

2026 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

Four states fully implemented new Roadmap policies to strengthen their prenatal-to-3 system of care in the last year — Delaware, Maine, Minnesota, and Pennsylvania.

Number of Implemented Effective Roadmap Policies by State

4 out of 4	CA	CO	CT	DC	ME	MA	NJ	NY	OR	RI	WA	11 States
3 out of 4	DE	HI	IL	MD	MI	MN	MT	NE	NM	VT	VA	11 States
2 out of 4	AK	AZ	AR	IN	IA	MO	NV	OH	PA	SD		10 States
1 out of 4	FL	ID	KS	KY	LA	NH	NC	ND	OK	UT	WV	11 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, 2025

Explore the District of Columbia Roadmap.

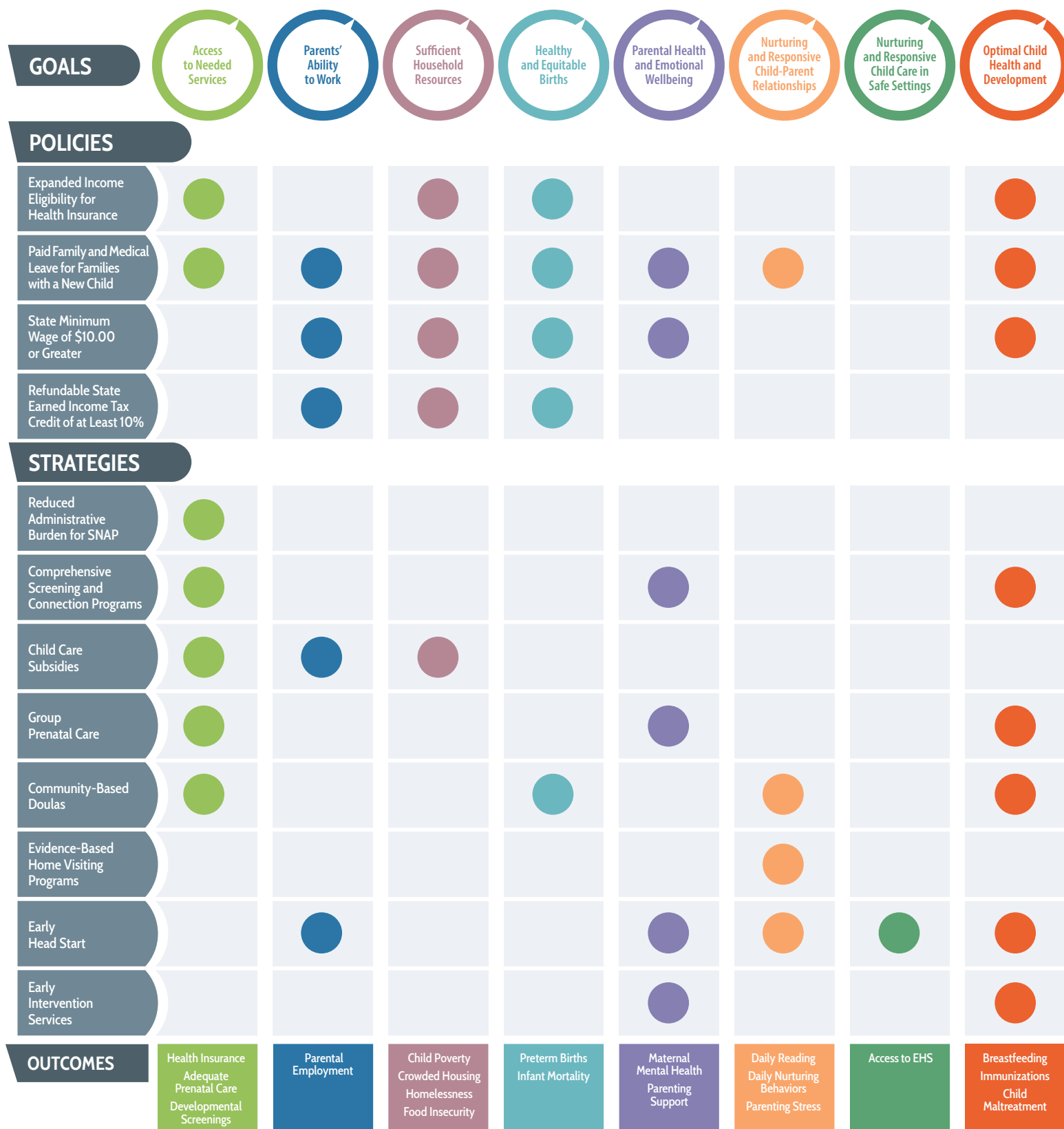
pn3policy.org/roadmap/dc

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



2026 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		2026 Policy Snapshot	
✓ Expanded Income Eligibility for Health Insurance to 138%	138% of the FPL	The District of Columbia has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% 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	\$18.40 per hour	The current state minimum wage in the District of Columbia is \$18.40, 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.	
✓ State has adopted and fully implemented the policy		+1 State has newly adopted and fully implemented the policy since October 1, 2025	
Effective Roadmap Strategy		2026 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	NEW 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, 2025		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	41.8%		9.5% DC	1.5%	8
	% Births to Women Not Receiving Adequate Prenatal Care	26.2%		23.0% DC	6.6%	48
	% Children < 3 Not Receiving Developmental Screening	75.2%		42.8% DC	39.1%	6
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	36.0%		31.0%* DC	14.6%	48
Sufficient Household Resources	% Children < 3 in Poverty	28.8%		28.8%* DC	8.4%	51
	% Children < 3 Living in Crowded Households	35.3%		28.2%* DC	6.1%	47
	% Children < 3 Experiencing Homelessness	9.1%		9.1% DC	1.1%	51
	% Households Reporting Child Food Insecurity	17.0%		6.4%* DC	2.8%	22
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	15.0%		11.8% DC	7.9%	45
	# of Infant Deaths per 1,000 Births	9.7		6.0 DC	3.0	31
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	12.7%		6.4% DC	3.3%	17
	% Children < 3 Whose Parent Lacks Parenting Support	26.0%		14.0% DC	5.4%	34
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	74.1%		40.4% DC	40.2%	2
	% Children < 3 Not Nurtured Daily	50.2%		27.3% DC	24.9%	2
	% Children < 3 Whose Parent Reports Not Coping Very Well	49.3%		46.0% DC	29.6%	50
Nurturing and Responsive Child Care in Safe Settings	% Children Without Access to EHS	95.9%		59.1% DC	59.1%	1
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	29.3%		10.3% DC	6.0%	11
	% Children < 3 Not Up to Date on Immunizations	44.6%		34.0% DC	14.9%	46
	Maltreatment Rate per 1,000 Children < 3	27.4		8.7 DC	1.8	17

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.