



POLICY & ADVOCACY  
FOR RHODE ISLAND'S CHILDREN

©2025 Rhode Island KIDS COUNT

# A Celebration of Children's Health and Well-Being

Rhode Island KIDS COUNT

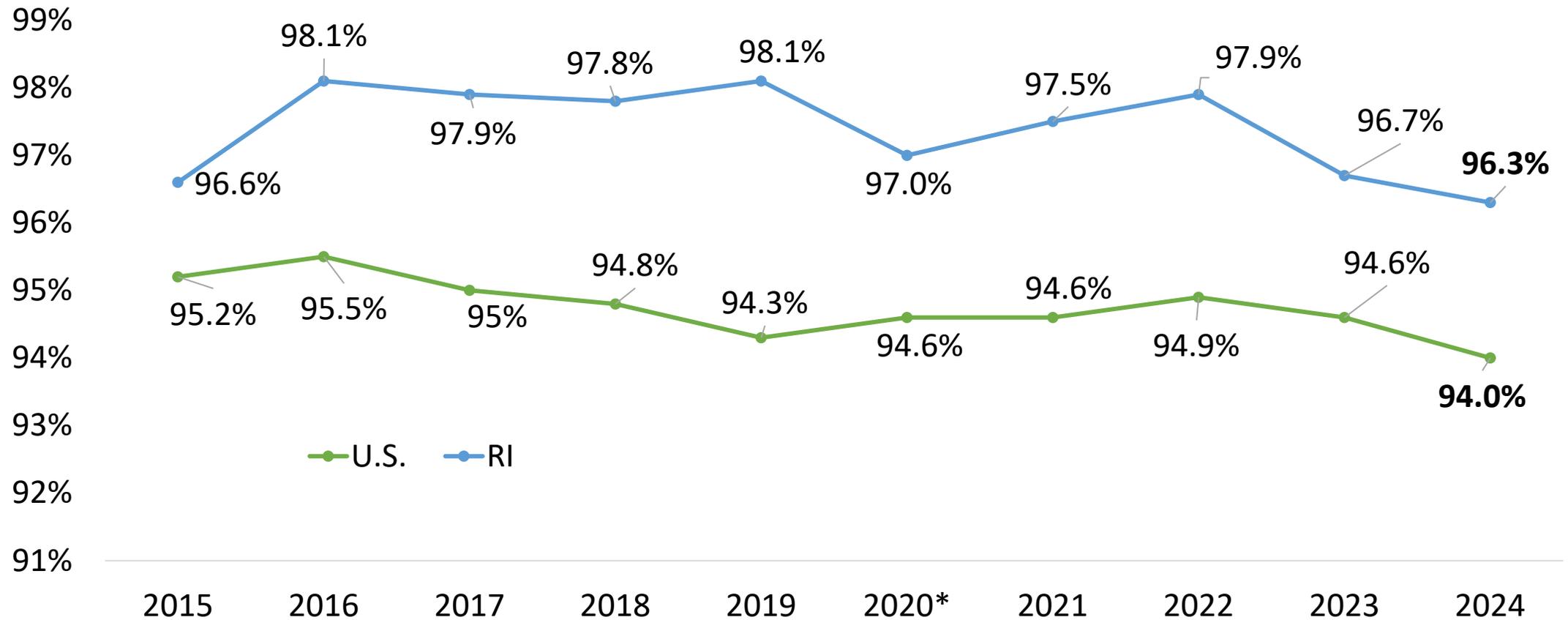
November 24, 2025

#RiteCareWorks





# Children's Health Insurance



Source: U.S. Census Bureau, American Community Survey, 2014-2025. Table R2702.

\*The U.S. Census Bureau urges caution when comparing 2020 experimental data to other years due to low response rate during the COVID-19 pandemic.

# Children's Health Insurance

## Cover All Kids

The FY 23 budget allocated state dollars to restore Rhode Island's policy of allowing all income-eligible children, regardless of immigration status, the ability to enroll in Rite Care.



Covered children can receive preventative medical care, including immunizations, regular developmental screenings, and treatment for childhood illnesses.



Families' fears of immigration enforcement may result in fewer children accessing coverage.

# Rlte Care: High-Quality Care

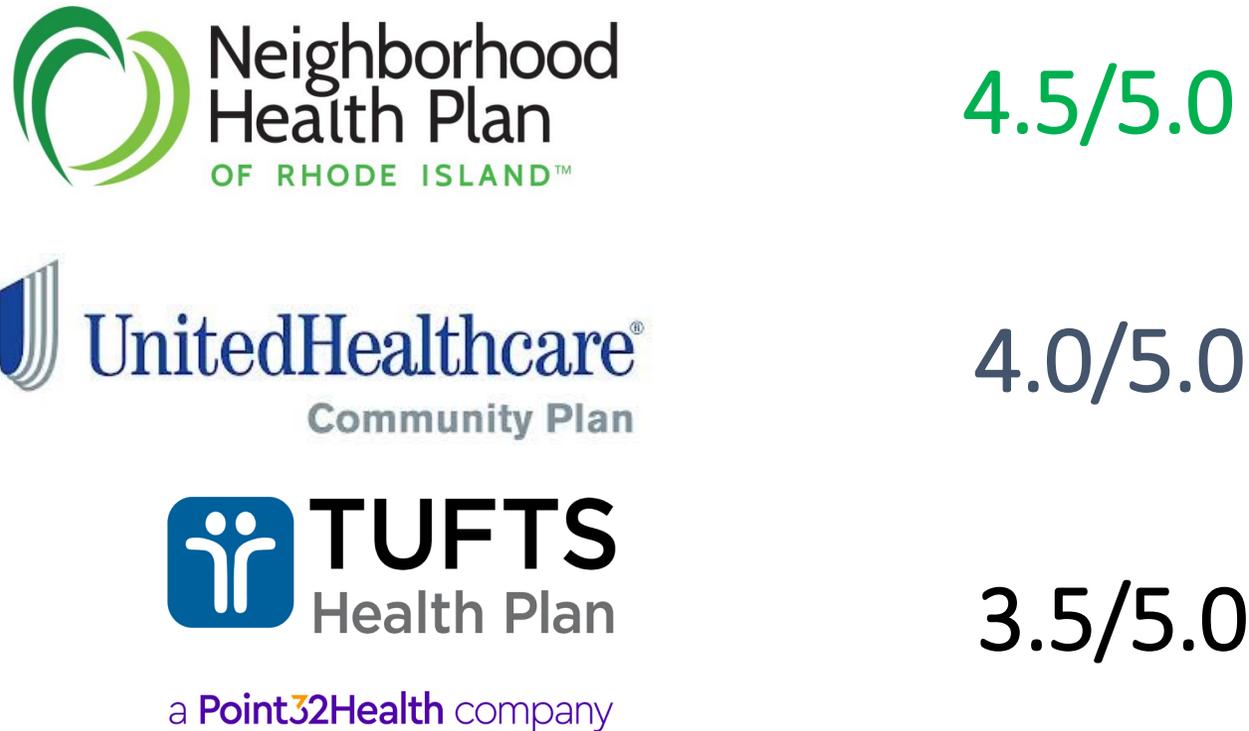


## Rlte Care Works!

- National model of comprehensive health care for more than 30 years
- Well-documented positive and sustained outcomes
- Cost-effective investment in RI children and families

# Rite Care: High-Quality Care

## Rite Care Health Plans Receive Top Ratings Among Medicaid Health Plans in the U.S. in 2025



## Perinatal Coverage

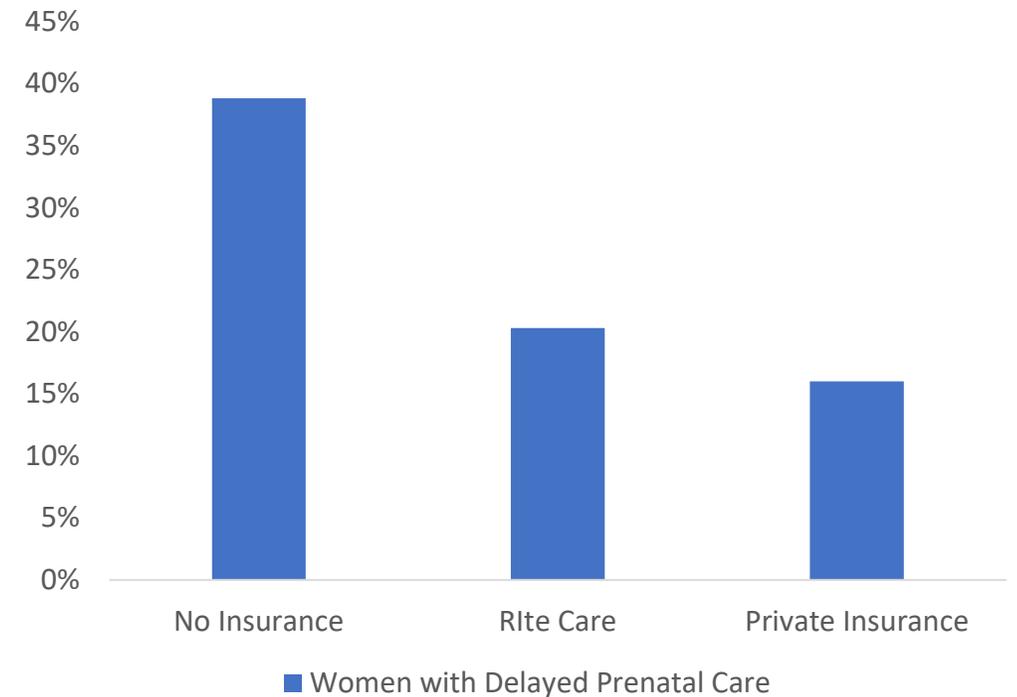
- Pregnancy: up to 258% of the Federal Poverty Level (FPL)
- Postpartum (up to 12 months): up to 258% FPL
- Parents: up to 141% FPL



## Rlte Care Works for Pregnant People

- **93%** of pregnant women 21 and older enrolled in Rlte Care received timely prenatal care in 2024.
- **Rates of delayed prenatal care are lower** among women with Rlte Care coverage than those who are uninsured.

Women with Delayed Prenatal Care,  
2019-2023



# Rite Care: High-Quality Care

## Keeping Kids Covered in RI

**12 Months of Continuous Coverage for Children started January 2024**

### Goal: Multi-Year Continuous Coverage

- Prevents harmful short- and long-term gaps in coverage
- Drives more efficient health care spending -- focused on prevention
- Improves health status and well-being
- Promotes health equity -- Children of Color are more likely to churn on and off
- Supports school readiness



### AMERICAN ACADEMY OF PEDIATRICS RECOMMENDED CHECKUPS



1 MO  
2 MO  
4 MO  
6 MO  
9 MO  
1 YR  
15 MO  
18 MO

2 YR

2 ½ YR

3 YR

4 YR

5 YR

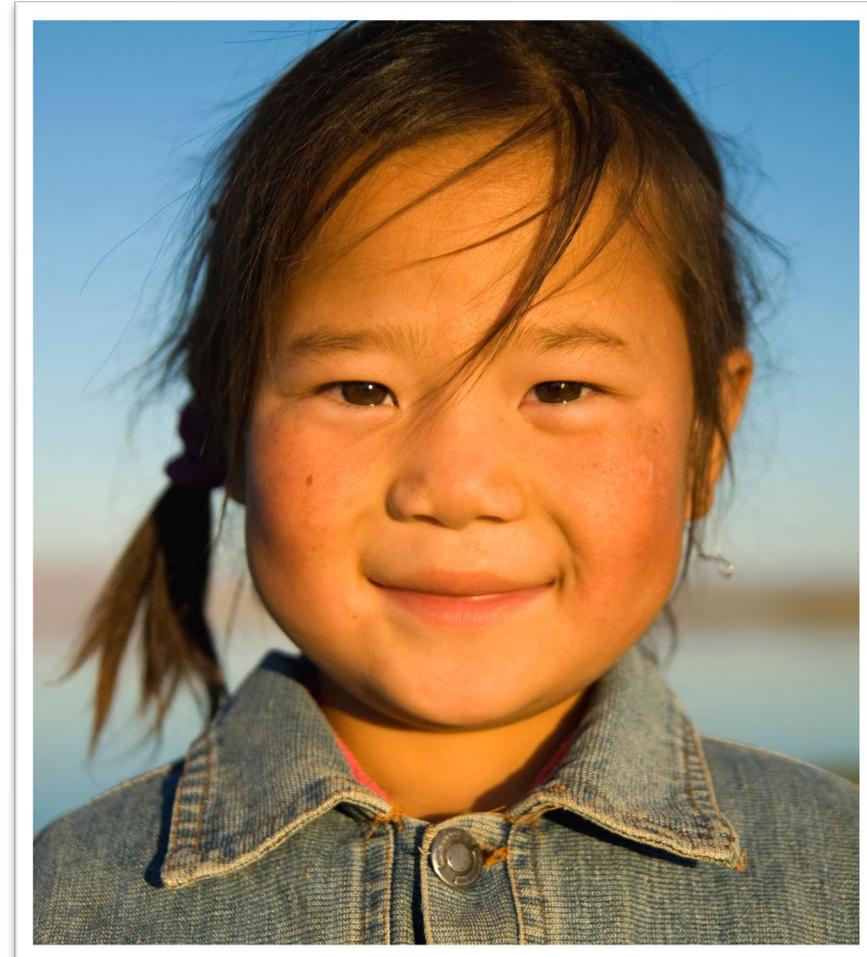


# Rlte Care: High-Quality Care

## Rlte Care Works for Children

### 2024 Primary Care Visits

- **72%** of children ages 0-15 months
- **68%** of preschool and early elementary school-age children
- **63%** of all children ages 12-17



## Rhode Island's Achievements in Children's Health



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Adolescent HPV Vaccination (1<sup>st</sup>)

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Births to Teens (T-6<sup>th</sup>)

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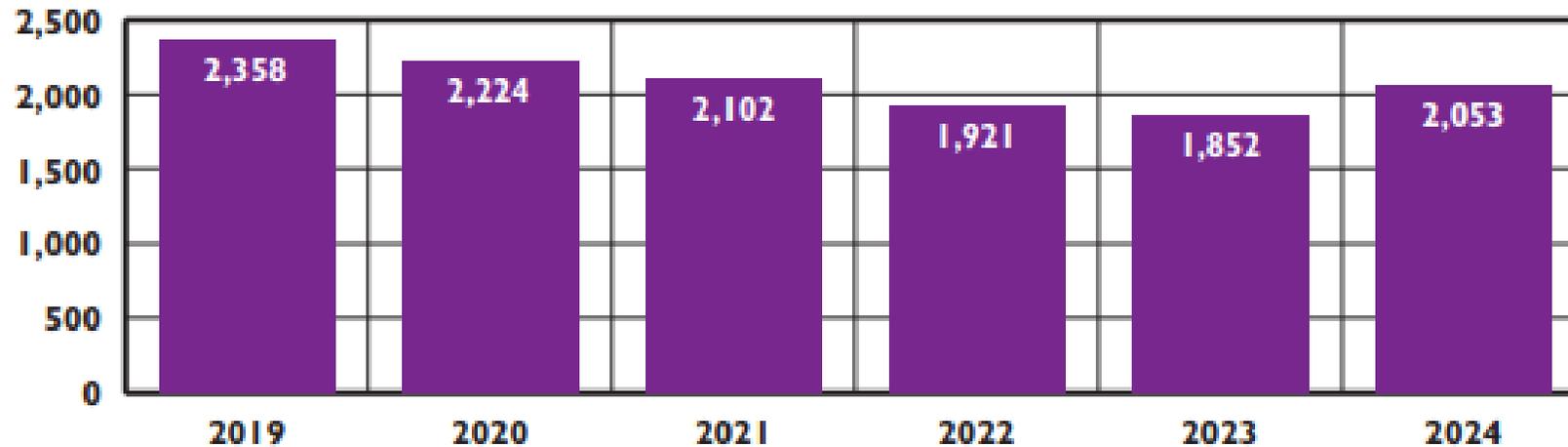
Preterm Births (T-7<sup>th</sup>)

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Child & Teen Deaths (T-8<sup>th</sup>)

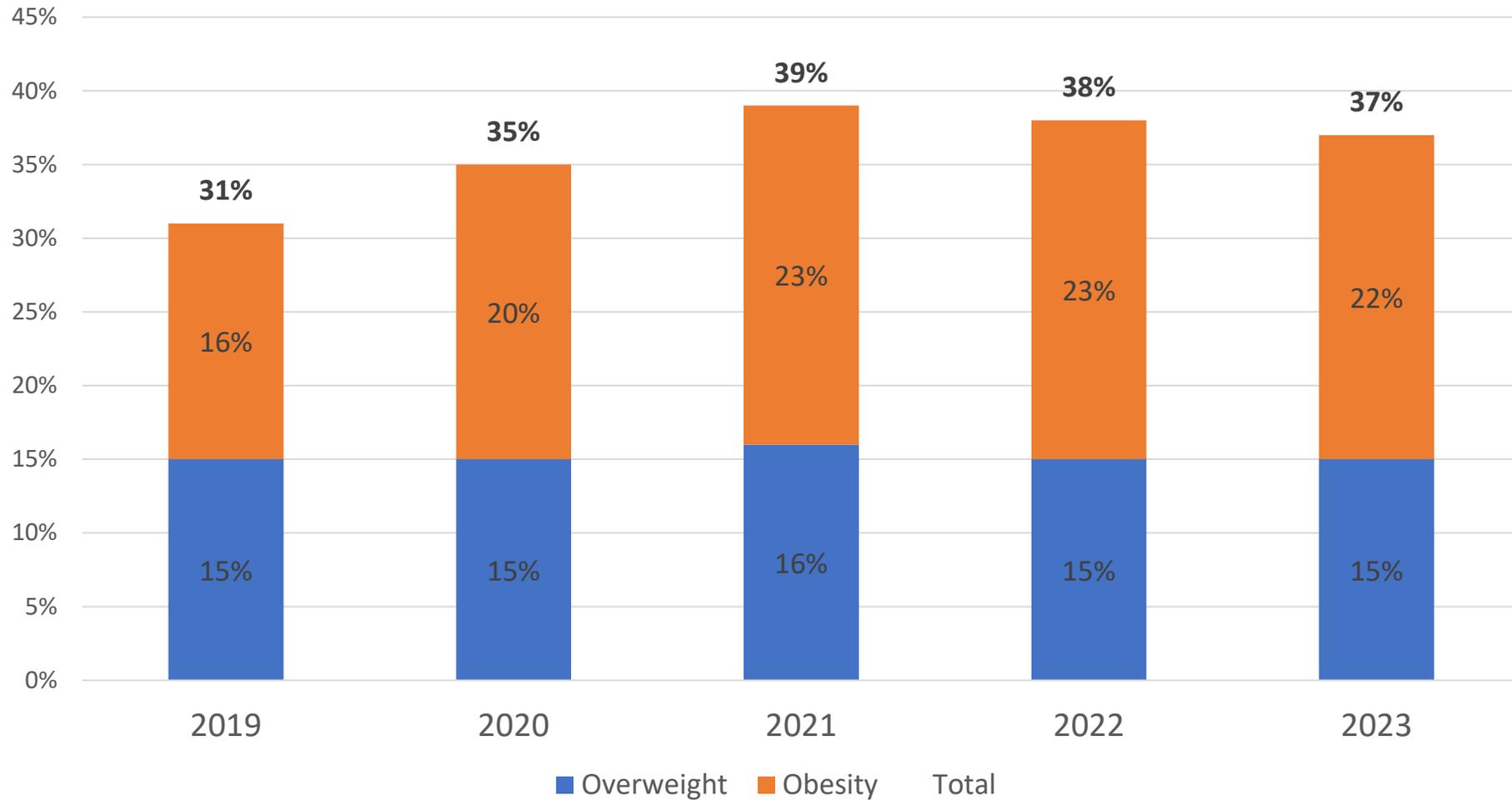


## Infants & Toddlers Receiving Early Intervention Services as of June 30, 2019-2024, Rhode Island



- As of June 30, 2024, there were 2,053 infants and toddlers receiving EI services, down 13% from 2,358 in June 2019 (pre-pandemic), but up 11% from 2023.
- In 2024, the General Assembly passed a budget that included higher Medicaid rates for Early Intervention so more providers were able to deliver this service.

## Rhode Island Children Ages 2-17 with Overweight or Obesity

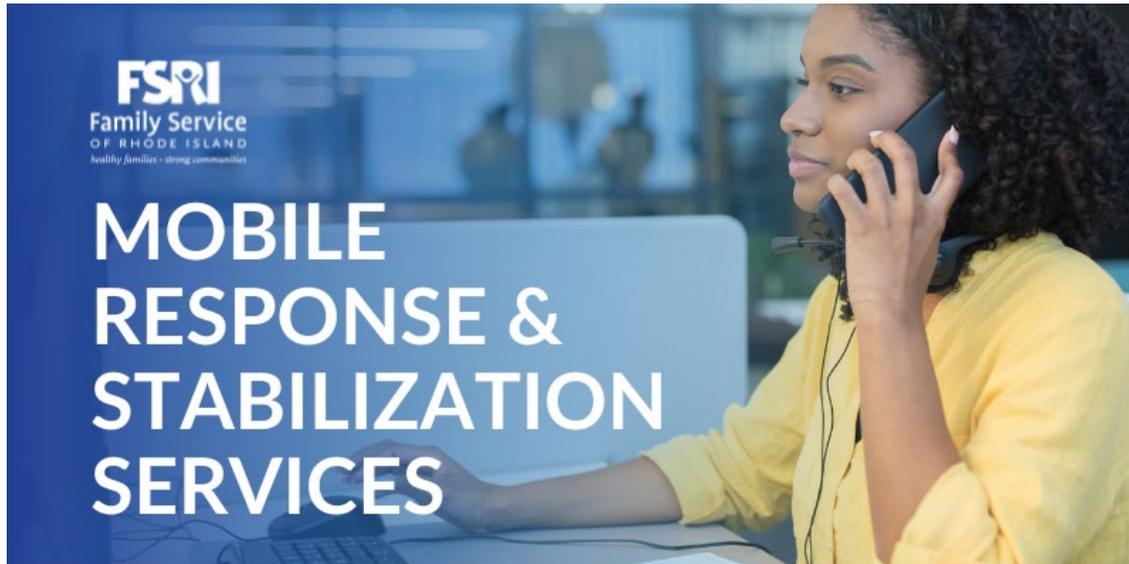


Source: Brown University School of Public Health analysis of 2019-2023 BMI clinical and billing records of children ages 2 to 17 in Rhode Island collected by the Department of Health. Some percentages may not total due to rounding.

- The number of dentists accepting qualifying children on Medicaid increased from **27** before Rlte Smiles began to **182** one year into the Rlte Smiles program.
- **In 2024, there were 453 unduplicated dentists** participating in Rlte Smiles.



# Mobile Response and Stabilization Services



**FSRI**  
Family Service  
OF RHODE ISLAND  
healthy families - strong communities

## MOBILE RESPONSE & STABILIZATION SERVICES

*Help is here, when you need it!*

 **CRISIS SUPPORT LINE**  
(401) 854-6678

**GENERAL INTAKE**  
(401) 519-2280

**WEBSITE**  
[www.familyserviceri.org](http://www.familyserviceri.org)

- Mobile Response and Stabilization Services work. Between November 2022 and February 2024, 92% of children referred to MRSS were stabilized.
- An immediate risk assessment can divert children and youth from emergency departments and youth justice system involvement, preventing unnecessary and costly hospitalizations and out-of-home placements.



## Paid family leave in Rhode Island

Since the launch of TCI, persistent advocacy has help to defend the program from attempts to weaken it and to steadily make statutory policy improvements. In 2026, Rhode Island workers will be eligible for 8 weeks of paid family leave. In 2027 wage replacement will increase from 60% to 70% of wages, and in 2028 wage replacement will increase to 75%.

### RHODE ISLAND: PAID FAMILY LEAVE

	2025	2026	2027	2028
Maximum* Number of Weeks	7 weeks	8 weeks	8 weeks	8 weeks
Wage Replacement	60%	60%	70%	75%

\* People who give birth are also eligible for TDI leave for childbirth (usually 6 to 8 weeks) or for serious pregnancy or postpartum complications.

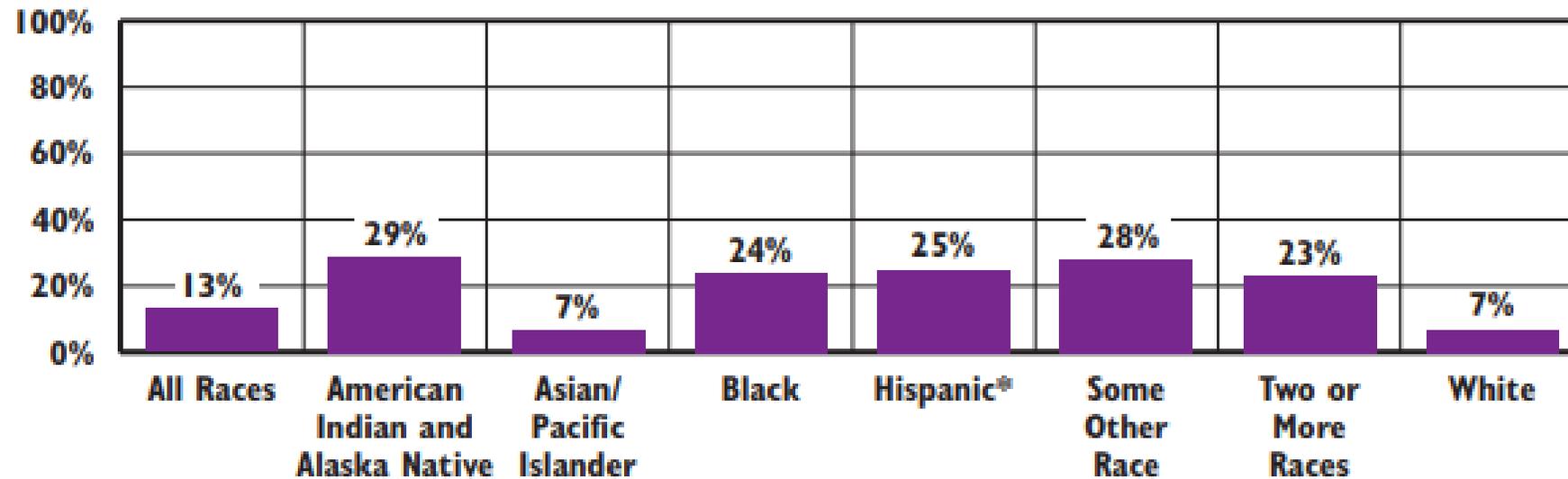


## Health Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK	HISPANIC	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	WHITE
<b>Children Without Health Insurance</b>	3.3%	NA	8.7%	3.2%	2.7%	NA	2.3%
<b>Women with Delayed or No Prenatal Care</b>	16.0%	26.9%	15.6%	21.7%	18.6%	*	13.0%
<b>Low Birthweight Infants</b>	7.7%	9.3%	8.8%	11.4%	8.3%	*	6.6%
<b>Infant Mortality (per 1,000 live births)</b>	4.6	0.0	*	7.2	6.4	0.0	2.9
<b>Any Infant Breastfeeding</b>	79%	71%	84%	73%	74%	75%	81%
<b>Combined Overweight and Obesity</b>	39%	NA	NA	42%	47%	NA	31%



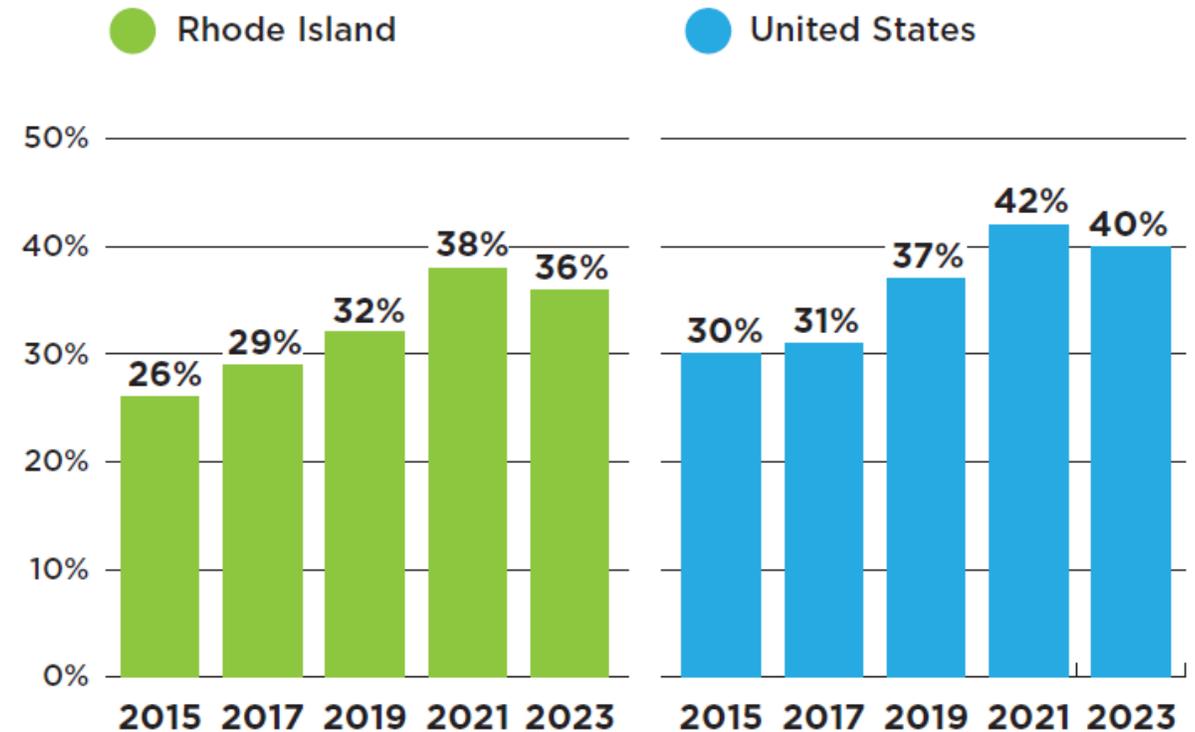
## Children in Poverty, by Race and Ethnicity, Rhode Island, 2019-2023



Note: Hispanic children may be included in any race category.

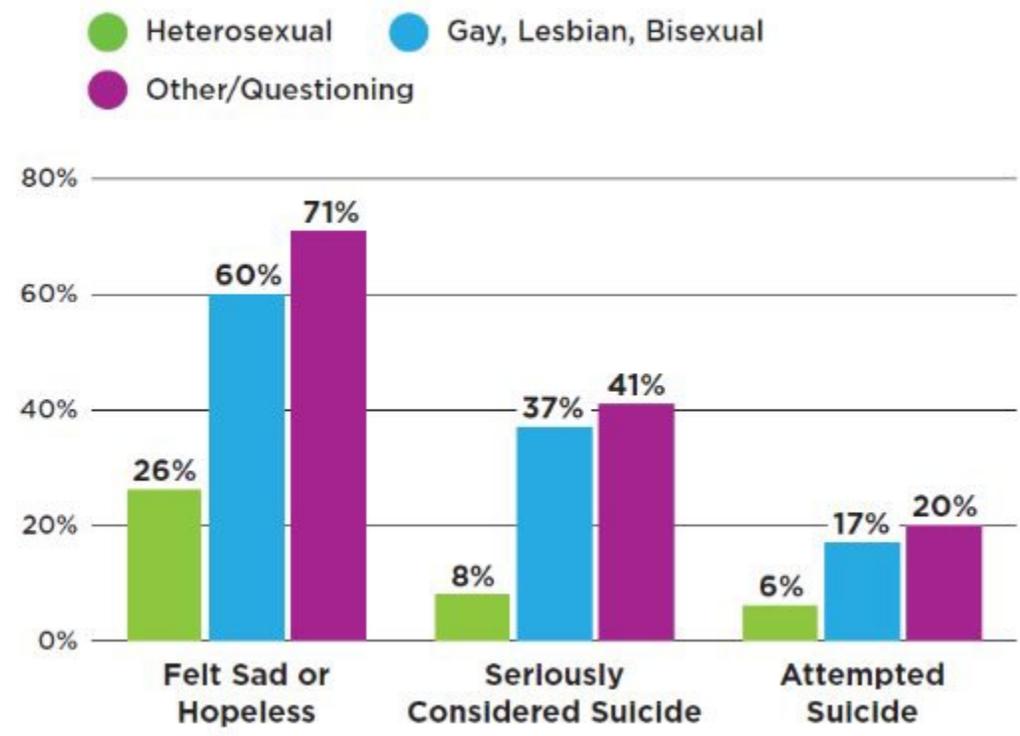
## Mental Health Crisis Both Nationally and in Rhode Island

### FEELINGS OF SADNESS OR HOPELESSNESS AMONG HIGH SCHOOL STUDENTS, RHODE ISLAND AND UNITED STATES, 2015-2023

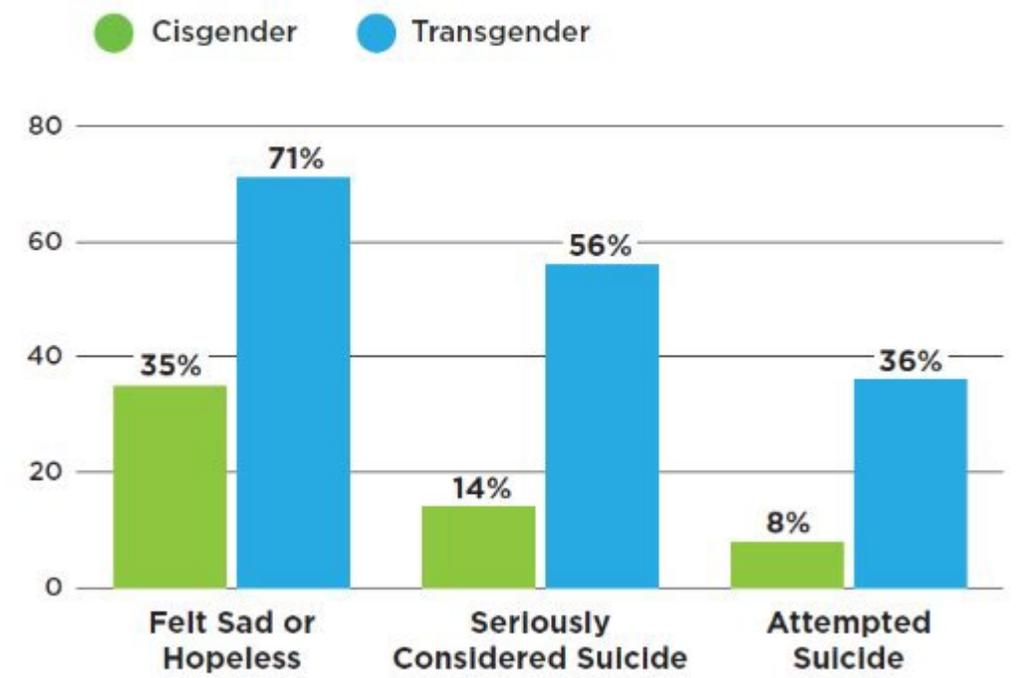


Source: Youth Risk Behavior Survey, 2015-2023.

## MENTAL HEALTH OF HIGH SCHOOL STUDENTS, RHODE ISLAND, BY SEXUAL ORIENTATION, 2023



## MENTAL HEALTH OF HIGH SCHOOL STUDENTS, RHODE ISLAND, BY GENDER IDENTITY, 2021 AND 2023

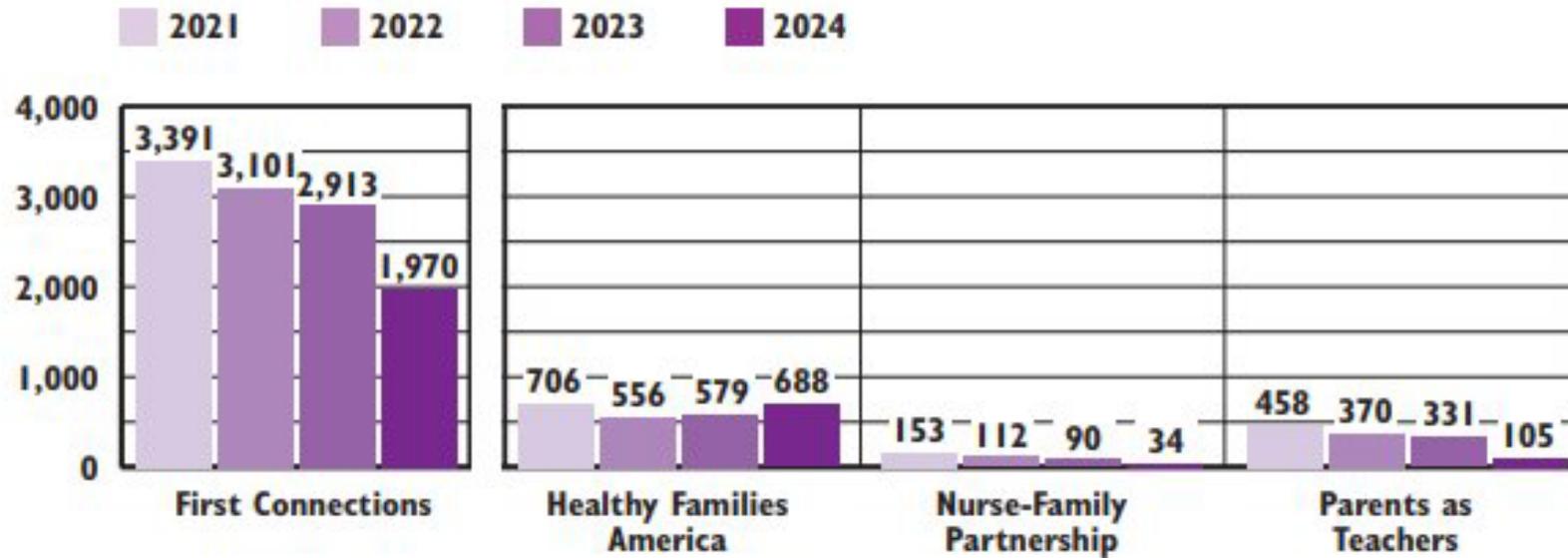


Source: Rhode Island Youth Risk Behavior Survey, 2023.

Source: Rhode Island Youth Risk Behavior Survey, 2021 and 2023.



## Family Home Visiting Program Participation, Rhode Island, 2021-2024

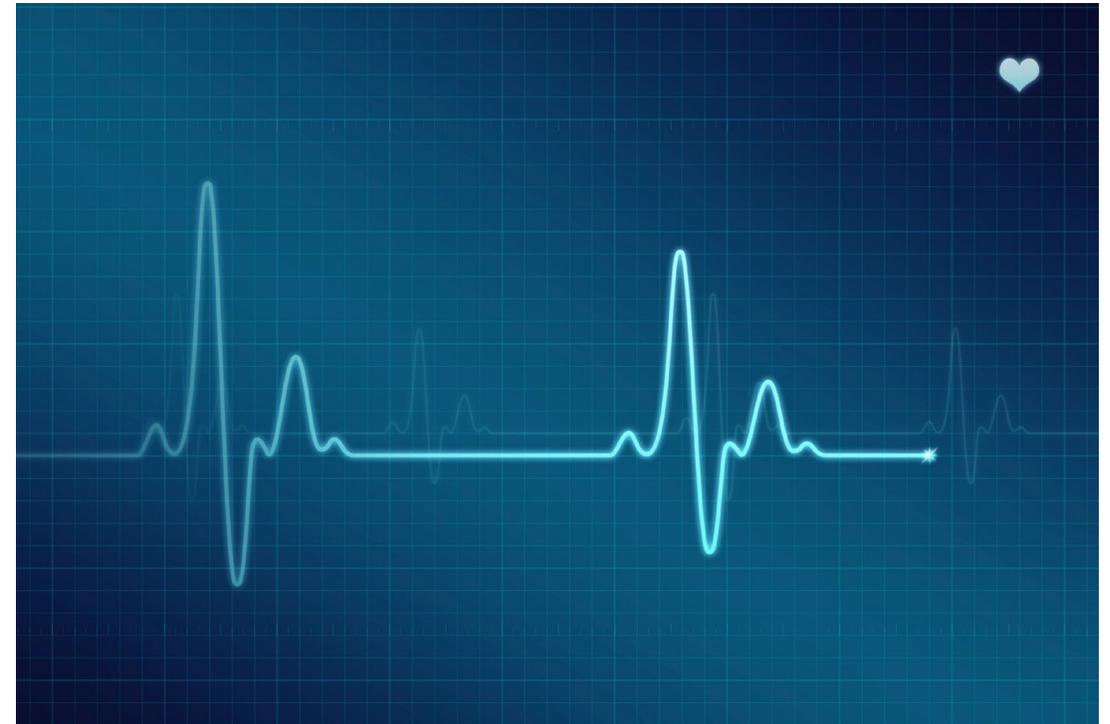


# What's Ahead?

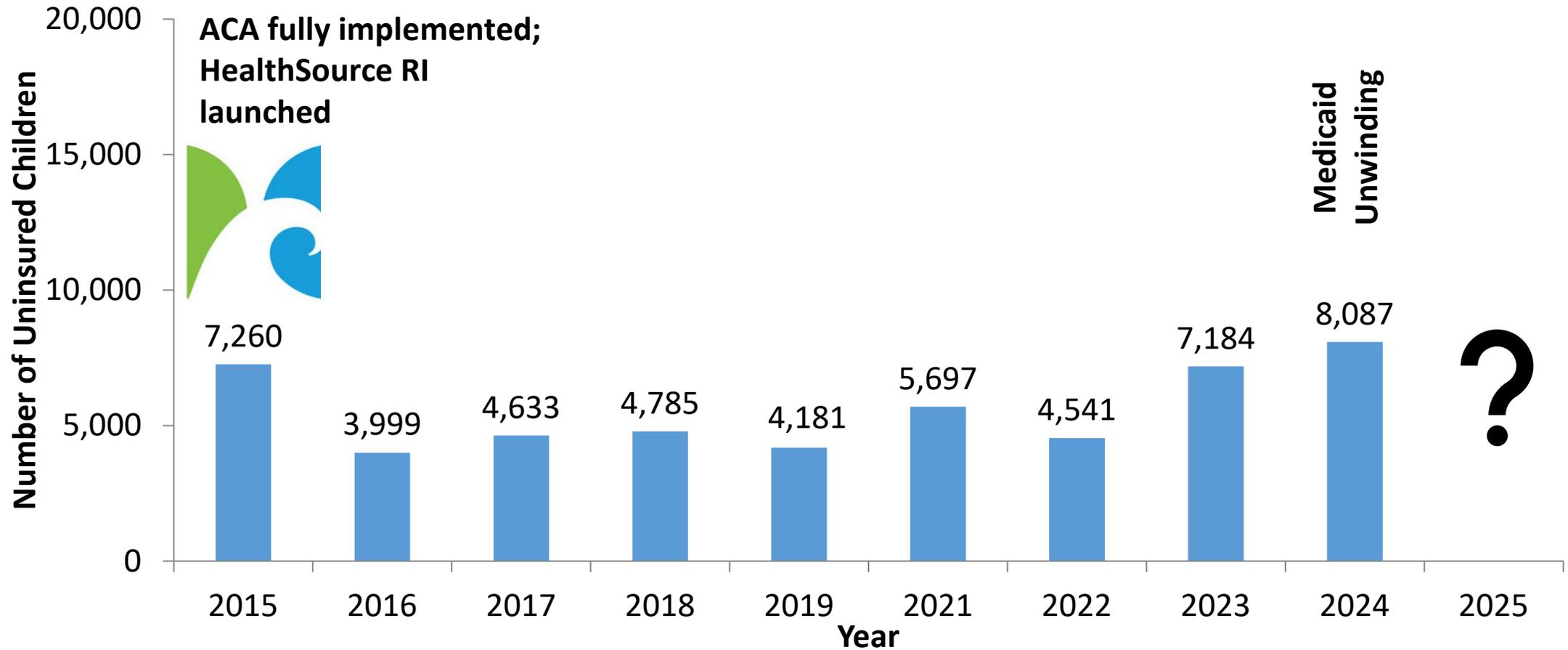


# Access to Health Insurance

- Changes to Medicaid:
  - Parents in the expansion population will be required to recertify every 6 months instead of yearly
  - Some parents of dependent children will be required to report work in order to maintain their coverage
  - Certain immigrant parent populations will lose their eligibility
  - Places additional burdensome requirements on the Medicaid system
- Changes to HealthSourceRI



## Number of RI Children Without Insurance



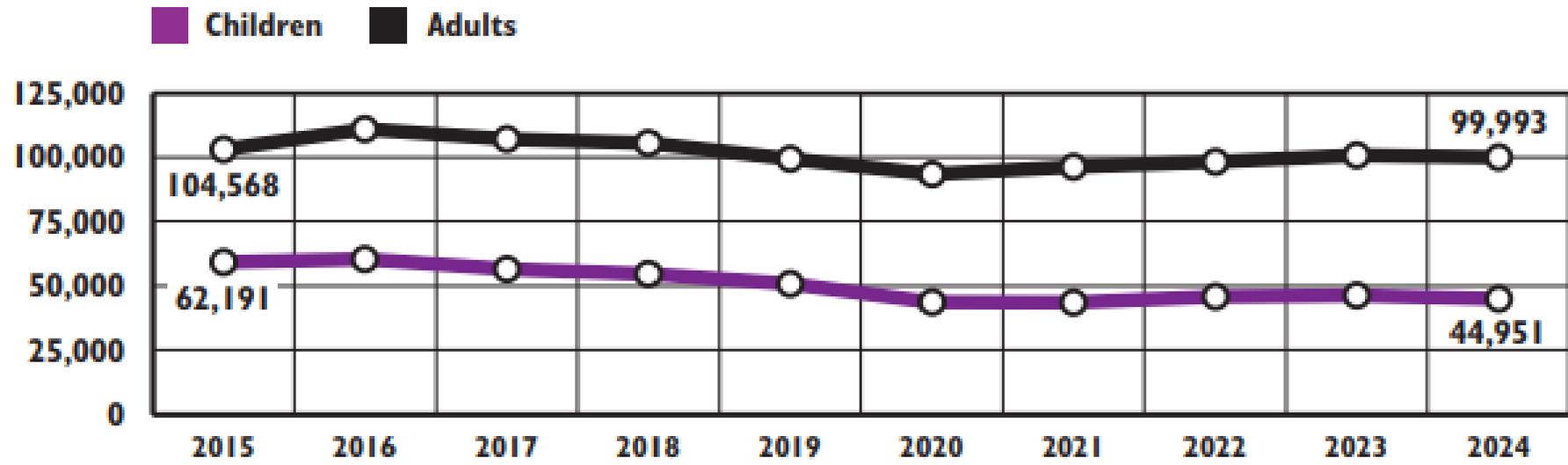
# Access to Food

- Changes to SNAP:
  - More parents will be required to comply with work reporting requirements
  - Narrowed eligibility will remove many humanitarian immigrants from the program
  - Total benefits updates will be limited, meaning they will not be able to reflect actual food costs and updated dietary guidelines





## Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2015-2024



- Of the 144,944 Rhode Islanders enrolled in SNAP in October 2024, 69% were adults and 31% were children.
- Beginning in summer 2024, each child in Rhode Island who is eligible for free or reduced-price school meals will be able to receive \$40 per month on an EBT card during the summer months.



**Rhode Island KIDS COUNT**  
**One Union Station**  
**Providence, RI 02903**

**(401) 351-9400**

**[www.rikidscount.org](http://www.rikidscount.org)**  
**[rikids@rikidscount.org](mailto:rikids@rikidscount.org)**

Connect with us on social media!





## Rhode Island KIDS COUNT's 2026 Budgetary and Legislative Priorities

In the face of the current federal threats, **our #1 Priority is to defend and protect access to basic needs including access to food, health and mental health services, health care, housing, and vaccines for all babies, children and youth regardless of income, immigration status, or gender identity.**

While defending and protecting Rhode Island's progress, we will continue to be bold in leading campaigns for policies that increase equity and reduce disparities in child well-being. These campaigns will focus on:

### Civic Engagement

Voting right for student member on the Board of Education

### Child Development

Strengthen access to family home visiting\*  
Ensure access to Early Intervention\*

### Early Care and Education

Invest in RI Pre-K and Head Start with 30% for infants and toddlers\*  
Increase access to affordable, high-quality child care\*

### Health Care Access

Pediatric primary care Medicaid rate increase

### Mental Health

Increase access to school social workers  
Sustain and permanently fund PediPRN

### Out-of-School Time Learning

Increased funding for OST programs

### RI Works

Increase child support pass through+  
Eliminate automatic reduction in RI Works benefit for housing subsidy+  
Increase RI Works monthly benefit amount+  
Restore eligibility to LPRs+

### Family Economic Security,

Increase state EITC\*  
Establish a state Child Tax Credit\*  
Raise general revenue to fund much-needed investments in health care, child care, and education systems\*

### Youth Justice

Establish minimum age of incarceration  
Increase use of Juvenile Hearing Boards

priority for:



priority for:

