

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 Nevada's Roadmap.

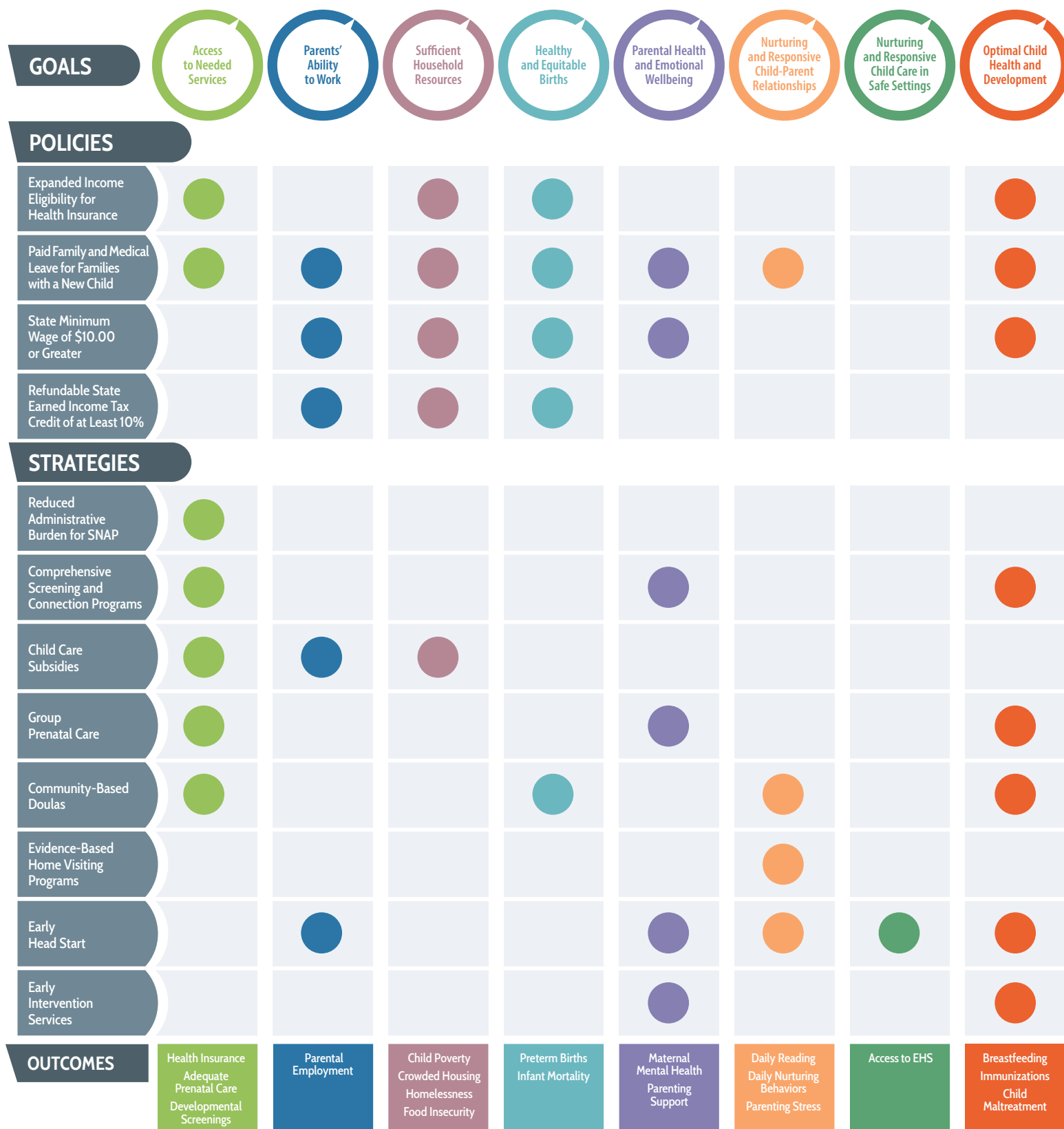
pn3policy.org/roadmap/nv

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



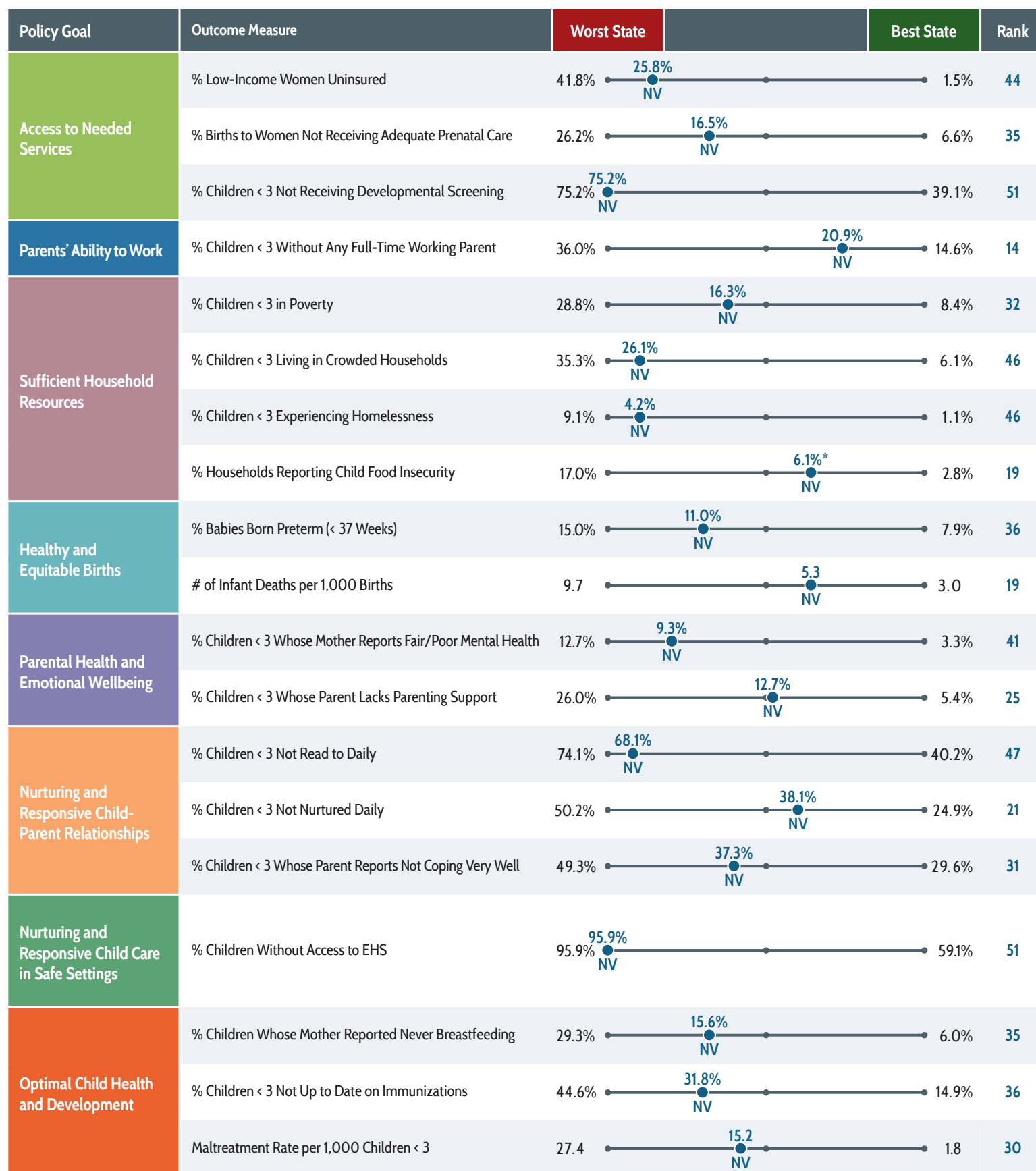
2026 Nevada Roadmap Summary

NEVADA

Explore a summary of your state'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	Nevada has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% of the FPL are eligible for Medicaid coverage in NV.	
Paid Family and Medical Leave for Families with a New Child	0 weeks	Nevada does not have a statewide paid family and medical leave program, but it does have a paid family leave program for eligible state employees.	
State Minimum Wage of \$10.00 or Greater	\$12.00 per hour	The current state minimum wage in Nevada is \$12.00.	
Refundable State Earned Income Tax Credit of at Least 10%	No EITC	Nevada does not have a state EITC, and the state does not have an income tax, which is the typical mechanism used to finance and provide administrative structure for a state EITC.	
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	State Funding
Child Care Subsidies	Income Eligibility (85% SMI)	NEW 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	

As of September 1, 2026. See Methods and Sources for additional information at <https://pn3policy.org/methods-and-sources/>



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.