Schuyler Center for Analysis and Advocacy's 2027 Top Policy Priorities for Child and Family Wellbeing

During the 2027 New York State Legislative Session, Schuyler Center will prioritize policies and investments that improve health, wellbeing, and economic security of New York's families, children, and communities. This year's focus includes policies that will help support the growing number of New Yorkers struggling to meet the rising costs of food, housing, gas, utilities, and other necessities, while also facing federal cuts to SNAP, Medicaid and other supports. **We urge New York leaders to stand firmly with New York families and communities by advancing bold policies and investments proven to reduce child poverty, strengthen families, and set up our children to thrive.**

Goal 1 Family Economic Security — *Cash in Families' Pockets.*

- **Strengthen New York's child tax credit and make sure all eligible children receive it:**

  New York's Child Tax Credit must be broadly available to families at various income levels. The Empire State Child Credit (ESCC), New York's child tax credit, is fully refundable, currently providing eligible families with a credit of up to $1,000 per child per year. This credit was designed based on research showing tax credits have significant poverty-reduction impacts.

  To increase the reach and impact of the ESCC, we urge New York to strengthen the credit this year by:

  - Increasing the maximum credit amount to $2,000 per child per year for children ages 0–18;
  - Indexing the credit to inflation so families can continue to benefit from the full value of the credit over time;
  - Making all changes to the credit permanent.
  - Additionally, we urge the state to invest in tax outreach, preparation, and legal services to ensure that all families, particularly those lowest income families who stand to benefit the most, can successfully file their taxes and access the credit.

- **BABY Benefit:** established in 2025, the Birth Allowance for Beginning Year (BABY) Benefit is a one-time, $1,800 benefit available to New York TANF recipients upon the birth of a child. Reaching families at a critical moment of transition as the family grows with a baby, the BABY Benefit has significant potential to positively impact the financial wellbeing of families with young children.

  We urge New York State to act this year to expand eligibility for the BABY Benefit to families who are income-eligible for Medicaid, thereby ensuring that more low-income children and families can benefit from this powerful initiative.

Goal 2 Child Care — *Take substantial strides toward achieving statewide universal child care.*

- **Raise workforce compensation for all members of the child care workforce according to a wage scale developed by the NYS Early Childhood Education Workforce Compensation Collaborative, led by CUNY-PDI, by directing public funds to participating child care programs to enable them to pay their workforce according to this scale.**

Goal 2 Child Care — *Continued*

All members of the child care workforce would be eligible to be paid according to the wage scale so long as the program for which they work is a public contracted pre-K or child care program, Head Start, or accepts families that use child care subsidies to cover tuition, and agrees to abide by other terms of the child care compensation program.

- **Increase recurring investment in New York's Child Care Assistance Program (CCAP) to ensure no eligible families are turned away, and shift administration of CCAP from the 57 separate counties outside of NYC to the State.**
  - To end the enrollment closures and waitlists for CCAP that have plagued dozens of counties around the state, more recurring funding is needed to keep up with demand, and to account for the expected 2027 increase in child care market rates throughout New York.
  - Shifting CCAP administration to the State will end funding disparities among counties that have left families in some counties unable to access CCAP, while CCAP remains available in other counties, and create the scaffolding around which New York can build a statewide universal child care system.
- **Universal child care pilots:** Sustain and grow the state's investment in the three universal child care pilots outside of NYC to ensure their success, and begin to expand to additional communities. Increase funding on a per-contracted-seat basis to account for expected market rate changes and to allow programs participating in the pilots to pay their workforce a thriving wage. Fulfill New York's commitment to expand 2-K.
- **Child care for children with disabilities and developmental delays:** Increase enhanced rates paid to providers caring for children with disabilities and developmental delays from 15% above the market rate to 30% above the market rate and create a flexible fund to support children with disabilities participating in OCFS-approved child care programs to enable providers to purchase needed equipment, materials, supplies, training, consultation and resources.

Goal 3 Children's Health — *Bring Dental Therapy to New York State.*

Bringing dental therapy to New York State is the most impactful action the state can take to ensure all children, families, and New Yorkers can access the basic dental care they need to prevent the pain of untreated cavities and oral health issues.

Dental therapists work under the supervision of a dentist to provide routine preventive and treatment services. Adding dental therapy to the professions permitted to practice in New York would expand treatment capacity because they provide basic restorative treatments, such as fillings and simple extractions, addressing treatment shortages that scope expansion or efficiency gains alone cannot resolve. Fourteen states already authorize dental therapy.

- **Authorize Dental Therapy —** New York must authorize dental therapy with a clearly defined scope of practice, supervision framework, and eligible practice settings.
- **Provide Funding to Establish Dental Therapy Training Programs —** State funding should support the establishment of in-state, accredited, dental therapy education programs, prioritizing institutions prepared to launch early and serve high-need regions. Education pathways should be designed to integrate dental therapists into existing dental teams in community health centers, schools, long-term care facilities, mobile programs, and rural practices.