



1640 LYNDON FARM COURT, SUITE 108 | LOUISVILLE, KENTUCKY 40223

Kentucky Personnel Cabinet  
% Rosemary Holbrook  
501 High Street, 3rd Floor  
Frankfort, KY 40601  
*SUBMITTED VIA EMAIL TO [ROSEMARYG.HOLBROOK@KY.GOV](mailto:ROSEMARYG.HOLBROOK@KY.GOV)*

### Comments re: Proposed 101 KAR 2:102 and 101 KAR 3:015

To Whom It May Concern:

Thank you for the opportunity to submit comments on the Kentucky Personnel Cabinet's above-named administrative regulations. Kentucky Voices for Health (KVH) is a nonpartisan, 501(c)(3) organization working to uplift Kentucky consumer advocates statewide – the real people and families at the end of policies. We work in coalition with hundreds of individual and organizational members from across the Commonwealth so that we can not only identify, but also address, the root causes of poor health outcomes through policy advocacy. KVH is deeply supportive of improving Kentuckians' access to quality, affordable, barrier-free and equitable healthcare and we acknowledge that "healthcare" transcends multiple social determinants of health classifications including transportation, housing, food access, child care, and yes – paid parental leave and other workforce leave policies that support the whole health of an individual and family.

Last December, we were very encouraged by Governor Beshear's announcement of new regulations for paid leave. And in broad terms, we are immensely supportive and grateful for the proposed 101 KAR 2:102 and 101 KAR 3:015. However, we do have concerns in the details of their design. The decision to combine paid parental leave with paid family medical leave and the restriction that employees can only use it based on tenure, essentially limiting utilization to once per decade, would become a trait that would be unique to only Kentucky if unchanged. This design creates worrisome and unintentional precedents that could be set should these regulations remain unmodified after the administrative regulation review process. Individual comments we have collected the last

#### EMILY BEAUREGARD

EXECUTIVE DIRECTOR

[emily@kyvoicesforhealth.org](mailto:emily@kyvoicesforhealth.org)  
502.209.9088

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few weeks are attached as an addendum and are directed at both regulations, organized by question/prompt, as well as basic demographic information. You'll see a compelling case made by real Kentuckians, many of whom are or have been state employees, on why these restrictions are worrisome, and also why the length of leave made available should be even longer than six weeks.

## **BACKGROUND & INTRODUCTION**

Over the last fifty years, the number of mothers who are working full or part time in the American workforce has grown from around a 50% participation rate to nearly 75%, and among two-parent households, approximately half include two full-time working parents<sup>1</sup>. Very specifically within Kentucky's state employee workforce, a similar yet more targeted upward trend exists as well – the most recent 2022-2023<sup>2</sup> annual report indicates 51.42% of executive branch Kentucky state employees are female while forty years prior in the 1983-1984<sup>3</sup> report, only 43.8% executive branch state employees were female.

In spite of these paramount shifts within the American workforce, the U.S. approach to family planning and support for new parents pales in comparison to the rest of the world's most advanced-economy countries. Australia, Germany, Japan, France, Mexico, Israel and dozens of other countries have mandated paid parental leave policies, ranging from 86-weeks of paid leave in Estonia, 49-61 weeks in Norway, 18-weeks in Chile, 9-weeks in Ireland, and so on<sup>4</sup>.

This alarming reality does not mean that all of America is starting at ground zero in terms of supporting growing families participating in the workforce. In fact, that is far from the case. Trends within the paid family medical leave (PFML) and even PPL for private businesses is growing. As of 2024, its estimated that 78% of private sector businesses<sup>5</sup> offer some degree of paid sick leave, but the range and robust application of these policies vary wildly. Several states included paid sick leave on their ballot initiatives in 2024, and Missouri, Alaska and Nebraska<sup>6</sup> were among those who supported the effort, but again, at varying degrees to start.

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<sup>1</sup> Livingston & Thomas, Pew Research Center, "Among 41 Countries, Only U.S. Lacks Paid Parental Leave", Dec. 2019

<sup>2</sup> 2022-2023 Kentucky Personnel Cabinet Annual Report

<sup>3</sup> 1983-1984 Kentucky Personnel Cabinet Annual Report

<sup>4</sup> Livingston & Thomas, Pew Research Center, "Among 41 Countries, Only U.S. Lacks Paid Parental Leave", Dec. 2019

<sup>5</sup> Williamson, Center for American Progress, "The State of Paid Sick Time in the U.S. in 2024", Jan. 2024

<sup>6</sup> Hsu, National Public Radio, "How States Voted on Minimum Wage and Paid Leave", Nov. 2024

In making the case for supporting public servants specifically, as of 2024, 36 states and also Washington, D.C.<sup>7</sup> have adopted paid parental leave policies for state employees as they welcome children into their homes through birth, foster placement, or adoption. Two states, Arkansas and Oklahoma, offer paid maternity leave for only female state employees. Nearly all have adopted their state employee leave policies ranging from six (6) to twelve (12) weeks per event (birth, adoption, foster placement). Only a minority of states nationwide are still missing completely within this space, and unfortunately, Kentucky is one of those twelve states. Regionally speaking, it is only Kentucky and West Virginia in the race to be last to support paid parental leave for its state employees in the southeastern United States.

In 2019, President Trump adopted twelve weeks of paid parental leave for federal employees. Recently, several Kentucky school districts have adopted paid parental leave policies for their local workforce, especially teachers who are also public employees. Examples of paid parental leave benefits among local school boards as they have been adopted include:

- Fayette County approving 7-weeks
- Jefferson County approving 6-weeks, and
- Taylor County approving 5-weeks AND an on-campus daycare available on all days that schools are in session.

These paid parental leave benefits are NOT restricted to be used once every 10-years, but simply as each new child is welcomed into a family. Even during the 2025 Regular Session of the Kentucky General Assembly, we saw SB9 reach final passage, establishing a minimum 30 days of paid maternity leave for school teachers statewide. We are optimistic and hopeful that Gov. Beshear will support this bill and sign it into law soon.

While no two states are ever alike, Kentucky's recently announced design for paid family medical leave and paid parental leave still stands out as especially restrictive, particularly in terms of the benefit frequency, the inclusion of personal medical leave, and the lack of tenure requirements.

### **AREAS FOR CONCERN & TRENDS AMONG OTHER STATES**

The inclusion of personal medical leave in Kentucky's proposal for paid parental leave is unique among other southern states, who likely offer paid leave for these situations through existing short-term disability policies. For instance and by contrast, Arkansas, Georgia, Louisiana, and Tennessee allow parental leave to be taken once within a 12-month period. There is also currently no tenure requirement in Kentucky's proposal. New employees would become eligible immediately. Georgia's policy requires full-time workers

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<sup>7</sup> Map of Paid Parental Leave & Family Caregiving Leave Policies for State Employees, A Better Balance, March 2024

to be employed for at least six continuous months before becoming eligible for parental leave. Arkansas, Louisiana, and Tennessee all require a worker be employed for at least 12 months before becoming eligible for parental leave. The policies in Arkansas, Georgia, Louisiana, and Tennessee also do not have waiting periods, meaning eligible employees do not have to take unpaid leave prior to qualifying for wage replacement.<sup>8</sup>

As of February 2025, Indiana lawmakers have introduced S.B. 115, which would create a PFML program providing up to 12 weeks of leave, and was introduced with bipartisan support<sup>9</sup>. In New Mexico H.B. 11<sup>10</sup>, which would create a PFML program providing up to 12 weeks of family leave and up to 9 weeks of medical leave (up to 12 cumulative weeks of leave), has already recently passed favorably out of the first House committee. In Virginia S.B. 1122<sup>11</sup>, which would create a PFML program providing up to 12 weeks of leave, has been voted favorably out of the Senate. These are recent examples but also noteworthy extensions of existing PFML programmatic support among states who have already had state employee paid parental leave (PPL) policies in place for years. For newer state employees (less than five years), many do not have enough paid leave saved up to cover both prenatal care and the parental leave they need after their child arrives. Prenatal visits alone can quickly deplete available leave, leaving new parents with little to no paid time off once their baby is born. Some families are lucky in that they receive help from family members, but this is not a reality for most families and is not a policy solution. Many employees are forced to take unpaid FMLA leave or rely on donated leave from coworkers, essentially a "GoFundMe" approach to paid time off. If a state employee has been employed long enough at a 100-hr or more per month pace, they begin to accrue time, and depending on the years of service, the rate of that accrual increases over time. If employees have accumulated sick/annual leave, they use this first and are of course paid, but, the primary "source" in practice and that all state personnel manuals insist and encourage use of is FMLA. While benefits such as insurance are maintained under FMLA, employees are

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<sup>8</sup> Arkansas Department of Transformation and Shared Services, Office of Personnel Management. (2023, May 8). Catastrophic leave.

<https://www.transform.ar.gov/wp-content/uploads/47-Catastrophic-Leave-5.8.2023.pdf>

Ga. Code Ann. § 45-20-17 (2024)

A Better Balance. (2024, July 12). Know your rights: Georgia's paid parental leave bill for teachers and state employees.

<https://www.abetterbalance.org/resources/know-your-rights-georgias-paid-parental-leave-bill-for-teachers-and-state-employees/>

Louisiana State Civil Service. (n.d.) Parental leave.

<https://www.civilservice.louisiana.gov/Parental-Leave/Default.aspx>

Louisiana State Civil Service Rule 11.36(g).

2023 Tenn. Acts, ch. 216.

<sup>9</sup> Proposed by Sen. R. Pol.

<https://iga.in.gov/pdf-documents/124/2025/senate/bills/SB0115/SB0115.01.INTR.pdf>

<sup>10</sup> Proposed by Rep. C. Chandler.

<https://www.nmlegis.gov/Sessions/25%20Regular/bills/house/HB0011.pdf>

<sup>11</sup> Proposed by Sen. J. Boysko. <https://lis.blob.core.windows.net/files/1024607.PDF>

unpaid, even though their salaries will have been budgeted for in their respective state agency budgets.

This is where the reality of the current model's unsustainability comes to light. Rank and file state employees, and typically those who are having children are folks in the beginning of their career, they do not have 12-weeks of time banked and ready. We should also keep in mind the amount of time for prenatal check ups -- so essentially once you know you're pregnant, if you seek out the care you need and deserve, you are burning your time at a similar pace that you are accruing it. This is an unsustainable system that puts unnecessary financial strain on families.

Again, while no two states are identical in implementation, Kentucky has a ripe opportunity to not only learn from several dozen others who have had PPL and/or PFML in place for their state employees for quite some time now, but also, there is an urgent opportunity during this administrative regulation review process to strike a balance between applying a fair waiting period for new employees and the other extreme of making established employees "wait too long" to use their 6-weeks of leave.

### **PRENATAL & POSTPARTUM HEALTH: BRAIN DEVELOPMENT, DISEASE PREVENTION, BREASTFEEDING INITIATION RATES, MENTAL HEALTH & SUPPORTING THE OVERALL HEALTH OF MOMS, DADS & BABIES**

A shared talking point among many policymakers, lawmakers, health advocates and professionals the last few years has focused on how 90% of a child's brain development<sup>12</sup> happens before the age of five. And yet most policies support children closer to school-age. Kentucky struggles with meeting the needs of postpartum Kentuckians and as a state, we typically rank very low if not the lowest for meeting needs such as breastfeeding initiation rates, support and access to care for perinatal mood and anxiety disorders/PMADs which can affect both moms AND dads, and we also face some of the highest C-section rates in the country, which demand a more lengthy and intense recovery period<sup>13</sup>. Pediatricians, family physicians, epidemiologists and other public health professionals have begun to sound the policy alarms for more robust child care, paid parental leave and unfettered access to nutritious food, among other necessities so that we can finally begin to meet the basic health-related needs of an entire child.

Postpartum bonding involves both the mother's and baby's brains undergoing significant changes and development, with a strong bond fostering healthy neurodevelopment and

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<sup>12</sup> "The Science of Early Childhood Development", The Bipartisan Policy Center, Harvard University's Center on the Developing Child, May 2021

<sup>13</sup> March of Dimes, 2024 Annual Report Card for Kentucky

emotional well-being<sup>14</sup>. This bonding process, which occurs in the early postpartum period, is essential for establishing a secure attachment relationship, for improved health outcomes for both mother and child, and may even promote brain development and the reversal of atypical brain development trajectories brought on through pressures of prenatal stress<sup>15</sup>. The importance of nurturing this time period cannot be overstated.

The postpartum period is also a time of heightened brain plasticity in mothers, meaning the brain is adaptable and can form new neural connections. Hormone fluctuations, particularly oxytocin and prolactin, play a key role in promoting maternal attachment and facilitating brain changes<sup>16 17</sup>. For a number of reasons, each mother's journey is unique and successful bonding can be, yes, instantly achieved, but also unfortunately delayed. Perhaps there was birth injury or trauma, or unresolved perinatal mood and anxiety disorders (PMADs) preventing a mother's bonding during this time. This time is just as important for fathers, as well.

In a review of 43 studies on depression in new fathers, it was discovered that prenatal and postpartum depression was evident in about 10% of men in their studies and was relatively higher in the three to six month postpartum period. Successful father-infant bonding during the immediate postpartum period has been shown to have several benefits for the infant: it reduces cognitive delay, promotes weight gain in preterm infants, and improves breastfeeding rates due to their availability to support added caregiving needs<sup>18</sup>. Kentucky's state of maternal mental health recently improved .....to a D<sup>19</sup>. We now better understand the compounding factors that play a role in poor mental health outcomes, and yet truly addressing the behavioral health safety net reforms to effect change is still one of the elephants in the room, wrought with stigma and barriers to care. Personally, as a former state employee of almost thirteen years and as someone still married to a career state employee, I absolutely want our state's public servant frontlines to be able to do their jobs and not face silent battles of whether they can maintain their family's financial obligations as they welcome new babies into their homes. Losing weeks of paychecks is a harsh reality regardless of where you are employed. We simply can and must do better.

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<sup>14</sup> Winston & Chicot, NIH National Library of Medicine, "The Importance of Early Bonding on the Long-term Mental Health & Resilience of Children", Feb. 2016.

<sup>15</sup> Nolvi, Merz, Kataja & Parsons, Biological Psychiatry, Volume 93 Issue 10, "Prenatal Stress & the Developing Brain: Postnatal Environments Promoting Resilience", May 2023.

<sup>16</sup> Ayeni, Postpartum Support International, "Mother-Infant Bonding: It's Not Always Instant", Dec. 2023

<sup>17</sup> Gholampour, Riem & van den Heuvel, NIH National Library of Medicine, "Maternal Brain in the Process of Maternal-Infant Bonding: Review of the Literature", Aug. 2020

<sup>18</sup> Paulson & Bazemore, Journal of the American Medical Association, "Prenatal and Postpartum Depression in Fathers and Its Association with Maternal Depression", May 2010

<sup>19</sup> Policy Center for Maternal Mental Health, 2024 Annual State Report Cards

Circumstances (often out of an individual's control) can quickly build and spiral for growing families, causing other health needs to deteriorate under pressure such as nutrition, hygiene, and breastfeeding initiation. When families face difficult decisions of their personal finances, employment status, and whether or not they can provide for their growing family, unfortunate decisions to return to work or leave the workforce feel forced, rushed, and only add to the pressures naturally encountered during the immediate postpartum period. Everyone strives for a perfectly healthy pregnancy, birth and postpartum period, but we know that this is not the reality for thousands of families every year. High risk pregnancies do not necessarily mean there will be a high risk birth, but similarly, you can have a perfectly healthy and normal pregnancy and then face a crisis during birth where extreme intervention such as a Cesarean section (C-section) is needed, or worse, there is birth trauma, injury<sup>20</sup>, or even death<sup>21</sup> incurred. For the same reasons that you cannot predict when you will encounter a heart attack, be in a car accident, or face urgent caregiving needs for a family member, all of which would be justified for PFML use, we cannot predict when prenatal or birth healthcare needs will escalate.

However, we can impact the policies that affect families in the immediate postpartum period and who are in need of comprehensive PPL benefits. A steady pattern among comments received, as well as among states nationwide and countries worldwide are how six weeks of PPL is possibly a fair “first step”, but it is still grossly inadequate to meet the need. Many Kentuckians submitting individual comments for your review insist on consideration for twelve weeks, and here at KVH, we could not agree more.

In Kentucky, safe and affordable child care options, when you can secure a slot, are not available until 6-weeks at the earliest, however, for women healing from, at minimum, a dinner-plate sized wound on her uterus<sup>22</sup>, returning to work even after a healthy birth is entirely too soon at the 6-weeks threshold. Many births encounter some degree of additional strain, such as tearing and/or episiotomies, hemorrhage, or C-section births which require a much lengthier healing process by default. For those who undergo a C-section birth, whether elective or emergency, the lifting and mobility restrictions and overall healing process immediately postpartum are much more demanding at times than those who vaginally deliver their babies. Allowing a birthing person to fully heal before making them return to work is humane and the accepted practice in advanced countries globally, except the United States. Regardless of how delivery of a baby happens, hormones begin shedding, breastfeeding initiation for those who choose to breastfeed begins, and this is a very delicate and precious time in general – especially for those navigating it for the

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<sup>20</sup> Kentucky Department of Public Health Division of Maternal and Child Health, “Ten Years of Prevention: The Kentucky Birth Surveillance Registry 2005-2014”, Published 2016

<sup>21</sup> March of Dimes, Maternal Mortality Rates 2018-2022

<sup>22</sup> Yetter III, American Academy of Family Physicians, “Examination of the Placenta”, 1998

first time. We are focusing a good deal on the biological expansion of families, but, for those who are welcoming children through foster placement, you can sometimes receive a few days notice or even just hours advance warning that a new child is coming your way.

From a public health perspective, families with access to paid parental leave share a direct link to having a protective effect against infant hospitalizations, especially for respiratory syncytial virus (RSV), which can be serious if not deadly for babies. Paid parental leave showed to have a direct impact on the prevention of acute respiratory infections in newborns 8-weeks and younger. This was based on a very recent controlled time series analysis from 2015-2020 that found acute care encounters for respiratory tract infections were 18% lower after the introduction of paid family leave than in the absence of the policy.<sup>23</sup>

Within the aforementioned JAMA Network study, there were 52,943 acute care encounters for respiratory infection among babies 8-weeks or younger:

- 15,932 encounters were hospitalizations (30%)
- 33,304 encounters were paid for by Medicaid (63%)
- Encounters were 18% lower than predicted after the introduction of paid family leave.
- RSV encounters were 27.0% lower than predicted

What is unique to infer for Kentucky's Medicaid population is that it is more clearly understood how lower income households (and so those who are most likely to not be working in places with benefits such as guaranteed PPL) are clearly seeing higher and more detrimental impacts when it comes to the literal health and safety of their babies. Lower income households also fall victim to lower immunization status rates, and Kentucky's plan does not cover fully social-emotional screenings for young children and at no surprise, Kentucky is doing worse than the national average on indicators such as the percentage of infants/toddlers who received a developmental screening in the past year<sup>24</sup>. State employees in large part earn above the thresholds for Medicaid eligibility, but not all, and even so, are generally making modest salaries in the scheme of workforce earners. The current absence of PPL for our state employees share a similarly dreadful existence in the pressure to either compromise their family's financial stability and leave the workforce to care for their child, or, return to work prematurely, risking their own health and that of their newborns.

## **WORKFORCE PARTICIPATION & RETURN ON INVESTMENT**

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<sup>23</sup> Ahrens, Janevic & Strumpf, Journal of the American Medical Association, "Paid Family Leave and Prevention of Acute Respiratory Infections in Young Infants", Aug. 2024

<sup>24</sup> The State of Babies, Kentucky's 2023 Report Card



The absence of paid parental leave as well as paid family medical leave disproportionately impacts women, as well as historically marginalized communities of Black and brown Kentuckians and those with disabilities. And at no surprise, some of the known successes when paid leave becomes available are that women have an increased workforce participation rate, including increased earnings, and, there is growth among the diversity workforce participation. Because Kentucky operates currently on an incremental expansion of paid family leave, building on the existing short-term disability insurance (STDI) market, this requires only light involvement from the government, but is likely to produce uneven access to paid family leave. The 68% of higher-earning employees stand to gain the most from this model, and unfortunately only 19% of those within the lower-income brackets have access to paid family leave through their employment. When paid family leave insurance becomes available for purchase, the access patterns are likely to mirror those of STDI and further spread the disparities in which employees can access the benefit for their families<sup>25</sup>.

Unlike paid parental leave, most states – currently 37 – have yet to adopt comprehensive paid family medical leave. The lack of PFML in states like Kentucky causes workers, particularly women of color, to lose billions of dollars in wages annually and experience increased economic insecurity. Black and multiracial women have the highest rates of taking leave without pay. Nearly 16.5 million leaves are taken each year, with a third, 5.2 million, resulting in billions of dollars in lost wages and increased economic insecurity and hardship, and more unfortunately, over 8 million leaves are needed but not taken each year, including leave to care for a new child or a sick loved one, or to recover from a serious medical condition.

This type of workplace “standard” is forcing workers to choose between a paycheck and their own health or the health of their families. Workers and their families in these states lose an estimated \$34 billion in wages annually due to unpaid or partially paid leave.<sup>26</sup> Specific to Kentucky state employees, a large and growing number of employers that compete with Kentucky state government for workers are offering paid parental leave to its employees, namely, universities, healthcare systems, and local governments<sup>27</sup>. We should be striving to both attract and retain the best of the best for our state government employees, not forcing them to weigh their family financing options and turnover to similar pension supported sectors, or, to return to work at the detriment of their own health and health of their babies prematurely.

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<sup>25</sup> Anderson, Center for Public Justice, “Paid Family Leave: State Level Access & Innovation”, Dec. 2024

<sup>26</sup> Andrews, Mehta & Milli, The Center for Law and Social Policy (CLASP), “Working People Need Access to Paid Leave”, Sept. 2024

<sup>27</sup> Pugel & Martin, Kentucky Center for Economic Policy, “The Case for Paid Parental Leave for Kentucky State Employees”, Dec. 2024

A 2020 March of Dimes study found that states with paid parental leave policies for their workforce saw a 20% drop in the number of women leaving their jobs in the first year after welcoming a child, and up to a 50% drop after five years<sup>28</sup>. Without dedicated PPL, an estimated 23% of women return to work within 2 weeks of giving birth, in part because it otherwise jeopardizes their family's financial stability<sup>29</sup>. But as a result, infant and maternal health suffers, stable child care is even more difficult to find, and women's labor force participation and earnings suffer each time these employment disruptions and turnovers occur.

For dads, they often do not have quality paid leave benefits either and the vast majority take less than two weeks of paid leave, contributing to gender inequities at home and further strain on new moms and babies. Another state government employment competitor, Louisville Metro Government, introduced 12-weeks of paid parental leave to its roughly 7,500 employees and in an analysis last year, found that "of the 26 departments with at least one PPL applicant, three account for close to 75% of all applications: Police (43%), Fire (18%), and Corrections (14%)"<sup>30</sup>. These are male dominated professions currently. One dad in particular responded, stating *"I was able to help my wife get the needed rest she needs while recovering and breastfeeding and spend a lot of time with my kids for 12 weeks straight for direct parental teachings for 12 months, all while being paid."* These are very basic and logical principles and success stories,, and we should look to border states and partner employers in-state for best practices, as opposed to trailblazing against the grain to bundle PPL and PFML for half the time afforded to Louisville Metro Government employees, facing potentially unintended consequences. While Louisville and Jefferson County certainly have a more densely populated workforce, there are state employees in literally every single county statewide<sup>31</sup>.

From an employer perspective, many appreciate the sustainability and reliability of employees, through mild paid leave support, can and will return to work at much higher rates as opposed to the loss to their workforce due to caregiving needs<sup>32</sup>. Quite a few economic drivers could be resolved or at least improved by investing and implementing high-quality, comprehensive paid leave programs. In the absence of dedicated PPL, the average family loses more than \$9,500, accounting for an estimated \$22.5 billion lost

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<sup>28</sup> Jones & Wilcher, March of Dimes economic analysis via American University's Department for Economics, "Reducing Maternal Labor Market Detachment: A Role for Paid Family Leave", 2020

<sup>29</sup> Shabo, New America, "Explainer: Paid and Unpaid Leave Policies in the United States", Jan. 2025

<sup>30</sup> Louisville Metro Department of Public Health & Wellness, "An Evaluation of the Health and Wellness Impacts of Louisville Metro Government's Paid Parental Leave Benefit", Jan. 2024

<sup>31</sup> 2022-2023 Kentucky Personnel Cabinet Annual Report

<sup>32</sup> Shabo & Friedman, New America, "Health, Work, and Care in Rural America", Nov. 2022

annually in families' wages nationwide<sup>33</sup>. It is important to note that state employee salaries are already budgeted annually and while FMLA covers the primary cost of an employee such as continued access to their health plan, employees are unpaid when using FMLA for parental leave even though their salaries are available in state government funds.

Millennials (born 1977-1996) are the largest workforce participant group currently, and also the generation considered to have the least amount of generational wealth, delaying family expansion and major purchases or spending<sup>34</sup>. The average age of first-time moms has significantly increased in recent years reaching 29.6 years in 2023, compared to 24.9 years in 2000<sup>35</sup>. Alongside Millennials are Gen Z (born 1997-2019), and combined, these individuals and families represent those participating in the workforce who are considered of "prime" birthing age and they ultimately account for 52.1% of Kentucky's state employee workforce as of 2023<sup>36</sup>. Despite delays, most families sooner than ten (10) years apart welcome children.

Bolstering our safety net has only proven to reduce poverty, increase family resources, and helped to close racial disparities. The introduction of comprehensive PPL and PFML would also knowingly improve health outcomes for children, new moms, and individuals facing serious health issues such as cancer treatment and recovery. We will see reduced costs to Medicaid, less TANF, SNAP, other public assistance utilization, as well as stronger women's participation in the workforce.<sup>37</sup>

## **CONCLUSION**

Paid leave can be used for a variety of reasons, but is most commonly used for illness or for recovering from childbirth and bonding with a new child, so we absolutely value and appreciate the logic this Administration has applied in developing its first attempt at designing paid parental leave and paid family medical leave for Kentucky state employees.

The known benefits of having access to unfettered paid parental leave without a once every 10-year utilization limit, and without conflict with other family medical leave needs, however, cannot arguably be contained in a single document. Even during the announcement of these new paid leave regulations in December of last year, Lt. Governor Coleman bravely recounted some of her personal health journey realities of recent. However, it is not lost on us that the welcoming of her child and an unfortunate breast cancer scare all happened within a four-year window of time. This is not unique to her and

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<sup>33</sup> Shabo, New America, "Explainer: Paid Leave Benefits and Funding in the United States", Jan. 2025

<sup>34</sup> U.S. Bureau of Labor Statistics

<sup>35</sup> U.S. Centers for Disease Control and Prevention

<sup>36</sup> 2022-2023 Kentucky Personnel Cabinet Annual Report

<sup>37</sup> National Collaborative for Infants & Toddlers (NCIT), "Paid Family and Medical Leave 101: What It Is, Why It Matters, and Where We Are With Policy", Jan. 2025

her family, and with the regulations as drafted in place, she would have only been guaranteed paid leave support for one of those health needs, not both.

We appreciate this Administration's stated goals and we know that proposed policies to support paid parental leave in particular can be life changing. We want to be abundantly clear that KVH supports the regulations' intent, but strongly feels that minor adjustments can significantly improve their impact as we have seen happen in many other states. Paid leave policies help sick parents and expanding families continue to access critical household resources that can catalyze positive health and economic outcomes. Based on this logic and the overwhelming need, we are hopeful that regulations designed to support dedicated PPL and PFML can be achieved, and state employees be given dignity in their service benefits. The bottom-line: every Kentuckian, including state employees and their babies, deserve to have their basic, health-related social needs met!

Thank you again for the opportunity to comment on these recently filed administrative regulations. KVH thanks you for your time, we hope that you will carefully review all 74 individual comments attached in addendum to this letter, and we appreciate the careful consideration given to your proposed regulations. We request that any response prepared to these comments and others be sent to [Kelly@kyvoicesforhealth.org](mailto:Kelly@kyvoicesforhealth.org).

Sincerely,

*A. Kelly Taulbee*

A. Kelly Taulbee  
Director of Communications & Development  
Kentucky Voices for Health  
Ph: 502.545.0688  
Email: [kelly@kyvoicesforhealth.org](mailto:kelly@kyvoicesforhealth.org)