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U.S. Department of Health and Human Service
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: HHS Notice titled "Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again," Docket AHRQ-2025-0001, 90 Fed. Reg. 20478 (May 14, 2025)

I. INTRODUCTION

ZERO TO THREE appreciates the opportunity to comment on the U.S Department of Health and Human Services (HHS or Department) Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation To Make American Healthy Again. The ability of the public to review, consider, and comment on proposed regulatory changes, including potential repeals, is essential to ensuring that policy changes fulfill their intended function, avoid unintended consequences, and meet statutory requirements. This input is particularly critical when considering the impact of proposed regulatory actions – whether new requirements or deregulatory activities – on infants and toddlers, who require thoughtful, intentional consideration in order to ensure the Federal regulatory landscape is meeting the moment in making our youngest generation the healthiest that they can be.

Since 1977, ZERO TO THREE has focused on ensuring that infants and toddlers have a strong start in life. We recognize that no baby exists alone – they rely on the grown-ups in their families and communities for the health care they receive, the food they eat, the toys they play with (or gnaw on), the floors they crawl on, and the relationships they build early in life. To that end, we take a comprehensive view of early childhood well-being, engaging a range of disciplines in order to address the full range of factors that influence a child’s development. Through this holistic, collaborative approach, we work to develop solutions that promote healthy development and prevent more significant, costlier conditions later in life.

As the President’s Make America Healthy Again Commission recently noted in its May 22, 2025 report (hereinafter referred to as the “MAHA Report”), “Early childhood is marked by rapid brain development, with up to one million new neural connections forming every second.”¹ These connections do not happen in a vacuum, but are shaped by a baby’s experiences and interactions.² By focusing on the needs and well-being of our youngest generation, we can intervene before concerns become crises, reducing the incidence of chronic conditions and setting the next generation up for success. We share the Department’s focus on this pivotal moment in a young person’s life, as well as the Department’s commitment to leading an intentional, coordinated response to address the health needs of our nation’s children.

¹ U.S. Make America Healthy Again Commission (2025), *The MAHA Report* (p. 40), White House.

² National Scientific Council on the Developing Child (2007), *The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper No. 5*, Center on the Developing Child.



As the leading Federal agency tasked with enhancing the health and well-being of all Americans, HHS and its divisions play a central role in keeping infants and toddlers on track for healthy growth and development. For example, the Food and Drug Administration (FDA) makes sure the formula that infants eat is safe and nutritious, while the Administration for Children and Families (ACF) provides access to safe, secure early learning and child care opportunities. Similarly, the Centers for Medicare & Medicaid Services (CMS) oversee health coverage for roughly half of the country's children, while the Substance Abuse and Mental Health Services Administration (SAMHSA) funds programs that prevent mental health concerns from turning into mental health conditions, such as through its work on infant and early childhood mental health. And these are just a few examples. Whether digging into the root causes of developmental delays, offering resources for maternal depression, directly supporting parents as they raise their children, or supporting children at risk of abuse or neglect, there is not a single component of HHS that does not touch on the health and well-being of infants and toddlers. This scope and impact would be no less profound on the lives of the youngest generation under the proposed reorganization of the Department.

Given the reach of HHS and, accordingly, its regulatory footprint, no single comment can encompass the full scope of how potential deregulatory efforts by the Department would impact infants and toddlers. As a result, this comment cannot, and is not intended to, provide a comprehensive or exhaustive perspective on specific regulatory proposals, including those intended to be deregulatory in nature. Rather, this comment presents a suggested framework for the development of any proposed regulatory changes, whether through new regulatory language or repeals.

ZERO TO THREE stands ready to review any specific regulatory proposals by HHS and its divisions, and we are eager to provide thoughtful, actionable input on how specific regulations can best meet the needs of America's babies and, accordingly, the future of our nation.

II. A FRAMEWORK FOR BABIES

In reviewing any policy change or proposal, ZERO TO THREE focuses on six pillars, which together ensure policies provide the strongest possible start for our youngest generation. As most regulations issued by the Department have the potential to influence babies' well-being, we would similarly encourage the Department to consider these factors – as well as the impact on infants and toddlers more broadly – in any individual regulatory proposal. In addition, as the Department consults with or advises other Federal agencies on their regulations, such as on nutrition, environmental health, or other public health matters, ZERO TO THREE encourages the Department to similarly focus on these principles and the well-being of our country's youngest generation.

Pillar 1: Transparency and Engagement

As noted in the MAHA Report, “Before we act, we must fully understand the scope of the [childhood health] crisis, the conditions that created it, and the mechanisms through which it continues to grow.”³ We agree – and the first step in that process is the solicitation and review of a broad range of perspectives, including through the public comment process.

³ U.S. Make America Healthy Again Commission, (2025), *The MAHA Report* (p. 5), White House.



As an organization focused on the well-being and resilience of young children, ZERO TO THREE is committed to rigorously reviewing the evidence surrounding early childhood development and potential interventions, as well as gathering a broad array of perspectives, including from parents, caregivers, professionals, and policymakers. Only through robust information gathering and rigorous consideration of varied information can we ensure initiatives effectively meet the health and developmental needs of babies. To that end, we urge the Department to continue utilizing the notice-and-comment process for any proposed regulatory actions, including deregulatory actions, in order to gather key input. In this way, the Department can help ensure HHS's regulations function as intended, placing infants and toddlers on the best possible path for healthy growth and development.

ZERO TO THREE similarly deeply appreciates the Secretary's commitment to "radical transparency," and we look forward to the Department's efforts to fulfill that commitment in its rulemaking by continuing to engage in the full notice-and-comment process.

Pillar 2: Use the Science of Child Development to Guide Policy

The years starting prenatally up to age three are the foundation on which all later development, learning, and relationships rest. When babies have the ingredients they need for healthy development, that foundation is strong. When babies do not get what they need, when their families face too many challenges, that foundation can become fragile, and the learning that is scaffolded on top of it may not occur as it should. The science of early development should inform regulatory and other policy actions affecting expectant families, infants, and toddlers.

When considering regulatory actions, including those that are deregulatory in nature, we urge the Department to pay particular attention to the potential impact of such changes on young children's development and the factors that influence that development, and to preserve regulations that keep babies healthy, safe, and developmentally on track.

Rapid early brain development requires special consideration of babies' unique needs. During the first three years, babies' brains are developing more rapidly than at any later time of life. Born with billions of largely unconnected neurons, the brain makes more than 1 million neural connections every second, creating the architecture that enables babies to acquire the ability to see, hear, understand language, think and reason, and relate emotionally to other humans and the world around them.⁴ These connections are shaped by experiences that occur in the context of early relationships with trusted adults. As a result, experiences in these earliest years quite literally lay the neural foundation of a person's life. Regulations should recognize this rapid development and the need for strong foundational brain architecture, such as in regulations on health access and services (including for mental health care), economic supports, early learning, and child welfare. Just some examples of the types of regulations that most directly impact this early brain development include those pertaining to public and commercial health insurance, Temporary Assistance for Needy Families (TANF), and Early Head Start, where any change must be carefully considered for the impacts it could have on the ability to support the strongest brain architecture for a developing infant or toddler.

⁴ Phillips, D. A., & Shonkoff, J. P. (Eds.) (2000), *From neurons to neighborhoods: The science of early childhood development*, National Academies Press.



Supporting early relationships is key to strong development. Healthy brain connections depend on healthy human connections.⁵ Trusted adults teach babies how the world works and how they are valued. These adults need to interact with babies directly so that babies learn how to communicate, often referred to as “serve and return.” And eventually these relationships give babies the security to crawl or toddle away and explore the world, the essence of learning in the first three years. Trusted adults begin with those in the baby’s immediate family, but also extend to other caregivers, including early educators. As such, ZERO TO THREE strongly supports regulations that promote financial stability and nurturing environments for both parents and educators in early learning settings, such as provisions in the 2024 Child Care and Development Fund (CCDF) Final Rule that lower co-payments for caregivers while maintaining compensation and health, safety, and staffing standards.⁶ In addition, in situations where babies have been, or are at risk of being, separated from a caregiver, such as unaccompanied children or children in the child welfare system, applying the principle of supporting early relationships can shape policies that are more developmentally appropriate for young children.

Prioritizing good health, strong families, and positive early learning experiences. ZERO TO THREE’s framework for translating the science of early development into policy terms holds that all babies need good health, strong families, and positive early learning experiences.⁷ These impact areas are interconnected,⁸ such that regulatory actions in one area can and do affect other areas, making a holistic lens particularly important. Relatedly, programs often cover more than one area in this framework.

- **Good Health:** Healthy development starts in the prenatal period and even before with the health of future parents.⁹ Ensuring babies and mothers have every opportunity to maintain the strongest physical and mental health is critical during this period of rapid growth to provide the foundation for babies’ lifelong physical, cognitive, emotional, and social well-being. Policies that support good health include those that support nutrition¹⁰ and ensure access to and coverage

⁵ National Scientific Council on the Developing Child (2004), *Young Children Develop in an Environment of Relationships: Working Paper No. 1*, Center on the Developing Child.

⁶ CCDF Final Rule, 45 C.F.R. Part 98 (2009), <https://www.federalregister.gov/documents/2024/03/01/2024-04139/improving-child-care-access-affordability-and-stability-in-the-child-care-and-development-fund-ccdf>.

⁷ ZERO TO THREE (2024, Aug. 28), *Infant and Toddler Policy Framework*, <https://www.zerotothree.org/resource/infant-and-toddler-policy-framework/>.

⁸ National Scientific Council on the Developing Child (2020), *Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined Working Paper No. 15*, Center on the Developing Child.

⁹ Mudiyansele, S. B., Wanniarachchi, S., et al. (2024), The impact of maternal health on child’s health outcomes during the first five years of child’s life in countries with health systems similar to Australia: A systematic review. *PLoS One*, 19(3), e0295295, <https://doi.org/10.1371/journal.pone.0295295>.

¹⁰ Caulfield, L. E., Bennett, W. L., et al. (2022), *Maternal and child outcomes associated with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Comparative Effectiveness Review No. 253*, Agency for Healthcare Research and Quality (Prepared by the Johns Hopkins University Evidence-based Practice Center), <https://doi.org/10.23970/AHRQEPCCER253>.



for health care, including preventive health services like safe and effective vaccines,¹¹ as well as screening for both maternal¹² and early childhood mental health conditions¹³ in settings like well-child visits.

- *Strong Families:* Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. For babies, the family is central to their well-being. Nurturing and responsive relationships offer both immediate and long-term benefits, fostering trust, positive development, and the capacity to form strong relationships in the future. Because two in five infants and toddlers live in families with low incomes, many experience material hardship¹⁴ that can impact their development.¹⁵ Policies that support strong families include economic supports, supports for basic needs such as housing, heating, and cooling, family support programs including home visiting, and child welfare programs and standards.¹⁶
- *Positive Early Learning Experiences:* Infants and toddlers learn through interactions with the adults in their lives and active exploration of enriching environments. The quality of infants' and toddlers' early learning experiences at home and in other care settings, such as child care and Early Head Start, can impact their cognitive, social, and emotional development;¹⁷ literacy and mathematical skills in early¹⁸ and middle¹⁹ childhood; and educational attainment and wages in

¹¹ Boom, J. A. (2025), *Patient education: Vaccines for infants and children age 0 to 6 years (Beyond the Basics)*, Up To Date, Inc., <https://www.uptodate.com/contents/vaccines-for-infants-and-children-age-0-to-6-years-beyond-the-basics/print>.

¹² Searing, A. & Osorio, A. (2024), *How Covering Adults Through Medicaid Expansion Helps Children*, Georgetown University Center for Children and Families, <https://ccf.georgetown.edu/wp-content/uploads/2024/11/Medicaid-expansion-v2-2.pdf>.

¹³ Clinton, J., Feller, A. F., & Williams, R. C. (2016), The importance of infant mental health, *Paediatrics and Child Health* 21(5), 239-241, <https://doi.org/10.1093/pch/21.5.239>.

¹⁴ RAPID Survey Project (2025), *Five years of parent voices show how difficult it is for families with young children to meet basic needs and how this is associated with emotional distress in parents and children*, Stanford Center on Early Childhood, <https://rapidsurveyproject.com/article/five-years-of-parent-voices-show-how-difficult-it-is-for-families-with-young-children-to-meet-basic-needs-and-how-this-is-associated-with-emotional-distress-in-parents-and-children/>.

¹⁵ Duncan, G. J. & Magnuson, K. (2011), *The long reach of early childhood poverty*, Stanford Center on Poverty and Inequality, https://inequality.stanford.edu/sites/default/files/PathwaysWinter11_Duncan.pdf.

¹⁶ Thompson, R. A. & Haskins, R. (2014), *Early stress gets under the skin: Promising initiatives to help children facing chronic adversity*, The Future of Children.

https://futureofchildren.princeton.edu/sites/g/files/toruqf2411/files/media/helping_parents_helping_children_24_01_policy_brief.pdf.

¹⁷ Lee, K. (2019), Impact of Head Start quality on children's developmental outcomes, *Social Work in Public Health*, 34(3), 239-250, <https://doi.org/10.1080/19371918.2019.1576566>.

¹⁸ Keys, T. D., Farkas, G., Burchinal, M. R., Duncan, G. J., Vandell, D. L., Li, W., Ruzek, E. A., & Howes, C. (2013), Preschool center quality and school readiness: Quality effects and variation by demographic and child characteristics, *Child Development*, 84, 1171-1190, <https://doi.org/10.1111/cdev.12048>.

¹⁹ Dearing, E., McCartney, K., & Taylor, B. A. (2009), Does higher quality early child care promote low-income children's math and reading achievement in middle childhood?, *Child Development*, 80(5), 1329-1349, <https://doi.org/10.1111/j.1467-8624.2009.01336.x>.



adulthood.²⁰ High-quality early childhood care benefits infants and toddlers in multiple ways, providing direct stimulating and nurturing interactions that support their development, reinforcing and enhancing interactions with parents, and supporting parents' ability to go to work or attend school. Policies that support positive early learning experiences include child care assistance, Early Head Start, developmental screening, and early intervention.

For infants and toddlers to reach their full potential, policies and systems must provide access to a comprehensive range of services and supports that honor the needs and choices of families for their children. Just as the areas of a baby's development are intertwined, so too are these policy areas. As a result, any regulatory action must be taken thoughtfully, intentionally, and transparently, so that the full impact of a potential policy change are well understood in advance. Systems built through collaboration – both across services areas and between government, families, and communities – are most effective.

Pillar 3: Prioritize the Well-Being of Young Children

Ensuring that every baby has the conditions needed to lay the strongest possible foundation should be a fundamental goal of all regulatory actions that affect the prenatal period and the earliest years. Consideration of how regulations impact, promote or augment meeting the young child's needs should be a determining factor in the final disposition of regulations. Too often, analysis and decision-making overlook the child as an end-user of the programs, industries, and services being regulated, bypassing an assessment of how a regulation will impact the health, development, and safety of the child. This next generation are the future of our nation, and so the impact on young children should be a primary consideration in the rulemaking process, taking into account the full range of impacts on babies' developmental, mental, and physical health and safety.

As just one example, the Head Start Performance Standards – which lay out requirements for Head Start and Early Head Start – promote program practices responsive to the developmental needs of babies.²¹ Based in evidence-based practice and the science of early childhood development, the Standards provide a guidepost for quality care, education, and comprehensive support for young children. For instance, the Standards include minimum ratios and group sizes for Head Start and Early Head Start programs. These provisions maintain children's health and safety while maximizing opportunities for children to interact with teachers who have the knowledge and skills to support babies' earliest learning. Other aspects of these regulations are similarly critical for keeping babies and toddlers safe, including through sanitary diapering and feeding practices, mitigating illness and injury, and ensuring that pre-walkers can be safely evacuated from any early learning program. The regulations also emphasize attention and access to mental health services within the program, so that this comprehensive early education program incorporates all ingredients that support early learning.

²⁰ Bustamante, A. S., Dearing, E., Zachrisson, H. D. & Vandell, D. L. (2022), Adult outcomes of sustained high-quality early child care and education: Do they vary by family income?, *Child Development*, 93(2), 502-523, <https://doi.org/10.1111/cdev.13696>.

²¹ Head Start Program Performance Standards, 45 C.F.R. Chapter XIII (2024), <https://headstart.gov/sites/default/files/pdf/performance-standards-final.pdf>.



In recognition of the importance of this regulation to the well-being of children, the authorizing statute requires that the Department “ensure that any such revisions in the standards will not result in the elimination of or any reduction in quality, scope, or types of health, educational, parental involvement, nutritional, social, or other services required to be provided.”²² ZERO TO THREE strongly supports the regulations’ existing combined focus on safety and healthy development, and urges a continued focus on upholding these essential Standards.

Many of the Department’s policies and programs also directly address the needs of children who are the most vulnerable to not having the ingredients they need to thrive and the conditions that affect their well-being, and particular care must be taken when updating such policies. For instance, the Child Welfare Policy Manual provides essential guidance to child welfare programs on how to keep infants and toddlers across the country safe, and the Department has, in the past, utilized the notice-and-comment process for proposed changes.²³ Child welfare and child abuse prevention programs contain critical protections for children in foster care, such as caseworker visit frequency, permanency planning, and abuse investigation standards. Loosening these requirements in the name of flexibility would put already vulnerable children at greater risk. On the other hand, ensuring that policies promote child welfare practices that apply early developmental science in working with young children and families would promote stronger development for the infants and toddlers who are significantly more likely to have developmental delays or mental health needs.

As discussed in more detail under the next pillar, regulations that seemingly involve only the adults in a program or service can also have significant implications for young children’s safety and development, given the profound impact of caregivers’ well-being on the well-being of infants and toddlers. As such, regulatory actions and other policies should consider the impacts on children of limiting access to services on the basis of caregivers’ eligibility, such as, for example, by imposing rigid work requirements or considering the parent’s immigration status to the exclusion of the child’s needs. When services are limited by the caregiver’s eligibility, it is the child’s development that can be adversely impacted by not receiving preventive services, feeling family stress and physical hardship when basic needs are not met, or lacking access to positive early learning services that can close gaps. These shortfalls reverberate through a child’s lifetime, with implications for health, earnings, and mortality as adults and for the nation’s future workforce and security.

Pillar 4: To Support the Child, Strengthen the Family

Infants and toddlers are reliant on parents and other caregivers in their lives for their care, health, and overall well-being. Babies’ earliest relationships and experiences with the adults in their lives dramatically influence brain development, social, and cognitive skills, and future health and success in school and life.²⁴ By strengthening families – ensuring families and other caregivers have the environments that enable them to nurture their children’s development – we can lay the strong

²² 42 U.S.C. § 1701.

²³ See, e.g. HHS ACF (2015), *Notice for Public Comment on the Child Abuse Prevention and Treatment Act (CAPTA)*, <https://www.federalregister.gov/documents/2015/03/31/2015-07390/notice-for-public-comment-on-the-child-abuse-prevention-and-treatment-act-capta>.

²⁴ Shonkoff, J.P., & Phillips, D. (Eds.) (2000), *From neurons to neighborhoods: The science of early childhood development*. Committee on Integrating the Science of Early Childhood Development, National Academy Press.



foundations babies need to grow into healthy, productive adults. HHS regulations play an essential role in laying that foundation for our nation's 11 million infants and toddlers and their families.

Strong families begin with strong pregnancies. The prenatal period is a key period of development during which access to adequate nutrition,²⁵ consistent health care,²⁶ stable housing,²⁷ and financial security²⁸ all contribute to positive maternal and infant health outcomes. Little or no prenatal care can cause preterm birth and low birthweight, which in turn puts infants at higher risk of developmental issues such as cerebral palsy, language and cognitive deficits, and learning disabilities.²⁹ Regulations focused on meeting the needs of pregnant and postpartum women can help ensure that expectant parents receive the care and support they need for mothers and their babies to remain healthy. For example, the Head Start Performance Standards lay out essential programming for pregnant women and their families under Early Head Start, promoting access to comprehensive physical and mental health care and providing a continuum of services for the transition to parenthood.³⁰

In addition, meeting families' economic and basic needs (such as food, housing and utilities) contributes directly to a baby's early health and development by ensuring adequate nutrition and stable and healthy physical environments, and indirectly by supporting the well-being of family members who surround and care for the baby. When caregivers are healthy and nourished, they can provide better care for children. When these ingredients are not in place, families or caregivers can be under great stress from which the baby is not immune.

Stress is not all bad – humans need to experience some stress to understand that they can cope with it. But – as noted in the MAHA Report³¹ – when stress is chronic and unrelenting, it can contribute to chronic disease and mental health challenges.³² Chronic stress can come from family situations such as financial instability, family or community violence, family detention, family separation, and/or from a

²⁵ Ramakrishnan, U., Grant, F., Goldenberg, T., Zongrone, A., & Martorell, R. (2012), Effect of women's nutrition before and during early pregnancy on maternal and infant outcomes: a systematic review, *Paediatric and perinatal epidemiology*, 26, 285-301, <https://doi.org/10.1111/j.1365-3016.2012.01281.x>.

²⁶ Park, E., Alker, J., & Corcoran, A. (2020), *Jeopardizing a sound investment: Why short-term cuts to Medicaid coverage during pregnancy and childhood could result in long-term harm*, The Commonwealth Foundation. <https://district8sonpm.org/wp-content/uploads/2020/12/Medicaid-Cuts-Jeopardize-Sound-Investment-in-Women-Children-Park-2020.pdf>.

²⁷ DiTosto, J. D., Holder, K., Soyemi, E., Beestrum, M., & Yee, L. M. (2021), Housing instability and adverse perinatal outcomes: a systematic review, *American journal of obstetrics & gynecology MFM*, 3(6), 100477, <https://doi.org/10.1016/j.ajogmf.2021.100477>.

²⁸ Hamilton, C. Sariscsany, L., Waldfogel, J. & Wimer, C. (2023), Experiences of poverty around the time of a birth: A research note, *Demography*, 60(4), 965- 976, <https://doi.org/10.1215/00703370-10837403>.

²⁹ Chung E. H., Chou J. & Brown K. A. (2020), Neurodevelopmental outcomes of preterm infants: A recent literature review, *Translational Pediatrics*, 9(Suppl 1), S3-S8, <https://doi.org/10.21037/tp.2019.09.10>.

³⁰ Head Start Program Performance Standards, 45 C.F.R. Chapter XIII (2024), <https://headstart.gov/sites/default/files/pdf/performance-standards-final.pdf>.

³¹ U.S. Make America Healthy Again Commission (2025), *The MAHA Report* (pp. 5-6), White House.

³² Thompson, R. A., (2018), *Social-emotional development in the first three years: Establishing the foundations*, Pennsylvania State University Edna Bennett Pierce Prevention Research Center, <https://www.rwjf.org/en/insights/our-research/2018/04/social-emotional-development-in-the-first-three-years.html>.



parent or other caregiver who is anxious or depressed, all of which transmits to the baby, whose emotional development is intertwined with their caregiver's mental well-being.³³ Chronic stress releases a constant stream of hormones that can undermine the neural connections forming in the baby's brain.³⁴ The risk is cumulative – more adversity increases the risk for poor outcomes for the child in adulthood such as alcohol and substance use, depression and attempted suicide, heart disease, and even early death.³⁵ Regulatory actions should always be cognizant of how they could promote or undermine the well-being of families who are the environment in which a young child's development unfolds, and the regulatory process should seek input on these potential impacts.

For instance, kinship care can help alleviate chronic stress for babies who cannot remain safely with their parents. In such circumstances, children placed with relatives or kin have better behavioral and mental health outcomes than children in traditional foster care, as well as lower rates of re-entry into foster care in the future.³⁶ Kinship care is particularly important for infants and toddlers, who experience abuse or neglect at higher rates compared to other age groups and make up over a third of children entering foster care.³⁷ A 2023 ACF rule, Separate Licensing or Approval Standards for Relative Foster Family Homes, allows for state agencies administering Social Security Act Title IV-E funds to enact commonsense licensing or approval standards for kinship placements different than those used for non-kin foster homes,³⁸ a critical change that allows relatives and kin with children placed in their homes to receive monthly financial assistance to care for those children. This financial assistance supports kinship placements for relatives and kin who otherwise could not afford to take a child into their home, decreasing the financial burden and stress on families and contributing to a safe, stable environment for the child.

Parents' access to needed health care is similarly essential for the health and well-being of young children. Research shows that when parents have health coverage, children are more likely to stay

³³ Racine, N., Deneault, A. A., Thiemann, R., Turgeon, J., Zhu, J., Cooke, J., & Madigan, S. (2023), Intergenerational transmission of parent adverse childhood experiences to child outcomes: A systematic review and meta-analysis, *Child Abuse & Neglect*, 106479, <https://doi.org/10.1016/j.chiabu.2023.106479>.

³⁴ National Scientific Council on the Developing Child (2014), *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3. Updated Edition*, Center on the Developing Child.

³⁵ Nelson, C. A., Scott, R. D., Bhutta, Z. A., Harris, N. B., Danese, A., & Samara, M. (2020), Adversity in childhood is linked to mental and physical health throughout life, *BMJ (Clinical research ed.)*, 371, m3048, <https://doi.org/10.1136/bmj.m3048>; Salisbury, M. R., Giuliano, R., Penner-Goeke, L., Fisher, P. A., & Roos, L. E. (2020), *International Journal of Psychophysiology*, 158, 248-258, <https://doi.org/10.1016/j.ijpsycho.2020.09.016>.

³⁶ Chapin Hall (2025), *Kinship care leads to better outcomes for children*, <https://www.chapinhall.org/project/kinship-care-leads-to-better-outcomes-for-children/>; Wheeler, C., & Vollet, J., (2017), Supporting kinship caregivers: Examining the impact of a Title IV-E waiver kinship supports intervention, *Child Welfare*, 95(4), 91-110, <https://www.jstor.org/stable/48623589>.

³⁷ HHS ACF Administration on Children, Youth and Families, Children's Bureau (2025), *The AFCARS Report: Preliminary FY2022 Estimates as of May 9, 2023 – No. 30*, <https://acf.gov/sites/default/files/documents/cb/afcars-report-30.pdf>; Williams, S.C., & Sepulveda, K., (2019), *Infants and toddlers are more likely than older children to enter foster care because of neglect and parental drug abuse*, *Child Trends*, <https://www.childtrends.org/publications/infants-and-toddlers-are-more-likely-than-older-children-to-enter-foster-care-because-of-neglect-and-parental-drug-abuse>.

³⁸ Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes, 45 C.F.R. Parts 1355 & 1356 (2023), <https://www.federalregister.gov/documents/2023/09/28/2023-21081/separate-licensing-or-approval-standards-for-relative-or-kinship-foster-family-homes>.



enrolled in coverage and get to their regular check-ups.³⁹ As the largest health care program in the United States, Medicaid plays a key role in securing the health of families, particularly those who are most at-risk of experiencing poor health outcomes. Federal regulations can ensure Medicaid works for families rather than creating further barriers to care. For example, ZERO TO THREE strongly supports provisions in the 2024 Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Final Rule that improve Medicaid enrollees’ access to information on available Medicaid and CHIP plans, making it easier for parents and caregivers to find a health care plan that meets the needs of them and their families.⁴⁰

Regulations across HHS play a role in strengthening families, and any deregulatory effort should consider the impacts to parents and caregivers, which are then passed on to their young children. Barriers to accessing health care (like mental health services) or to other supports (like cash assistance to families), including administrative burdens discussed under Pillar 6, directly alter the trajectory of development for infants and toddlers with lifelong consequences.

Pillar 5: Working With Children Requires Knowledge, Skill, and Training

The rapid brain development that happens during the first three years of life means that babies are constantly learning from experiences that unfold in the context of their relationships with adults, including parents and other adults and educators who provide care. As a result, the positive development of infants and toddlers depends on a strong early childhood workforce, from the clinicians who assess developmental delays to the home visitors who support new mothers to the educators who teach children through care and play. Those in the early childhood workforce require the knowledge, training, and skills to appropriately respond to the specific needs of infants, toddlers, and their caregivers.

For example, as noted above, babies’ earliest relationships and experiences shape the architecture of their brain, creating a foundation on which future development and learning unfolds. While positive early childhood experiences promote strong emotional health, negative experiences can adversely impact brain development, with lifelong ramifications. When an infant or young child’s emotional health deteriorates significantly, they can, and do, experience mental health problems. Approximately 9.5%–14.2% of children birth to 5 years old experience emotional, relational, or behavioral disturbance.⁴¹ As a result, access to infant and early childhood mental health specialists is critical for identifying concerns early in order to prevent serious emotional disturbances and other diagnosable mental health conditions. However, the mental health field faces substantial workforce challenges,⁴² and parents

³⁹ Searing, A. & Osorio, A. (2024), *How Covering Adults Through Medicaid Expansion Helps Children*, Georgetown University McCourt School of Public Policy Center for Children and Families, <https://ccf.georgetown.edu/wp-content/uploads/2024/11/Medicaid-expansion-v2-2.pdf>.

⁴⁰ Medicaid Program; Medicaid and CHIP Managed Care Access, Finance, and Quality, 42 C.F.R. § 430, 438, & 457 (2024), <https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-final-rules>.

⁴¹ ZERO TO THREE (2017), *The Basics of Infant and Early Childhood Mental Health: A Briefing Paper*, <https://www.zerotothree.org/resource/the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper/>.

⁴² Health Resources and Services Administration, National Center for Health Workforce Analysis (2024), *State of the Behavioral Health Workforce, 2024*, <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf>.



struggle to find affordable mental health interventions for their children.⁴³ Within this context, provisions such as those that improve network adequacy standards for pediatric mental health services – as in the Medicaid and CHIP Managed Care Access, Finance, and Quality Rule⁴⁴ – are critical for keeping young children on the best developmental track.

This specialized knowledge is no less important in early learning settings. For instance, within Early Head Start, requiring that teachers have the specific knowledge and skills to provide high-quality care to infants and toddlers is an important accountability measure for ensuring that programs produce their intended outcomes. For this reason, ZERO TO THREE supports the current regulatory language for Head Start staff qualifications and competencies requirements, including setting minimum standards for competencies in early childhood development across setting and staff types to increase effective, developmentally appropriate interactions.⁴⁵

Similarly, in order for early learning programs to be able to find, hire, and retain staff who meet these qualifications, those staff need to be adequately compensated. The field of early childhood has long been challenged by low levels of compensation accompanied by high levels of staff turnover. Staff turnover does not only create a financial burden for programs who must be continuously hiring and training new staff – it has a negative impact on children. Positive child development is fundamentally grounded in caring and stable relationships with adults. High staff turnover disrupts these relationships. For these reasons, ZERO TO THREE stands strongly behind regulations that improve compensation for early childhood professionals, which in turn improve the quality and consistency of the care babies receive and contribute to strong brain development. For example, ZERO TO THREE cautions against changes to provisions of the Head Start Performance Standards regarding wages and parity of compensation for Head Start staff working with children.⁴⁶ By bolstering the early childhood workforce, we can ensure that the workforce is meeting the needs of the youngest members of our communities.

Pillar 6: Ease the Burden on Individuals and Families, Not Just Systems

ZERO TO THREE shares the goal of reducing unnecessary administrative burdens and, as HHS pursues this effort, we encourage the Department to consider such burdens not only on regulated entities but also on the individuals and families who are the ultimate recipients of the services that HHS regulates. Too often, policymakers consider only the paperwork that administrators or professionals must fill out, rather than parents who must fill out the same complicated forms over and over again. ZERO TO THREE supports reducing regulatory burdens that create extra costs and challenges for families. However, the scale of the regulatory burden on families cannot just be measured by the word length of a regulation; it needs to be measured by how the regulation impacts the lives of families. For example, requiring parents to search

⁴³ Chien, A. T., Leyenaar, J., et al. (2022), Difficulty Obtaining Behavioral Health Services for Children: A National Survey of Multiphysician Practices, *Annals of Family Medicine*, 20(1), 42-50, <https://doi.org/10.1370/afm.2759>.

⁴⁴ Medicaid Program; Medicaid and CHIP Managed Care Access, Finance, and Quality, 42 C.F.R. § 430, 438, & 457 (2024), <https://www.medicare.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-final-rules>.

⁴⁵ Head Start Program Performance Standards, 45 C.F.R. Chapter XIII, <https://headstart.gov/sites/default/files/pdf/performance-standards-final.pdf>.

⁴⁶ Head Start Program Performance Standards, 45 C.F.R. Chapter XIII, <https://headstart.gov/sites/default/files/pdf/performance-standards-final.pdf>.



for and provide additional documents and to reverify information multiple times a year creates harm for families already struggling to meet the dual time commitments of working and parenting. This administrative burden on the end-user can lead even eligible families to lose access to the programs their babies rely upon for healthy growth and development.⁴⁷

Federal regulations can play a positive role in reducing administrative burdens on families through clear, limited, streamlined processes for parents and other caregivers. For instance, ZERO TO THREE strongly supports CCDF Final Rule provisions that require states to provide a minimum 12-month period before requiring families to go through eligibility redetermination for state child care assistance.⁴⁸ This provision reduces the burden on families, ensuring eligible families do not mistakenly fall out of eligibility and thus lose child care, threatening their ability to stay employed. Similarly, the CCDF Final Rule language enabling states to offer families presumptive eligibility while their paperwork is being processed reduces the quite literal regulatory cost burden placed on families by the administrative process.⁴⁹

Efforts to minimize, simplify, and streamline requirements on individual beneficiaries can greatly enhance the ability of babies, toddlers, and their caregivers to access the services infants and toddlers need for the strongest start in life.

III. CONCLUSION

Regulations overseen by HHS – from those governing health coverage to infant formula safety to early learning opportunities – lay the foundation on which the well-being and resilience of our youngest generation will be built. As HHS considers regulatory changes, we encourage the Department to prioritize prevention by focusing on the needs of infants and toddlers and applying the principles laid out above. In this way, the Department can ensure that we are setting babies up for lifelong success.

ZERO TO THREE looks forward to engaging with the Department in this work, and we stand ready to review, evaluate, and provide comments on specific regulatory proposals, offering a voice for the littlest among us as they look to us, the adults in their lives, to give them the strongest possible start in life.

⁴⁷ See, e.g., Vasan, A., Kenyon, C. C., Fiks, A. G., & Venkataramani, A. S. (2023), Continuous Eligibility and Coverage policies expanded children's Medicaid Enrollment: Study examines state continuous eligibility and coverage policies and children's Medicaid enrollment during COVID-19, *Health Affairs*, 42(6), 753-758, <https://doi.org/10.1377/hlthaff.2022.01465>; Kenney, E. L., Soto, M. J., Fubini, M., Carleton, A., Lee, M., & Bleich, S. N. (2022), Simplification of Supplemental Nutrition Assistance Program recertification processes and association with uninterrupted access to benefits among participants with young children, *JAMA Network Open*, 5(9), e2230150-e2230150, doi:10.1001/jamanetworkopen.2022.30150; Hong, Y. S., Henly, J. R., & Alexander, D., (2025).

⁴⁸ CCDF Final Rule, 45 C.F.R. Part 98 (2009), <https://www.federalregister.gov/documents/2024/03/01/2024-04139/improving-child-care-access-affordability-and-stability-in-the-child-care-and-development-fund-ccdf>.

⁴⁹ CCDF Final Rule, 45 C.F.R. Part 98 (2009), <https://www.federalregister.gov/documents/2024/03/01/2024-04139/improving-child-care-access-affordability-and-stability-in-the-child-care-and-development-fund-ccdf>.