

# 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 South Carolina's Roadmap.

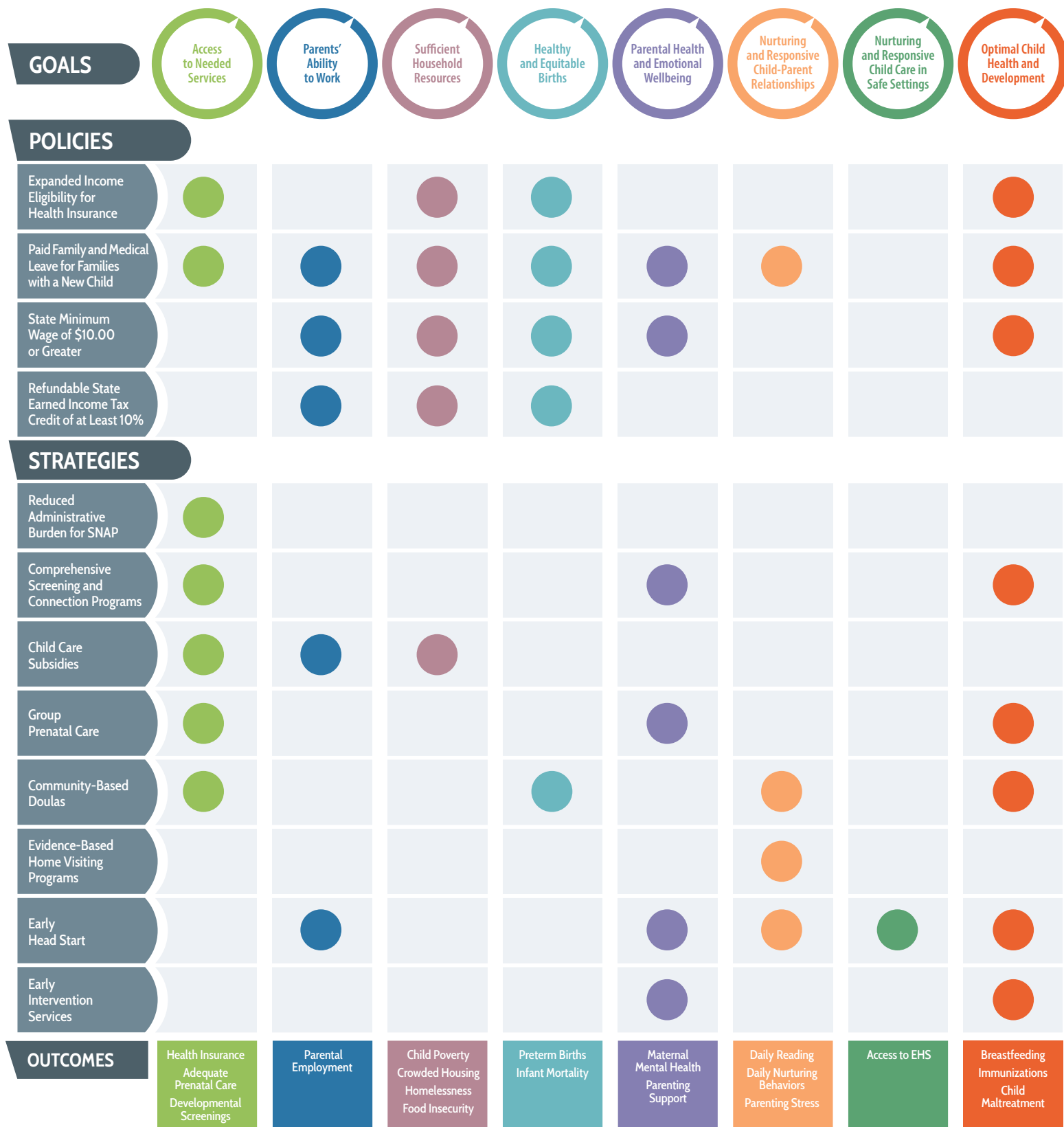
[pn3policy.org/roadmap/sc](https://pn3policy.org/roadmap/sc)

Contact us to inquire about our state services at [pn3center@vanderbilt.edu](mailto:pn3center@vanderbilt.edu) or submit a request for our services online at [pn3policy.org/state-services](https://pn3policy.org/state-services).



# Prenatal-to-3 State Policy Roadmap

Align Policy Goals with Effective Policy Solutions Proven to Impact Outcomes



# 2026 South Carolina Roadmap Summary

SOUTH CAROLINA

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

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

## Effective Roadmap Policy

## 2026 Policy Snapshot

**Expanded Income Eligibility for Health Insurance to 138%**

**67%**  
of the FPL

South Carolina has not expanded Medicaid eligibility under the Affordable Care Act; thus, only parents earning up to 67% of the FPL are eligible for Medicaid coverage in SC.

**Paid Family and Medical Leave for Families with a New Child**

**0**  
weeks

South Carolina 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**

**\$7.25**  
per hour

The current state minimum wage in South Carolina is \$7.25. Because state statutes do not specify a state minimum wage, the minimum wage defaults to the federal minimum.

**Refundable State Earned Income Tax Credit of at Least 10%**

**125%**  
Nonrefundable

South Carolina has a nonrefundable state EITC equal to 125% of the federal credit. The value of the credit will be capped at \$200 beginning in tax year 2026.



State has adopted and fully implemented the policy



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)



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, 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%       | 24.0%<br>SC | 1.5%       | 41   |
|                                                      | % Births to Women Not Receiving Adequate Prenatal Care      | 26.2%       | 16.5%<br>SC | 6.6%       | 35   |
|                                                      | % Children < 3 Not Receiving Developmental Screening        | 75.2%       | 51.6%<br>SC | 39.1%      | 18   |
| Parents' Ability to Work                             | % Children < 3 Without Any Full-Time Working Parent         | 36.0%       | 26.9%<br>SC | 14.6%      | 42   |
| Sufficient Household Resources                       | % Children < 3 in Poverty                                   | 28.8%       | 19.4%<br>SC | 8.4%       | 42   |
|                                                      | % Children < 3 Living in Crowded Households                 | 35.3%       | 15.2%<br>SC | 6.1%       | 26   |
|                                                      | % Children < 3 Experiencing Homelessness                    | 9.1%        | 2.0%<br>SC  | 1.1%       | 15   |
|                                                      | % Households Reporting Child Food Insecurity                | 17.0%       | 8.5%*<br>SC | 2.8%       | 37   |
| Healthy and Equitable Births                         | % Babies Born Preterm (< 37 Weeks)                          | 15.0%       | 11.6%<br>SC | 7.9%       | 43   |
|                                                      | # of Infant Deaths per 1,000 Births                         | 9.7         | 7.5<br>SC   | 3.0        | 47   |
| Parental Health and Emotional Wellbeing              | % Children < 3 Whose Mother Reports Fair/Poor Mental Health | 12.7%       | 7.9%<br>SC  | 3.3%       | 25   |
|                                                      | % Children < 3 Whose Parent Lacks Parenting Support         | 26.0%       | 12.9%<br>SC | 5.4%       | 28   |
| Nurturing and Responsive Child-Parent Relationships  | % Children < 3 Not Read to Daily                            | 74.1%       | 57.1%<br>SC | 40.2%      | 26   |
|                                                      | % Children < 3 Not Nurtured Daily                           | 50.2%       | 39.4%<br>SC | 24.9%      | 29   |
|                                                      | % Children < 3 Whose Parent Reports Not Coping Very Well    | 49.3%       | 34.4%<br>SC | 29.6%      | 17   |
| Nurturing and Responsive Child Care in Safe Settings | % Children Without Access to EHS                            | 95.9%       | 91.6%<br>SC | 59.1%      | 42   |
| Optimal Child Health and Development                 | % Children Whose Mother Reported Never Breastfeeding        | 29.3%       | 22.9%<br>SC | 6.0%       | 46   |
|                                                      | % Children < 3 Not Up to Date on Immunizations              | 44.6%       | 33.4%<br>SC | 14.9%      | 45   |
|                                                      | Maltreatment Rate per 1,000 Children < 3                    | 27.4        | 19.3<br>SC  | 1.8        | 36   |

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.