PUBLIC HEALTH LAW CENTER at Mitchell Hamline School of Law | NACCHO National Association of County & City Health Officials | AMCHP Association of Maternal & Child Health Programs

STATE POLICY OPTIONS TO **SUPPORT ECONOMIC SECURITY**

Introduction



Parental financial security is intertwined with a parent's ability to ensure adequate food for their children. Today, 28% of mothers and 18% of fathers feel like they are unable to financially meet their children's needs. Proper nutrition in the first three years of a child's life is crucial for neurodevelopment and lifelong mental health. For children of all ages, a lack of sufficient food has been connected with lower cognitive development and emotional distress. Nutrition security in children has also been tied to sensorimotor ability, cognitive-language development, and social-emotional development. Ensuring that children have sufficient access to nutritious food is so important to their development that the American Academy of Pediatrics recommends that pediatricians use food insecurity screening tools at every scheduled health maintenance visit. Unfortunately, parents face structural and systemic barriers to providing food their families, such as difficulty finding work that pays a living wage or living in areas without easy access to a nutritious food. These barriers have played a role in fortifying hardships for families, but states have the power to implement a variety of policies to help build economic security for families to help address these obstacles.

States are taking several policy approaches to increase financial security for parents including increasing the minimum wage, establishing robust tax credits, and implementing and increasing eligibility for benefits such as paid parental leave. With more money in their pockets, parents are in a better position to buy food for their families. This resource provides examples of state-level policies that can be implemented to help foster financial stability for families.

Six categories of policy change are presented:

1. **Paid Parental Leave**
2. **Increasing Minimum Wage**
3. **Earned Income Tax Credits**
4. **Child Tax Credits**
5. **Child and Dependent Care Tax Credits**
6. **Child Care Subsidies**





Paid Parental Leave

One quarter of mothers in the U.S. return to work less than two weeks following childbirth. Paid parental leave (PPL) can help more parents afford to take time off from work to recover after childbirth and care for their new child. Prior evidence has demonstrated that PPL positively impacts the health of the infant and the mother by increasing recuperation time after childbirth while fostering greater employment stability for parents. Additionally, access to PPL increases breastfeeding initiation and duration rates as well as bonding time with children by increasing the amount of time mothers can be away from work without having to worry about financial instability. Studies have also found that PPL is associated with increased short-term and long-term job retention among mothers, and women with access to PPL are more likely to return to work after giving birth.

71% of mothers with low-incomes who had access to PPL were found to be able to return to work, experiencing a 10-17% increase in wage and weekly hours worked in subsequent years.



Establishing PPL enables more mothers to stay in the workforce and retain an income which can be put towards food resources.[14]

Although the private sector has implemented PPL policies, those numbers are low, with only 13% of private-sector workers in the U.S. having access to PPL. States have already begun filling this gap by establishing PPL policies of their own which have been shown to increase both economic security and food access.[15] California's PPL program decreased poverty among mothers in the first year by 10.2% and increased household income in the same period by 4.1%.[16] New York's PPL policy reduced the prevalence of food insecurity by 36%, with a greater impact on lower-income families.[17]

At the beginning of 2025, thirteen states and the District of Columbia had passed PPL policies that include state employees as well as other workers who may be employed in the private sector.[18] Most of these states offer at least 8 weeks of paid parental and medical leave with an overall range of six to twelve weeks.[19] Colorado[20] and Oregon[21] offer additional paid time off for those experiencing pregnancy and childbirth complications. New York[22] and the District of Columbia[23] offer additional PPL for prenatal care, supporting healthy pregnancies by allowing mothers to take the proper time for physical

examinations, medical testing, and appointments with their healthcare provider.[24] Massachusetts[25] and Texas[26] have legislation pending to allow paid prenatal care leave as well.

Additional states are in the process of enacting PPL legislation,[27] with several states either establishing a PPL policy for the first time or expanding their current policy:

1. In the spring of 2025, Colorado expanded the state's paid family and medical leave policy (the FAMLI Act) by adding an extra twelve weeks of paid leave for parents who have a baby in the neonatal intensive care unit.[28]
2. Alabama[29] and Mississippi[30] rrecently established PPL for all state employees and educators joining Georgia, North Carolina, South Carolina, and Tennessee who have PPL policies that include state employees and educators.[31]
3. In the spring of 2025, Hawaii established a working group to develop a statewide paid family and medical leave program.[32]

There are a variety of policy levers states can consider when building out their PPL policy. States with PPL policies have focused on expanding worker eligibility by including public-school[33] and other state employees.[34] Other states have sought to expand eligibility for all educators,[35] firefighters,[36] and graduate student workers.[37] In addition to expanding eligibility, states are seeking to expand the number of weeks of PPL.[38] Furthermore, some states have created broad definitions for who may be considered a "parent" under their PPL policies, including a domestic partner, or a caregiver who may be caring for a child in place of the child's parents,[39] as well as adoptive and foster parents.[40]

By establishing PPL, increasing the length of the leave, and expanding eligibility, states can increase maternal employment and income retention and foster nutrition security for families in the process.





Increasing Minimum Wage

Minimum wage is the minimum hourly wage set by the legislature that employers must pay their employees.[41] The federal minimum wage has remained at $7.25 since 2009 despite the increased cost of living across the country.[42] In response, many states have enacted legislation increasing their state minimum wage. States with higher minimum wages have been found to have lower estimated rates of food insecurity, positively impacting maternal child health by increasing access to resources like housing, food, transportation, and health care—including facilitating pre- and post-natal care.[43] Increased employment results in increased income which expands access to resources including food.[44] Estimated food security levels for workers being paid below the federal minimum wage were around 9.9% compared to 6.8% in the state with the highest minimum wage.[45] One study found that a 10% or more increase in a state's minimum wage is associated with a 2.49% reduction in the probability of being very low food



secure the following year.[46] Another study found that a median minimum wage increase of 6.6% increased the calories purchased by minimum wage households by 3%.[47]

Over half of states have enacted legislation increasing their minimum wage. However, as of January 2025, 20 states had minimum wages at or below the federal threshold.[48] Eight of those states have legislation pending to increase their minimum wage either step-wise across several years or all at once.[49] For example, Pennsylvania has proposed raising their minimum wage to $15 in 2026, whereas Louisiana is considering whether to increase its minimum wage by two dollars every two years until it has reached $14 in 2029.[50] Eight states with increased minimum wages have pending legislation to further increase their minimum wage in a similar manner.[51] The majority of pending legislation includes annual indexing, a yearly minimum wage increase to adjusting for cost-of-living.[52] Twenty of the states that have already increased their minimum wage have annual indexing.[53] Connecticut went a step further with automatic increases to their state minimum wage of 0.5% above the federal minimum wage if it changes.[54] Increasing the state minimum wage and allowing for annual indexing are effective tools states can leverage to support nutrition security for MCH populations.

Tax Credits

Tax credits are dollar amounts taxpayers claim on their tax returns to decrease the amount of money that they owe the government.[55] Tax credits can either refundable or non-refundable.[56] RRefundable tax credits provide the taxpayer the difference between what they owe and the credit amount, whereas nonrefundable tax credits do not give any leftover credit back to the taxpayer.[57] Subsidies work differently than tax credits.[58] Instead of acting as a deduction on a tax return, subsidies are a form of direct cash payment from the government to relieve a financial burden for the taxpayer.[59] This section will discuss earned income tax credits, child tax credits, and child and dependent tax credits, as well as childcare subsidies, all of which can be used to support nutrition security for MCH populations.

Earned Income Tax Credit



Earned Income Tax Credits (EITCs) bolster the economic security of low- and moderate-income working families[60] and have been deemed "one of the most effective anti-poverty tools for families with children aged 0-3 in the United States."[61]

Although being a parent is not necessary to be eligible for the EITC, 97% of EITC dollars in 2018 went to families with children.[62] Refundable state EITCs of at least 10% of the federal EITC have been found to increase economic security by incentivizing and boosting maternal employment.[63] One study found that an $1000 increase in EITC benefits increased the annual weeks worked, employment, and household earnings among women 19-64 years old.[64] At-risk households with children in states with higher EITCs saw significant reductions in food insecurity, with even greater reductions among single-parent and non-Hispanic Black households.[65] State EITCs have also been found to bolster the impact state minimum wage increases, further supporting economic and food security for MCH populations.[66]

Thirty-two states and the District of Columbia offer their own EITCs in addition to the federal EITC.[67] The majority of state EITCs range from 4-125% of the federal EITC, while several states have flat refund rates independent on the federal EITC.[68] This variation is due to the flexibility states are given in implementing state EITC policies.[69] State policies vary in other areas including eligibility, refundability, awareness and outreach efforts, and data-tracking requirements.[70] Policy improvement efforts have targeted some of these areas, particularly awareness, eligibility, and refundability.



One in five eligible taxpayers do not claim a EITC in their tax returns because they are unaware they may qualify for the credit and free tax preparation services, they are not required to file a federal tax return due to their income level, or they feel discouraged by the credit's complex nature.[71]

In response, several states have passed, or are in the process of passing, EITC legislation focused on increasing EITC awareness, especially among lower-wage employees who may not have to file a tax return.[72] For example, Oregon requires employers to share information about the state EITC with their employees.[73] Other states have allocated funds towards EITC outreach and tax-filing assistance programs.[74] By increasing awareness for state EITCs, more working families can include them in their tax returns and retain additional income.

Additionally, states can evaluate the refundability of their EITC.[75] Refundability supports MCH populations by allowing families to divert the exceeding credit amount towards necessary resources, including food.[76] Twenty-seven states and the District of Columbia currently have a refundable EITC, while Delaware and Virginia have both refundable and non-refundable EITCs that individuals can choose between, with the non-refundable option being a larger percentage of the federal EITC.[77]



Child Tax Credits

Child Tax Credits (CTCs) are another important economic tool states can use to strengthen food security among the maternal child health population. CTCs work to offset financial instability resulting from child expenses, allowing more funds to be allocated towards food expenses.[78]

Today, seventeen states have a CTC, they differ in terms of how the credit amount is calculated, eligibility, and whether the credit is refundable.[79] State CTC calculation variations include a fixed dollar amount per child, a certain percentage of the federal CTC, or a percentage of the state EITC.[80] Eligibility across states is restricted

by income limits, dependent age, and whether a child has a disability.[81] Of the seventeen states with CTCs, twelve of them are refundable.[82] States can also index the credit to inflation to ensure that the value does not erode, which can provide more economic stability over time.[83] The momentum for CTCs continues to grow, and several states have passed legislation to implement CTCs in 2025. For example, Georgia established a CTC of $250 per child up to the age of five.[83] Maine expanded its Dependent Exemption Tax Credit by offering $300 per child up to the age of five.[84] New York temporarily expanded its CTC with a credit of up to $500 per child up to the age of sixteen, with an increase of up to $1,000 for children under the age of four.[85]



Child and Dependent Care Tax Credits

Child and Dependent Care Tax Credits (CDCTCs) offset expenses related to taking care of children.[86] CDCTCs are associated with an increased use of daycares, resulting in increased maternal employment rates.[87] Increased income retention coupled with increased maternal employment provides more income on two fronts that can be allocated towards food.[88]

Twenty-six states and the District of Columbia currently offer CDCTCs.[90] Like the other tax credits, state CDCTCs vary in credit amount, refundability, and whether the credit will adjust with the cost of living.[91] State CDCTC rates are either fixed or dependent on income and filing status.[92] Colorado, the District of Columbia, and Iowa also have an additional refundable tax credits targeting child care and early child development.[93] Refundability versus non-refundability is relatively split between the states.[94]

Child Care Subsidies

Child Care Subsidies (CCSs) are financial assistance programs that aim to make childcare more affordable for low-income families that are working or in education/training programs.[95] These programs use both federal and state funds but are administered by states.[96] CCSs enhance child development by promoting parental choice of care and enrollment in reliable, high-quality childcare.[97] High-quality child care is associated with long-term socio-emotional and cognitive outcomes for children by providing an enriching, safe environment for development.[98] CCSs also positively impact maternal employment rates by allowing mothers to secure and maintain employment as well as completing any education or training programs.[99] Increased employment and family income eases access to resources, like food, limiting maternal stress and the possibility of adverse childhood experiences.[100] A 10% increase in CCSs has been shown to result in an increase in maternal employment while a $1000 increase in annual state subsidy spending per child can lead to a 3.5% increase in the likelihood of maternal employment.[101]

Key policy levers for CCSs include setting the income eligibility at or above 85% of the state median income, limiting copayments to 7% of the family income (or waiving them entirely), and setting infant and toddler reimbursement rates at or above the 75th percentile of the state market rate survey.[102] Arkansas, New Mexico, New York, South Carolina, and Virginia have developed CCS policies that reflect all three policy





levers.[103] Alaska and Colorado passed legislation taking effect in 2025/2026 capping family copayments at 7% to make child care more affordable.[104] Delaware waives copayments for all families.[105] Other states have copayment rates that exceed 7%, although they have passed recent legislation lowering rates that were even higher.[106] According to the Prenatal-to-3 Policy Impact Center, fifteen states reduced their family copayment rates by at least 1 percent since October 1, 2023.[107]

States have also taken actions to increase eligibility for CCSs.[108] Maine raised its initial eligibility limit from 85% to 125% of the State Median Income (SMI). [109] Vermont[110] increased eligibility to 575% of the SMI.[111] Alaska[112] and Rhode Island[113] also raised their SMI eligibility limits which recently became effective.[114] Other states have increased CCS eligibility by targeting certain populations, like child-care workers and early learning program instructors.[115]

Conclusion

Financial barriers can make it difficult for pregnant women and growing families to afford nutritious food. State governments can play an instrumental role in addressing these barriers by supporting policies that foster economic stability including paid parental leave, increasing the minimum wage, and child and child care tax credits and subsidies. States can also implement several policy levers within those options by increasing the benefit's eligibility and duration and tailoring an economic benefit to be the most helpful, such as making a tax credit refundable. **These policies—which have been repeatedly shown to improve nutrition security and economic security for MCH populations—can be the difference that helps parents afford the food they need to feed their families.**

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