

## 2025 Progress Across 50 States and DC: State Policy Wins in Paid Family and Medical Leave

### **Arkansas**

Act 904 expands maternity leave for public school and open-enrollment public charter school employees to all eligible employees, not just those in participating districts, and shifts the cost to 100% paid by the state instead of split between the district and the state.

Target population: Employees of public school district or an open-enrollment public charter school.

State funding: Relatively small increase of state funding

Quantify: Fiscal impact statement noted an increase of \$408,113 to the existing \$3 million budget.

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### **Colorado**

Colorado became the first state to extend paid leave to parents of newborns who require a stay in a neo-natal intensive care unit. Colorado's FAMILI program is a fully state-managed public good, and SB25-144 decreased the premium rate for employees and employers and will cover a day for day up to 12 weeks per parent job-protected paid leave time for NICU stays. Parents remain eligible for bonding leave, up to another 12 weeks within the first year of the child's birth, for a potential total of 24 weeks.

Target population: Newborns and parents. The FAMILI definition of parent is inclusive of adoptive parents, kinship, etc.

State funding: No change in state funding related to this win

Quantify: Colorado's paid leave program is a self-supporting enterprise based on fees collected from premiums. The policy change is expected to cost \$15.9 million during FY25/26. Program estimates about 10% of infants born in CO will require a NICU stay, and the average length of stay is 14 days.

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### **Indiana**

Governor Braun's executive order expands a popular paid leave program for state employees to include up to 150 hours of paid leave for full time and 75 hours of paid leave for part time employees for the birth of a child or the placement of a newly adopted child. It also provides up to six weeks of recovery leave for a vaginal delivery and eight weeks for a c-section delivery. The recovery leave portion also extends to those who have suffered a miscarriage after 20 weeks.

Target population: State employees who have new children, adopt a new child, or who need time off for recovery after a birth or miscarriage.

State funding: No change in state funding related to this win

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### **Kentucky**

SB 9, Maternity Leave for Public School Teachers, mandates that all public-school districts provide up to 30 days of paid maternity leave for employees who give birth. All school districts are required to implement this policy by July 1, 2030. The maternity leave is to be used before any other accrued leave and does not convert to sick leave if unused. The bill also allows teachers to roll over up to 13 unused sick days annually towards their retirement, aiming to create a more standardized benefits system across districts. While the bill sets a minimum standard for maternity leave, it encourages districts to offer more if they choose. School districts will have to pay the future retirement costs (actuarial costs) for sick leave used beyond 12 days per year. The state will cover the retirement costs for sick leave earned before July 1, 2025, and up to 12 days per year after that.

Target population: Teachers and employees of Kentucky public school systems

State funding: No change in state funding related to this win

Quantify: About 777 public school employees of childbearing age who are likely to give birth in a given year in Kentucky, which could bring the 5-year impact close to 4,000 public school employees and their families.

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### **Kentucky**

Governor Beshear took administrative action to create a new category of paid parental leave for state workers through 101 KAR 2:102 and 101 KAR 3:015. Under these regulations, state workers would be eligible for up to six weeks of paid leave once every 10 years for the birth, adoption, or placement of a child through foster care. This new benefit also allows for the option of using the six weeks of paid leave for a medical condition within the same 10-year timeframe.

Target population: State executive branch employees

State funding: No change in state funding related to this win

Quantify: There are 30,000 executive branch employees who could benefit from this policy.

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## Minnesota

In 2023, Minnesota created a Paid Family and Medical Leave (PFML) program to support the health, well-being and economic security of working Minnesotans. Starting January 1, 2026, working Minnesotans can take paid leave for significant life events: managing their own serious health condition - including pregnancy and postpartum recovery - caring for a family member with a serious health condition, bonding with a new child, addressing safety needs related to domestic violence, and responding to a family member's military duties. Employees can take up to 12 weeks of leave for their own medical needs, and an additional 12 weeks of leave for family caregiving, with a total of 20 weeks in a single year. Bills introduced during the 2025 session to undermine the PFML program, including postponing the implementation date, limiting the definition of a family member, decreasing benefits, shortening leave duration, decreasing employer payroll contributions, and exempting micro or small businesses from PFML, were defeated. The only change to PFML passed and enacted (SF17/HF15) during the 2025 session was a reduction, from 1.2% to 1.1%, in the cap of taxable wages on the premium rate.

Target population: Pregnant people, newborns, new parents, employers

State funding: Decrease in state funding

Quantify: The only change to PFML passed and enacted (SF17/HF15) during the 2025 session was a reduction, from 1.2% to 1.1%, in the cap of taxable wages on the premium rate.

[Blog](#)

## Mississippi

House Bill 1063 provides six weeks of paid parental leave to state employees who are primary caregivers, most often mothers. HB 1063 takes effect on January 1, 2026, for state employees. Additionally, school districts are granted the authority to opt in to the policy, but they do not receive funding to cover the cost.

Target population: State employees

State funding: Relatively small increase of state funding

Quantify: About 32,000 state employees

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## Rhode Island

Legislation passed in 2025 will improve the state's PFML programs (known as Temporary Disability Insurance and Temporary Caregivers Insurance) by increasing wage replacement from 60% to 70% starting in 2027 and then to 75% in 2028. The wage contribution base increased from \$89,000 to \$100,000 to pay for this improvement.

Target population: Pregnant people, postpartum people, parents, newborns, new foster children, newly adopted children, seriously ill children

State funding: Relatively large increase of state funding

Quantify: Pregnant/Postpartum people: about 3,900/year (43% of births), Parents of newborns: about 7,300/year, Parents of new foster children and foster children: about 75, Parents of newly adopted children and adopted children: about 30, Parents of seriously ill children/children: about 600

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This analysis of the year in early childhood state policy advocacy relies on data from a survey of early childhood policy advocates in all 50 states and the District of Columbia, conducted May 2025 through December 2025. The survey asked them for highlights from the year, so the results are representative and not comprehensive. Policy "wins" include legislation, funding increases, executive actions, and regulatory changes.

The survey was developed and executed by Dr. Lisa Kerber of Frontera Strategy. Frontera supports advocacy efforts nationwide by providing qualitative and quantitative research services, including needs assessments and environmental scans, program and policy evaluation, statistical analyses, and survey research for associations, foundations, and nonprofit service organizations active in state capitols.

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Suggested Citation: Alliance for Early Success, *50-State Early Childhood Policy Progress and Landscape Report, 2025*.