for a waiver to provide continuous Medicaid eligibility to children from birth to age 6.

Arkansas

H.B. 1004, H.B. 1008, and H.B. 1269 would have extended postpartum Medicaid coverage to 12 months, pending federal approval.

Ohio

H.B. 96, the state budget, included a provision that would have halted the state's development of a continuous Medicaid eligibility extension for children from birth to age 3. This measure was vetoed by Governor DeWine.

Wisconsin

A.B. 97 and S.B. 23 would have required the state to seek federal approval to extend postpartum Medicaid coverage to 12 months.

Administrative Requirements and Enrollment Processes

Several states introduced or enacted legislation that may increase administrative burden in Medicaid. These proposals included tighter verification processes, additional work requirements, and renewal rules which could make it harder for eligible families to maintain consistent coverage during pregnancy and early childhood.

State Examples

Bill Status ✓

Indiana ✓

S.B. 2 prohibits the state from accepting self-attestations without additional verifications, limits the use of presumptive eligibility for Medicaid, and implements work requirements for individuals in the expansion population.

Iowa ✓

S.F. 615 requires the state to seek federal approval to implement work requirements as a condition of Medicaid eligibility.

Louisiana ✓

S.B. 130 prohibits the state Medicaid agency from relying on ex parte, or automatic, renewals for redeterminations, and prevents the agency from accepting self-attestations without additional verifications.

Pennsylvania

H.B. 298 would have revoked coverage from recipients in the Medicaid expansion population who failed to report changes to their circumstances and prohibited them from reapplying to the program for 6 months, pending federal approval. The bill would have also suspended automatic renewals, halted the use of prepopulated renewal forms, and required redeterminations for adults every 6 months instead of 12.

Limited State Agency Authority

Some states acted to limit the authority of Medicaid agencies to update program rules by requiring legislative approval for changes that could address enrollment or administrative burdens

State Examples

Bill Status

Arkansas

H.B. 1588 would have prohibited the state Department of Human Services from pursuing any waivers that would expand Medicaid coverage without state legislative approval or adjusting funding rules without gubernatorial approval.

Kansas

H.B. 2240 restricts state agencies' authority to make changes to the state's SNAP, Medicaid, TANF, or child care programs without legislative approval, effective July 2025.

Kentucky

H.B. 695 limits the Cabinet for Health and Family Services' ability to make changes to Medicaid eligibility, coverage, or benefits without legislative approval, effective March 2025.

Paid Family and Medical Leave

Paid family and medical leave (PFML) provides working parents with the time and financial stability to stay home to bond with a new child, care for a family member with a serious health condition, or recover from one's own serious health condition, including childbirth. These programs are funded through small payroll contributions, also called premiums, collected from workers and/or employers at no ongoing cost to the state government.

During the 2025 legislative session, at **least 30 states introduced, and 8 enacted,** PFML bills to establish new statewide programs or modify existing programs. Continuing a trend from recent years, several states also successfully enacted legislation or adopted administrative rules to provide paid leave to eligible state employees.

New Statewide Programs

Although no states enacted bills to establish a new statewide PFML program, at least **16 states introduced legislation to do so,** most of which would have provided up to 12 weeks of paid leave for all parents to bond with a new child.

State Examples

Indiana

S.B. 115 would have created a statewide PFML program providing up to 12 weeks of leave.

Pennsylvania

H.B. 200 would create a statewide PFML providing up to 20 weeks of paid leave for eligible workers to bond with a new child.

Virginia

H.B. 2531 would have created a statewide PFML providing eligible workers with up to 12 weeks of paid leave to bond with a new child. Though the bill was passed by the state legislature, it was vetoed by Governor Youngkin for the second consecutive year.

West Virginia

H.B. 2900 would have created a statewide PFML program providing up to 12 weeks of leave.

Existing Program Modifications

This year, all **14 states with existing statewide PFML programs introduced legislation** to modify their programs, and **8 states successfully enacted legislation.** The modifications ranged from minor technical adjustments to expanding benefits.

State Examples

Bill Status

Colorado

S.B. 144 will expand the state's PFML program to include an additional 12 weeks of paid leave for families with a baby in the neonatal intensive care unit beginning in January 2026.

Maryland

H.B. 102/S.B. 225 delayed implementation of Maryland's PFML program. Under the new timeline, premiums will be collected beginning in January 2027, and benefits will be available to families beginning in January 2028. This is the second time the state has postponed implementation of the program.

Rhode Island

H.B. 6066/S.B. 974 will increase the wage replacement rate in 2027 and 2028. Workers taking PFML currently receive approximately 60% of their regular wages while on leave, and that rate will increase to approximately 70% in 2027 and approximately 75% in 2028. The bill will also increase the contribution wage base such that the premium will apply to annual wages up to $100,000 beginning in 2026.

Paid Leave for State Employees and/or Public School Teachers

Over the last several years, many states have provided access to paid leave to certain workers, such as state employees or public school teachers. This trend continued in 2025 with at least **6 states enacting legislation or adopting administrative rules** to provide paid leave benefits for eligible state employees and/or public school teachers for the first time.

State Examples

Bill Status

Alabama

S.B. 199 provides paid parental leave for eligible state employees and public school teachers. Under the new policy, which became available in July 2025, mothers can take up to 8 weeks and fathers can take up to 2 weeks of paid parental leave.

Iowa

H.F. 889 provides eligible state employees with paid parental leave. Parents who give birth can take up to 4 weeks and parents who do not give birth can take up to 1 week of paid leave. Parents who adopted a child may take up to 4 weeks of paid leave. The policy became effective in July 2025.

Mississippi

H.B. 1063 will provide eligible state employees who are primary caregivers with up to 6 weeks of paid parental leave following the birth or adoption of a child beginning in January 2026.

Wyoming

In January 2025, the state adopted a new administrative rule which provides up to 6 weeks of paid family and medical leave to eligible state employees.

State Tax Credits

Both state earned income tax credits (EITCs), which incentivize employment and support working families, and state child tax credits (CTCs), which help offset some of the costs of raising children, were expanded across states over the past legislative session. During the 2025 session, **at least 37 states introduced, and 10 enacted,** bills to establish new state EITCs or CTCs, to increase the generosity of those credits, or to expand eligibility for existing credits.

Establish New Credits

Many states that do not have a state EITC or a state CTC continue to consider implementing these credits. Though 6 states considered a new EITC and 19 states proposed a new CTC, ultimately, only **2 states enacted bills** to create new credits.

State Examples

Bill Status

Georgia

H.B. 136 establishes the first state CTC in Georgia. Effective tax year 2026, the nonrefundable credit will provide families with $250 per child under age 6. The credit does not have income limits, allowing any families with tax liability to claim it.

Hawaii

S.B. 1053 would have created a refundable state CTC effective tax year 2026. The credit would be worth up to $650 per dependent under the age of 18, with a step-down structure that decreases the value of the credit as income increases beyond $40,000.

North Carolina

S.B. 440, the Governor's budget, included both a state EITC and a state CTC. The budget proposed reestablishing a refundable state EITC worth 20% of the federal credit. It also included a refundable state CTC of up to $150 per child, replacing the state's current child deduction. This proposal was not included in the final budget.

Pennsylvania

In November 2025, H.B. 416, part of the enacted state budget, established the state's first EITC, called the Working Pennsylvanians Tax Credit. The refundable credit is worth 10% of the federal credit beginning in tax year 2025. Before the budget was enacted, the legislature was considering H.B. 820, which would have established a refundable state EITC of 30% of the federal credit. This bill passed one chamber of the state legislature.

Increased Generosity of Credits

State EITCs and state CTCs vary in the generosity, or value, of the credits. Refundable state EITCs for families with children range from 4% of the federal credit in Wisconsin to 85% of the federal credit in Washington, D.C. Maximum credit values for state CTCs range from $110 per child in Oklahoma to $1,750 per child in Minnesota. In the past year, **16 states introduced, and 4 enacted,** bills to increase the generosity of their state EITC and **4 introduced, and 2 enacted,** increases to the value of their state CTC.

State Examples

Bill Status

Maine

L.D. 210, the state budget bill, increases the generosity of the state CTC for young children, beginning in tax year 2025. The refundable credit doubled from $300 to $600 for children under the age of 6, and the credit remains at $300 for children ages 6 to 16.

Montana

H.B. 337 will increase Montana's refundable state EITC from 10% to 20% of the federal credit as part of a larger tax package, beginning in tax year 2026. This expansion comes shortly after the state EITC increased from 3% to 10% of the federal credit in tax year 2024.

New York

A.B. 3009, the state budget bill, temporarily increases the generosity of the state CTC. For tax year 2025, the credit is worth $1,000 per child under the age of 4 and $330 per child age 4 to 17. For tax years 2026 and 2027, the credit for children aged 4 to 17 will increase to $500. This expansion will expire after tax year 2027.

Virginia

H.B. 1600, the state budget bill, increases the refundable portion of the state EITC from 15% to 20% of the federal credit, making the state EITC fully refundable beginning in tax year 2025. Due to this increase, the maximum credit a family with one child will receive in tax year 2025 is $216.40 higher than in tax year 2024.

Expanded Eligibility

States may choose to expand eligibility for state tax credits beyond eligibility for the federal EITC and CTC—including expanding eligibility based on child age and extending eligibility to Individual Taxpayer Identification Number (ITIN) holders, younger filers, and other groups. In the past year, **8 states introduced, and none enacted,** bills to expand eligibility for their state EITC. **Seven states introduced, and three enacted,** bills to expand eligibility for their state CTC.

State Examples

Bill Status ✓

Maryland ✓

H.B. 350, the state budget bill, expanded income eligibility for the state CTC. Beginning in tax year 2025, the credit will have a phase-out for families with earnings between $15,000 and $24,000, allowing them to receive a portion of the credit. Previously, families who made over $15,000 were not eligible for the credit.

Massachusetts

S. 1975 would have expanded eligibility for both the state EITC and state CTC to include taxpayers filing with an ITIN. The bill would have also expanded eligibility for the state EITC to include younger filers aged 18 to 25.

Utah ✓

H.B. 106 expanded child age eligibility for the state's CTC. Effective tax year 2025, children under the age of 6 are eligible for the credit. Previously, the credit was only available to children ages 1 to 4.

Vermont ✓

S.51 expanded child age eligibility for the state's CTC. Previously, children under age 6 were eligible for the credit. This legislation expanded eligibility to children under age 7 beginning in tax year 2025.

Wisconsin

A.B. 20/S.B. 20 would expand eligibility for the state EITC to individuals who are married but filing separate returns. The legislation is intended to expand eligibility to victims of domestic abuse who file separately from their spouse.

Supplemental Nutritional Assistance Program (SNAP)

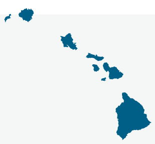
In 2025, SNAP-related proposals occurred against a backdrop of federal changes enacted through H.R. 1, a reconciliation bill that will shift SNAP costs to states beginning in fiscal year 2027. These upcoming changes are likely to influence how states manage their programs, with some opting to reduce paperwork by streamlining application processing for families, and some adopting stricter oversight and eligibility rules to limit the program's reach and subsequent costs.

State legislative activity in 2025 reflected both directions of change: some states advanced bills to simplify certification and case management, and others pursued purchase restrictions and stricter reporting requirements. At least **21 states introduced, and 3 enacted,** bills to affect how families access and retain SNAP benefits.

Certification, Reporting, and Case Management

Though some states continued efforts to improve access to SNAP by proposing bills to lengthen certification periods and modernize case management systems, others advanced bills that could add new reporting requirements for families.

State Examples



Hawaii

H.B. 696 and S.B. 1055 would have extended the minimum SNAP certification period that could have been assigned to recipients to 12 months.

Oklahoma

H.B. 2382 would have prohibited the use of categorical eligibility for SNAP, requiring all families to be assigned to change reporting and requiring that the state agency implement additional data matching processes.

Texas

Multiple bills, including H.B. 314 and H.B 2202, would have extended the standard SNAP certification period from 6 to 12 months.

Food Purchase Restrictions

At least **20 states introduced, and 3 enacted,** legislation in 2025 to file federal waivers restricting which foods can be purchased using SNAP benefits – most often targeting soft drink and candy categories. Nebraska restrictions will take effect in January 2026 after becoming the first state to have its waiver approved this year, though it was submitted without legislative direction.

State Examples

Bill Status ✓

Arizona

H.B. 2165 would have required the state to submit a federal waiver to prohibit the purchase of soda using SNAP benefits. The bill was passed by the legislature and vetoed by Governor Hobbs.

Idaho

✓ H.B. 109 requires the state to submit a federal waiver to prohibit the purchase of soda and candy using SNAP benefits.

Texas

✓ S.B. 379 restricts the purchase of sweetened drinks or candy using SNAP benefits pending federal approval.

Utah

✓ H.B. 403 requires the state to submit a federal waiver to prohibit the purchase of soft drinks using SNAP benefits.

Child Care

Child care remains on state legislative agendas across the country, with state leaders proposing bills designed to support families both within and outside the child care subsidy program. During the 2025 session, at least **36 states introduced, and 11 enacted,** child care bills to create dedicated funding streams, provide supports to child care workers, or incentivize employer involvement in child care.

Dedicated Funding Streams

In recent years, states have pursued new ways to increase funding for child care and other early learning programs through the creation of dedicated funding streams. These are forms of revenue earmarked for a specific purpose and often structured to receive continuous or automatic appropriations outside the annual state budget. This year, **2 of the 8 states that introduced legislation** to establish dedicated funding streams enacted their proposals, and 2 additional states made changes to existing streams.

State Examples

Bill Status

Connecticut

S.B. 1 created the Early Childhood Education Endowment to fund Early Start CT, effective July 2025. The Endowment received an initial appropriation of $300 million and will continue to receive appropriations from the state budget surplus while accruing interest. The fund will be used to expand access to subsidized child care through Early Start CT to families with incomes below $100,000 and limit family copayments to 7% of income.

Louisiana

H.B. 639 increased the state's sports wagering tax rate from 15% to 21.5%, effective August 2025. A portion of these funds are allocated to the Louisiana Early Childhood Fund, which provides matching funds to localities to subsidize infant and toddler care.

Montana

H.B. 924 created the Montana Early Childhood Special Revenue Account to fund various early learning initiatives, effective June 2025. The account initially received $10 million and will continue to receive a portion of the interest generated in the state's Growth and Opportunity Trust Fund, which is funded through annual surplus appropriations. The Montana Early Childhood Account Board will authorize spending on early childhood activities which include increasing access to care, workforce development, quality improvement, and innovative initiatives.

New Mexico

H.B. 71 increased the minimum annual distribution from the Early Childhood Trust Fund to the Early Childhood Education and Care Department from $250 million to $500 million, or 5% of the fund—whichever is greater—effective July 2025. This appropriation is used to fund programs under the Department, including the child care subsidy program.

Child Care Workforce Supports

The child care workforce is an essential component of the child care system. In response to inadequate compensation and workforce shortages, states are exploring different strategies to improve benefit packages and provide additional supports to child care workers. Legislators in **28 states introduced, and 4 enacted,** legislation to provide various benefits to child care workers.

State Examples

Bill Status ✓

Arkansas

✓ S.B. 148 allows early educators employed in child care programs that receive state or federal funding to participate in the Arkansas Teacher Retirement System, effective August 2025. Child care programs must opt in to participate and may contribute matching funds for their educators.

Connecticut

✓ S.B. 1 provided $10 million to establish a state-funded health insurance benefit program for employees in early care and education programs, effective Fiscal Year 2027.

Oklahoma

✓ H.B. 2778 extends child care subsidies for child care workers earning up to $120,000 annually in two-parent households or $60,000 annually in single-parent households, effective November 2025. The child care workers must be employed by a provider that accepts subsidies to be eligible. The bill also waives copayments for child care subsidies for all child care workers.

Employer-Supported Child Care

State policymakers have continued to explore employer involvement in the child care system. Common proposals include tax credits for employers who provide direct financial support to employees or invest in building child care capacity and cost-share models in which the state, families, and employers each cover a portion of the cost of care. In 2025, **16 states introduced, and 4 enacted,** legislation to create tax credits for employers contributing to child care, and **9 states introduced, and 2 enacted,** legislation to create cost-share programs.

State Examples

Bill Status ✓

Georgia ✓

H.B. 136 establishes a nonrefundable tax credit for employers that provide at least $1,000 toward an employee's child care expenses. Beginning in tax year 2026, employers may claim an annual credit of $500 per child, or $1,000 for the first year they offer this benefit.

Missouri ✓

H.B. 2, the state budget bill, appropriates $2.5 million from the general fund for Fiscal Year 2026 to establish a cost-share model in which the state, families, and employers share the cost of care for families with incomes less than 555% of the FPL.

Ohio ✓

H.B. 96, the state budget bill, appropriates $10 million for Fiscal Years 2026-2027 to establish a cost-share pilot program. Under the program, employers, employees, and the state share the cost of child care for families with incomes at or below 400% of the FPL. Employers and employees are each responsible for 40% of the cost of care and the state covers 20%, though employers may pay part of the employee's share.

North Dakota ✓

S.B. 2282 establishes a 50% nonrefundable income tax credit for businesses that contribute to an employee's child care costs, effective tax year 2025. The credit can be claimed for up to $1,000 per employee.

Community-Based Doulas

Community-based doulas are trained social service professionals who provide non-clinical emotional, physical, and informational support to expectant parents during pregnancy and the postpartum period. This session, at least **27 states introduced, and 15 enacted,** bills to require Medicaid coverage of doula services, provide financial support for training and workforce development, or encourage the integration of doula care into health systems.

Medicaid Coverage of Doula Services

Currently, 26 states actively reimburse doula services under Medicaid, and states continue to make Medicaid coverage a priority. State policies vary in the number of visits covered and the total reimbursement rate provided to doulas. This session, **14 states introduced, and 6 enacted,** legislation to require Medicaid coverage of doula services.

State Examples

Bill Status ✓

Arkansas ✓

H.B. 1252 requires Medicaid and private insurance coverage of doula services as well as the creation of community-based doula certification requirements and the maintenance of a registry of certified doulas, effective by the end of December 2025.

Kentucky

H.B. 814 would have required Medicaid coverage of doula services and set requirements for doulas to enroll as Medicaid providers.

Maine ✓

L.D. 1523 requires Medicaid coverage of doula services by January 2026. Coverage must include at least 4 prenatal visits, attendance at labor and delivery, and 4 postpartum visits.

South Carolina

H.B. 3108 would have required Medicaid coverage and private insurance coverage of doula services by July 2026 and set state certification requirements. Maximum Medicaid reimbursement would have been $850 per client for all perinatal services and attendance at labor and delivery.

Workforce Development

Financial support for training and workforce development can ease the burden of obtaining necessary credentials and continuing education for doulas and limit burnout in the workforce. This session, **8 states introduced, and 6 enacted,** legislation to support the doula workforce through scholarships, training opportunities, and grant programs.

State Examples

Bill Status

New Mexico

H.B. 214, known as the Doula Credentialing and Access Act, creates guidelines for voluntary doula certification in the state and establishes a doula fund that can be used to fulfill the provisions of the Act. The Fisal Year 2026 budget includes $600,000 to implement the act, which was effective July 2025.

New York

S. 3003D allocates $250,000 in the Fiscal Year 2026 budget to continue funding the Doula Expansion Grant Program, which supports doula training, recruitment, and mentoring.

Oregon

S.B. 692 requires the Oregon Health Authority to establish a Community-Based Perinatal Services Access program which provides grants to organizations providing culturally competent perinatal care, including community-based doula care, effective July 2025. Additionally, the Fiscal Year 2026 budget appropriates $1 million to the Community-Based Perinatal Services Access Fund and additional funds to carry out the Medicaid provisions.

Health System Integration

Integrating doulas into health care systems can reduce additional stressors on doulas and ensure they receive the regard and access they need to fulfill their duties. This session, **9 states introduced, and 5 enacted,** legislation related to the integration of doula care into existing health systems.

State Examples

Bill Status ✓

Connecticut

✓ H.B. 7214 creates a workgroup to investigate hospital doula policies and complete a study on implementing doula-friendly hospital policies. The final report is due by January 2027.

Illinois

✓ S.B. 2437 requires hospitals and birth centers to adopt written public policies and procedures to allow doulas to attend to Medicaid patients within guidelines for generally accepted medical practices, effective June 2025.

Nevada

S.B. 192 would have allowed patients in hospitals and birthing centers to have a doula accompany them and required private insurance coverage of doula services.

The examples outlined in this brief illustrate the ways in which state policymakers sought to improve or alter elements of their prenatal-to-3 system of care amid on-going federal changes during the 2025 legislative session. As these efforts continue into the 2026 session, our team of policy experts will continue tracking and reporting on trends in state legislation impacting infants, toddlers, and their families.

Get weekly updates on key developments during the 2026 legislative session by signing up to receive our Legislative Trends newsletter.

For more comprehensive information on state action during the 2025 legislative session, please visit our 2025 Prenatal-to-3 State Policy Roadmap or read detailed, state-specific, information in our state progress narratives.

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