

2025 Progress Across 50 States and DC: State Policy Wins in Children's Health

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This analysis of the year in early childhood state policy advocacy relies on data from a survey of early childhood policy advocates in all 50 states and the District of Columbia, conducted May 2025 through December 2025. The survey asked them for highlights from the year, so the results are representative and not comprehensive. Policy "wins" include legislation, funding increases, executive actions, and regulatory changes.

The survey was developed and executed by Dr. Lisa Kerber of Frontera Strategy. Frontera supports advocacy efforts nationwide by providing qualitative and quantitative research services, including needs assessments and environmental scans, program and policy evaluation, statistical analyses, and survey research for associations, foundations, and nonprofit service organizations active in state capitols.

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Early Intervention and Children with Special Needs

Georgia

SB 276 prohibits third-party payers (such as private insurance companies, care management organizations, and pharmacy benefits managers) from denying payment to a provider based solely on a lack of prior authorization. This will especially help Babies Can't Wait (Early Intervention) therapists who have indicated that prior authorizations requirements are a burden to providing care.

Target population: Healthcare providers across the state and the families they serve

State funding: No change in state funding related to this win

Quantify: Nearly 800,000 children under the age of six will benefit from reduced administrative burdens for pediatric physical and mental health care providers across the state, especially the over 17,000 children enrolled in Babies Can't Wait.

[Link](#)

Illinois

HB3327 requires NICU staff to share existing material with information about the EI program to all families and requires hospital staff to initiate a written referral to the EI program for families whose children are currently eligible for the program.

Illinois

SB1555 requires the Illinois State Board of Education to add the Secretary of the Department of Early Childhood to the Advisory Council on the Education of Children with Disabilities.

Maryland

Maryland re-established a mandated appropriation for the Therapeutic Child Care Grant Program (TCCP), administered by the Maryland State Department of Education (MSDE). As a result, the Governor must include a \$3.7 million appropriation for the program in the annual budget bill from fiscal 2027 through 2029. The purpose of the program is to provide grants to providers that specialize in providing child care and early childhood education to children younger than age six who have developmental delays, physical disabilities, or delays in social, emotional, or behavioral functioning. Child care programs that would be covered under TCCP, which are also known as therapeutic nurseries, work with children birth to age five whose significant social and emotional challenges, among other possible factors, put them at high-risk for poor school and life outcomes.

Target population: Children birth to five in need of therapeutic child care environments to support their social emotional, physical, or developmental needs

State funding: Relatively small increase of state funding

Quantify: There are four therapeutic child care providers that will benefit. The average cost per pupil in Maryland's K-5 public schools is \$18,000. The average tuition for nonpublic special education K-5 was approximately \$80,000. Thus, with each child successfully placed into a public-school kindergarten classroom, the school jurisdiction saves approximately \$62,000 for each year the child is not in non-public special education placement.

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Montana

HB 76 creates the family peer support program, a support program for families with children with disabilities, and legalizes professional state certification for Family Peer Supporters under the Montana Board of Behavioral Health. Certification will put professional standards in place and lead the way to sustainable funding for Family Peer Support in Montana.

Target population: Families raising children with behavioral health challenges and/or special healthcare needs, and the parents and caregivers with lived experience supporting them

State funding: No change in state funding related to this win

Quantify: Impact will be expanded peer support services for families with children with behavioral health challenges and/or special healthcare needs

[Link](#)

Ohio

Ohio's \$15.2 million state investment in Part C Early Intervention strengthens the state's ability to meet federal requirements for timely evaluation, assessment, and individualized family service plans (IFSPs), while improving the overall quality and consistency of service coordination across all 88 counties. The funding expands local capacity so that families can receive evaluations more quickly and begin appropriate supports without delay. With these dollars, the state can hire additional qualified professionals, reduce caseloads for service coordinators, and ensure that families have a single, knowledgeable point of contact to navigate available resources and supports.

Target population: Birth- to three-year-olds with developmental delays/eligible for Part C and local county-based administering organizations that provide evaluation and service coordination

State funding: Relatively small increase of state funding

Quantify: Service coordination and evaluation will bolster the delivery of services to nearly 30,000 children currently receiving these services each year.

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Oregon

Modernize Oregon's Early Intervention/Early Childhood Special Education Funding (HB 2682) requires the Oregon Department of Education to convene an advisory committee to make recommendations to update the way the state funds EI/ECSE services for children with disabilities aged birth to five. The goal is to ensure that children who qualify for Early Intervention/Early Childhood Special Education receive the appropriate services and dosage levels to better reflect current needs.

Target population: Children aged birth to five with developmental delays and disabilities

State funding: No change in state funding related to this win

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Pennsylvania

Early Intervention programs received a total increase of \$41.7 million in this year's state budget. \$13.2 million of the increase is allocated for the Part C (Infants and Toddlers) program in the Department of Human Services budget, with \$10 million of these funds directed to increase provider rates to address key challenges in the sector, including workforce shortages. The remainder of the increase provides an additional \$28.5 million for the Part B (age three to five) program in the Department of Education budget. Appropriations levels for Early Intervention Part C now stand at \$198.4 million, while Early Intervention Part B is funded at \$453.3 million. Target population: Children and families eligible to receive Parts B and C Early Intervention services

State funding: Relatively large increase of state funding

Quantify: The provider rate increase will likely be about three percent. The \$3.2 million Part C increase will serve an estimated 850 additional children; the \$28.5 million Part B increase will serve an estimated 5,000 children.

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Texas

The Texas Legislature approved an additional \$18 million for the biennium for the Early Childhood Intervention (ECI) program. ECI plays a vital role in supporting infants and toddlers with Down syndrome, autism, speech delays, and other disabilities or developmental delays. The new funding will cover anticipated enrollment growth in the program over the next two years. Without it, ECI providers would have faced a funding cut, leading them to serve more children without a corresponding increase in resources.

Target population: Children under age three with disabilities or developmental delays

State funding: Relatively small increase of state funding

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Washington

Senate Bill 5263 overhauls special education funding. It fixes a past mistake by ensuring that the Early Support for Infants and Toddlers (ESIT) program, which provides early intervention services to children between birth to age three, gets the same funding support as preschool special education. Through this bill, the multiplier increased from 1.15 to 1.2. The bill also creates test sites to help stop the use of isolation rooms for young students in pre-K through 5th grade by the year 2031. This bill also: 1) Eliminates the longstanding 16% enrollment cap on state-funded special education services (in other words limiting the number of students school districts could serve under state funding), ensuring that all students with disabilities receive the support they need, addressing inequities and unmet needs, 2) Increases the funding multiplier for K-12 students (to 1.16), and 3) Lowers the eligibility threshold for safety net funding, making it more accessible for districts with fewer resources or higher concentrations of students in need. This

win represents a significant step toward the state's constitutional obligation to provide equitable education for all students.

Target population: Students with disabilities are the primary beneficiary population (birth through 12th grade)

State funding: Relatively large increase of state funding

Quantify: The reforms should result in \$870 million in increased funding over the next four years, supporting inclusive classrooms and better outcomes for students with disabilities.

[Link](#)

[Story](#)

[Final bill report](#)

Medicaid Expansion and Rate Increases

Arkansas

Act 627 mandates coverage for breastfeeding and lactation consultant services through the Medicaid Program, as well as other health benefit plans in the state.

Target population: Women who are breastfeeding, and their infants

State funding: Relatively small increase of state funding

[Link](#)

Colorado

Colorado received an 1115 waiver to allow for continuous eligibility for Medicaid for children aged birth through three, beginning on January 1, 2026. During the 2025 legislative session, the state faced a \$1.2 billion budget deficit, but this funding was protected.

Target population: Continuous eligibility will support children aged birth to three who receive Medicaid

State funding: No change in state funding related to this win

Quantify: The success maintains funding and the current timeline to begin continuous Medicaid eligibility for babies and toddlers from birth to age three, set to begin on January 1, 2026.

[Link](#)

Colorado

Cover All Coloradans provides Medicaid services to all people living in Colorado, regardless of their immigration status. These newly eligible populations now get the same support and services provided to Medicaid and CHP+ members, including preventative care, well-child visits, oral health care, behavioral health care, family planning services, and prenatal and postpartum care if they qualify based on income.

Target population: Cover All Coloradans is a state-funded program that provides Medicaid for undocumented children and pregnant people.

State funding: Relatively large increase of state funding

Quantify: This legislation adds \$26 million more in funding toward this program than the original \$4 million when the bill passed in 2021. More than 20,000 children and pregnant adults have been enrolled so far.

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Maine

LD 865 expands the location for the delivery of lactation services by requiring the Maine Department of Health and Human Services to provide reimbursement under Medicaid/MaineCare for lactation services provided in a hospital, clinic, office, community or in the home for a child eligible for coverage. Lactation services may be provided by a licensed health care professional or by a consultant or counselor who is certified by a national organization that provides a national certification program in lactation consulting or lactation counseling and is approved by the department.

Target population: Children eligible for Medicaid/MaineCare

State funding: Relatively small increase of state funding

Quantify: In Maine, babies receiving Medicaid/MaineCare are breastfeeding at a lower rate than those with private insurance. At two months of age, 83% of babies not on MaineCare are still breastfeeding, compared to 50% of babies on Medicaid/MaineCare.

[Link](#)

Minnesota

HF1878/SF2117 instructs the Minnesota Department of Human Services to submit an 1115 Waiver for Medical Assistance (MA), Minnesota's Medicaid program, to cover traditional health care practices received through American Indian health service facilities. Expanding Medicaid coverage to traditional health care practices is a holistic strategy to address health disparities in the American Indian community, improve access to culturally appropriate care, and bridge the gap between traditional healing practices and the institutionalized health care model.

Requirements include "qualified providers" determining whether an enrollee is eligible to receive traditional health care practices. Qualified providers are employed or contract with Indian Health Services, a 638 Tribal clinic, or Title V urban Indian organization. Facilities are responsible for ensuring traditional health care providers have the appropriate experience and training to provide traditional health care practices. Traditional healing practices take a holistic approach to addressing the physical, mental, and spiritual needs of their community and include ceremonies (birth, rites of passage, sweat lodge), traditional food intervention, talking circles, smudging, and substance use recovery programs.

Target population: American Indian families, tribal communities

State funding: Relatively large increase of state funding

North Dakota

HB1067 removes the five-year waiting period for children lawfully present in the U.S. whose parents have not met the federal five-year residency requirement, thereby broadening access to

Medicaid for more immigrant children. The bill also extends in-home services to children diagnosed with ASD up to age 20.

Target population: Children in immigrant families and youth with autism disorder

[Link](#)

Rhode Island

Responding to the growing shortage of pediatric and adult primary health care providers, the state budget funds and requires that a comprehensive rate review of primary and pediatric health care be completed by September 2026 and restricts the need for time consuming prior authorizations from primary health care providers.

Target population: Pediatric primary health care for children (0-18)

State funding: Relatively small increase of state funding

Quantify: One time funding allocated to pay for a comprehensive rate review of all primary health care in Rhode Island, including pediatric health care.

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Children’s Mental and Behavioral Health

Arizona

SB1333 strengthens oversight of congregate care placements and reinforces efforts to place children in family-like settings whenever possible. The bill ensures children with behavioral needs are not turned away from care when appropriate services are available, supporting more timely and appropriate placements for these youth

Target population: Foster care children/youth and children/youth with behavioral needs

Quantify: The reporting and site visit requirements may increase workload for Department of Child Safety (DCS) staff. The bill may also impact the costs of DCS's contracted vendors for foster home recruitment and retention and congregate care. Such costs may be partially or fully offset if the foster home recruitment requirements under the bill result in caseload shifts from higher-cost congregate care placements to family foster settings.

Maryland

HB 1083 requires the Maryland Department of Health (MDH) to convene a workgroup including early childhood behavioral health experts to ensure that the behavioral health benefits covered by Medicaid (Early and Periodic Screening, Diagnostic, and Treatment – EPSDT) meet the needs of all Maryland’s children, including young children. Some issues that may be addressed by the workgroup include the current requirement that a clinician render a diagnosis for a young child within three visits and allowing behavioral health providers to bill Medicaid for codes related to Social Determinants of Health, including housing instability, food insecurity, and many issues that families living in poverty face, whether or not the child has a diagnosis.

Target population: Children aged birth to five and their families

State funding: No change in state funding related to this win

[Link](#)

Minnesota

HF1005/SF1599 will begin increasing reimbursement rates for mental and behavioral health providers to 100% of the Medicare Physician Fee Schedule. This same legislation requires Minnesota's Department of Human Services to establish market value rates for other mental and behavioral health services, including children's therapeutic services and supports, child and family psychoeducation service, and mental health certified family peer specialist services.

Target population: Mental and behavioral health providers, families with young children

State funding: Relatively large increase of state funding

Quantify: Mental health rates increased to 100% of the physician fee schedule.

Nevada

SB165 bolsters the Child Mental Health Workforce and creates licensure of Behavioral Health and Wellness Practitioners (BHWP), seeds the first Nevada-accredited psychology internships, and creates scholarship, degree and micro-credential programs for prevention-focused children's mental health at Great Basin College (GBC), University of Nevada Las Vegas (UNLV), & University of Nevada Reno (UNR). A BHWP is a child-focused mental health professional who fills a gap in delivery of mental health care by centering on early intervention, preventive care, and screenings. A graduate can become licensed as a BHWP once they complete the bachelor's degree or micro-credential that is being created through the passage of SB165. Students pursuing a degree to become a BHWP will be eligible for scholarships funded through SB165. SB165 establishes the first Nevada internship program accredited by the American Psychology Association for UNLV students interested in child psychology. Nevada will be able to create and retain child psychologists rather than lose them to other states.

Target population: All Nevada children, particularly in rural areas

State funding: Relatively small increase of state funding

Quantify: The goal is to have a practitioner in every school, thus, ultimately all school-age children could be served – around 716,000 youth.

[Link](#)

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Tennessee

The enacted budget included \$4.4 million for scholarships to increase the number of behavioral health clinicians, \$4 million towards behavioral services in schools, \$1 million to continue expanding the school-based behavioral health liaison program, and \$10 million for mental health infrastructure grants to children's hospitals.

State funding: Relatively small increase of state funding

[Press release](#)

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Virginia

HB1760 lays the groundwork for a statewide Infant and Early Childhood Mental Health (IECMH) infrastructure, directing the Department of Behavioral Health and Developmental Services (DBHDS) to develop a comprehensive plan for mental health screenings and services for children aged five and under. The plan must be developed in collaboration with the Virginia Department of Education, the Department of Medical Assistance Services, and the Department of Social Services.

Target population: Low income three- and four-year-olds

State funding: No change in state funding related to this win

[Link](#)

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Environmental Protections for Children

California

Three bills support environmental protections for children. AB 1096 requires testing for lead in school drinking water. SB 655 puts in place building code updates for extreme heat. SB 646 requires testing for heavy metals in prenatal vitamins.

Target population: Young children, pregnant people, and their families

State funding: No change in state funding related to this win

[Link](#)

[Link](#)

[Link](#)

Reducing Disparities in Infant Mortality and Morbidity

Ohio

Ohio invested \$3.8 million in state funds to address persistent disparities in infant mortality and support evidence-based interventions that improve health and wellbeing for pregnant people, infants, and families. These dollars enable trusted local organizations to expand supports for families, implement culturally responsive outreach, and deliver solutions that reflect the unique needs of their communities. The investment also scales successful models such as Cradle Cincinnati, which has demonstrated strong outcomes through coordinated prenatal supports, safe sleep education, and community-driven strategies to reduce Black infant mortality. The investment expands this model to additional regions.

Target population: Focus on babies and moms in communities with the highest rates of infant mortality and Black infant mortality, with a specific focus on closing the racial disparity

State funding: Relatively small increase of state funding

Quantify: \$3.8 million to scale Cradle Cincinnati in six communities

[Link](#)

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Ohio

The state earmarked \$1 million to support stable housing for pregnant mothers over the biennium to help improve maternal and infant health outcomes. The state also invested \$5 million in pediatric cancer research.

Target population: Pregnant women and babies, children with cancer

State funding: Relatively small increase of state funding

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Screening

Kansas

SB 126 (originally HB 2397 and HB 2399) created a permanent fix to newborn screening funding, raising the expenditure cap for the program from \$2.5 to \$5 million per year.

Target population: This helps ensure that every baby born in Kansas has access to the most up-to-date screening panel to identify serious medical conditions early in life.

State funding: Relatively small increase of state funding

[Link](#)

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Missouri

A bill adds a third prenatal test for syphilis, hepatitis B & C, and HIV to the list of tests required during pregnancy. Currently, a test is provided in the first trimester and at delivery; this adds a third test at 28 weeks of gestation. There has been a significant increase in babies born with congenital syphilis, with the number of cases in Missouri rising 593% from 2017 to 2022. The disease is reversible if detected early enough during pregnancy.

State funding: No change in state funding related to this win

[Link](#) (210.030)

Expansion of Coverage to Include Hearing Aids

California

AB 224 and SB 62 expand California's essential health benefits benchmark to include hearing aids for children, youth, and adults. The updated benchmark is awaiting federal approval and would take effect in 2027.

Target population: Children who are deaf or hard of hearing and don't have adequate health coverage

Quantify: 20,000 children will benefit from access to hearing aids

[Link](#)

Prohibition of Corporal Punishment for Children with Disabilities

Oklahoma

SB364 prohibits school district personnel from using corporal punishment on any student identified with a disability in accordance with the Individuals with Disabilities Education Act (IDEA).

Target population: Children with disabilities

State funding: No change in state funding related to this win

Quantify: HB364 eliminates the use of corporal punishment in schools for children with a recognized disability in accordance with the Individuals with Disabilities Act (IDEA).

[Link](#)

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Preventing Gun Violence

Alabama

Senate Bill 116, commonly known as the “Glock Switch Ban,” prohibits individuals from possessing any part or combination of parts designed or intended to convert a pistol into a machine gun, and it establishes penalties for violating this prohibition.

State funding: No change in state funding related to this win

Quantify: The child death rate statewide has increased from 22.3 per 100,000 children in 2012 to 25.1 per 100,000 in 2022. Firearm incidents are one of the top two leading causes of preventable child and teen deaths in Alabama.

[Link](#)

[Story](#)

Requiring Corn Masa Flour to Be Fortified with Folic Acid

Alabama

House Bill 384 requires corn masa flour to be fortified with folic acid with the goal of reducing spina bifida rates and will become effective by October 1, 2026.

Target population: All children

State funding: No change in state funding related to this win

Quantify: The lifetime cost to treat one child with spina bifida is more than \$790k, mostly funded by Medicaid. Fortifying certain products could save \$25 to \$70 million per year. The Hispanic child population is the fastest-growing demographic for children in Alabama, with an increase of approximately 335% since 2000, from 28,245 to 122,960.

[Link](#)

Study Funding for Public Health System

Georgia

HR 847 creates a House study committee to evaluate funding for the public health system.
Target population: The Georgia Department of Public Health and county health departments
State funding: No change in state funding related to this win

[Link](#)

[Press release](#)