Care Matters: A 2026 State Report Card on Care Affordability and Access

JULY 2027 — LAURA VALLE-GUTIERREZ, JAIMIE WORKER, KATHY MENDES, JULIE KASHEN

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What You Should Know

- More than half of states have made progress on care over the past two years, with Virginia, New York, Nebraska, Washington, and Michigan leading the way in gains. Still, twenty-nine states have grades of a D or lower based on our rubric.
- Decades of organizing and emerging progressive governing majorities have opened doors to bold policy change, from universal child care to aging and disability care to paid family and medical leave to good jobs for care workers.
- Across a broader set of states, incremental and meaningful expansions to existing care policies are adding up—improving access for families even as advocates continue to push for more sweeping change.
- Unfortunately, federal cuts to vital programs such as Medicaid and SNAP will directly reduce funding for some care policies and indirectly affect others through budgetary pressures and funding shortfalls. This will make future progress challenging and could lead to rollbacks of recent progress too.
- The path forward requires action at every level. States must continue to innovate and protect care even under pressure, while federal lawmakers must reverse the cuts and finally deliver the investments families have long needed and deserved.

Care and caregiving are foundational to how society functions—sustaining the relationships that hold families and communities together. Investments in care address needs across the lifespan, enabling people to live, learn, age, and work with dignity. Yet, the majority in Congress and the current administration have cut funding for vital care programs and pursued a sweeping deregulatory agenda that strips away hard-won policies that value care while also using unfounded attacks on program integrity to justify further disinvestment.

These actions at the federal level are in stark contrast with the way many states have responded to community needs over the past several years, by enacting new care policies or expanding existing ones. Some states, including those with new governors and/or governing majorities, have passed legislation enacting Domestic Workers Bills of Rights, expanded paid leave, bolstered child care, and pursued revenue solutions that protect state dollars for care. These state-level victories reflect the enduring public demand for care investments and the growing political will to deliver them.

Yet the scale of federal disinvestment poses a serious threat to progress made by states. More than $1 trillion in cuts to Medicaid, Medicare, the Affordable Care Act and the Supplemental Nutrition Assistance Program (SNAP), enacted by the Republican-controlled Congress in 2025, have left state budgets with constraints that will be difficult, if not impossible, to overcome.[1] Federal funding cuts and misplaced priorities have shifted a greater revenue burden on states, leaving many without health insurance and families struggling to afford the basics, including what older adults, people with disabilities, family caregivers, parents, and care workers need to give and receive care at every stage of life. Care policies grow the economy, support people's health and well-being, and foster a more responsive and supportive government.[2] At a time when families need more support, not less, the urgency of investing in care has never been greater. Investing in the care economy families need has never been more urgent.

This care report card is the third published by The Century Foundation, in partnership with Caring Across Generations. The first care report card published in 2021[3] revealed significant variation and gaps across the states in care policies. The 2024 report card[4] noted how many states were able to leverage momentum spurred by federal investments during the COVID-19 pandemic to expand on their state care systems. Today, states are contending with federal disinvestment and attacks on care that make state progress all the more important. This report card marks where progress remains to be had but also celebrates the improvements that many states have made since the last care report card.

State Care Report Card Grades

The progress states have made toward building stronger care economies demonstrates that a world in which family well-being and care are prioritized is within reach. In 2025, more than half of all states improved their score since the previous edition of the care report card and twelve states had a grade of B- or higher, up from ten states in 2024. Notably, five states made significant gains. Still, twenty-nine states have failing grades—a D or lower—a reminder of how much work remains.

The care report card scores states on progress across five pillars of care policy: aging and disability care; child care and early learning; fair working conditions for care workers; paid family and medical leave; and paid sick leave. States can also earn extra credit for fair scheduling laws, and family- and care-supporting tax credits. Due to data lags and the need for scoring consistency, some progress on care policy may not be fully captured in these grades. In addition, since this report card scores state policies, progress at the local level is not reflected. Yet, this report card remains a comprehensive evaluation of how states are working toward a robust care economy.

States that implement a full suite of policies—and back them with adequate funding—will build economies that support people's care and caregiving needs across the lifespan. Care-related costs, such as for child care and long-term care, are some of the biggest items in families' budgets. States that help make care affordable and accessible help ease families' financial burdens. Investments in care also drive broader economic growth. As states contend with a challenging fiscal environment, continuing to prioritize care investments is not optional—it is essential for how communities get the care they need, and how economies grow.

California, Oregon, Massachusetts, New Jersey, and New York remain the five highest-scoring states on the care report card for the third time since we began publishing this report. Virginia, New York, Nebraska, Michigan, and Washington made the most progress, each improving their score by more than 1.6 points from the previous edition of the care report card—through advances including paid leave, child care investments, and stronger working conditions for care workers. Meanwhile, Alabama received the lowest score on the care report card, followed by Mississippi, Wyoming, Florida, and North Carolina.

Top Five States

- California (B)
- Oregon (B)
- New York (B)
- Massachusetts (B)
- New Jersey (B)

Five Most-Improved States

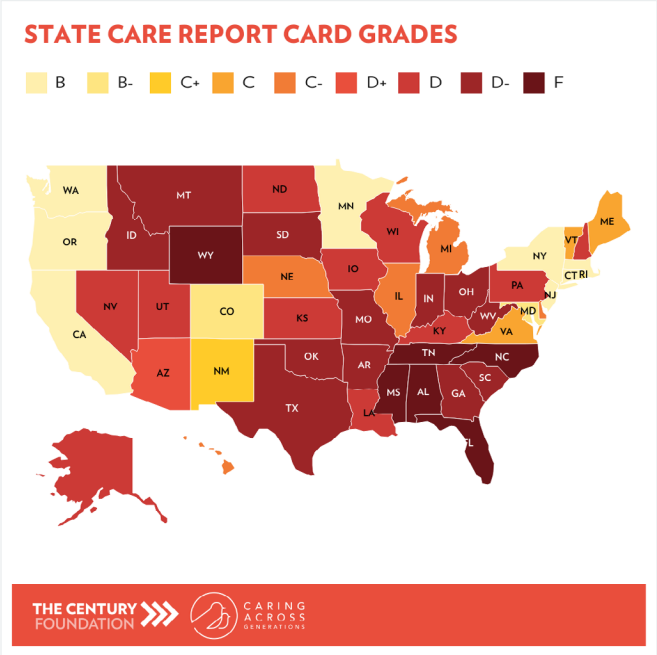
- Virginia (C)
- New York (B)
- Nebraska (C-)
- Michigan (B)
- Washington (B)

Lowest-Scoring States

- Alabama (F)
- Mississippi (F)
- Wyoming (F)
- Florida (F)
- North Carolina (F)

The fact that the same states have led the rankings for three consecutive editions of the care report card underscores that sustained progress is best positioned when both the political will to prioritize care and the governing capacity to act on it are present. At the same time, policy wins create a foundation to build on and states that make early investments are better positioned to keep making progress.

MAP 1



Aging and Disability Care

Robust aging and disability care is essential to ensuring that people have the freedom to choose where they live, work, and age. While care can be received in institutional settings, the vast majority of people prefer to live and age in their own homes and communities.[5] Home- and community-based services (HCBS) are the primary supports that make this possible, helping people with activities of daily living—transportation, communication, getting dressed, and other everyday tasks.[6] Importantly, HCBS can also enable people to self-direct their own care, determining how it is provided and by whom, including by a family member if preferred. Across the country, around 8.4 million older adults and people with disabilities rely on HCBS to live, age, and work with dignity.[7]

Despite this need, decades of disinvestment mean that many older adults and people with disabilities cannot access the services they need, family caregivers continue to shoulder the vast majority of long-term care costs, and direct care workers remain underpaid and undervalued. Medicaid—a state and federal partnership—is the primary source of funding for aging and disability care, covering both institutional care and HCBS.[8] It covers two-thirds of the cost of home- and community-based services, sustains the care workforce and supports family caregivers.[9] HCBS programs provide the majority of funding for direct care workers—37 percent of whom also rely on Medicaid for their own health coverage.[10] However, while institutional care is a required service under Medicaid, home and community-based care remains optional for states to provide[11]. This results in enrollment caps and lengthy waitlists—more than 600,000 people remain on Medicaid waiting lists for HCBS in 2025—limiting access for those who need care most.[12] As a result, people may be forced to impoverish themselves to access services, turn to institutional settings when they would prefer to remain at home, rely on the unpaid labor of undersupported family caregivers, or go without care entirely.

This already-inadequate system is now under even greater strain.[13] Federal dollars typically consist of about two-thirds of a state's total Medicaid budget.[14] H.R. 1—federal legislation passed in the summer of 2025—cut more than $1 trillion from Medicaid and other vital services, cascading through state budgets, and forcing difficult choices about health care, education, housing, and especially HCBS.[15] Since H.R. 1 was enacted, states have begun making cuts to their HCBS programs that will have serious consequences for older adults, people with disabilities, and family caregivers—cuts like the $22 million reduction to Idaho's HCBS budget that signal what is coming in states across the country.[16] Because the full impact of these cuts is still unfolding and data lags prevent a complete accounting, they are not yet reflected in the scores below, but the consequences for people are already well underway and will be more fully visible in future editions of the care report card.

Scoring

For the scoring of this policy area, the rubric relies on data from the "Innovation and Opportunity" scorecard from the AARP Public Policy Institute, which ranks states based on the following five dimensions:[17]

- affordability and access, measured by how easy it is for families to find affordable services, including access to services for low-income families;
- choice of setting and provider, measured by wide availability of home and community-based services, including culturally competent services;
- safety and quality, measured by adequate staffing and policies that aim to reduce disparities in outcomes;
- support for family caregivers, including unemployment insurance for family caregivers and other legal protections; and
- community integration, measured by access to other supports like safe and affordable housing.[18]

At the time of publication the latest scorecard was published in 2023, so there are significant data lags. However, it does continue to reflect some of the leaders in aging and disability policy in the United States.

Best States

Table 1

Top Ten States for Aging and Disability		
State	**Score (out of 3)**	**Ranking**
Minnesota	3.000	1
Washington	2.940	2
District of Columbia	2.880	3
Massachusetts	2.820	4
Colorado	2.760	5
New York	2.700	6
Oregon	2.640	7
Hawaii	2.580	8
Vermont	2.520	9
New Jersey	2.460	10

Table 1 presents the ten highest-scoring states in terms of aging and disability care. As in the previous edition of the care report card, the top three highest-scoring states for aging and disability care, in order, were Minnesota, Washington, and the District of Columbia.[19] Both Minnesota and Washington spend more than 80 percent of their long-term care dollars on HCBS, among the highest in the country.[20]

States can promote Medicaid enrollment and affordability for working people with disabilities by removing barriers to eligibility based on income, assets, or both—as Washington and Minnesota have done. Policies like these allow people to maintain access to life-sustaining care regardless of income or asset levels.[21]

All three states support direct care workers by directing a specific dollar amount or percentage of Medicaid reimbursement rates toward worker wages and all three support family caregivers in various ways, including providing respite care through Medicaid HCBS waivers and unemployment insurance for caregivers who lose a job due to caregiving responsibilities.[22]

Washington in particular has championed innovative solutions to address the high cost of aging and disability care, including the WA Cares Fund—the first statewide long-term care social insurance program in the country.[23] Funded through modest employee payroll contributions, the program helps pay for home care workers, home modifications, meal deliveries, and compensation for family caregivers when residents need long-term care, with residents now able to access benefits as of July 2026.[24] Programs like these are especially important for people who cannot afford private-pay long-term care but do not qualify for assistance through Medicaid.

As a direct result of H.R. 1, states across the country are facing high-stakes budget decisions that will determine whether older adults, people with disabilities, family caregivers, and care workers can access and afford long-term supports and services.[25] Because the full impacts of the legislation are still unfolding, their scale and scope are not yet captured in these scores—but the consequences for people are well underway.[26] Since H.R. 1 was signed into law, at least eighteen states have proposed or enacted cuts to home and community-based services.[27] Ongoing federal attacks on states threaten state Medicaid programs even further.[28] For example, in May 2026, the federal administration weaponized an allegation of fraud to direct the Centers for Medicaid and Medicare Services to withhold $1.3 billion owed to California in federal Medicaid dollars—the largest funding deferral in its history—using unfounded attacks on program integrity to justify the action, the the vast majority of which affected home care expenditures.[29]

Yet some states are taking action to minimize harm, generate revenue progressively, and protect public dollars for care. It is no coincidence that high grades were given to the District of Columbia and Minnesota, which have some of the most progressive tax codes in the country—tax systems in which higher-income people are taxed at higher rates.[30] Progressive tax structures allow states to raise revenue more sustainably and equitably, giving them greater capacity to weather difficult budget years and invest in public goods like aging and disability care.

While Washington ranks among the highest-scoring states for aging and disability care, its tax structure has historically been deeply inequitable—relying on sales and excise taxes rather than an income tax, placing a disproportionate burden on lower-income residents.[31] State tax structures are not part of the report's scoring criteria but provide context on a state's ability to pay for public goods such as care. Washington had the second-most-regressive state tax system in the country; however, in March 2026, Washington's governor signed legislation establishing a new millionaires' tax and expanding the state's Earned Income Tax Credit, making its tax system fairer and generating new revenue for vital public services at a time when families need it most.[32] These policies will help Washington's residents get the care they need without sacrificing their economic well-being.

While not part of scoring criteria, it's notable that other states are acting to protect their Medicaid programs—preserving and expanding public dollars for care by closing tax loopholes that

benefit wealthy corporations, shifting general funds, and raising new revenue. California legislators introduced a slate of bills to blunt the impact of H.R. 1—measures to minimize administrative burdens, cap costs, and prevent the state from imposing stricter work requirements on its Medicaid expansion population than federal law requires.[33] Legislation to close corporate loopholes and ensure corporations pay their fair share are also advancing, and if passed would raise new revenue to help offset the impacts of federal cuts.[34] In 2025, New Mexico established a Medicaid Trust Fund to safeguard against federal Medicaid cuts and approved a $50 million transfer to the state's rural health care fund[35] to help residents afford health insurance through the state's marketplace under the Affordable Care Act (ACA). The state also enacted corporate tax reforms to further protect state revenue.[36]

Child Care and Early Learning

Investing in affordable, high quality child care and early learning systems is vital for children, women and their families, and the broader economy.[37] Such investments ensure that parents have less financial strain and greater peace of mind that their children are safe, happy, healthy, and learning. In 2024, 70 percent of children under age 6 had all available parents in the workforce.[38] Moreover, parents who are receiving education or workforce training or similar activities also need child care.[39] Despite the widespread need for child care, it remains unaffordable for most families; the average cost of child care exceeds $13,000 a year, placing enormous pressure on family budgets and undermining their economic security.[40] At the same time, child care providers operate on the slimmest of profit margins and early educators—who are primarily women and disproportionately women of color and immigrant women—are paid poverty-level wages, requiring many to rely on public programs like SNAP and Medicaid to meet basic needs for themselves and their families.[41]

Child care is a textbook example of a "broken market" where robust public funding is needed to ensure that child care is affordable, accessible, and provides dignified pay and benefits for the million-plus workers in the sector.[42] Unfortunately, the United States has failed to make public investments at scale: only 15 percent of eligible children currently receive federal child care assistance, and waiting lists for this assistance are increasing at a rapid rate.[43] Robust federal investment is vital to build supply to meet demand and ensure child care is affordable for families. Similarly, federal investments are critical to ensure early educators are compensated fairly and children are in safe, high-quality programs.

During the COVID-19 pandemic, the American Rescue Plan Act (ARPA) committed federal dollars to shoring up the child care sector. States used stabilization grants and increased Child Care and Development Block Grant funds to help providers keep their doors open, increase compensation for early educators, and help families afford child care.[44] As ARPA funds expired, however, states diverged sharply in their response.[45] Some stepped up with bold investments to expand supply, improve workforce compensation, and increase families' access to help paying for child care; others did not, leaving families to contend with a workforce shortage and program closures that make it even harder for families to find affordable, high-quality child care.[46] The cuts to federal SNAP and Medicaid funds under H.R. 1 likewise will both undermine the economic security of child care workers and families with children, who already pay at the top ends of their budgets for care, and put extraordinary pressure on state budgets.[47] This fiscal pressure will require states to raise additional revenues to make up for the lost federal funding, cut programs and services—including those related to child care and early learning—or both.[48]

Scoring

To measure states' progress on supporting a robust, high-quality, comprehensive child care and early learning system, the care report card evaluates states' on:

- affordability for families, measured by family copayments relative to income and income eligibility thresholds in CCDBG;
- a diverse supply of options, measured by the ratio of licensed child care slots relative to children under the age of 6;
- credentialing supports for early educators; and
- progress toward universal pre-K, measured by preschool policies and investments that support pre-K for children ages 3 and 4.

The care report card scores states on key metrics of child care affordability, availability, and quality. Despite significant progress by a few states, aided by bold and innovative investments, to date no state gets a perfect score for its child care programs.

Table 2 presents the ten highest-scoring states in terms of child care and early learning. The top five highest-scoring states for child care, in order, were: the District of Columbia, New Mexico, New York, Massachusetts, and Vermont. All five of the highest-scoring states have made significant investments in child care; while several of them made transformative investments only in recent years; these investments are already beginning to see results.

Best States

Table 2

Top Ten States for Child Care and Early Learning		
State	**Score (out of 3)**	**Ranking**
District of Columbia	2.125	1
New Mexico	1.950	2
New York	1.900	3
Massachusetts	1.675	4
Vermont	1.650	5
Nevada	1.600	6
California	1.575	7
New Jersey	1.550	8
Louisiana	1.475	9
Kentucky	1.425	10

The investments in child care made by high-scoring states have resulted in improved affordability for families, stronger workforce compensation, expanded supply, and investments in pre-K leading to quality improvements and higher enrollments. Investment strategies vary: some states have focused on subsidy funding to help families afford care, others on operational grants or workforce funds to build supply and stabilize providers.

Even states that are not the highest-scoring states for child care and early learning still made significant progress in supporting care and early education for kids. For example, Connecticut has created an Early Childhood Education Endowment fund that will help fund the state's child care programs and make child care free for families with an income less than $100,000 per year.[49] Over time, states that are investing in child care and early learning may expect their scores to continue improving as their investments are implemented. The states that received the highest scores this year have been prioritizing child care and early learning investments for several years and have been able to build on these efforts to earn the top spots on this segment of the care report card.

New Mexico has emerged as a national leader.[50] In November 2025, the state expanded its existing child care assistance program to make it a universal child care program, with no income limits or copayments.[51] The primary funding source for New Mexico's investments in child care and early education are funded by taxes and royalties on oil and gas, including a voter-approved permanent endowment dedicated to child care.[52] This allowed the state to make investments such as increasing early educator pay and making child care free for families earning less than 400 percent of the federal poverty level.[53] New Mexico's comprehensive child care investments have yielded significant improvements in affordability—it was the only state to earn full credit in that category.

For years, New York has been investing in child care, increasing state funding for early childhood and expanding subsidy access to child care for New York families.[54] New York has also made previous investments in the early childhood education workforce.[55] Unfortunately, while the state has expanded child care and early education investments in other areas, it has not maintained these workforce investments, which is something New York will have to pay attention to in the future to maintain its leadership in this area.[56] Governor Hochul approved an additional $1.7 billion for early childhood education programs in the state budget as a step toward universal child care—a signal that New York is building toward a more comprehensive system.[57] These investments will fund child care for an additional 100,000 children in the state of New York.[58] Additionally, collaboration between the state and New York City to provide universal child care for city families is ongoing. Because city tax increases must be approved by the state, Mayor Mamdani's budget proposed and the state legislature approved a progressive tax which imposes a fee on high-value second homes and investor-owned apartments worth $5 million or more in New York City.[59] The tax is projected to generate $500 million annually, boosting revenues which can help fund needed services such as child care.[60] However, the state must go further in enacting progressive tax policies to truly meet the child care needs of residents.[61]

Vermont also saw both supply and affordability improvements with the passage of Act 76, which made significant investments in child care, in 2023.[62] In Vermont, legislation was passed to create a dedicated payroll tax to raise $80 million annually for their child care subsidy program, along with supplemental funding from the state's general fund.[63] The law allows more families to qualify for free child care, expands eligibility for child care subsidies, and increases reimbursement rates for providers. Notably, this investment increased the overall number of providers, including home-based providers, in the state.[64] The implementation of these investments, funded by a dedicated increase to payroll taxes beginning in 2024, has begun to show impacts. As a result, more families are now eligible for subsidies and additional child care slots have been created across the state, growing the supply of the state's early care and learning system.[65] Between November 2023 and December 2024, the overall number of child care providers grew by nearly 2.5 percent; home-based providers in particular saw

a 3 percent overall increase.[66] From July 2023 to December 2024, more providers also opted into the child care assistance program, offering services to subsidy-eligible families.[67] And since October 2023, per-program child enrollment has also increased, with the benefits largely felt by families with low incomes.[68]

Massachusetts has prioritized child care through increased subsidies for families and supply-building grants for providers. In 2022, Massachusetts passed a "Fair Share Amendment," which imposed a 4 percent tax on incomes above $1 million and dedicated the revenues to public education, including child care and early education, and transportation.[69] Governor Healey's most recent budget request also called for increased funding for universal pre-K for four year-olds, demonstrating a sustained commitment to marshaling state resources for early care and learning. [70]

The District of Columbia continues to rank among the top ten states for both supply and workforce investment. Its Early Childhood Educator Pay Equity Fund remains a national model for how to compensate early childhood educators fairly.[71] The Pay Equity fund remains intact despite repeated attempts to make funding cuts, and defending the fund will be essential to maintaining the District of Columbia's place among the top rankings.[72]

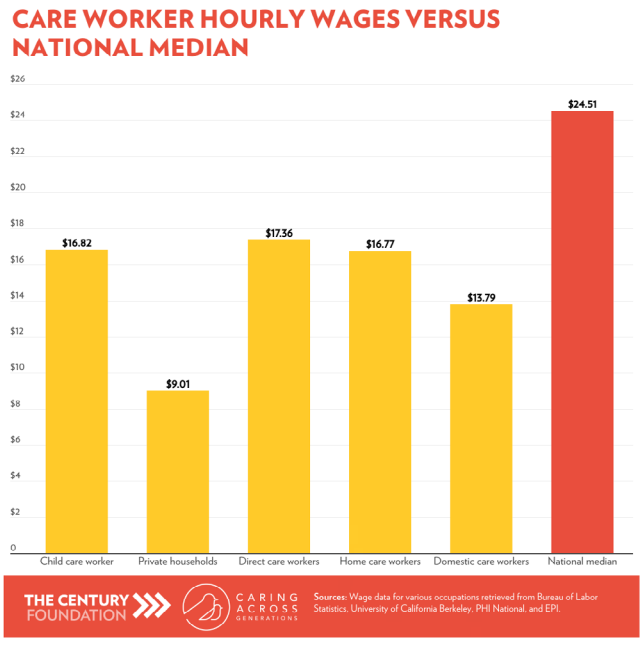
Fair Working Conditions for Care Workers

Care workers, which include child care workers, direct care workers, and domestic workers, provide care that supports health and well-being and enables children, older adults, people with disabilities, and families to live, learn, and work, at every age, with dignity. Care work encompasses everything from caring for children and supporting their healthy development and learning, to assisting older adults and people with disabilities with activities of daily living, to essential household tasks such as cleaning services, laundry, and meal preparation. The country's economy also depends on care work to function, allowing both care recipients and those with caregiving responsibilities to participate in the workforce.[73]

Yet, while care workers are essential to the wellbeing of all, their devaluation is as contradictory as it is long-standing. Racial and gender inequities persist today arising from the country's legacy of slavery when enslaved Black women were forced to care for their enslavers and their families.[74] Ongoing struggles for workplace justice including fairer pay and working conditions persist, but the labor of care work continues to characterized by paltry wages, lack of benefits, poor working conditions, lack of voice on the job, the inability to join and build strong labor unions, and reliance on the unpaid work of women, especially women of color and immigrant women.[75] Unpaid caregiving, nearly two-thirds of which is done by women, is worth more than $1 trillion a year.[76] Paid care workers have often been excluded from the rights and protections offered to other workers, including the right to collective bargaining provided by the National Labor Relations Act.[77] Just last year, the U.S. Department of Labor proposed rescinding a 2013 rule which guaranteed long-overdue minimum wage and overtime protections for home care workers.[78] If the rule change goes into effect, employers would no longer be obligated to provide these critical labor protections home care workers.

As a result of past and present devaluation, the care sector continues to experience difficulty recruiting and retaining workers, high turnover, and limited support for providers, who are often independent operators or small businesses with just a few employees.[79] These factors also undermine access to care, especially care that is high quality and consistent.[80] Growth in both the child care workforce and direct care workforce have not kept pace with the demand for services.[81] These challenges are not due to a lack of care workers but a lack of good care jobs. The national median hourly wage for all jobs in the United States is $24.51, meaning care workers are paid less than similar workers in other industries, even when controlling for characteristics such as education, demographic characteristics, geography, and credentials.

Figure 1



Recent federal policy actions directly affect the direct care and child care workforce. Medicaid is the key funding mechanism for direct care worker pay, and drastic cuts to the program are limiting states' ability to sustain or increase much-needed direct care workforce investments.[82] Moreover, an underpaid workforce and absence of employer-sponsored health insurance, 31 percent of direct care workers and nearly 28 percent of child care workers rely on Medicaid for their own health coverage and are consequently doubly at risk.[83] Congress also failed to extend the expiring Affordable Care Act enhanced premium tax credits, which helped people, including care workers and small business owners in the care sector, afford health care coverage through state-based marketplace exchanges.[84] Without the credits, care workers will see their out-of-pocket costs skyrocket and increased operating costs mean providers will have a harder time keeping their doors open.

Workforce challenges may also worsen in future years due to anti-immigrant policies put in place by the current administration and some state lawmakers, including a mass detention and deportation agenda designed to unfairly target immigrants, and especially people in Black and Brown communities. Immigrant workers have long been essential to our communities and to the care sector, making up 32 percent of all home care workers, 21 percent of workers in nursing facilities, 21 percent of child care workers, and 35 percent of domestic workers in the United States.[85] The Trump administration's attacks on immigrants will reduce the size of the care labor force in both child care and aging and disability care, squeezing the labor supply further and negatively impacting careworkers' ability to support themselves, their families, and care recipients.[86] These policies are yet another way that the working conditions of care workers are made dangerous and unsafe.

Scoring

The care report card looks at three criteria to evaluate progress that states are making to ensure care workers are paid wages that reflect the value of their work and ensure caregivers are working under fair conditions:

- progress on passing a Domestic Workers Bills of Rights, which guarantees domestic workers basic rights such as a minimum wage, overtime pay, rest breaks, and safe working conditions, and may also include protections against discrimination, harassment, and retaliation, and in some cases, offer benefits like paid sick days;
- progress supporting care worker unions through legislation—unions are a critical source of worker power that help fight for better working conditions and wages; and
- progress on setting wages for child care and direct care workers to ensure that care workers are paid a living wage.

Best States

Table 3

Top Ten States for Fair Working Conditions for Care Workers

State	Score (out of 3)	Ranking
Connecticut	2.600	1
Washington	2.600	1
Oregon	2.500	3
California	2.500	3
Massachusetts	2.500	3
Illinois	2.400	6
New York	2.400	6
Rhode Island	2.300	8
New Jersey	2.100	9
New Mexico	2.000	10

The ability to organize and join unions is critical to ensure care workers are paid the family-sustaining wages and benefits they deserve and are able to build power to fight for fair working conditions.

Table 3 presents the ten highest-scoring states in terms of fair working conditions for care workers. In order, Connecticut, Oregon, California, Massachusetts, and Illinois were the five states that scored the highest across these categories. All five of these states have passed a Domestic Workers Bill of Rights law, which provides basic worker protections to domestic workers—a group of workers that has historically been locked out of other foundational labor protections due to historical practices of racism and misogyny. Among the top states, Connecticut's DWBOR law is particularly strong.[87] It ensures domestic workers have the same rights as other workers to minimum wage, overtime, paid time off, work breaks, layoff notices with severance pay, and civil protections.[88] Oregon's legislature also passed a law in 2026 extending minimum wage protections and overtime requirements to the state's home care and domestic workers who are at risk of being excluded from such protections at the federal level.[89]

Several of these states also have laws which are supportive of care worker unions. In Oregon, direct care workers represented by SEIU

Local 503 recently ratified a new collective bargaining agreement which raised wages by 6.5 percent over the life of the contract and strengthened worker safety protections and benefits.[90]

California is home to the country's oldest and largest self-directed personal care program, In-Home Supports and Services (IHSS).[91] With more than 700,000 care providers, IHSS workers are the largest single unionized workforce both in California and in the country, represented by United Domestic Workers/AFSCME and SEIU Local 2015.[92] Child care workers in California are also unionized and represented by Child Care Providers United (CCPU).[93] While CCPU is able to bargain directly with the state legislature, IHSS providers have a county-level collective bargaining system which creates recruitment and retention challenges.[94] Passing a state-level collective bargaining policy for IHSS workers is one way California can strengthen its home care workforce.

Other states are strengthening working conditions for care workers. In Michigan, home care workers recently won restoration of their collective bargaining rights and secured additional support for care recipients needing home- and community-based services in the state.[95] And in New Mexico, advocates won a $60 million investment in the state budget to create a professional wage scale for early educators.[96] The funding will support increased base pay and additional pay increases based on experience and education, helping to address workforce recruitment and retention challenges as the state makes improvements across its child care and early education system.[97]

Thanks to the advocacy of the Washington State Domestic Workers Coalition, Washington became the thirteenth state to pass legislation establishing a statewide Domestic Worker Bill of Rights.[98] The legislation, which covers care workers like domestic workers and home care workers, provides key workplace protections such as ensuring workers are paid at least the state minimum wage, overtime, privacy protections, anti-retaliation provisions, and termination notices.[99] This recent progress builds on Seattle's domestic worker protections, passed in 2018, illustrating how local progress can lay the groundwork for state progress.[100]

Importantly, some state leaders have taken action to protect the safety of its residents, especially the workplace safety of immigrant care workers who have been the targets of violent immigration enforcement tactics used by Immigration Customs Enforcement (ICE) and Customs and Border Patrol (CBP). Following the wrongful abduction and detainment of a Chicago child care worker in late 2025, Illinois passed legislation that strengthens protections of public spaces like hospitals, universities, and child care centers, and prohibits day care centers from sharing sensitive data about families and workers.[101] Similar legislation has been introduced in Michigan, which would designate certain public spaces as protected from immigration enforcement and prohibit governmental agencies from sharing personal identifying information for the purposes of immigration enforcement.[102] These kinds of policies are critical as immigrants and their families no longer feel safe going to school, getting health care, or going to work, and immigrant care workers are forced into difficult decisions about their jobs out of fear.[103] States should employ every tool at their disposal to prioritize the wellbeing and stability of this core segment of their care workforce and population broadly.

Paid Family and Medical Leave

The United States remains one of the few countries without a national paid family and medical leave program. Such leave is vital to support parents' bond with newborn children, and for individuals to take care of their own or a loved one's serious illness. This leave is vital for the health and well-being of families, and also supports families economic security during periods where they cannot work due to health care needs. By providing wage replacement and job protection, paid leave programs support individuals' ability to remain attached to the labor force and maintain a source of income during periods of leave.

While the federal government has yet to expand on the Family and Medical Leave Act, which allows for twelve weeks of unpaid, job-protected leave, fifteen states have stepped up to provide paid family and medical leave.[104] Virginia recently enacted paid family and medical leave, while other states have strengthened their existing laws.[105]

Scoring

To date, fifteen states have enacted paid family and medical leave. States' with paid family medical leave policies received additional points for:

- covering all workers;
- having an inclusive family definition;
- having broad eligible uses for leave including medical and family caregiving needs and military reasons;
- offering more than twelve weeks of benefits;
- having a progressive wage replacement structure;
- sharing contributions between employers and employees;
- offering scheduling flexibility;
- offering job protection beyond what is required in the Family and Medical Leave Act;
- requiring continuing health insurance coverage during leave; and
- prohibiting discrimination in ways that go beyond the requirements in the Family and Medical Leave Act.

Best States

Table 4

Top Ten States for Paid Family and Medical Leave		
State	**Score (out of 3)**	**Ranking**
Minnesota	3.00	1
Colorado	3.00	1
Maine	2.80	3
Maryland	2.80	3
Oregon	2.80	3
Virginia	2.80	3
Massachusetts	2.60	7
Washington	2.60	7
Connecticut	2.40	9
New York	2.40	9

States receive credit for having a paid leave law on the books, providing broad eligibility, progressive wage replacement, sharing costs between employers and employees, and other metrics that ensure paid leave programs are progressive, comprehensive, and support families with sufficient time when they need it.

Table 4 presents the ten highest-scoring states in terms of paid family and medical leave. The five highest-scoring states, in order, were: Minnesota, Colorado, Maine, Maryland, and Massachusetts. Minnesota and Colorado earned perfect scores. Meanwhile, Maine and Maryland's laws fall short for the length of benefits, and the inclusivity of their definitions of family. Maryland has also delayed the implementation of their paid leave law and benefits will not become available until 2028.[106] Massachusetts also would score higher with a more inclusive definition of family and because local government and public sector employees are not automatically covered.[107]

While the top five remained unchanged from previous report cards, other states still made progress. Notably, in 2026, New Jersey broadened employer eligibility and expanded their job protections for workers that use paid family and medical leave, improving their score.[108]

Even states with paid leave programs can continue to improve on their program. For example, a few states—California, Connecticut, New York, and Rhode Island—fund their programs entirely through workers payroll deduction, as opposed to cost-sharing between employers and workers, which would make these paid leave programs more progressive.[109]

Virginia became the latest state and the first in the South to enact paid family and medical leave when the progressive majority along with newly-elected Governor Spangberger delivered on the promise to pass and sign the bill into law.[110] This law is estimated to provide over 3 million Virginians with paid leave.[111] The new paid leave law follows many best practices, covering nearly all workers, having an inclusive family definition, providing progressive wage replacement and cost-sharing for the program between employees and employers. However, with a maximum leave time of twelve weeks, there is still room for Virginia's paid leave program to become more expansive in the future.[112]

While Virginia was the only state to enact a new paid family medical leave program statewide since the previous report card, some states in the South have made a concerted effort to provide paid leave for public employees. While this does not earn the states paid leave credit on the report card, it is worth noting as these initial expansions can lay the groundwork for more comprehensive paid leave laws down the line. Even some states that haven't yet passed statewide paid family leave laws have managed to make some progress to expand coverage for groups of workers. This past year, Tennessee expanded paid leave for public sector employees to go beyond parental leave and include coverage for end-of-life caregiving, providing a template for incremental progress on paid leave laws.[113] They joined a selection of other Southern states to recently expand paid leave for state employees and/or educators including Mississippi, Alabama, and Georgia.[114] While these states don't earn credit for paid leave policies, they mark important progress for expanding paid leave coverage in the South.

Paid Sick and Safe Days

Paid sick and safe days—that is, paid time off that may be taken to recover from a personal illness, take care of a sick family member, respond to a public health emergency, or a matter arising from an incident of domestic or sexual abuse—are also vital to supporting public health, individual well-being, care responsibilities, and state economies. It should be common practice that when someone is sick, has a sick child, or doctors appointments they need to get to, they should be able to take time off work without worrying about losing income or their jobs. Paid sick and safe day policies have been enacted in a number of states, cities, and counties, recognizing the importance of these days for greater health and economic security.[115]

Research has shown that paid sick and safe days are a benefit to public health, lead to greater employer productivity, and increase labor force participation, making these overdue policies a commonsense way to help workers when they're dealing with their own sickness or the sickness of a loved one.[116]

Scoring

State paid sick and safe day policies are evaluated on whether they:

- ensure that all employees are entitled to earn paid sick time for personal health needs, to care for a loved one, or safe time to address domestic or sexual assault;
- provide employees with additional paid sick time during a declared public health emergency for health and caregiving needs related to the emergency;
- prohibit retaliation against a worker who exercises their rights under this law, including the use of paid sick time to care for themselves or their loved ones; and
- dedicate resources for implementation and worker and employer outreach, education, and enforcement.

Best States

Table 5

Top Ten States for Paid Sick and Safe Days		
State	**Score (out of 3)**	**Ranking**
Colorado	3.00	1
Minnesota	2.75	2
New Mexico	2.75	2
California	2.75	2
Michigan	2.75	2
Arizona	2.50	6
New Jersey	2.50	6
Oregon	2.25	8
Rhode Island	2.25	8
Washington	2.25	8
Massachusetts	2.25	8
New York	2.25	8
Maryland	2.25	8
Alaska	2.25	8

Table 5 presents the ten highest-scoring states in terms of paid sick and safe days. As in the previous edition of the care report card, Colorado, Minnesota, New Mexico, Arizona, and New Jersey have the highest scores for paid sick day laws, ranked in order. All of these states' laws cover most workers, use inclusive definitions of family, include safe days and a private right of action. However, Colorado stands apart as the only state to receive a perfect score for their paid sick and safe day policy.

These states are among nineteen that have paid sick days laws.[117] Missouri voters did approve a voter-led initiative to secure paid sick days on the ballot, only for the legislature to repeal the paid sick days law, overriding the voters' desire.[118] Virginia is the only state to have passed a new statewide paid sick leave law since the previous care report card.[119] Beginning January 2027, it will require most employers to provide employees with one hour of paid sick

or safe leave per thirty hours worked, up to forty hours per year. The law covers most private and public workers and allows a private right of action to ensure employees are able to bring civil action against employers that fail to provide the leave employees are entitled to.[120]

Extra Credit

States receive "extra credit" on their report card for policies that can support working conditions for caregivers and families' economic security. These policies have less potential for systemic impacts and are therefore worth fewer points than the core policies discussed in the previous sections of the report, which provide foundational investments in systems and protections for people giving and receiving care. Points assigned for extra credit are meant to recognize the efforts states are making to support workers and families.

Fair Scheduling

Fair scheduling laws help provide predictability and stability to workers by requiring employers to, for example, provide at least two weeks' advance notice of workers' schedules and/or pay workers extra compensation when their shifts are changed or canceled at the last minute. Table 6 presents the ten highest-scoring states in terms of fair scheduling.

Most fair scheduling laws to date have focused on specific industries and have been enacted at the municipal level. Oregon has the only comprehensive state-level fair scheduling law, but a few other states have more narrow scheduling-related policies in place, such as the "right to request" law ensuring workers can request changes to their schedules without retaliation from their employers (see Glossary). In 2026, no new states passed fair scheduling law. To date, only ten states have laws addressing some component of fair scheduling on the books.[121]

Table 6

Top Ten States for Fair Scheduling		
State	**Score (out of 3)**	**Ranking**
Oregon	0.78	1
California	0.56	2
District of Columbia	0.56	2
New Hampshire	0.56	2
New York	0.56	2
Connecticut	0.44	6
Massachusetts	0.44	6
New Jersey	0.44	6
Rhode Island	0.44	6
Vermont	0.44	6

Tax Policies That Support Caregiving

While tax credits for families are no substitute for robust public investments, they are a common way for states to provide financial relief to households with low and moderate incomes who are struggling with the high costs of care and raising children. Many states base their credits on the federal Child Tax Credit (CTC), Child and Dependent Care Tax Credit (CDCTC), and Earned Income Tax Credit (EITC). In order to benefit families with the lowest incomes, tax credits should be refundable—meaning that families receive a tax refund if the credit amount exceeds their tax liability. For many families with low incomes, refundable tax credits provide a critical income boost that allows them to secure the basics. While state credits are generally calculated as a percentage of federal credits, and are therefore worth less than the federal versions, they still provide vital support to families (including the families of underpaid care workers).

The federal CTC is a partially refundable tax credit for families with children under age 17. In recent years, more states have enacted their own CTCs after the expanded federal CTC dramatically reduced childhood poverty in 2021 under ARPA.[122] Instead of reinstating ARPA's temporary expansion to the CTC, however, H.R. 1 made several changes to the federal CTC that did little to help the families with the lowest incomes. In fact, H.R. 1 made matters worse, by making mixed-status families ineligible

for the tax credit, resulting in thousands of families with U.S. citizen children being excluded from the credit.[123] States to date have been more inclusive in helping families struggling to afford the costs of living by extending their state CTCs to families filing with an Individual Taxpayer Identification Number (ITIN) rather than a Social Security Number.[124] In addition, states should strive to make these credits more generous, fully refundable, and available to more families in light of federal attacks.

The federal CDCTC helps families with out-of-pocket care expenses for children or dependents with disabilities so that adults in a family can go to work, look for work, or go to school. This tax credit only offsets a portion of child care and other care expenses incurred throughout the year, so it does not help families that cannot afford care in the first place, but does support families that receive the credit. While the federal CDCTC is not refundable (meaning that it provides no help at all if families don't owe federal income taxes), some states do offer refundable CDCTCs.[125] While state CDCTCs can make care more affordable for families (especially if they are refundable), these credits do not address the fundamental shortage of high-quality and affordable care across the country, or support the child care workforce.

The federal EITC supports families with low and moderate incomes, and is more generous for families with children.[126] ARPA temporarily increased the federal EITC available to workers with extremely low wages, such as care workers, who did not claim children in 2021. H.R. 1 did not reinstate that increase, but some states' EITCs do address these workers.[127]

Table 7 presents the ten highest-scoring states in terms of tax policies that support caregiving. Overall, thirty-two states offer their own EITC, and in twenty-eight of them, the EITC is refundable.[128] States can help boost family incomes by enacting EITCs that are calculated as a greater percentage of the federal credit, more generous for low-paid workers who do not claim children, refundable, and available to families that file their taxes using an ITIN or claim children with ITINs.

Refundable tax credits like these are important financial supports but insufficient to provide substantive relief for families struggling with the high costs of care, or insufficient pay for providing care. Moreover, credits that are not fully refundable or not available to families filing with an ITIN leave out many families who are most in need of relief, including care workers. In addition, these tax credits do not address other elements (such as supply or worker pay and protections) needed to ensure strong and equitable systems.

Table 7

Top Ten States for Tax Policies That Support Caregiving		
State	**Score (out of 3)**	**Ranking**
Colorado	1.000	1
Minnesota	0.950	2
Vermont	0.950	2
Oregon	0.917	4
District of Columbia	0.917	4
New York	0.900	6
Maryland	0.867	7
California	0.867	7
New Mexico	0.817	9
Maine	0.817	9
New Jersey	0.817	9

Policy Recommendations

The progress that states have made reflects growing public support for—and urgency around—building a care economy that works for everyone. Yet the scale of federal disinvestment means that even the highest-scoring states struggle to meet the most basic needs of their residents. Federal threats to care under the current administration, including policies that target immigrant communities and strip away essential supports, compound the difficulties states already face.

Getting the care one needs to participate and thrive shouldn't depend on the state a person lives in. A universal approach to care is needed—one in which federal and state solutions work together to build a care economy that works for all. The following section outlines federal and state legislative efforts and innovative policy solutions to deliver an affordable, accessible future of care at every stage of life, with dignity and respect for older adults, people with disabilities, family caregivers, parents, and care providers.

Federal Opportunities to Build a Robust Care Economy

Building a truly robust care economy nationwide will require Congress to reverse the cuts and rollbacks already underway. The current administration has repeatedly moved to weaken and repeal policies care-related policies rescinding rules that reduced the cost of child care for families while increasing supply, protected wages for home care workers, and improved nursing home staffing requirements—a reminder that administrative action and legislation must work in tandem to build the care infrastructure families need.[129]

Lawmakers can choose a different path by repealing the health provisions in H.R. 1, including more than $1 trillion in cuts to Medicaid, Medicare, and the Affordable Care Act.[130] Rather than funneling even more tax benefits to the wealthiest and big corporations, Congress can prioritize raising revenue by ensuring those at the top pay their fair share—as proposed in Make Billionaires Pay Their Fair Share Act.[131] This bill would reverse the health care provisions of H.R. 1 and generate progressive revenue for long-overdue care investments, including expanded Medicaid home- and community-based services and affordable child care, rebuilding what H.R. 1 and regulatory rollbacks have dismantled and weakened.

Beyond reversing cuts, the following legislation would make also meaningful toward a care economy that works for everyone.

AGING AND DISABILITY CARE

Home and Community-Based Services (HCBS) Access Act: The HCBS Access Act would guarantee access to aging and disability care in the home and community for all people with disabilities and older adults who are eligible for Medicaid HCBS. It would eliminate waiting lists, provide 100 percent federal matching funds, support high-quality jobs for direct care workers, and expand support for family caregivers, including respite, training opportunities, as well as support for family caregivers to maintain employment.[132] Critically, it would require states to provide HCBS on par with institutional care for the first time, protecting these services from future cuts and budgetary downturns.

Proposals are also in development to establish a Medicare home care benefit and a long-term care social insurance option for families who are not eligible for Medicaid or Medicare—filling the critical gap for millions of older adults and people with disabilities who have too many resources to qualify for Medicaid but cannot afford private-pay long-term care. These proposals, along with the HCBS Access Act, and the Long-Term Care Workforce Support Act discussed below reflect a comprehensive vision: repair the foundation, strengthen what exists, and build toward a system where no one is left without access to the care they need.

CHILD CARE

Child Care for Working Families Act and Child Care for Every Community Act: The Child Care for Working Families Act and The Child Care for Every Community Act both aim to lower the cost of child care for families while better supporting providers and the workforce. Senators Warren and Murray and Representatives Ocasio-Cortez and Scott are currently working to combine these into a single landmark bill.[133] Both proposals would cap family child care costs at 7 percent of income, provide free child care for families with lower incomes, and mandate higher pay commensurate with K–12 staff at minimum.[134] While they differed in structure and scope—particularly in how they approached funding, compensation, and eligibility—importantly, both proposals prioritized access for children with disabilities and dual-language learners.[135] Any final legislation should be grounded in the perspectives of families and care providers and should prioritize care that is affordable, safe, high-quality, inclusive, and culturally responsive.[136] Specifically, it should expand provider supply and capacity; ensure child care jobs come with family sustaining-wages, benefits, and the ability to organize and join a union; and include meaningful stakeholder engagement and support for providers as a new system is developed and implemented. Significant, sustained public investment is essential to build a system that is truly universal, durable, and meets the needs of families, providers, and workers alike.

FAIR WORKING CONDITIONS FOR CARE WORKERS

Long-Term Care Workforce Support Act: The Long-Term Care Workforce Support Act would grow and stabilize the country's direct care workforce, improving care jobs to fairly compensate direct care workers and address ongoing workforce shortages to better meet the needs of older adults and people with disabilities. The legislation incentivizes states to invest in wages, benefits, training, and working conditions and protections by providing a temporary increase in federal funding for long-term care workers.[137] The bill also requires employers to provide paid sick leave to direct care workers, who often lack access to workplace benefits.[138]

Fair Wages for Home Care Workers Act: The Fair Wages for Home Care Workers Act would make minimum wage and overtime rights for home care workers federal law. Home care workers were unfairly excluded from basic federal labor protections until a 2013 regulation extended minimum wage and overtime pay to millions of workers. In July 2025, the current administration took action to reverse the rule which is still being finalized. This legislation guarantees that millions of home care workers can continue to be protected under federal law, a right they have depended on for over a decade.[139]

Federal Domestic Worker Bill of Rights: The Federal Domestic Workers Bill of Rights would address long-standing inequities experienced by domestic workers by ending exclusions from basic protections on the job such as Title VII coverage for workplace harassment and discrimination protections and by guaranteeing overtime pay for live-in domestic workers.[140] It includes requirements for workers and employers to have clear written agreements describing the terms and conditions of employment as well as protections against retaliation by employers and resources for worker outreach, education, and implementation and enforcement of the policy.

PAID LEAVE

Healthy Families Act: The Healthy Families Act would guarantee eligible workers the right to earn paid, job-protected time off for when they or their loved ones are sick or need medical care, or for needs arising from sexual or domestic violence.[141] Employees would be able to earn one hour of sick time per thirty hours worked, up to a maximum of fifty-six hours annually—equivalent to seven workdays. The bill would also cover care for "chosen family"—people workers consider family regardless of biological or legal relationship.

Family and Medical Insurance Leave (FAMILY) Act: The FAMILY Act would establish the first national paid family and medical leave program through a shared fund, making leave affordable for employers and workers alike. It would provide up to twelve weeks of paid leave for a worker's serious health condition, care for a new child, as well as taking care of loved ones with serious health conditions. The lowest-paid workers would earn up to 85 percent of their usual wages while on leave and ensure that they had a job to return to following their leave. States with existing paid leave programs would be able to continue administering them.[142]

Across all of these proposals, a common thread holds: families and our nation need policies that support essential care services and the workers who provide them, not undermine them. That includes federal immigration reform that creates pathways to citizenship for care workers—the people to whom families entrust their loved ones— rather than enforcement policies that are designed to create fear and destabilize the workforce families and our economy depend on.

State Progress and Opportunities

In the face of federal actions that threaten the wellbeing of people across the country, states have the opportunity to develop innovative policies to protect and expand care. The following section outlines policy recommendations on the state level and existing policies to learn from and paving the way for future federal progress.

AGING AND DISABILITY CARE

To build an aging and disability care system that meets the needs of older adults, people with disabilities, and family caregivers, states should:

- protect and expand Medicaid home and community-based services, which remain optional for states to provide under federal law to guard against budget cuts resulting from H.R. 1;
- prioritize access to self-directed care programs, allowing care recipients to exercise personal choice over how and where they receive their care and who they would like as their care provider, including a family member;
- expand supports for family caregivers, including compensation, training, and respite care;
- eliminate waitlists for Medicaid home- and community-based services; and
- develop a publicly funded long-term care social insurance benefit so that people can access care when they need it, even if they are not eligible for Medicaid.

States have found innovative ways to strengthen their aging and disability care systems. Washington's WA Cares Fund—the first statewide long-term care social insurance program in the country—is one model, funded through modest payroll contributions.[143] Many other states are now considering similar legislative proposals.[144] Oregon offers another example: the Oregon Project Independence program was expanded to older adults and people with disabilities with incomes up to 400 percent of the federal poverty level ($5,320 per month) and who do not have resources that exceed the cost of six months in a nursing facility. Services and supports include in-home care services, compensation for family caregivers, and more.[145]

CHILD CARE

- To build a child care and early learning system that meets the needs of families, providers, and workers, states should:
- guarantee child care for every family by making it free or affordable, within families' budgets;
- invest in a diverse supply of child care options, including care outside traditional work hours, family child care homes, and culturally responsive programs;
- develop dedicated funding streams to support early childhood education;
- engage providers and families as primary partners in the design and administration of early child care programs; and
- protect early childhood programs against private equity and corporate profiteering, ensuring that public dollars fund affordable care and good jobs for child care workers.

In the absence of federal investment, states have established policies that provide sustained, dedicated funding streams to improve their child care and early learning programs. For example, in 2019, Oregon established a tax on profitable corporations, requiring that at least 20 percent of the revenue permanently go toward early child education. In fiscal year 2024–25, these funds helped support more than 5,000 preschool slots, more than 16,000 child care slots, and more than thirty prenatal to kindergarten sites.[146] In 2025, Montana set aside $10 million from its fiscal year 2026 revenue surplus to invest in the Montana Growth and Opportunity Trust. The trust will distribute a portion of its funding toward early childhood and reinvest half of its overall balance to generate new future revenue. Critically, the account is overseen by the Montana Early Childhood Account board, composed of ten members, including child care providers and people from state and local community early childhood organizations.[147]

FAIR WORKING CONDITIONS FOR CARE WORKERS

To meet growing demand and ensure workers, care recipients, and families can thrive, states should:

- Ensure the care workforce are paid family-sustaining wages and benefits with training and care advancement opportunities and the ability to form and join a union
- Pass a Domestic Workers Bill of Rights that would provide workplace rights and labor protections for domestic workers
- Pass policies that promote workplace safety and well-being of immigrant care workers and providers who are under threat as the federal administration executes its harmful mass detention and deportation agenda

Examples of strong policies include Washington's Domestic Worker Bill of Rights law.[148] In addition, this year Virginia enacted legislation that establishes civil actions and penalties for employers who commit wage theft or violate provisions relating to the minimum wage, overtime, misclassification of workers, and more. The policy makes clear that such protections extend to workers who provide in-home services and supports to older adults and people with disabilities employed by home care agencies.[149]

PAID LEAVE

To support affordability generally and to support workers so that they don't have to choose between care and their job or critical income, states should:

- establish a strong, comprehensive paid family and medical leave program that provides no less than twelve weeks of job-protected time off to care for oneself or loved ones and makes it affordable for people to take leave;
- establish a robust paid sick time policy that ensures all employees are entitled to earn job-protected time off for personal health needs, to care for a loved one, or safe time to address domestic or sexual assault; and
- ensure both policies have broad eligibility including for those self-employed; are publicly administered with resources for implementation and enforcement; prevent employer discrimination and retaliation; ensure all employers can participate regardless of size; and allow people to take time off to care for chosen and extended family.

In lieu of a nationwide, comprehensive paid family and medical leave program and paid sick time policy, states have worked over decades to provide paid leave for workers, creating and improving their own programs to benefit more people and paving the way for future federal progress. For example, Minnesota started offering some of the most comprehensive paid family and medical leave benefits of any state beginning this year. Its program follows many of the best practices and lessons learned from other states, including twelve weeks of leave for one's own health and twelve weeks for family and safety leave; broad eligibility including for public sector and domestic workers; caring for chosen family; making it affordable for lower-paid workers to take leave; and ensuring workers keep their jobs when they return.[150] States also continue to improve existing programs. In 2025, Colorado became the first state to enact legislation providing parents with a child in neonatal intensive care with up to an additional twelve weeks of leave. The move has spurred interest in other states for similar policies.[151] Defense against cuts is also vital as states begin to adopt and implement paid leave programs. The District of Columbia recently became the first state to reduce the benefits of its paid leave program, cutting its family caregiving leave in half, and reducing other benefits across its program.[152]

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Appendix 1: Glossary

advance notice: Notification provided to an employee of their work schedule in advance of the date they are to report to work. Some advance notice provisions also require employers to provide estimates of schedules and minimum hours before an employee begins employment.

care: The range of services and supports needed to meet needs related to age, disability, health, or illness. Care can be provided by loved ones, institutions, or professionals. Other terms for care include family care (commonly used by research or advocacy organizations) and dependent care (commonly used by government entities).[153]

child care and early learning: The care of children, including infants, toddlers, and school-aged children. Early education is an important component of child care that involves teaching and fostering healthy brain development. Common child care employment options include center-based child care, family child care, and home-based child care.

Domestic Workers Bill of Rights: National and state legislation that establishes rights for home care workers, nannies, and house cleaners to ensure safety and dignity at work.

home and community-based services (HCBS): Services that provide opportunities for people who need assistance with the activities of daily living to receive services in their own home or community rather than institutions or other isolated settings.

long-term services and supports (LTSS): The range of services and supports used by individuals of all ages who need assistance with activities of daily living because of disabling conditions or chronic illnesses, including older adults care. Also known as long-term care.

paid family and medical leave: Leave that provides wage replacement and job protection so people can take the time they need to recover, or provide care to a family member, without worrying about forgoing income or losing a job. Such leave may be provided by a state government, employer, or insurance company.

paid sick and safe days: Time that a worker accrues over hours worked that can be taken in hourly or daily increments to recover from a personal illness, take care of a sick family member, respond to a public health emergency, or a matter arising from an incident of domestic or sexual abuse.

predictability pay: Pay that employees receive as compensation, in addition to payment for any time actually worked, when employers make last-minute changes to employees' shifts, including additions or reductions in hours and cancellations of regular or on-call shifts.

pregnant worker fairness: Providing employees with needs due to pregnancy, childbirth, and related medical conditions with reasonable accommodations in order to allow employees to safely continue working during their pregnancy. Some examples of such accommodations include longer or more frequent breaks, allowing the worker to sit in a chair while performing their duties, temporary transfer to a less strenuous or hazardous job, modified work schedules, assistance with manual labor, and access to a non-bathroom private lactation area.

reporting pay: Pay that employees receive for some portion of their originally scheduled shifts when employees report for work but are then told that their shifts have been canceled or reduced. Laws and regulations requiring reporting pay typically predate, and are more limited than, those requiring predictability pay.

right to request: The right of employees to request flexible working arrangements or other changes to their schedules free from retaliation by their employers.

right to rest: The right of employees to take a minimum amount of rest time between shifts and of employees who consent to work without rest time to receive pay at a higher rate.

split-shift pay: Additional wages received by employees as compensation for any day on which they are required to work shifts in which they have a gap or gaps between scheduled hours in the same day.

Appendix 2: Detailed State Grades

For the 2026 care report card, the minimum grade cutoffs are as displayed in Table A2.1.

Table A2.1

2026 Care Report Card Grading Rubric	
Minimum Points for Grade	**Letter Grade**
14.67	A
13.59	B+
11.41	B
10.33	B-
9.24	C+
7.07	C
5.98	C-
4.89	D+
2.72	D
1.63	D-
0.00	F

Table A2.2 shows the detailed scores for each state, including their total points, letter grade, and relative ranking for this year. We have also provided their previous letter grade, for reference.

Table A2.2

2026 Care Report Card Detailed State Scores				
State	**Total Score**	**2026 Letter Grade**	**Total Score Ranking**	**2024 Letter Grade**
Alabama	A	F	51	F
Alaska	B+	D	23	D
Arizona	B	D+	22	D+
Arkansas	B-	D-	36	D

Table A2.2 Continued

2026 Care Report Card Detailed State Scores				
State	**Total Score**	**2026 Letter Grade**	**Total Score Ranking**	**2024 Letter Grade**
California	C+	B	1	B
Colorado	C	B-	9	B
Connecticut	C-	B	8	B-
Delaware	D+	C-	20	C
District of Columbia	D	B-	10	B-
Florida	D-	F	48	F
Georgia	F	D-	39	D-
Hawaii		C-	17	C-
Idaho		D-	43	D-
Illinois		C-	19	C-
Indiana		D-	37	D-
Iowa		D	25	D
Kansas		D	31	D-
Kentucky		D	33	D-
Louisiana		D	32	D-
Maine		C	16	C
Maryland		B-	12	C+
Massachusetts		B	4	B
Michigan		C-	18	D
Minnesota		B	7	B
Mississippi		F	50	D-
Missouri		D-	45	D-

Table A2.2 Continued

2026 Care Report Card Detailed State Scores				
State	Total Score	2026 Letter Grade	Total Score Ranking	2024 Letter Grade
Montana		D-	42	D-
Nebraska		C-	21	D
Nevada		D	26	D
New Hampshire		D	30	D
New Jersey		B	5	B-
New Mexico		C+	13	C+
New York		B	3	B-
North Carolina		F	47	D-
North Dakota		D	27	D
Ohio		D-	35	D
Oklahoma		D-	40	D-
Oregon		B	2	B+
Pennsylvania		D	28	D
Rhode Island		B-	11	C+
South Carolina		D-	38	D-
South Dakota		D-	41	D-
Tennessee		F	46	D-
Texas		D-	34	D-
Utah		D	29	D
Vermont		C	14	C
Virginia		C	15	D
Washington		B	6	B-

Table A2.2 Continued

2026 Care Report Card Detailed State Scores				
State	Total Score	2026 Letter Grade	Total Score Ranking	2024 Letter Grade
West Virginia		D-	44	F
Wisconsin		D	24	D
Wyoming		F	49	D-

Appendix 3: Methodology and Data Caveats

Changes from the Previous Report Card

The 2026 update to the care report card was designed to maintain as many equivalent metrics as possible to the original report card to make state progress easier to evaluate. There were a few key changes due to either federal progress or insufficient data. First, the federal government passed the Pregnant Worker Fairness Act. In the 2021 report card, states were appointed extra credit for having state pregnant worker fairness statutes. Since the federal law follows many best practices, the federal law sets standards that are equal or higher to most state pregnant worker fairness laws. As such, extra credit in this category was removed. States with existing pregnant worker fairness laws were held harmless and maintained their extra credit from the 2021 edition of the care report card.

Child Care and Early Learning

The information available about state child care policies can help demonstrate states that have done better and worse, but do not reflect the full picture of how children, families, providers, and early educators are experiencing the child care and early learning systems in their states.

AFFORDABILITY OF CHILD CARE AND EARLY LEARNING

Child Care Aware of America annually reports data on the price of child care in each state and how it compares to median family incomes, which could be useful. However, this data on its own does not provide enough information. Less-expensive programs may be of poor quality, so the lower price tag does not necessarily make it better; just as more-expensive programs may be paying early educators better and therefore serving children better. In addition, the price of care does not reflect state policies. Therefore, we did not use the price of child care as a metric.

Instead, for the affordability measure for income eligibility, the scoring relied on data reported by the National Women's Law Center (NWLC) on state income eligibility levels as a percentage of income levels. For every state that has income eligibility above 75 percent of state median income (SMI), the scoring rubric gave them 0.2 points; any state with an eligibility below 75 percent of SMI received 0. For copayments, the scoring relied on data from the Department of Health and Human Services, Administration on Children and Families Office of Child Care, specifically their data on the average monthly mean family copayment as a percent of family income. The most recent data available was preliminary data for FY2020, which was used for this report. The scoring was based on (1) the percentage of eligible families that had no copayment and (2) the average copayment as a percentage of income for families that do have copayments. Those states where 60 percent or more of families had no copayments, received 0.2 points and those states where the average copayment as a percentage of income (not including $0 copayments) was below 5 percent also received 0.2 points. Even though 7 percent of income is the affordability measure according to the Department of Health and Human Services, since the families included had income that is at most only 85 percent of SMI and the majority were between 100 percent and 150 percent of the federal poverty level, the rubric used the lower percentage as a more accurate sign of affordability. To confirm that these measures depict affordability for low-income families, the results were cross-referenced with data reported from NWLC that looked at 2020 parent copayments for a family of three with an income at 150 percent of poverty and one child in care. Four states had copayments under 5 percent for these families in 2020 that had higher copayments in the FY2019 data, so the rubric also gave them 0.1.

ACCESSIBILITY TO A DIVERSE SUPPLY OF OPTIONS

The report used the Center for American Progress' updated child care deserts report to score supply of child care.[154] The scoring rubric used "very low supply" as the indicator to grade states, a subset of the overall licensed child care desert category, defined as areas with at least three children under the age of 6 per local, available licensed slot. Very low supply refers to communities where there are at least ten young children or more per local, available licensed child care slot. States with under 25 percent of families living in a desert with very low supply received full credit—1 point. States with less than 50 percent of families, but more than 25 percent received partial credit—0.3 points. Any state with above 50 percent received 0. It should be noted that, given the variability in states' licensing systems, cross-state comparisons should be made with caution. Child care deserts are inclusive of licensed care providers only, so the threshold for licensure will affect how supply by state is measured and interpreted.

THE QUALITY OF CARE

For the quality measure, ideally, the child development associate (CDA) credential and support for achieving it would not be the only scores included, but unfortunately, there is not a standard, agreed upon measure of quality in the child care sector. Most states have their own quality rating and improvement system (QRIS), but few of these systems take into account teacher and staff wages and working conditions, which can have the biggest impact on the quality of a child's experience. And some advocates feel that existing quality measures have been developed without a cultural sensitivity or consideration for racial equity.[155] As a result, the rubric does not include a separate measure for high quality child care and early learning programs, despite acknowledging that it is an essential part of such a policy. In terms of using the CDA specifically, CSCCE researchers write,

> In early care and education, most states have yet to implement consistent educational requirements, even though experts recommend that lead teachers and program administrators acquire degrees and specialization equivalent to those working in elementary schools. Likewise, early educators working in other roles, like assistant teachers or aides, are encouraged to attain foundational knowledge, such as a Child Development Associate® (CDA) Credential.[156]

Debate remains about whether a CDA is enough, or if early educators should also have an associates or bachelors degree. Some advocates feel that experience with children and being a consistent, stable presence is enough, while others feel that more education is needed.The scoring rubric gives states credit (0.2 points) for having a CDA requirement but does not give any additional credit for requirements above a CDA. It further gives states credit (0.4 points) for providing support for pursuing and achieving a credential or additional training in the form of scholarships, apprenticeships, stipends, or tax credits and bonuses. Additional credentialing requirements must also come with an increase in compensation. This policy was not measured as part of the data set this report used, but it is important to note. (In addition, additional scoring based on early educator wages is included in a later section.) There are also other priorities for high quality child care that are particularly hard to measure, such as how states are faring in terms of cultural competency and supporting dual language learners, how they are supporting parents and children with disabilities, how they are addressing racial justice and racial and economic integration, and how they are including diverse stakeholder voices in decision making. In addition, this report does not include how states are investing in after school and summer programs since there was no single source data set. The After School Alliance collects data regarding parent perspectives and use of federal funds, but not on state-specific policies.

SUCCESS IN ACHIEVING UNIVERSAL PRE-K

The scoring rubric for pre-K for this report assigned 0.2 points to the top 10 states in terms of access for children age 4; 0.15 points for states 11–25; 0.1 points for states 26–39; 0.05 for states 40–50; and 0 for those that did not have any program at all. The rubric assigned the same scores again for states according to pre-K access for children age 3, although many fewer states had a program in place that served that age. Since NIEER created a way to measure whether state preschool policies meet ten quality criteria, the scoring rubric used that scale for the report card. States that met NIEER's maximum of 10 on the quality checklist received 0.1 points; those that met 6–9 received 0.05; and those that met 1–5 received 0.025. Finally, the rubric used the NIEER ranking of state spending per child on preschool to assign scores there. States in NIEER's top 10 received 0.1; those ranked 11–25 received 0.05; and those ranked 26–50 received 0.025; states without a program received 0.

Paid Family and Medical Leave

The analysis draws from two state-level policy data sources compiled by the National Partnership for Women & Families and A Better Balanced on paid family and medical leave in each state. Data on states with expanded FMLA comes from the National Partnership for Women & Families.

This measure uses model legislation to identify ideal policies. While the model legislation identifies twenty-five areas for advocacy, this analysis uses only the ten criteria that most connect to the principle that every worker who needs to take time away from work for family or medical reasons can do so. Some aspects of an ideal paid family and medical leave policy that would impact access to leave, such as minimal unpaid waiting periods or specifications on the minimal increments of leave, are not included here to maintain focus on the key provisions that impact access. Outside of benefits duration, this report does not evaluate the quantitative specifications such as the amount of wage replacement or specific work-hour or earnings eligibility criteria. Additionally, due to data limitations, the rubric does not evaluate aspects of the policy related to paid leave implementation, such as education requirements for public agencies and employers that help workers learn about the benefits that are available to them.

States received 0.5 points for having expanded on FMLA. They received 1 point for having a paid family medical leave law in place. States then received an additional 0.2 points for each of the following components:

- covering all workers,
- having an inclusive definition of family,
- having broad reasons for use of leave including medical and family caregiving and military reasons,
- offering more than twelve weeks of leave,
- having a progressive wage replacement scale,
- funding the program through shared contributions between employer and employees,
- allowing for intermittent leave,
- offering job protection that exceeds those in FMLA,
- requiring continuing coverage of health care benefits during the leave period, and
- prohibiting discrimination beyond FMLA.

Paid Sick and Safe Days

This analysis uses eight criteria that most connect to the principle that every worker who needs to take time away from work for family or medical reasons can do so. It draws from model legislation as well as two state-level policy data sources compiled by the National Partnership for Women & Families and A Better Balance on paid sick and safe leave in each state. States receive 1 point for having a paid sick leave law in place. They receive an additional 0.25 points for each of the following components:

- covering all workers,
- offering more than five days of leave in a calendar year,
- including safe days,
- having an inclusive definition of family,
- allowing for sick days to be used in the event of a public health emergency or school closure,
- having a minimum accrual rate of one hour per thirty hours worked,
- having a private right of action, and
- allowing days to be used immediately without a waiting period.

Domestic Workers Bill of Rights

One key data limitation in this policy area is the level of enforcement or adherence to the law. Some states require workers' rights and home policies to be provided in writing to their employee, but there is no data to determine whether it's common practice. In states that don't require written notice, it's unclear how many workers or employees know about these policies at all. Another unknown, and opportunity for further research, is the difference in adherence and enforcement for home care workers that work for agencies versus those who are hired directly by a household employer.

States receive 1 point for having a domestic worker bill of rights in place. They receive an additional 0.1 points for each of the following components:

- requiring overtime pay for working more than forty hours a week;
- having access to paid sick leave, paid family leave, and other forms of PTO;
- protections against discrimination, harassment, and retaliation by employers; civil protection;
- requiring the minimum wage;
- requiring a layoff notice or severance;
- requiring time off for meal breaks; and
- using state budget funds for overtime pay for home care workers.

Care Workers Unions

There is no comprehensive source on the number of care workers covered by union contracts, by state, sector, or occupation. These data would be useful in understanding how comprehensive state laws are in terms of the percentage of care workers actually covered, and the impact on their wages and working conditions. As a result states received 1 point for having a law protecting care worker unions.

Care Worker Wages

To look at care worker wages we first pulled the median wage for direct care workers and child care workers for each state. Then we evaluate this wage against a number of metrics. First, states earn 0.1 points if the median wage is at least 50 percent of the living wage for one adult and one child. States earn an additional 0.2 points if the median wage is 80–99 percent of the living wage for one adult with one child, and an additional 0.3 points if it's more than 100 percent of that living wage. Because we know that median wages are lower than they should be due to the undervaluing of women's work, states earn an additional 0.2 points if they meet the sufficient wage benchmark for workers set in a report by the Economic Policy Institute.[157] This benchmark was set by economists and provides state-by-state levels for what direct care worker wages would be if they accounted for the full value of their labor, including by eliminating wage gaps and accounting for education levels. These benchmark wage levels were inflation-adjusted to 2025 levels to be comparable with median wage data from 2025. No state has yet met this wage benchmark.

Home-and Community-Based Services

For the scoring of this policy area, the rubric relies on data from the "Advancing Action" scorecard from the AARP Public Policy Institute, which ranks states based on five dimensions.[158] Each category includes a number of indicators. States were ranked in order and received a maximum score of 3 for the highest ranking state. Each subsequent state's score decreased by 0.06 points. (For greater detail on the AARP's scorecard please consult their report for extensive information on indicators and definitions of key terms.) Some key indicators in the report include:

- affordability and access, which includes metrics on home care costs, nursing home costs, long term care insurance, and Medicaid HCBS presumptive eligibility;
- choice of setting and provider, which includes metrics on spending on HCBS, assisted living supply, home health aide supply, and LTSS worker wage competitiveness;
- safety and quality, which includes a number of quality benchmarks in HCBS and home health hospital admissions, staff turnover, quality ratings, and staffing levels;
- support for family caregivers, which includes metrics on nurse delegation, family responsibility protected classification, unemployment insurance for family caregivers, and state caregiver tax credits; and
- community integration, which includes metrics on the employment rate for people with disabilities, multisector plans for aging, and access to housing assistance for people with disabilities.

Tax Policy

This scorecard does not capture the full extent of the progressivity or adequacy of tax credits in place. Some states have progressive taxation, in that lower income recipients receive a higher benefit relative to the federal benefit. However, the bend points and cutoffs vary from state to state. This report did not attempt to identify whether those bend points and cutoffs are adequate based on poverty levels and cost of living in each state, or if the benefits get individuals and families closer to a living wage. As a result, for each tax credit evaluated, states receive 0.5 points for having the tax credit in place. They receive an additional 0.25 points if their tax credit is refundable. States receive 0.5 points if the tax credit is at least 50 percent of the federal benefit, or 0.25 points if it's less than 50 percent but greater than 25 percent of the federal benefit. States total tax credit scores are aggregated and divided by 3 so the maximum possible extra credit points possible for tax credits is 1.25 points.

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