

PERSPECTIVES ON OPPORTUNITY

Childcare Regulation and Affordability

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October 2025

In recent decades, childcare costs have outpaced family incomes and put pressure on family budgets. Legislators typically consider government subsidies to be the primary solution to rising costs, despite the high cost of broadly subsidizing care and possible adverse effects on families and children. Yet policymakers have paid little attention to how existing regulations limit childcare supply and increase costs, despite research emphasizing this relationship. According to the most recent data, restrictive child-staff ratios and education credentials are associated with the highest average costs in states. Childcare is more than twice as expensive in states with the most restrictive regulations than in states with the least. In states that require an associate degree for day care center teachers, the average annual cost of infant care is \$20,303, while in states with no education requirement, the average cost is \$11,021. In states with the most restrictive child-staff ratios, average annual toddler care costs \$20,196, while the cost is \$7,254 in the state with the least restrictive child-staff ratio. Zoning and immigration policies limit families' childcare options further, and collectively, regulatory policy carries meaningful consequences for families, opportunity, and upward mobility. To improve access and affordability, policymakers must look beyond subsidies and comprehensively reform barriers to care.

Women's participation in the labor force has shaped the modern Western world's economy and social fabric. The growth in US mothers' labor force participation over the past 50 years has been dramatic: While 34.3 percent of mothers with young children participated in the labor force in 1975, 66.3 percent did so in 2023 (Women's Bureau n.d.; Women's Bureau 2024).¹

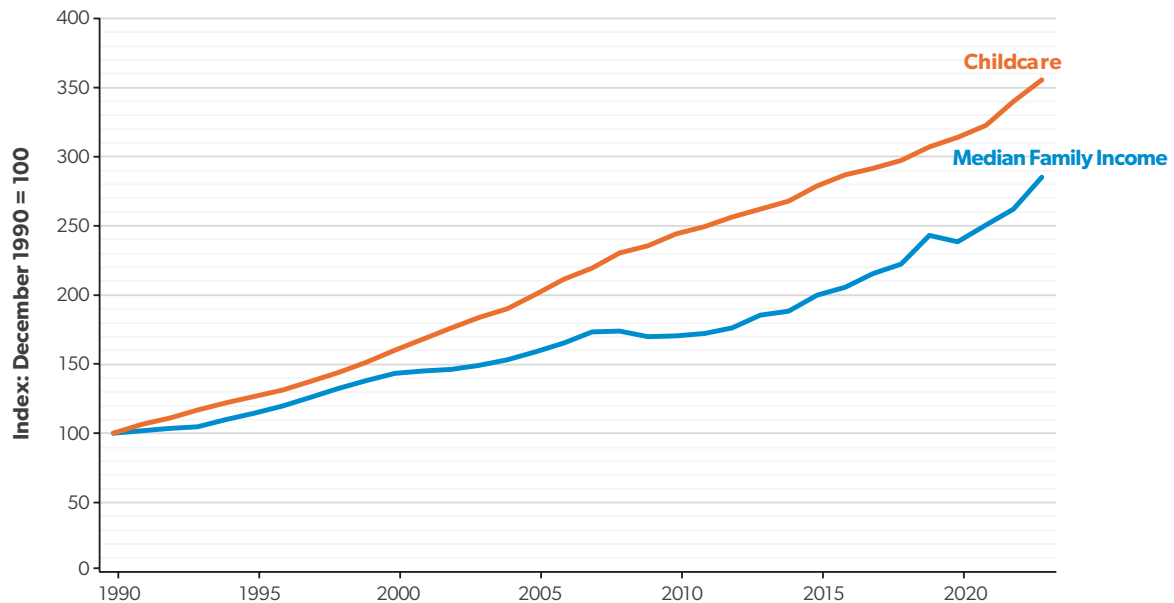
As mothers' workforce participation has grown, so has the need for reliable childcare. Yet even as families

have come to rely on care to support family life and livelihoods, childcare costs have risen faster than incomes (Figure 1). Between 1990 and 2023, total childcare cost grew about 38.2 percent more than median family income.

Not all families rely on paid childcare. Yet for those that do, childcare is one of the largest child-rearing costs for parents of young children. For high-income families, childcare and education is the second-largest expense

¹ Reported for mothers whose youngest child was under three years old.

Figure 1. Childcare Costs Outpace Family Income, 1990–2023



Source: US Census Bureau (2025); and US Bureau of Labor Statistics (n.d.).
Note: Day care and preschool are included as “childcare.”

after housing, while for middle-income families, it is the third-largest expense, after housing and food (Lino et al. 2017). Childcare costs often strain or exceed family budgets; in 2022, 20 percent of all parents and 38 percent of low-income parents said they didn’t have the money to pay for care at times over the past year (Leppert 2024).

Costs are particularly high for families that live on the coasts and use center-based care. At the high end, infant center-based care costs average \$19,547 in California and \$19,584 in New York, or about 15 percent of family incomes in these states (CCAOA 2023).² For single parents, affordability is substantially lower.

Beyond creating financial pressures for families, the high and growing cost of childcare may have adverse secondary effects. When childcare is unreliable or unaffordable, it can result in lost income, reduced labor force participation, and increased welfare reliance. Some research suggests high childcare costs and limited availability suppress female labor participation, limit mothers’ careers, and may even lead to lower fertility (Landivar et al. 2022; Compton and Pollak 2014;

Ruppanner et al. 2019; Choudhary 2022; Pronzato et al. 2024; and Gathmann and Sass 2018).

Due to these and other concerns, federal policymakers have tried to solve childcare affordability issues. However, their attempts have typically meant doubling down on existing subsidy strategies. At best, these efforts constitute an expensive partial Band-Aid for current concerns, and at worst, they push childcare costs even higher.

Rather than continue this approach, policymakers should focus on eliminating underlying drivers of childcare costs and expanding childcare options. To that end, they should remove existing regulatory obstacles and eliminate counterproductive subsidies to improve access and affordability.

Causes of Rising Costs

What explains rising childcare costs? Some factors are outside policy’s reach, while others are squarely within

² Figures are based on median family incomes for married-couple families.

it. On one hand, the demand for care has grown as the number of households with two working parents has increased dramatically over time. Rising consumer expectations for high-quality care, particularly at the high end of the income distribution, likely contribute to rising costs (Herbst 2016; Gordon et al. 2018).³ Childcare is an inherently labor-intensive industry and is not easy to automate, which reduces opportunities for providers to reduce costs (Bourne 2023).

These factors remain largely outside policy's control, while other cost drivers are a product of existing policy. Government subsidies may increase demand for childcare and lead to higher market prices (Rodgers 2018), and a variety of regulations affect the number of carers, spaces, and organizations providing care. State and local childcare regulations, zoning and permitting restrictions, and federal immigration policy all limit childcare supply. Importantly, when affluent households' preferences are enshrined in law as requirements for care, this necessarily limits the variety and supply of care provided.

Economic theory suggests that if demand rises, childcare prices will increase most in places and cases where supply is most constrained by such regulations. In line with this, data indicate that the highest childcare prices are in center-based care settings and densely populated areas (Poyatzis and Livingston 2024). These settings typically experience the highest levels of regulation.

Regulation Reduces Access and Affordability

Childcare regulations span a wide range of requirements for providers and facilities. They include health and safety, zoning and licensing, staff and facility, and curriculum and program requirements. At a granular level, regulations govern everything from the precise size of chopped food for children of different ages to the

required clearance around a rocking chair and the maximum allowable gap between crib bars, all specified in inches.⁴ However, some of the most consequential individual regulations are child-staff ratios, which cap the number of children allowed per staffer, and education requirements for teachers, which limit the eligibility of would-be carers based on their education credentials.

Providers spend time, effort, and resources to comply with these regulations, and the compliance burden surely discourages some from providing care. Advocates like Child Care Aware of America insist childcare should be regulated to increase the safety and quality of care, and they support further strengthening childcare requirements. Yet economic theory predicts that regulation leads to increased costs, reduced innovation, and higher prices for consumers. Moreover, any theoretical quality increases are of limited practical value if the associated market price increase pushes children into inferior care settings (Rigby 2007).⁵

Regulation is broadly understood to be regressive, meaning that regulation costs fall heavily on low-income market participants. Existing research indicates childcare regulation is like other types of regulation in this regard, and its adverse consequences disproportionately affect low-income families.

For instance, evidence suggests education requirements for childcare staff reduce the supply of childcare centers, the consequences of which are "consistently negative" in low-income markets, where regulation pushes children into less developmentally enriching family care homes (Hotz and Xiao 2011). This effect undermines the regulation's primary objective. Elsewhere, research finds that child-staff ratios drive low-income families, which cannot afford price increases, into informal care arrangements (Randal and Kilburn 2004).

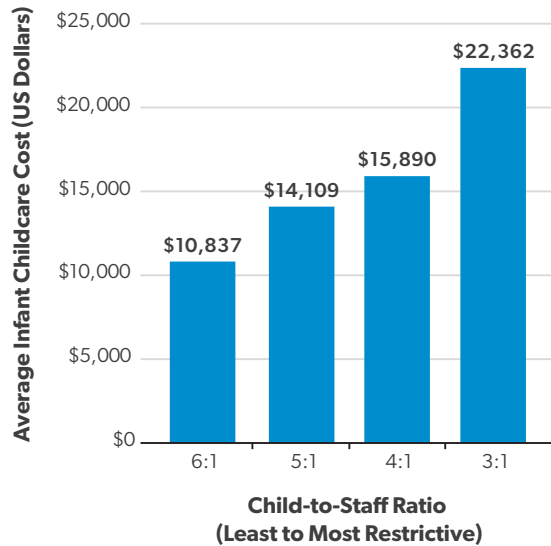
Studies suggest that even relatively small changes in education requirements and child-staff ratios translate into meaningful cost increases that limit access. One study finds that requiring a high school diploma

3 For instance, research suggests that "advantaged" mothers respond to quality rating and improvement systems information by moving their children into childcare deemed high quality under these systems, while "disadvantaged" mothers respond by moving their children into informal care. In one study focused on the home-based care market, parents with a high willingness to pay had stronger preferences for quality care, while parents with a low willingness to pay emphasized the importance of convenience.

4 Utah Admin. Code R381-100.

5 Although some research suggests that education requirements for childcare staff increase quality, evidence elsewhere suggests that the improvements are counterproductive, since new requirements reduce access to quality care. For instance, one study finds that fewer children were enrolled in high-quality care settings in states with more-restrictive regulations.

Figure 2. Infant Childcare Costs Rise with Child-Staff Requirements



Source: Norris et al. (2025); and CCAOA (2024, 2–3, Table I).
Note: New Mexico’s cost data and Hawaii’s regulatory data are unavailable. These states are not included in this analysis.

for lead teachers is associated with an increase in infant care prices of between 25 and 46 percent. Meanwhile, allowing one additional child per staffer reduces the cost of care by 9 to 20 percent (Gorry and Thomas 2017). An earlier working paper finds that tightening regulations by reducing the child-staff ratio by two children per staffer would increase the average expected price of center-based care by 12 percent in all age groups (Randal and Kilburn 2004).

Unfortunately, much of the existing research on childcare is a decade old or older, and the consequences of childcare regulation on costs and access have not received substantial recent scholarship. However, current state regulatory and cost data suggest the relationship between restrictive regulation and high costs persists.

Restrictive Regulation Is Linked to High Costs

While certain inherent limits on care exist depending on a facility’s size and available resources (e.g., the number of cribs in the infant room), child-staff ratios and group size requirements frequently impose artificial limits over and above natural limitations.

In practice, child-to-staff ratios and group size limits restrict the number of “seats” available at childcare centers. It follows that in states with tighter child-to-staff ratios, the average cost of care is higher. Infant care in states that permit only three children per staffer is more than twice the cost of care in states that permit six children per staffer, with annual costs rising from \$10,837 to \$22,362 (Figure 2).⁶

Regulations for staff and infant children vary less than those for staff and toddler children, yet the same high-cost relationship holds for toddler care (Figure 3). In the state with the least restrictive child-staff ratio (12:1),⁷ toddler care costs \$7,254 annually, while in states with the most restrictive child-staff ratio (4:1), toddler care costs an average of \$20,196, or more than 2.5 times as much.

One potential explanation is that states with more stringent ratios may also have higher average incomes and therefore greater demand for childcare and more highly paid workers, which translates into higher costs. However, after controlling for state income, the relationship between child-staff ratios and childcare costs remains significant.⁸ Previous research likewise finds that the relationship between regulations and childcare costs is statistically significant after controlling for state income (Gorry and Thomas 2017).

The wide variation in child-staff ratios among states underscores the arbitrary and subjective nature of these regulations. California and Michigan set the limit at four toddlers per staff member, whereas Florida and Texas allow up to 11, and Mississippi allows 12.

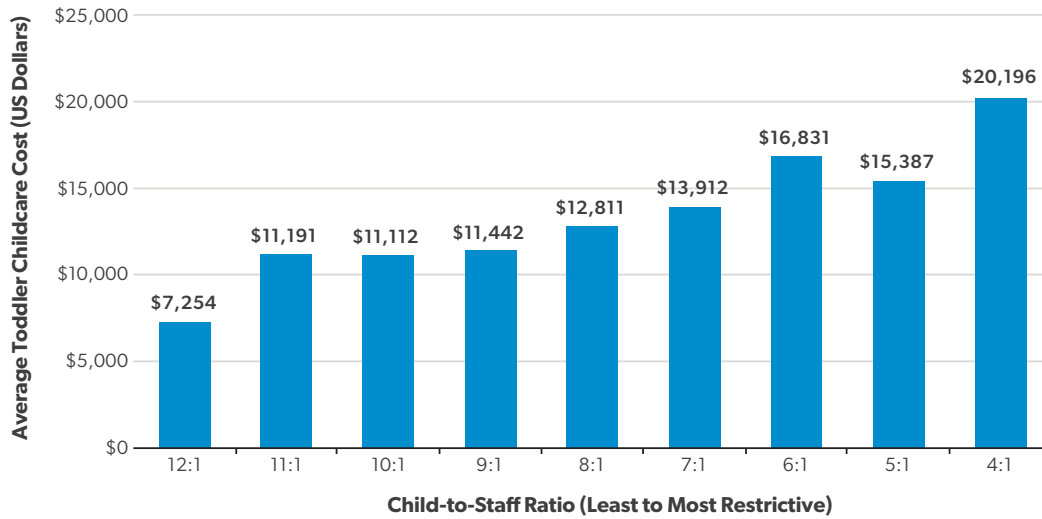
In addition to varying by state, child-staff regulations vary even more substantially across Western countries

6 The estimates in this section are based on simple averages of state childcare costs at each regulatory level. Using methods similar to those of Devon Gorry and Diana W. Thomas (2017) generates similar effect sizes for child-staff ratios and smaller, though meaningful, effects for teacher education requirements.

7 Mississippi is the state with the least restrictive child-staff ratio.

8 Regression details: $R^2 = 0.69$, $F\text{-stat} = 24.82$, $p\text{-value (infant child-staff ratio coefficient)} = 0.026$, $t\text{-statistic} = -2.29$.

Figure 3. Toddler Childcare Costs Rise with Child-Staff Requirements



Source: Norris et al. (2025); and CCAOA (2024, 2–3, Table I).

Note: This figure considers child-staff ratios for two- to two-and-a-half-year-old toddlers alongside toddler childcare costs. California’s, New Mexico’s, and Rhode Island’s cost data and Hawaii’s regulatory data are unavailable. These states are not included in this analysis.

(Table 1). While the maximum number of one-year-olds per childcare staffer is three in the United Kingdom, it is 11 to 15 in Spain, and in Sweden, child-staff ratios are not regulated.⁹ Restrictive child-staff ratios and related regulations likely help explain why the United Kingdom’s childcare costs are some of the highest globally (Calder and Follett 2023).

Regulation costs are less justifiable considering the evidence for child-staff ratios. A recent meta-analysis found that research on the effects of child-staff ratios for child outcomes is limited, research quality is low, and it is unknown if child-staff ratios and group size limits in early childhood education or care environments “lead to improvement, as the research literature . . . provides little guidance on optimal adult/child ratio and group size” (Dalgaard et al. 2022).

In addition to childcare ratios limiting childcare seats, state-imposed education and staff training requirements artificially limit the supply of caregivers. Many potential

caregivers do not or cannot qualify to work despite their extensive experience, and these staff requirements are likewise associated with higher costs.

In practice, as education requirements increase for day care directors, the average cost of care more than doubles, from \$9,620 in states with no education requirements to \$21,405 for states that require a bachelor’s degree for day care directors (Figure 4).

As education requirements rise for day care center teachers, average costs also rise. The average annual cost of infant care in states with no education requirements for center teachers is \$11,021, while the average cost is \$20,303 in states that require an associate degree (Figure 5).

Director and teacher requirements are moderately correlated, and additional analysis indicates that teacher requirements drive childcare costs.¹⁰ This makes sense, given that training, educating, or replacing many teachers at a day care center is substantially more costly than

⁹ Sweden instead emphasizes overall quality of care and suggests that the appropriate child-staff ratio will vary depending on other care characteristics.

¹⁰ Regression details: $R^2 = 0.69$, $F\text{-stat} = 24.82$, $p\text{-value (teacher education requirement coefficient)} = 0.01$, $t\text{-statistic} = 2.61$. Director education requirements are not statistically significant in a multiple regression model controlling for state income.

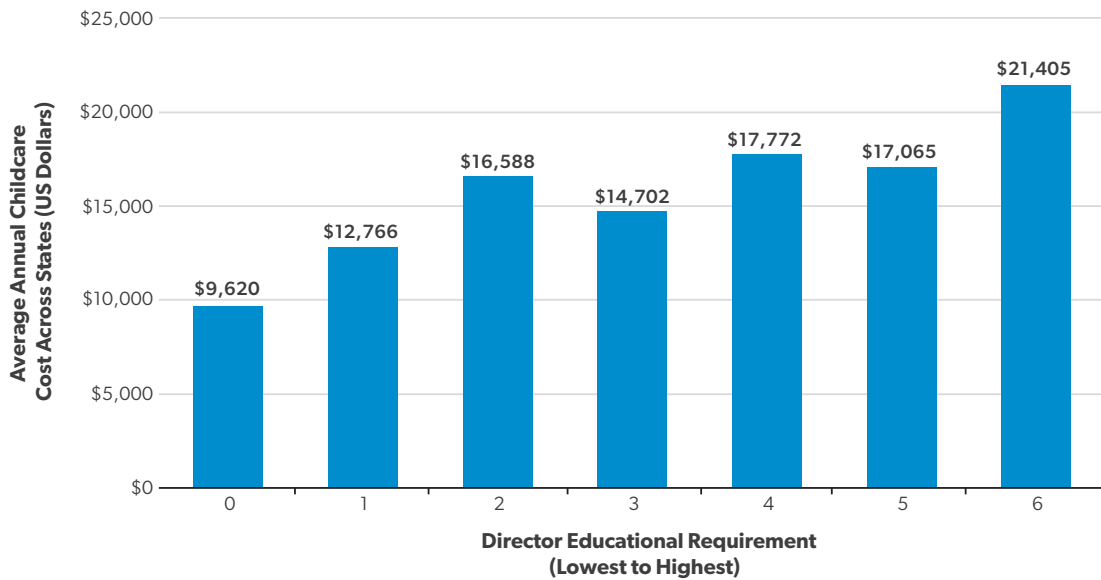
Table 1. Child-Staff Ratios Vary Considerably by Country

Maximum Number of Children per Childcare Staffer	Children's Age					
	Children Less Than One Year Old	One-Year-Olds	Two-Year-Olds	Two-and-a-Half-Year-Olds	Three-Year-Olds	Four-Year-Olds
3	Denmark, Ireland, Netherlands, Norway, UK	Denmark, Norway, UK	Denmark, Norway	Denmark, Norway	—	—
4–5	Finland, Germany, Greece, Portugal, Switzerland	Finland, Germany, Greece, Ireland, Netherlands, Switzerland	Finland, Germany, Greece, UK	Finland, Germany, UK	—	—
6–7	Belgium (FR), Luxembourg	Belgium (FR), Luxembourg	Belgium (FR), Ireland, Netherlands, Switzerland	Ireland, Netherlands, Switzerland	Denmark, Finland, Norway, Switzerland	Denmark, Finland, Norway
8–10	Belgium (FL), Belgium (GR), Spain	Belgium (FL), Belgium (GR), Portugal	Belgium (FL), Belgium (GR), Luxembourg, Portugal	Belgium (FL), Belgium (GR), Luxembourg, Portugal	Belgium (GR), Germany, Ireland, Luxembourg, Netherlands, UK	Belgium (GR), Germany, Ireland, Netherlands, Switzerland, UK
11–15	—	Spain	—	Greece	Greece, Portugal	Greece, Portugal
16 or More	—	—	Spain	Belgium (FR), Spain	Belgium (FR), Spain	Belgium (FR), Luxembourg, Spain
No Ratio	—	Sweden	Sweden	Sweden	Sweden	Sweden

Source: Eunypedia (n.d.); Carthy and O’Gorman (2024); and Leatherbarrow (2024).

Note: States set child-staff regulations in Germany, and cantons or communes set child-staff ratios in Switzerland, so these values are nationwide averages, rounded to the nearest whole number. “Belgium (GR)” is German-speaking Belgium, and these values apply to childminders specifically, who are responsible for six children age zero to three years old, plus two children age three to 12 years. “Belgium (FR)” is French-speaking Belgium, and “Belgium (FL)” is Flemish-speaking Belgium. Spain’s childcare ratios span a range for some ages (e.g., six to eight children per staffer for children less than a year old, 10–14 children per staffer for one-year-olds, and 16–20 children per staffer for two-year-olds). The highest value is represented in the table. In Sweden, child-staff information is reported beginning at age one, when formal childcare typically begins.

Figure 4. Childcare Costs Rise with Day Care Director Requirements



Source: McLean et al. (2024); and CCAOA (2024, 2–3, Table I).

Note: “0” is no requirement; “1” is a high school diploma or GED; “2” is some higher education or training but less than a CDA credential or equivalent; “3” is a CDA or equivalent; “4” is some higher education or training, greater than a CDA or equivalent but less than an associate degree; “5” is an associate degree; and “6” is a bachelor’s degree or above.

training, educating, or replacing a single center director. Center directors are likely to have more education and training to begin with and are therefore more likely to already meet requirements.

In any event, education requirements for childcare staff seem particularly senseless. In the informal care market, including private nanny care, there are no education requirements or child-staff ratios, and families frequently hire or arrange care that does not comply with education standards for childcare center staff. Highly experienced and well-recommended private nannies frequently come with limited formal credentials yet many years of practical skills and knowledge.

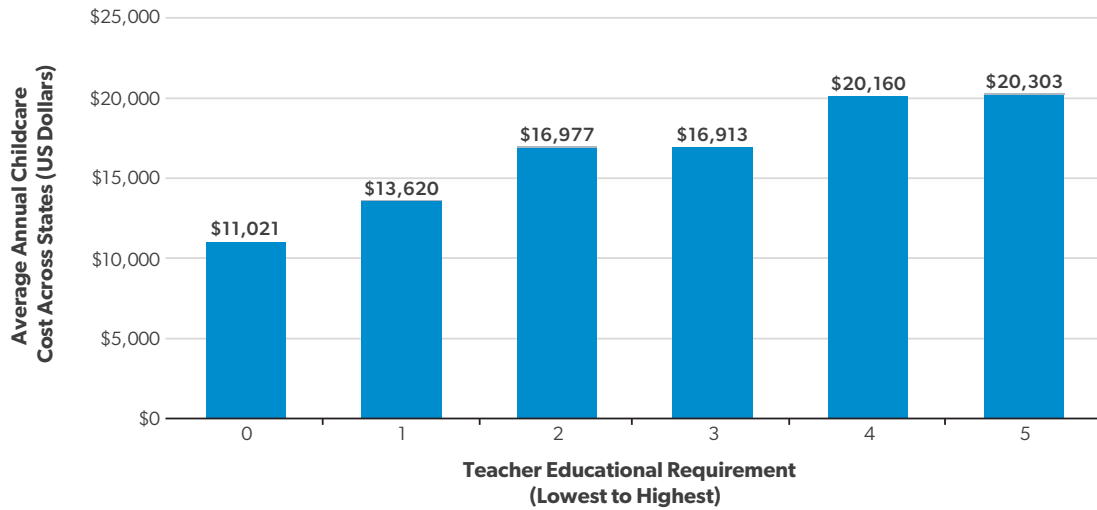
Although some local policies require childcare staffers to have a college degree, families and society at large function under the presumption that caring for small children does not require a college degree or special certificates. In fact, more than half of children (54 percent) live in households where neither parent holds a bachelor’s degree, and 43 percent live in households where neither parent holds an associate degree (Irwin et al. 2024).

Ironically for regulators, when childcare costs are high and childcare options are limited due to regulation, children who need care are likely to spend more time in the care of a parent, relative, or other caregiver who wouldn’t qualify to care for them by regulators’ standards. This outcome is at odds with regulators’ intent.

In a market with fewer regulatory constraints, private accreditation and certification could fill the gap for interested parents without excluding care options. Established organizations including the National Association for the Education of Young Children and the National Accreditation Commission for Early Care and Education Programs already provide comprehensive accreditation services for childcare providers, and additional accrediting bodies would likely emerge.

If parents desired the information, private accreditation would provide child-staff ratios and staff training information, as well as a wide range of other information, enabling families to choose care that aligns with their needs. A market-based approach would ensure the needs and preferences of a wider range of families, children, and would-be caregivers are met.

Figure 5. Childcare Costs Rise with Day Care Teacher Requirements



Source: McLean et al. (2024); and CCAOA (2024, 2–3, Table I).

Note: “0” is no requirement; “1” is high school diploma or GED; “2” is some higher education or training but less than a CDA credential or equivalent; “3” is a CDA or equivalent; “4” is some higher education or training, greater than a CDA or equivalent but less than an associate degree; and “5” is an associate degree.

Childcare Subsidies Are Counterproductive

While deregulation could expand childcare supply, variety, and affordability, the prevailing *policy* approach emphasizes expanding subsidies. However, childcare subsidies carry significant drawbacks.

Although subsidies reduce the out-of-pocket cost of care for direct beneficiaries, they do nothing to reduce or eliminate cost drivers, and they may increase the market price of care. They typically come with strings attached that further increase care costs through incentivizing further state and local regulation of the childcare market.

Recent childcare proposals illustrate the issues with a subsidy-focused approach. At the federal level, the Biden administration proposed fully subsidizing some families’ childcare and capping other families’ childcare

costs at 7 percent of income, as part of the Build Back Better agenda and President Joe Biden’s American Families Plan.¹¹ Biden’s plan would have had the government subsidize childcare demand and supply, required that carers be paid like elementary school teachers, and mandated that states double down on licensing and quality ratings for care, despite these provisions being likely to drive up the market price of care.

In 2024, Senators Tim Kaine (D-VA) and Katie Britt (R-AL) proposed expanding the child and dependent care tax credit (CDCTC), along with other subsidies. This proposal influenced the One Big Beautiful Bill Act, which expanded the CDCTC by increasing its maximum credit rate from 35 to 50 percent and phasing the credit out more slowly as income rises.¹²

The CDCTC has a variety of problems, including that it increases the price of care: According to one study, over half of the CDCTC is “passed through to the child care

11 The Build Back Better Act proposes a sliding payment scale, with families making 75 percent of state median income or less required to pay nothing, while families with more than 150 percent of state median income are required to pay 7 percent of income. Build Back Better Act, H.R. 5376, 117th Cong. (2021).

12 The maximum credit rate varies by adjusted gross income. Multiplying the credit rate by eligible childcare expenses generates the credit amount.

provider in the form of higher prices and wages,” which “may have the unintended effect of making child care less affordable for low-income families” (Rodgers 2018).

The CDCTC is regressive along a variety of dimensions, as its design also means that the benefit favors high-income households. According to the Congressional Research Service, “35% of [taxpayers] claiming the credit were in the highest-income quintile (top 20%) in 2014. In contrast, 1% of all CDCTC recipient families were in the lowest-income quintile” (Crandall-Hollick and Falk 2017). Recent analysis indicates that under the One Big Beautiful Bill Act reforms, higher-income households will continue to benefit, with households that make between \$200,000 and \$500,000 most likely to receive the expanded credit (Crandall-Hollick 2025).

Counterproductive policies like CDCTC should be eliminated, alongside requirements like those in the Early Head Start and Head Start programs, which require that staff have a child development associate (CDA) credential and receive training in child development or that half of teachers have at least an associate degree in early childhood education or a related field. These rules worsen credentialism in the childcare sector, and local policymakers admit these federal policies have encouraged them to implement more restrictive local childcare regulations (Henderson 2022).

Research suggests that, in addition to increasing costs and credentialism, childcare subsidies may worsen child and maternal outcomes. Research on US childcare subsidies finds that children exposed to federally subsidized childcare experienced lower math and reading scores, increased behavioral problems, and reduced self-control and interpersonal skills as they began kindergarten, though these effects attenuated over time (Herbst and Tekin 2008; Herbst and Tekin 2016).

Elsewhere, researchers Chris M. Herbst and Erdal Tekin find that federally subsidized care is “associated with worse maternal health and poorer interactions between parents and their children. . . . Subsidized mothers report lower levels of overall health and are more likely to show symptoms consistent with anxiety, depression, and parenting stress.” They conclude that subsidies may reduce

familial well-being (Herbst and Tekin 2014) and speculate that the adverse effects on children may be due to subsidy design features that discourage high-quality care or because maternal well-being and parent-child interactions decline under the subsidy, which harms child outcomes.

Childcare subsidies also pose value-neutrality issues. In general, subsidies reward households where both parents are employed in the labor force, when in fact this is not ideal for all families, and many families prefer an at-home parent.¹³ Childcare subsidies also reward formal childcare use over other care options (for example, care provided by extended family members) (Tekin 2004).

According to Census Bureau data, about a quarter of children live in households with a stay-at-home parent, and a 2019 Gallup poll found that more women with children under age 18 prefer to be homemakers than work outside the home (US Census Bureau 2022). Parents who decide to stay home with children desire to be home because they believe that a full-time parent in the home will positively affect child development, reduce the friction between career and family life, or allow parents to meet their children’s unique needs.

The merit and weight of these arguments in individual cases depend on specific family dynamics and circumstances. But in any case, policy should not decide a priori that one option or the other is better for American families, as putting a thumb on the scale will result in some families suboptimizing their decisions.

Addressing Additional Supply Limitations

In addition to relaxing childcare regulations and eliminating counterproductive childcare subsidies, policymakers should undertake reforms to expand the supply of care. In particular, improvements to immigration and zoning policy could provide families with more options to suit their diverse childcare needs and preferences.

For instance, the federal au pair program allows young, foreign-born men and women to live with a host family and provide childcare while participating in cultural exchange

¹³ Economists and some tax experts argue that childcare tax credits and deductions for care expenses improve value neutrality in the tax code by ensuring that a parent’s work outside the home is treated similarly to (untaxed) work inside the home. However, this undesirable consequence of the income tax could be remedied in other ways, including by taxing consumption.

and receiving room, board, a stipend, and other benefits. Yet various immigration policies and regulatory requirements limit au pair care and make it less attractive to au pairs and host families.

Restrictions on the au pair program limit who can participate based on the au pair's age and English language proficiency, even though childcare can occur irrespective of these two factors, as demonstrated in the private nanny market. Other requirements make the program less appealing to many au pairs and employers, including that the au pair must live in their employer's home and be limited to a two-year maximum tenure.

Rather than relax these requirements, the Biden administration further undermined the program by mandating wage increases for au pairs while failing to adjust the deduction for in-kind compensation (room and board), even though in-kind compensation constitutes a large part of existing au pair compensation. Massachusetts likewise mandated that hosts pay au pairs the state minimum wage, which resulted in a 170 percent wage increase above federally mandated au pair wages. The number of au pairs hired fell by about 18 percent each year following Massachusetts's policy implementation (Nowrasteh and Calder 2023). Under the administration's rule, costs will rise for host families, and national hiring will likely follow a similar declining trajectory.

In addition to immigration policy's influence on care, zoning policy's influence on childcare is also overlooked. A variety of local zoning rules constrain supply, because they make it hard or impossible to establish childcare facilities in certain areas. Use regulations prohibit operating childcare businesses outright, while process

regulations increase supply uncertainty by considering childcare a discretionary use.

As a first step to addressing these barriers, policymakers should eliminate restrictive zoning regulations that prohibit family childcare homes from operating in residential neighborhoods, reduce permitting fees for childcare providers, and make permitting by right rather than discretionary to improve certainty for care providers. Specifically, family childcare homes should be permitted as residential uses, and childcare centers should be permitted by right in commercial zones rather than conditionally.

Along with revoking the Biden administration's au pair rule and relaxing other limits on legal immigration to increase the supply of carers, these changes would significantly ease barriers to care.

Conclusion

Affordable childcare has real implications for opportunity and upward mobility, as it directly affects parents' ability to secure care that fits their families' needs and, by extension, work and provide for their families. Unfortunately, current childcare policy fails to resolve the root causes of limited supply and rising costs and instead introduces new challenges for children, families, and providers.

Rather than doubling down on subsidized care, policymakers should emphasize eliminating counterproductive programs and increasing childcare supply. They can achieve the latter by prioritizing meaningful regulatory reform at the state, local, and federal levels.

About the Author

Vanessa Brown Calder is the former executive director and staff director at the US Congress Joint Economic Committee, where she led the committee's research and congressional hearing efforts. She was also director of opportunity and family policy studies at the Cato Institute.

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