POLICY & ADVOCACY
FOR RHODE ISLAND'S CHILDREN

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A Celebration of Children's Health and Well-Being

Rhode Island KIDS COUNT

November 23, 2026

#RIteCareWorks



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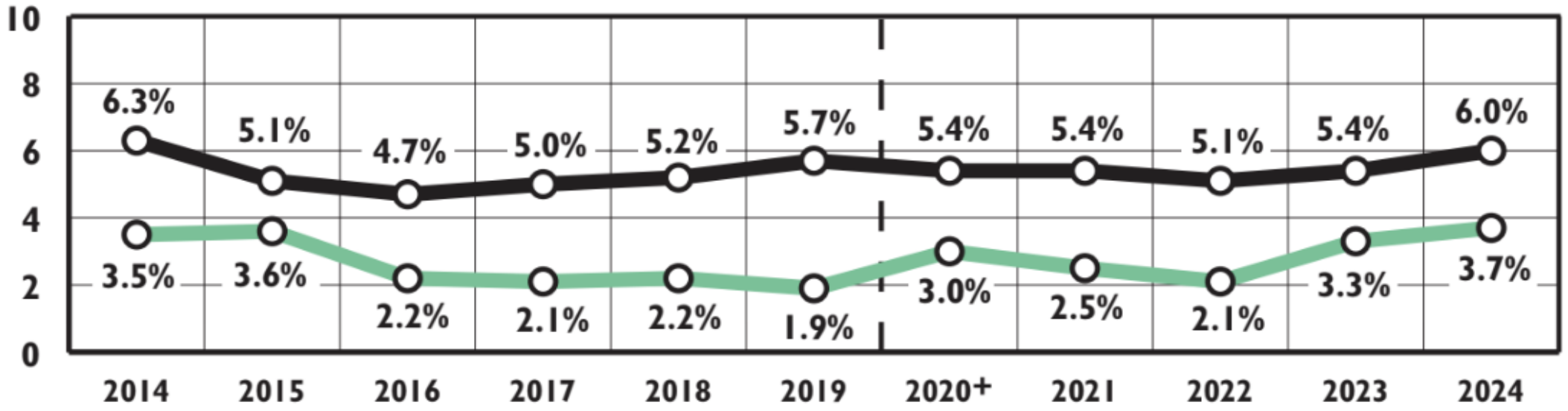
Children's Health Insurance Coverage

Children Without Health Insurance, Rhode Island, 2014-2024



Source: U.S. Census Bureau, American Community Survey, 2014-2019, 2021-2024. Data are for children under 19 years of age. Prior Factbooks are not comparable. +U.S. Census Bureau, American Community Survey, 2020. Experimental Table XK202701. The U.S. Census Bureau urges caution when comparing to standard ACS data due to low response rate during COVD-19 pandemic.

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Children's Health Insurance

Children Under Age 19 Without Health Insurance (2025)	
Rhode Island	*2.1%*
U.S.	*6.1%*
National Rank*	*4th*
New England Rank**	*4th*

*1st is best; 50th is worst
**1st is best; 6th is worst

In 2025, 2.1% of Rhode Island's children under age 19 were uninsured. Rhode Island ranked 4th best state in the U.S., with 97.9% of children covered. Rhode Island also ranked 4th in New England on this measure.

Source: U.S. Census Bureau, American Community Survey, 2025, Table S2701.

Note: The response categories and analysis of health insurance coverage categories were revised in 2025.

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RIte Care: High-Quality Care



RIte 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

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RIte Care: High-Quality Care

RIte Care Health Plans Receive Top Ratings

Among Medicaid Health Plans in the U.S. in 2025

Neighborhood Health Plan of Rhode Island™ — 4.5/5.0

UnitedHealthcare® Community Plan — 4.0/5.0

TUFTS Health Plan, a Point32Health company — 3.5/5.0

Source: 2025 National Committee on Quality Assurance Rankings. *276 Medicaid Health Plans were evaluated and 216 were rated based on clinical performance, member satisfaction, and NCQA Accreditation.*

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RIte Care: High-Quality Care

Who Is Covered?

- Parents: up to 133% FPL
- Pregnancy: up to 253% of the Federal Poverty Level (FPL)
- Prenatal care and 12 mos. of postpartum care available regardless of immigration status
- Children (<19): up to 261% FPL



Source: 2021 RIte Care | Executive Office of Health and Human Services. Ri.Gov. https://eohhs.ri.gov/Consumer/FamilieswithChildren/RIteCare.aspx

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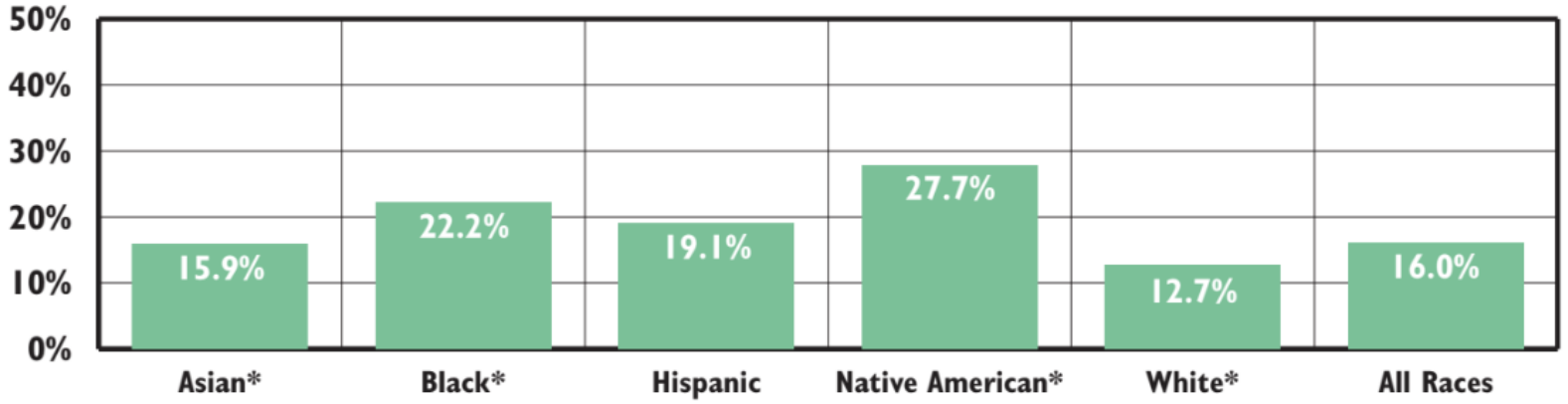
RIte Care: High-Quality Care

RIte Care Works for Pregnant People



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024. * Race categories are non-Hispanic.

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

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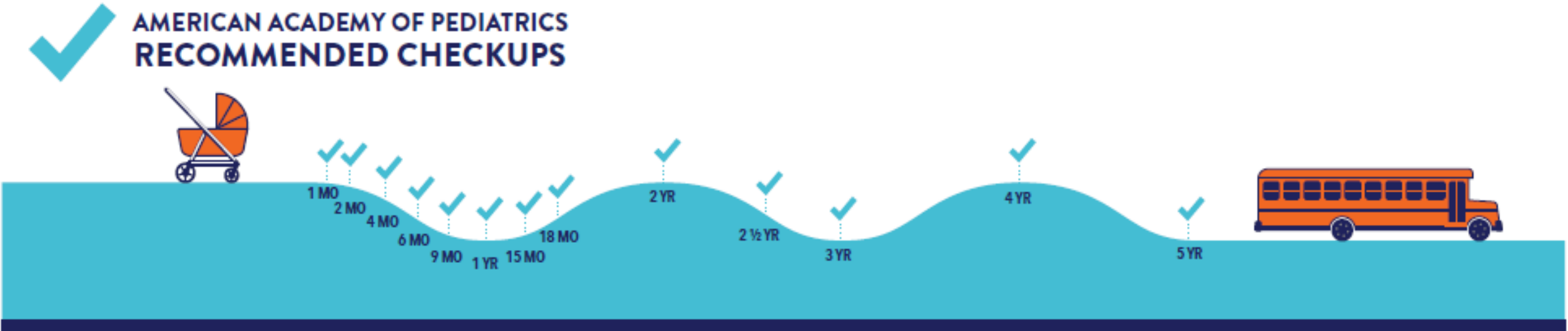
RIte Care: High-Quality Care

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



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RIte Care Works for Children

2025 Primary Care Visits

- **76.5%** of children ages 0-15 months
- **68.9%** of preschool and early elementary school-age children (ages 3-11)
- **62.6%** of all children ages 12-17



Source: 2025 Child and Adult Health Care Quality Measures Quality. Centers for Medicare & Medicaid Services. https://data.medicaid.gov/dataset/14bc26c3-5584-4032-9175-f3a0399cb206

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RIte Smiles: Access to Oral Health

- The number of dentists accepting qualifying children on Medicaid increased from **27** before RIte Smiles began to **182** one year into the RIte Smiles program.
- **In 2025, there were 466 unduplicated dentists** participating in RIte Smiles.



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Rhode Island's Achievements in Children's Health



Adolescent HPV Vaccination (2nd)

Births to Teens (Tied 6th)

Preterm Births (5th)

Child & Teen Deaths (Tied 8th)

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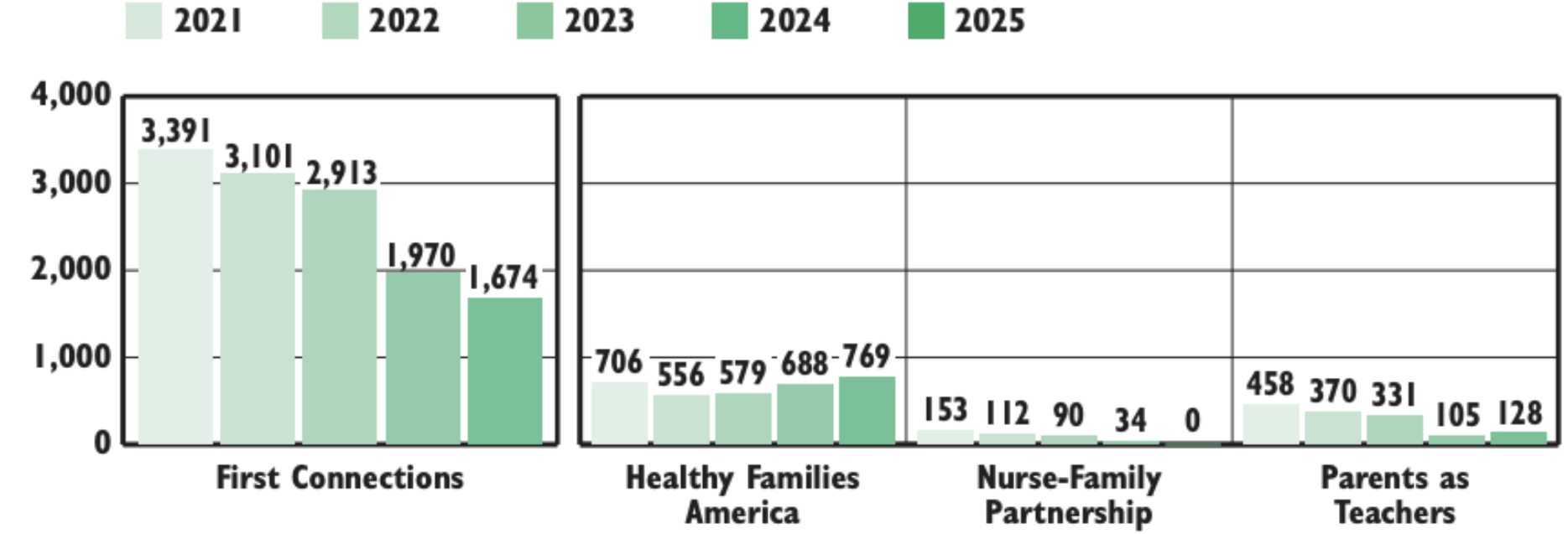
Family Home Visiting



- Family home visiting programs are designed to reach young children and their families at home, providing parenting education to foster healthy, safe, and stimulating environments for young children.
- Participation has been declining, but the FY 2027 budget included additional state funds, allowing the state to draw down the full federal match. Hopefully, these new resources will help address workforce challenges

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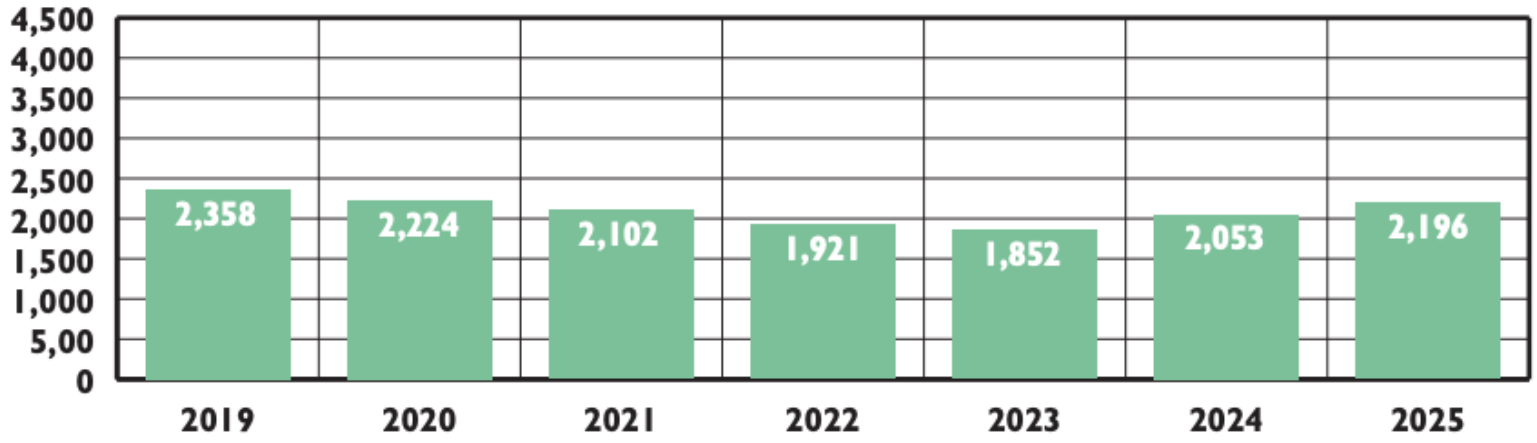
Children Enrolled in Early Intervention



Source: Rhode Island Executive Office of Health and Human Services, Children Enrolled in Early Intervention as of June 30, 2019-2025.

- As of June 30, 2025, there were 2,196 infants and toddlers receiving EI services, up 7% from the previous year but down 7% overall from June 2019.
- The FY 2027 budget fully funds the rate increases recommended by OHIC and creates a plan to allow children who turn three between May 1 and August 31 to remain in EI until the September 1st after their third birthday, beginning in 2028.

Source: Rhode Island Executive Office of Health and Human Services, Children Enrolled in Early Intervention as of June 30, 2019-2025; 2026 Rhode Island KIDS COUNT Legislative Wrap-Up.

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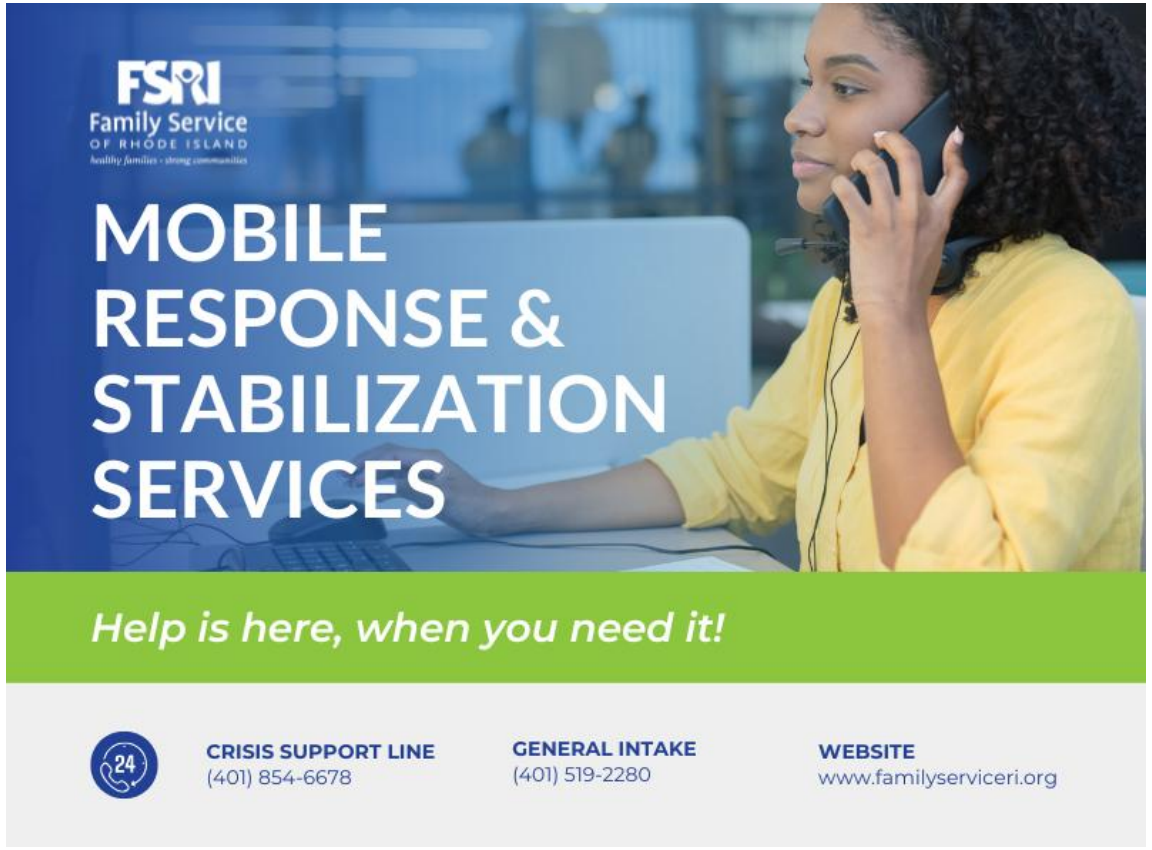
Mobile Response and Stabilization Services



Source: 2026 Rhode Island KIDS COUNT Legislative Wrap-Up; Family Service of Rhode Island.

- 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.
- Legislation passed this year formally establishing the statewide MRSS program for youth up to age 21 in homes, schools, and communities, and requiring reimbursement rates to be equal to or greater than the prevailing Medicaid rate.

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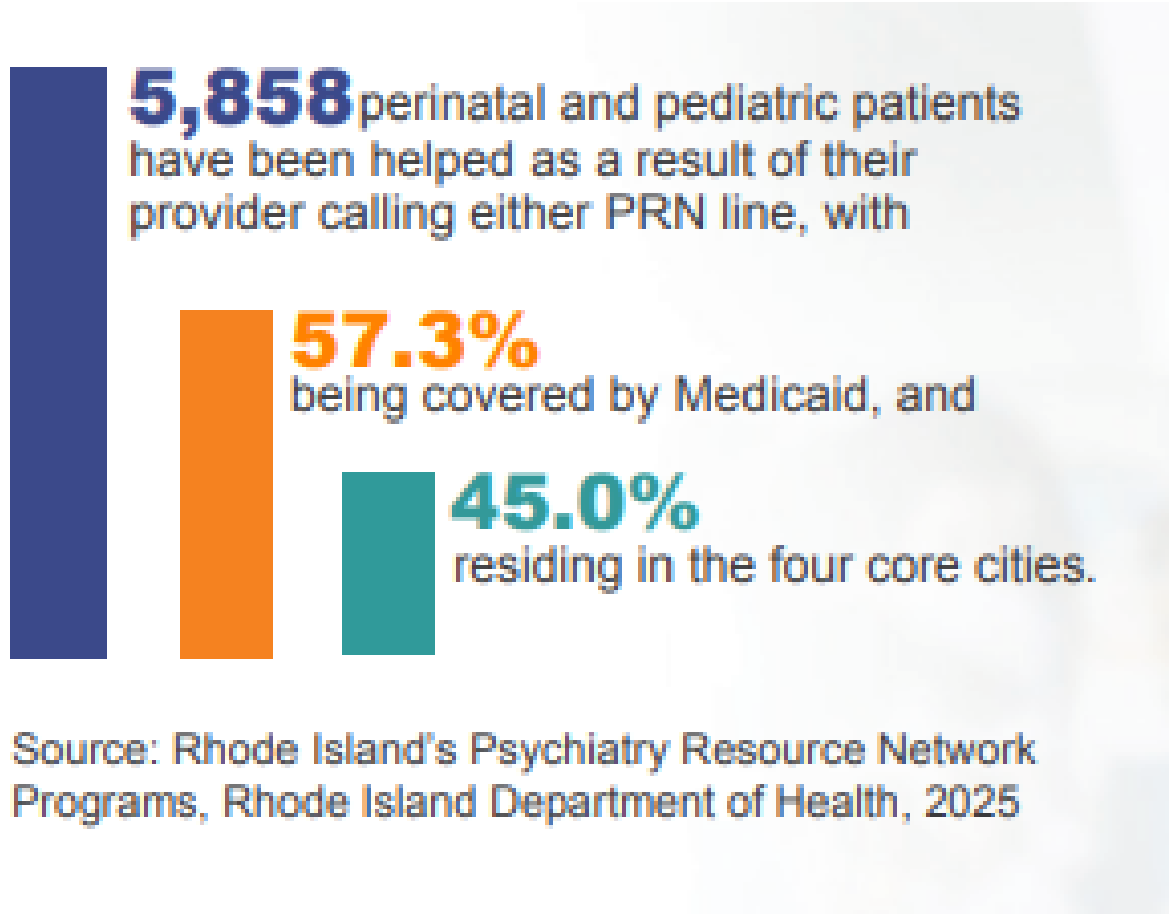
PediPRN

- PediPRN is one of two is Rhode Island statewide Psychiatry Resource Network (PRN) teleconsultation programs
- The RI MomsPRN and PediPRN programs increase access to menta health treatment by building frontline healthcare professional competency



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Vaccine Access Protected



- In the 2026 legislative session, legislation passed requiring insurance to cover vaccines recommended by the Rhode Island Department of Health, without cost-sharing requirements.
- Protects healthcare providers' ability to discuss scientifically-sound vaccine recommendations with patients in accordance with the standard of care.
- Ensures cost will not be a barrier to vaccination!

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Racial and Ethnic Disparities in Health

Health Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK	HISPANIC	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	WHITE
Children Without Health Insurance	3.7%	NA	1.2%	9.0%	6.1%	NA	1.5%
Women with Delayed or No Prenatal Care	16.0%	27.7%	15.9%	22.2%	19.1%	NA	12.7%
Low Birthweight Infants	7.7%	13.8%*	8.8%	10.8%	8.3%	NA	6.6%
Severe Maternal Morbidity (rate per 10,000 births)	112	NA	NA	181	142	NA	90
Any Infant Breastfeeding	82%	75%	86%	79%	79%	78%	84%
Combined Overweight and Obesity	36%	NA	NA	40%	40%	NA	30%

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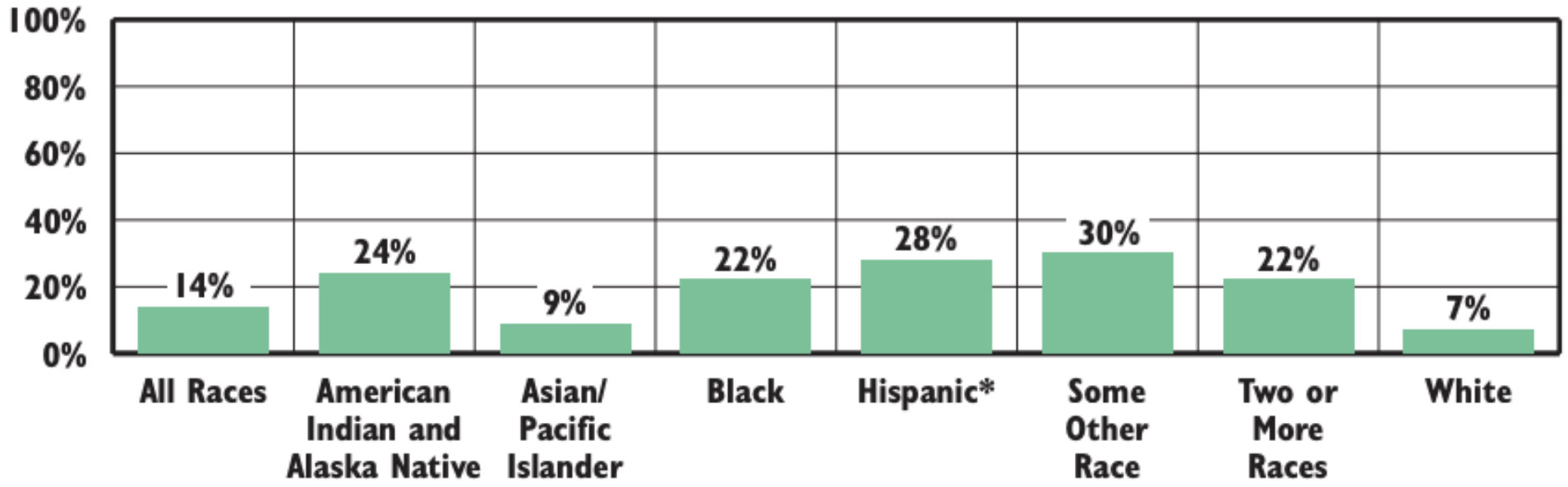
Racial and Ethnic Disparities in Child Poverty

Children in Poverty, by Race and Ethnicity, Rhode Island, 2020-2024



Source: U.S. Census Bureau, American Community Survey, 2020-2024. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G and B17020I. *Hispanic children may be included in any race category.

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

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What's Ahead?



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Access to Health Insurance

- Changes to Medicaid:
  - Confusing work reporting requirements and messaging at the national level - Rhode Island parents and caretakers exempt!
  - Certain immigrant parent populations have lost their eligibility for Medicaid
  - Places additional burdensome requirements on the Medicaid system
- Changes to HealthSourceRI



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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.

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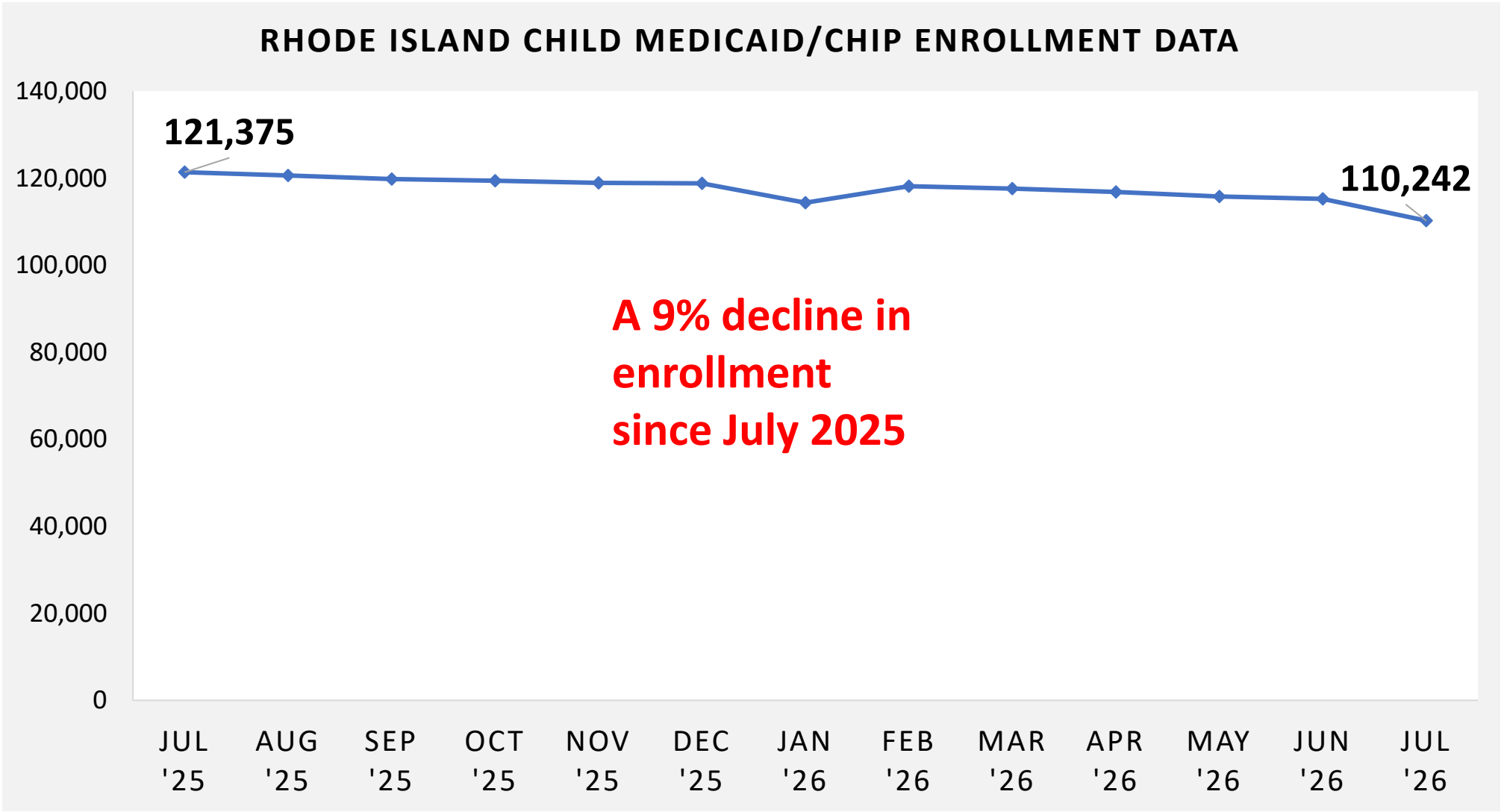
Children's Health Insurance Coverage



Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data.

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Access to Food

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



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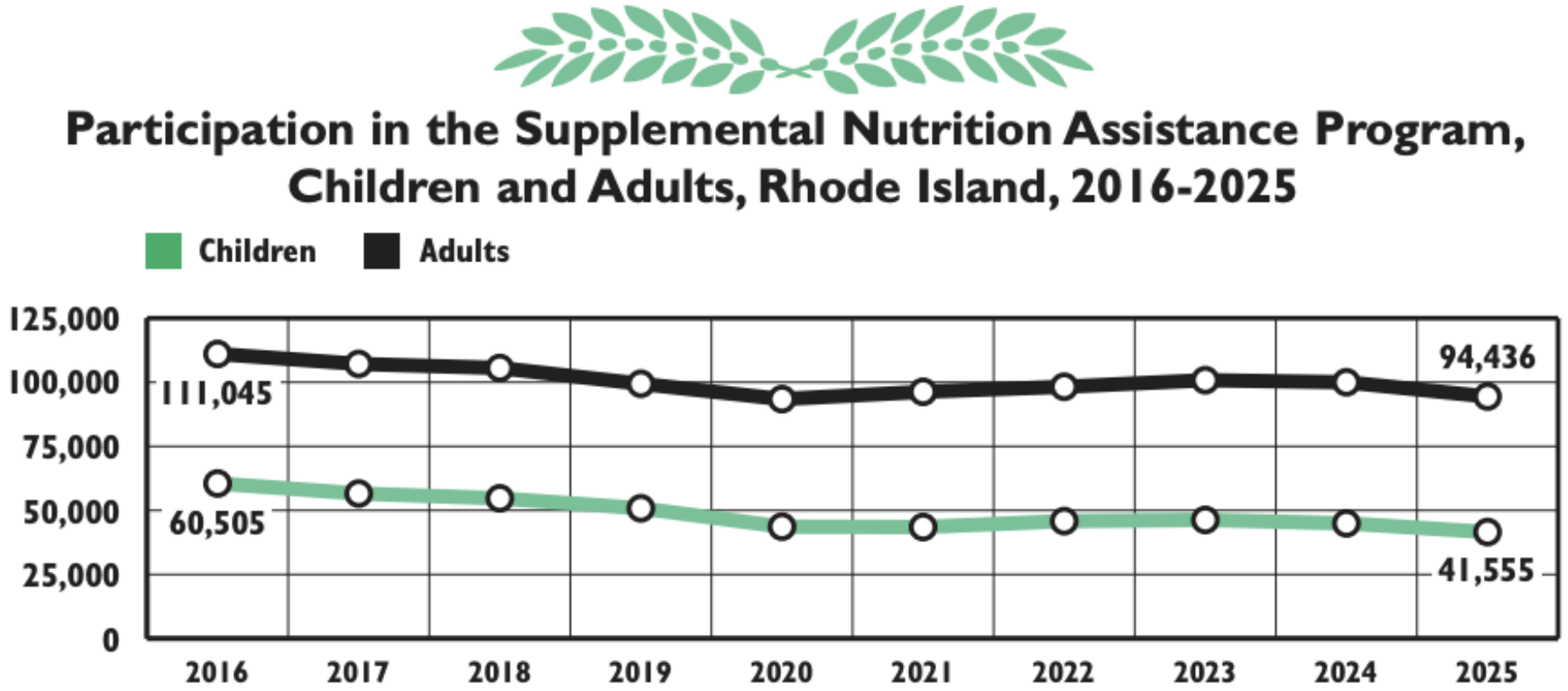
Children Receiving SNAP Benefits



- Of the 135,991 Rhode Islanders enrolled in SNAP in October 2025, 69% were adults and 31% were children. Of the children enrolled in SNAP, 33% were under the age of six.

- Over the past decade, the number of children receiving SNAP benefits has declined by almost one-third (31%).

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SNAP Caseload and Impact Analysis

This is an overview of the change in RI's SNAP caseload from the time of initial HR1 passage to the present.

SNAP Caseload Data						
	July 2025	Nov 2025	March 2026	May 2026	July 2026	% Decrease July 25 – July 26
Total # of SNAP Recipients	141,363	133,733	126,084	122,875	116,375	17.7%
Total # of SNAP Households	88,340	84,416	80,537	78,969	74,014	16.2%
Total # of 60+ Indv receiving SNAP	38,507	37,683	36,863	36,537	35,371	8.14%
Total # of SNAP Recipients Age 0-17	41,808	39,649	37,200	36,162	35,881	14.2%
Total # of SNAP Recipients Age 0-5	12,176	12,116	11,806	11,728	9,662	20.6%

Just under $5.5M less in SNAP benefits were issued in July of 2026 as compared to July 2025.

Data is based on the point in time at which it was pulled and may be subject to change.

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Data Threats and Challenges

- National surveys
- Delays in federal data reporting
- Threats to the Census
- Executive Order halting efforts to include information on sexual orientation and gender identity in national surveys



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