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Impacts of Paid Family and Medical Leave on Children and Families

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Science of the Developing Child Informs Policy Goals



Safe, stable, stimulating, nurturing interactions between an infant and a parent or caregiver promote optimal brain and body development



Our health and wellbeing prenatally and in the first 3 years of life affect all future learning, behavior, and health



The absence of a comprehensive system of support can compromise a child's ability to learn and grow throughout life

8 Prenatal-to-3 Policy Goals

Access to Needed Services



Parents' Ability to Work & Provide Care



Sufficient Household Resources



Healthy & Equitable Births



Parental Health & Emotional Wellbeing



Nurturing and Responsive Child-Parent Relationships



Nurturing and Responsive Child Care in Safe Settings



Optimal Child Health & Development



Prenatal-to-3 State Policy Roadmap



CHILD AND FAMILY WELLBEING IN OKLAHOMA

State policy choices influence the wellbeing of children and families. The data below illustrate the range on 19 outcome measures of child and family wellbeing between the state in which children and their parents are faring the best, and the state in which they are faring the worst and demonstrates where your state fits within that range. These data can help your state prioritize its prenatal-to-3 policy goals and track the wellbeing of children and families.

Prenatal-to-3 Outcomes to Measure Impact in Oklahoma

Policy Goal	Outcome Measure	Worst State	Best State	Rank
Access to Needed Services	% Low-Income Women Uninsured	40.7% • 23.8% OK	5.5%	43
	% Births to Women Not Receiving Adequate Prenatal Care	25.9% • 14.5% OK	6.2%	25
	% Children < 3 Not Receiving Developmental Screening	71.8% • 55.6% OK	41.3%	23
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	33.0% • 28.2% OK	12.3%	43
Sufficient Household Resources	% Children < 3 in Poverty	26.7% 23.5% OK	6.2%	48
	% Children < 3 Living in Crowded Households	35.3% • 18.4% OK	7.6%	36
	% Children < 3 Experiencing Homelessness	9.1% • 3.6% OK	1.1%	38
	% Households Reporting Child Food Insecurity	16.2% 4.9% OK	1.6%	17
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	15.0% • 11.0% OK	7.7%	36
	# of Infant Deaths per 1,000 Births	8.9	2.9	45

Building a Prenatal-to-3 System of Care

Early Care & Learning

Economic & Family Supports



Child & Parent Health





Child & Parent Health Economic & Family Supports Early Care & Learning Expanded Income Eligibility Paid Family and Medical Leave Early Head Start for Health Insurance to 138% for Families with a New Child **State Minimum Wage of \$10.00** 선 사 (영) **Comprehensive Screening and** O **Child Care Subsidies** or Greater **Connection Programs** Refundable State Earned Income Tax **Group Prenatal Care Shared Book Reading Programs** \$ Credit of at Least 10% **Reduced Administrative Emergent Literacy Coaching** 10 **Community-Based Doulas Burden for SNAP Programs Evidence-Based Home Visiting Child Care Workforce ∂**6 **Early Intervention Services Programs Retention Incentives Cash Transfers Perinatal Telehealth Services**

Effective F

olicies

GOALS

Access to Needed Services

Parents' Ability to Work

Sufficient Household Resources

Healthy and Equitable Births

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Nurturing and Responsive Child-Parent Relationships

Nurturing and Responsive Child Care in Safe Settings

Optimal Child . Health and Development

POLICIES

Expanded Income Eligibility for Health Insurance



Paid Family and Medical Leave for Families with a New Child



State Minimum Wage of \$10.00 or Greater

Refundable State Earned Income Tax Credit of at Least 10%

OUTCOMES

Expanded Income Eligibility for Health Insurance

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Employment







Infant Mortality







Maternal

Support

Mental Health

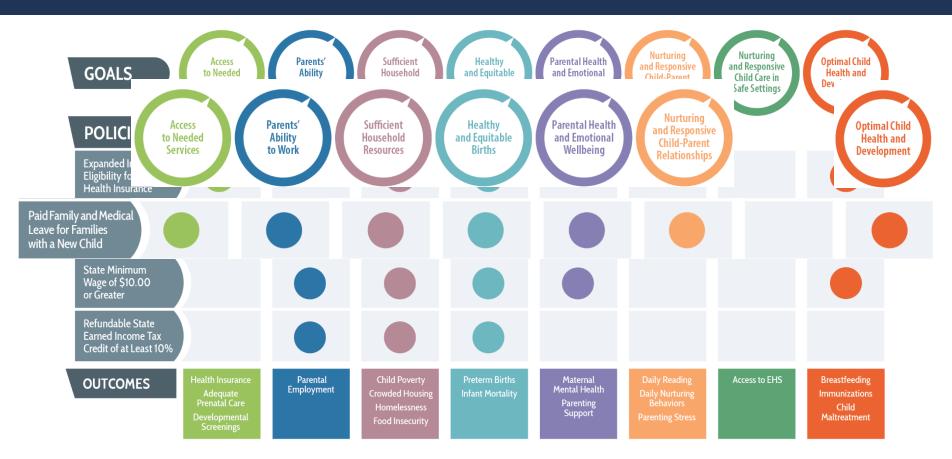
Daily Nurturing Behaviors





Breastfeeding **Immunizations** Maltreatment

Effective Roadmap Policies





Statewide Paid Family and Medical Leave

- Family Leave:
 - Bonding leave after birth, adoption, or foster placement
 - Family leave to care for a sick family member
- Medical Leave:
 - Leave to heal from an illness or injury (can include child birth)
- Cost neutral to the state budget
 - Paid for through payroll contributions from employees and/or employers
- States get to determine mechanisms of policy, including duration, wage replacement, eligibility, exemptions, etc.

Access to Needed Services



- Increased receipt of postpartum care for women
- Increased leave-taking for both mothers and fathers

Parents' Ability to Work



- Increased maternal labor force participation
- A 13% increase in the likelihood that mothers return to their prebirth employers

Sufficient Household Resources



- A 2 percentage point reduction in poverty
- Decreased likelihood of experiencing food insecurity

Healthy & Equitable Births



A 12% reduction in postneonatal infant mortality

Parental Health & Emotional Wellbeing



- A 5.3 percentage point increase in reports of parents coping well with day-to-day demands of parenting
- Decreased parental alcohol consumption

Nurturing & Responsive Child-Parent Relationships



 Increased time mothers spent with their children, including reading, eating breakfast, and going out

Optimal Child Health & Development



- A 1.3 percentage point increase in exclusive breastfeeding at 6 months
- A 7.5 percentage point increase in breastfeeding initiation among Black mothers
- Decreased likelihood of infants receiving late vaccinations
- Decreased hospital admissions for pediatric abusive head trauma

Benefit-Cost Analysis of a Paid Bonding Leave Program in Pennsylvania

Annual Impact of a Paid Bonding Leave Program in Pennsylvania



Commonwealth of Pennsylvania & Paid Bonding Leave Program

Net Benefit = \$808 M

Benefit = \$1.202 B

\$1.166 B payroll contributions

\$12 M state-sponsored health care cost avoided

\$6 M decrease in spending on non-parental infant care

\$15 M sales tax

\$3 M income tax

Cost = \$394 M

\$22 M administrative cost of bonding leave program \$372 M benefit payments to families in the program

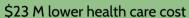




Pennsylvania Working Families with Infants

Net Benefit = \$683 M

Benefit = \$726 M



\$222 M lower child care cost

\$109 M increased employment and household income

\$372 M benefit payments from the program

Cost = \$43 M

\$25 M payroll contributions

\$3 M income tax

\$15 M sales tax





Benefit-Cost Analyses of Paid Bonding Leave Proposals in Various States



PENNSYLVANIA

Annual societal benefits would outweigh costs 18:1



MICHIGAN

Annual societal benefits would outweigh costs 8:1



HAWAII

Annual societal benefits would outweigh costs 14:1

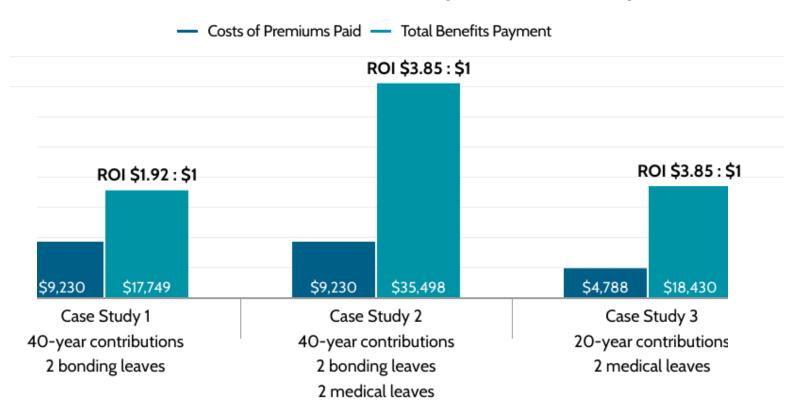


VIRGINIA

Annual societal benefits would outweigh costs 22:1

Benefit-Cost Analysis of a Paid Bonding Leave Program in Pennsylvania

Return on Investment for Median Workers, Pennsylvania Paid Family Leave







Federal Paid Leave Policy

Family and Medical Leave Act (FMLA)

- Passed in 1993; amended in 2008
- Provides 12 weeks of unpaid, job-protected leave for eligible workers
- Eligibility Criteria:
 - Work for an employer with 50 or more employees
 - Have worked for your current employer for at least 12 months
 - Worked at least 1,250 hours over the past 12 months at current employer
- About 56% of the workforce is covered under FMLA
 - Workers who are ineligible for FMLA are more likely to be people of color, have lower incomes, and work in less stable jobs

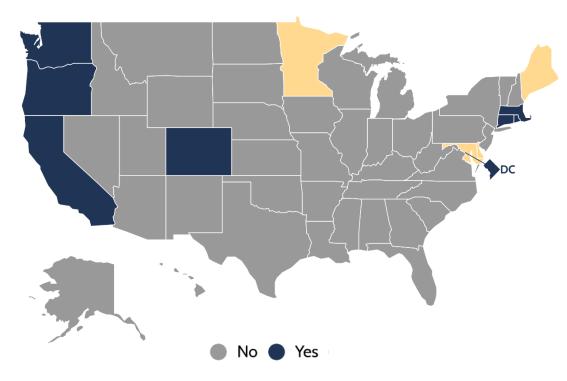
Federal Paid Leave Policy

Pregnant Workers Fairness Act (PWFA)

- Passed in 2023
- Requires employers provide "reasonable accommodations" for eligible workers with known limitations related to pregnancy, childbirth, or related medical conditions
 - Applies to employers with 15 or more employees
 - No tenure requirement
- Accommodations can include unpaid, job-protected leave to recover from childbirth

10 States Have Implemented Paid Family and Medical Leave

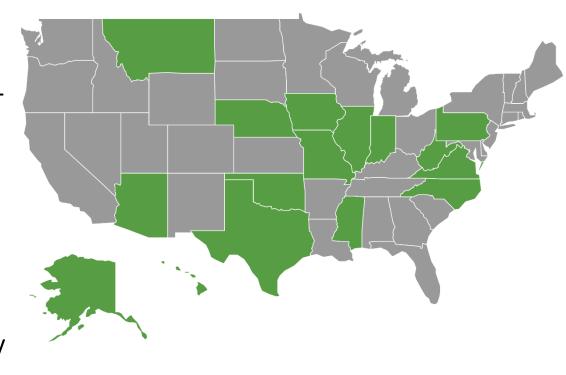
- Delaware, Minnesota, and Maine will implement their programs in 2026
- Maryland delayed implementation to 2028



State has enacted legislation and will implement the policy in a future year

16 States Introduced Legislation for a Statewide Program

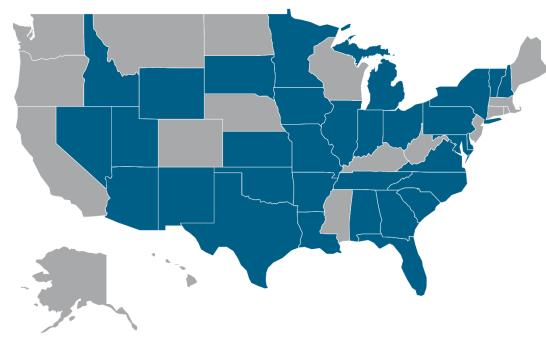
- During the 2025 legislative session, 16 states introduced bills to create a statewide PFML program
- All but 3 states would have provided up to 12 weeks for all parents to bond with a new child
- Virginia nearly enacted a 12week program; it was vetoed by the governor.



No The state introduced legislation to create a statewide PFML program.

Paid Parental Leave for State Employees

- 31 states have implemented paid leave for state employees only
- Arkansas and Oklahoma provide only paid maternity leave to state employees
- Alabama, Iowa, Mississippi, and Wyoming enacted legislation or adopted administrative rules to provide paid parental leave for state employees this session



The state currently provides paid family leave to eligible state employees

The state does not provide paid family leave to eligible state employees

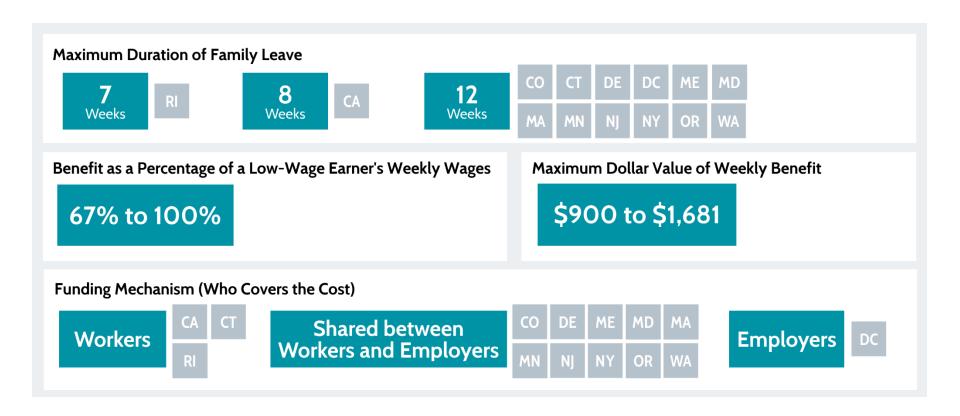
Implementation of Paid Family and Medical Leave



- State has fully implemented a state paid family and medical leave policy by October 1 of a given year
- State has fully implemented a statewide paid family leave policy since October 1, 2024
- State is expected to fully implement a statewide paid family leave policy by October 1 of a given year

CA, NJ, RI, and NY amended pre-existing temporary disability insurance (TDI) laws to include paid family leave. The dates displayed above indicate the year paid family leave became available.

Variation in Statewide PFML Program Design



Duration of Family Leave

- States offer between 7 and 12 weeks of paid family leave
- 12 of 14 states offer (or will offer) 12 weeks of paid family leave
 - Delaware will provide 12 weeks for bonding leave and 6 weeks for caregiving leave
- Rhode Island will increase to 8 weeks in 2026



Wage Replacement

Flat-rate wage replacement

 One wage replacement rate applied to all earnings, up to a cap



Marginal-rate wage replacement

- Different wage replacement rates applied to different portions of earnings, up to a cap
- Wage replacement rates decrease at a specified earnings threshold



Projected PFML Benefits for a Median Wage, Full-Time Worker

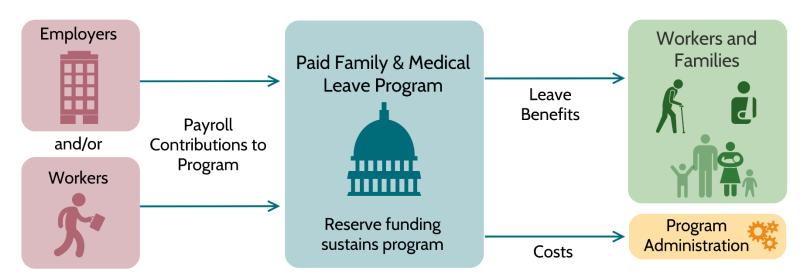


Weekly PFML Benefits Under Simulated Program for Oklahoma



Funding Mechanisms

Paid family and medical leave is funded entirely by payroll contributions, at no ongoing cost to the state government.



Funding Mechanisms

- Programs are fully funded through employer and/or worker contributions (also called premiums)
- Contribution rates only apply to wages up to a specified cap
- Premiums have had small fluctuations over time – usually are less than 1% of wages

Paid Family and Medical Leave Premium Sharing

Fielilialii Sharing					
State	Family Leave	Medical Leave			
California	Workers				
New Jersey	Workers	Both			
Rhode Island	Workers				
New York	Workers	Both			
District of Columbia	Employers				
Washington	Workers	Both			
Massachusetts	Workers	Both			
Connecticut	Workers				
Oregon	Both				
Colorado	Both				
Delaware	Both				
Maine Both		oth			
Maryland	Both				
Minnesota	Both				

2025 PFML Premium Rates

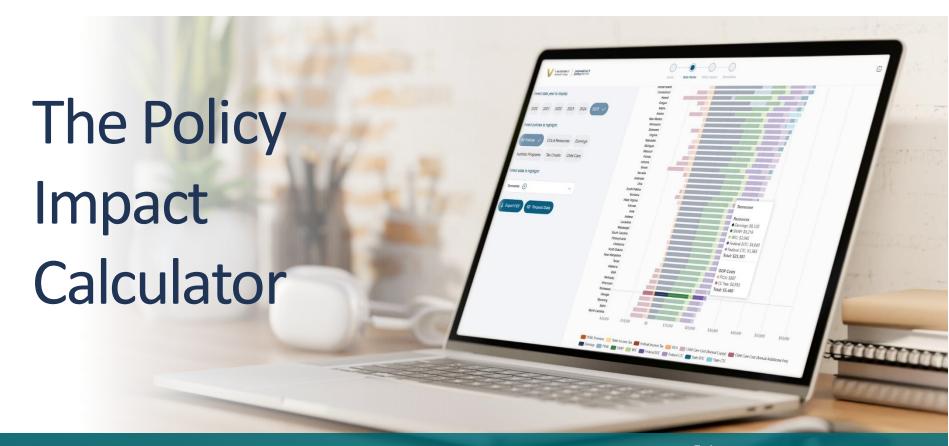


- + Employer portion of the premium varies by employer size; cited rate reflects the midpoint.
- * Contributions have not yet begun.

Addressing Common Employer Concerns Through Policy Design

- Employers, especially small business employers, have concerns around administration, cost, and work disruptions
 - ✓ Programs administered by the state, not employers
 - ✓ State policy choice: Premiums typically shared between employers and employees or employee-only; costs are small
 - ✓ State policy choice: Small business exemptions
 - ✓ State policy choice: Supports to ease work disruptions (e.g., small business assistance grants, technical assistance)
- 61% of small business employers support state-administered paid family and medical leave insurance programs funded by both employers and employee







- Single mother with an infant and toddler
- Works full time all year, and earns the state's minimum wage
- Receives the benefits she is eligible for and files her taxes
- Takes 12 weeks of leave following her infant's birth
- Sends her children to center-based care that charges the 75th percentile of the market rate

Policy Impact Calculator



Earnings from the state minimum wage and paid family and medical leave benefits



Out-of-pocket child care expenses after receiving a child care subsidy



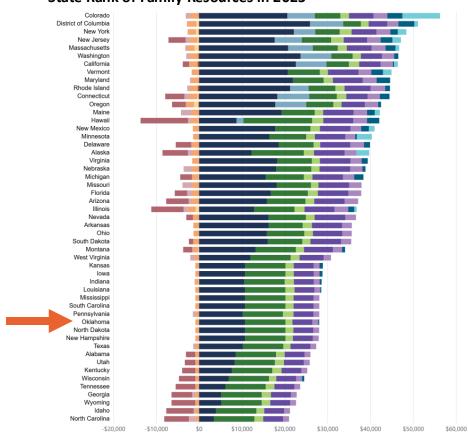
Federal nutrition benefits



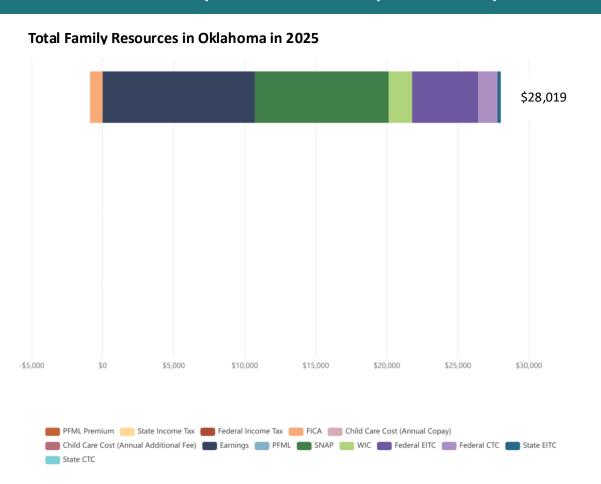
Federal and state income taxes and credits

Policy Impact Calculator





How Do the Policy Choices in My State Impact Family Resources?





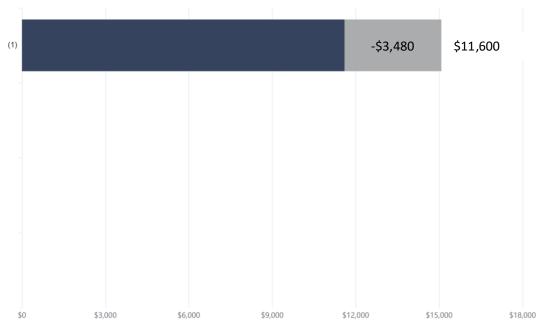
Total Gross Earnings from the State Minimum Wage

(1) Annual minimum wage earnings (52 weeks)



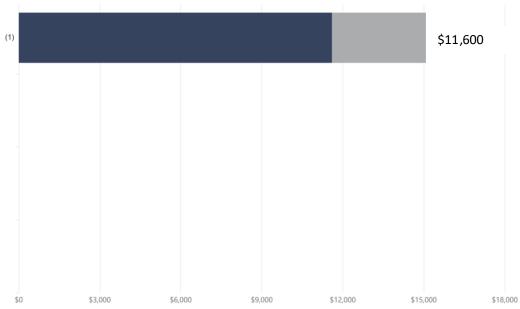
Unpaid Leave Leads to Lost Earnings

(1) Annual minimum wage earnings (40 weeks) – lost earnings from 12 weeks of family leave



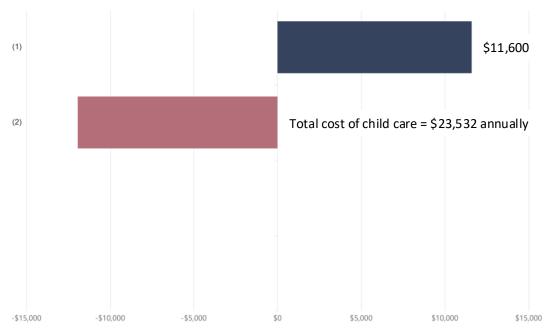
Paid Family and Medical Leave Can Protect Lost Earnings

(1) Annual minimum wage earnings (40 weeks) – lost earnings from 12 weeks of family leave + 12 weeks of Paid Family and Medical Leave



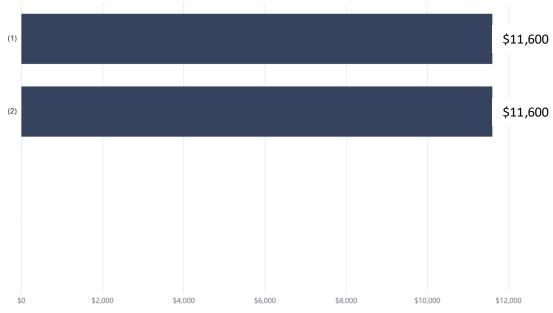
The Cost of Child Care Requires All of Lina's Earnings

(1) Annual minimum wage earnings (40 weeks) + PFML, (2) Minus out-of-pocket child care expenses



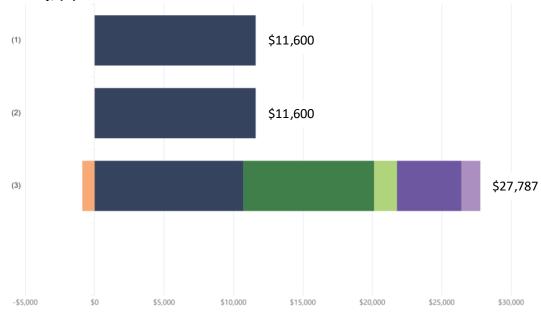
Subsidies Reduce Lina's Child Care Expenses and Protect Her Earnings

(1) Annual minimum wage earnings (40 weeks) + PFML, (2) Minus out-of-pocket child care expenses w/subsidy



Federal Nutrition Programs and Tax Credits Supplement Earnings

(1) Annual minimum wage earnings (40 weeks) + PFML, (2) Minus out-of-pocket child care expenses w/subsidy, (3) Plus net federal benefits

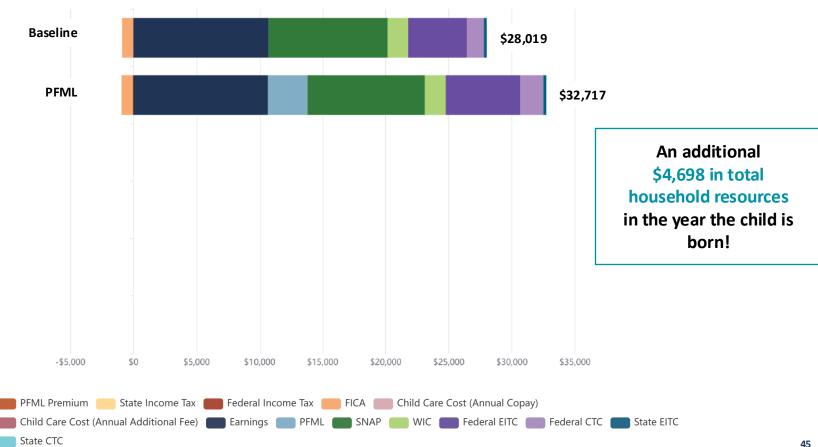


State Tax Credits Supplement Earnings

(1) Annual minimum wage earnings (40 weeks) + PFML, (2) Minus out-of-pocket child care expenses w/subsidy, (3) Plus net federal benefits, (4) Plus net state benefits



What if Oklahoma Implemented PFML?





Thank you!

