

Helping Babies and Toddlers Thrive

A Look at Recent State Legislation

Why babies?

With a million new neural connections forming every second, a baby's brain grows and develops more in the first few years than at any later point in life. Positive and nurturing relationships with caregivers, high-quality early learning environments, and access to nutrition and other resources for healthy development lay the foundation for lifelong success in school, relationships, work and beyond.

The role of legislators

State legislators can play an important role in helping infants, toddlers and their families thrive. Legislators inform and respond to state priorities, enact legislation, develop and approve budgets, leverage federal funding, provide independent oversight of state agencies, and establish committees and task forces to bring additional expertise and perspectives to state issues. As leaders in their communities and states, legislators have a vested interest in not only promoting the health and success of their state's future students and workforce, but also avoiding higher costs to the state down the road. In the long run, failing to support healthy development in infants and toddlers can lead to greater spending on health, crime, remedial education and other supports.

Recent state legislation affecting infants and toddlers

In recent years, legislators across the country have considered a range of legislation to improve services and supports for infants, toddlers and their families. Strategies include improving access to and quality of child care, ensuring parents have time to bond with young children, and empowering parents to support their child's healthy emotional and physical development.



Reauthorization of the Child Care and Development Block Grant

In 2014, the federal government reauthorized the Child Care and Development Block Grant (CCDBG), the program through which the federal child care subsidy program is administered. States, territories and tribes use CCDBG funds to support access to child care for low-income families. Following the reauthorization of CCDBG, the Department of Health and Human Services released new regulations to support states in implementing the new law and provide guidelines to ensure children receive safe and high-quality early learning experiences. Provisions include a requirement that 3 percent of grant funds be set aside to “improve the supply and quality of providers serving the youngest children.”

The law was designed to both improve the quality of child care (e.g., through increased professional development for the workforce) and increase access (e.g., by extending eligibility to parents looking for work). State lawmakers around the country have enacted legislation to bring states into compliance with the updated federal law. In 2018, Congress increased the CCDBG by \$2.3 billion to fully implement the requirements of the reauthorization.

Source: Office of Child Care, Administration for Children & Families

Questions about CCDBG for state lawmakers

- **Eligibility:** What level of eligibility best meets the needs of the low-income parents with infants in your state?
- **Reimbursement to providers:** At what rate will you reimburse providers to ensure they provide high-quality care for infants and toddlers? Does your state quality rating and improvement system (QRIS) provide tiered reimbursement to offer incentives for quality?
- **Program quality and standards:** Does your state have continuous QRIS in place? What level of quality do you want from child care programs that serve infants and toddlers?
- **Workforce:** How will your state support teachers to make sure these child care programs are effective in getting infants and toddlers off to a good start? Are you offering incentives for teachers to continue their education and training?

QUALITY, AFFORDABLE CHILD CARE

During each session since 2016, over half the states have enacted legislation concerning child care issues. Topics have included health and safety, background checks for employees, licensing, quality, eligibility for child care assistance, and provider reimbursement rates. New federal requirements for CCDBG have spurred an increase in enacted child care legislation (see box above).

Access to child care is a challenge for parents with children of all ages; however, it is in particularly low supply for parents of infants and toddlers. [Florida](#), [Minnesota](#), [New York](#) and [Washington](#) are among the states that have recently established task forces to examine child care availability in their states and develop recommendations to address the issues they identify. In addition, recent legislation in [Maine](#) directs the state Department of Health and Human Services to develop a comprehensive plan to strengthen the quality and supply of child care. It specifically calls for expanding access to care for infants and toddlers.

At least eight states and the District of Columbia have recently enacted legislation to improve child care affordability for low-income families. Legislation in [Washington](#) state and [Washington, D.C.](#), for example, expanded eligibility for child care assistance to more families. To meet new CCDBG requirements, California, Colorado, Delaware, Florida, Illinois and Maryland extended eligibility for child care assistance to families experiencing temporary changes to parents' employment status or participating in an education or job-training program. New Hampshire [legislation](#) from 2018 casts an even wider net by including parents completing mental health or substance abuse treatment programs among those eligible for the state's child care scholarships.

Many legislators are also taking steps to improve the quality of child care. Legislation in [Maine](#) created incentives for providers to participate in the state's quality rating and improvement system (QRIS). An [Arizona](#) law allows for higher reimbursement rates for providers serving families receiving child care assistance as the providers improve their QRIS rating. In [Rhode Island](#), increased CCDBG funding allowed policymakers to raise reimbursement rates for providers with high QRIS ratings who care for infants, toddlers and preschoolers. By prioritizing the state's youngest children, the new tiered reimbursement rate structure improves access to high-quality care for infants, toddlers and preschoolers and meets the federal benchmark of reimbursing providers at 75 percent of market rate.

State lawmakers also have prioritized safety in child care settings. In response to new CCDBG requirements, 25 states have enacted legislation related to background requirements for child care providers. Another focal area is safe sleep for infants in child care. Recent legislation ranges from encouraging the use of safe sleep practices among caregivers, as [Georgia](#) has done, to setting civil penalties for child care providers who fail to meet safe sleep requirements, as [Indiana](#) did in 2018. [Kansas](#), [Minnesota](#), [New York](#) and [Oklahoma](#) also passed safe sleep legislation.

TIME FOR PARENTS TO BOND WITH THEIR BABIES

Research shows that paid leave for new parents leads to healthier infants who have better outcomes later in life. [Paid leave](#) also enables mothers to stay better connected to the workforce, which leads to higher earnings. At least 19 states proposed legislation to establish paid family leave programs in 2017 and 25 states considered paid family leave bills in 2018. Six states—California, Massachusetts, New Jersey, New York, Rhode Island, Washington—and the District of Columbia now have paid family leave laws on the books and more than half of them enacted legislation within the last two years. [New York's](#) 2016 law was implemented in early 2018, [Washington](#) state and [Washington, D.C.'s](#) paid leave policies will take effect in 2020, and [Massachusetts'](#) policy begins in 2021.

Additionally, at least 13 states provide paid family leave for state employees. [Arkansas](#) and [Illinois](#) allow employees to take up to four weeks of paid parental leave and [Delaware](#) allows up to 12 weeks.

HEALTHY EMOTIONAL DEVELOPMENT

[Home visiting](#) programs, operating in all 50 states, the District of Columbia and five territories, can improve a variety of social and educational outcomes for children, including healthy emotional development. High-quality home visiting programs are voluntary and support pregnant women and parents by linking them with prenatal care, promoting strong parent-child attachment, and coaching on learning activities that foster their child's development.

Since 2016, legislatures in six states—Iowa, Indiana, New Hampshire, New Jersey, Rhode Island and Utah—have passed home visiting legislation. Legislators in [Iowa](#), [Rhode Island](#) and [Utah](#) enacted legislation requiring the use of evidence-based home visiting models in their states to improve outcomes for children. Other states focused on extending home visiting services to targeted populations, such as certain high-need communities in [New Jersey](#) and pregnant women receiving substance abuse treatment in [Indiana](#).

State legislators also support healthy emotional development in young children by investing in infant and early childhood mental health. Lawmakers in [Colorado](#) and [Ohio](#) recently added funding to increase the number of mental health consultants to work with young children, parents, and early care providers and educators. Arkansas lawmakers passed [legislation](#) to improve the diagnosis and treatment of mental health disorders in young children and allow Medicaid funding to pay for dyadic treatment, which serves both young children and their caregivers.

Minnesota State Legislators Prioritize Infant and Toddler Policies

State legislators can convene task forces or interim committees to examine policy issues that affect infants and toddlers. Minnesota state legislators and community stakeholders gather each quarter at the state's [Prenatal-to-Three Policy Forums](#) to look comprehensively at issues facing the state's infants and toddlers. The gatherings are an opportunity to share plans, knowledge and policy priorities for Minnesota's youngest children.

PHYSICAL HEALTH AND NUTRITION

Since 2016, lawmakers in four states and Washington, D.C., have enacted measures to support greater access to nutritional foods and services. [Vermont](#) required the state's health commissioner to develop and implement an outreach plan to people eligible but not enrolled in the Women, Infants and Children (WIC) program. [California](#) authorized schools and child care facilities that participate in the federal School Breakfast Program to provide universal breakfast to all children or to the maximum extent practical. Legislation in [Maine](#) and [Washington, D.C.](#), simplified access to state food supplement programs. Two bills enacted in New York ensure families with infants with the greatest need [can access specialty formula](#) and [donor breast milk](#).

In the last three years, at least 20 states and the District of Columbia have enacted legislation to support and protect the rights of mothers to breastfeed. [Connecticut](#), [Maryland](#), [Massachusetts](#), [Nevada](#), [South Carolina](#) and [Texas](#) enacted protections and required accommodations for breastfeeding employees. Others, including [California](#), [Illinois](#) and [Nebraska](#), enacted legislation directing schools or community colleges to accommodate students who are breastfeeding. Legislation in [California](#) and [Connecticut](#) requires jails to make accommodations for inmates who are breastfeeding. Lawmakers in [New Hampshire](#) and [New Jersey](#) are gathering additional information on how to support breastfeeding.

Finally, following new recommendations from the federal Recommended Uniform Screening Panel (RUSP) in 2016, numerous states have passed legislation to add new conditions to their newborn screening programs. Early detection of certain disorders can prevent severe cognitive and physical disabilities, and even death. Screening newborns can also save states and families money by avoiding costly medical treatments later. In 2018, at least six states—Colorado, Illinois, Indiana, Louisiana, New York and Virginia—added conditions to their state's newborn screenings.

Washington D.C.'s Birth-to-Three For All DC Act

In 2018, the Council of the District of Columbia passed a comprehensive measure to support the health and wellness of the district's infants and toddlers. The [Birth-to-Three For All DC Act](#) requires the deputy mayor for health and human services to expand and coordinate health care for pregnant women, new mothers, infants and toddlers under age 3 through the Healthy Steps Pediatric Primary Care Program. The legislation also expands several services: child care assistance, lactation support, home visiting, early childhood mental health consultation, and parent and family supports. The act also requires a competitive compensation scale for early care and education workers and expanded training and certification opportunities.

This brief was made possible with funding from ZERO TO THREE as part of Think Babies™, which was developed to make the potential of every baby a national priority. Funding partners for Think Babies™ include the Perigee Fund and the Robert Wood Johnson Foundation, which supports the public education aspects of Think Babies. Learn more at <https://www.thinkbabies.org>.



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