THE CLASS OF 1964 POLICY RESEARCH SHOP

VARIATION IN PAID FAMILY AND MEDICAL LEAVE MODELS

PRESENTED TO THE WOMEN'S BUREAU, NORTHEAST REGION, US DEPARTMENT OF LABOR

Jill Ashton, Northeast Regional Administrator

This report was written by undergraduate students at Dartmouth College under the direction of Professor Kristin Smith in the Nelson A. Rockefeller Center. Policy Research Shop (PRS) students produce non-partisan policy analyses and present their findings in a non-advocacy manner. The PRS is fully endowed by the Dartmouth Class of 1964 through a class gift given to the Center in celebration of its 50th Anniversary. This endowment ensures that the Policy Research Shop will continue to produce high-quality, non-partisan policy research for policymakers in New Hampshire and Vermont. The PRS was previously funded by major grants from the U.S. Department of Education, Fund for the Improvement of Post-Secondary Education (FIPSE) and from the Ford Foundation and by initial seed grants from the Surdna Foundation, the Lintilhac Foundation, and the Ford Motor Company Fund. Since its inception in 2005, PRS students have invested more than 70,000 hours to produce more than 200 policy briefs for policymakers in New Hampshire and Vermont.

PRS POLICY BRIEF 2324-05
APRIL 12, 2024

PREPARED BY:
Lucia Vitali, Hailey King
Sabik Jawad, and Carson Goh

NELSON A. ROCKEFELLER CENTER FOR PUBLIC POLICY AND THE SOCIAL SCIENCES
Contact:
Nelson A. Rockefeller Center, 6082 Rockefeller Hall, Dartmouth College, Hanover, NH 03755
http://rockefeller.dartmouth.edu/shop/ • Email PRS Director: kristin.e.smith@dartmouth.edu

TABLE OF CONTENTS

EXECUTIVE SUMMARY 2
1 INTRODUCTION: PAID FAMILY AND MEDICAL LEAVE VARIATION 3
2 PROBLEM STATEMENT AND RESEARCH QUESTIONS 4
3 BACKGROUND ON PAID FAMILY MEDICAL LEAVE 4
3.1 BENEFITS OF PAID FAMILY AND MEDICAL LEAVE 5
3.2 FEDERAL PAID FAMILY AND MEDICAL LEAVE POLICY 6
3.2.1 GAPS IN ACCESS PAID LEAVE 7
3.3 EXISTING PAID FAMILY AND MEDICAL LEAVE POLICIES 8
3.3.1 UNIVERSAL STATE-RUN PROGRAMS 10
3.3.2 UNIVERSAL STATE-RUN PROGRAM, WITH INSURANCE PARTNERSHIP 10
3.3.3 VOLUNTARY OPT-IN PROGRAM 10
4 METHODOLOGY 10
4.1 EXPERT INTERVIEWS 11
4.2 DATA ANALYSIS OF CLAIMANT DATA 11
5 COMPARATIVE ANALYSIS BETWEEN STATES 11
5.1 MASSACHUSETTS 11
5.2 CONNECTICUT 12
5.3 NEW HAMPSHIRE 13
5.3.1 PUBLIC OPINION DATA IN NEW HAMPSHIRE 17
5.4 DATA ANALYSIS COMPARISON 21
5.5 OUTCOME COMPARISON ACROSS PAID LEAVE DELIVERY MODELS 22
5.5.1 PAID LEAVE ACCESS ACROSS DELIVERY MODELS 23
5.5.2 WAGE REPLACEMENT 23
5.5.3 INSURANCE PARTNERSHIPS 24
5.5.4 DENIALS 25
5.5.5 DIFFERING VISIONS OF PAID LEAVE 26
5.6 LIMITATIONS 26
6 FUTURE OF PAID FAMILY AND MEDICAL LEAVE 26
6.1 VERMONT 26
6.2 OTHER PENDING PROPOSALS 27
7 CONCLUSION 28
APPENDIX TABLES 30
REFERENCES 32

EXECUTIVE SUMMARY

In January 2023, New Hampshire became the first state to implement a voluntary paid family and medical leave program.[1] In addition to expanding paid family and medical leave to state employees and allowing employers to purchase coverage for their employees through the state program, under the voluntary program, individuals who do not have a comparative paid family and medical leave program can purchase it through this new program which provides paid family and medical leave for six weeks at 60 percent wage replacement. After the program's first year, just 3 percent of New Hampshire's workforce enrolled in New Hampshire's Paid Family and Medical Leave (NH PFML).[2] To assess whether voluntary programs like New Hampshire's sufficiently meet the need for paid family and medical leave, we conducted a case study analysis comparing the reach of NH PFML with universal state-run paid family and medical leave programs in two New England states, Connecticut and Massachusetts.

Through expert interviews and data analysis of administrative claimant data, important differences emerged between New Hampshire's voluntary program and universal state-run paid family and medical leave programs. First, is that after the first year of New Hampshire's voluntary paid family and medical leave program, just 3 percent of New Hampshire's workforce has enrolled in the program, compared to universal state-run programs, which cover 70-100 percent of the state's workforce.[3] Within the first year of NH PFML, 445 claims were filed, compared to nearly 20,000 and 40,000 filed claims in Connecticut and Massachusetts, respectively, during the first year of their paid family and medical leave programs. When accounting for differences in workforce sizes in each state, enrollment in NH PFML is still significantly lower than in Connecticut and Massachusetts. The claimants from New Hampshire's program are younger and more likely to be female compared to the Connecticut and Massachusetts programs: 78 percent of claims in New Hampshire came from individuals who were under the age of 45, and 78 percent of claims were from women.[4] Sixty-seven percent of claims during the first year of New Hampshire's voluntary program were for childbirth and child bonding, significantly higher than other universal state-run programs who report about 25 percent of their claims for child bonding.[5] One explanation for this finding is that the voluntary program has a seven-month waiting period. Hence, individuals are likely to only pay into the program for events they can plan for, such as childbirth and child bonding. We find that a voluntary paid-leave program has a different goal than a universal state-run program: the New Hampshire voluntary program aims to provide as many New Hampshire employees access to paid family and medical leave without requiring all employees pay into the program. In contrast, a universal state-run program aims to provide paid family and medical leave to as many employees as possible to reduce inequality in access.

1 INTRODUCTION: PAID FAMILY AND MEDICAL LEAVE VARIATION

Paid Family and Medical Leave (PFML) is partially or fully compensated time off from work for pertinent familial or personal medical needs, such as childbirth, caring for a sick loved one, or personal illness.[6] PFML generally covers more serious and time-consuming matters (e.g., severe illness that requires more than a few days off of work) compared with traditional sick days or days off needed for routine family care purposes (i.e., annual wellness visits, dentist visits). Paid leave typically is offered through employers as a workplace benefit, and thus, access to paid leave in states without a paid leave program is uneven, with low-income, female, and young workers usually lacking access.[7]

States have debated whether to provide paid family and medical leave for over twenty years, with opponents raising concerns and proponents pointing out the benefits. Opponents of paid family and medical leave argue that these programs will impose significant costs on employers, lead to increased taxes, usually through employee payroll taxes, and lower employees' attachment to their jobs.[8] These critics of paid family and medical leave argue that it is not the government's role to offer this service, rather, it should be a choice left to employers, who may offer paid family and medical leave as a way to recruit workers. Others counter that the benefits to child and maternal health, family economics, and employer recruitment and retention outweigh the costs of these programs. They argue further that employees without paid leave are left in an untenable situation, choosing between caring for themselves or family members and earning a paycheck. Proponents of universal paid family and medical leave cite research which has found that these programs have a positive effect on maternal wages after childbirth, strengthens child-parent bonds, and lowers maternal stress during childbirth.[9]

In addition to considering whether to offer paid family and medical leave, states are also debating how these paid family and medical leave programs should be implemented. Several states have decided to implement a universal state-run program, which automatically covers all workers if they meet specific eligibility requirements. These universal state-run programs are usually paid for through a payroll deduction tax, but usually allow employers who provide comparable coverage to their employees to opt-out of the program. Other states have decided to implement a voluntary paid family and medical leave program, which allows employers and individuals to opt-in to a state-sponsored paid family and medical leave program. This allows only individuals or employers who want and can afford paid family and medical leave to receive paid leave without having all workers pay for a program they may not use.

As the results come in from existing programs, states are considering the expansion or development of a program. An important decision for states is how to implement a delivery model that reaches the largest sum of people and those who need it most.

2 PROBLEM STATEMENT AND RESEARCH QUESTIONS

Research has established the benefits of paid family and medical leave programs to maternal health, familial economic security, and the healthy development of children. As of 2024, there is no single federal law providing for paid family and medical leave, but thirteen states and D.C. have passed universal state-run programs, and both New Hampshire and Vermont have also passed voluntary paid leave legislation. Other states such as Virginia and Texas have passed legislation that authorize private insurance companies to offer paid parental leave throughout their states.[10]

New Hampshire Paid Family and Medical Leave (NH PFML) is part of a trend of state governments privatizing the provision of certain benefits, including paid leave. State legislatures nationwide have increasingly considered proposals to adopt a voluntary paid family and medical leave model similar to the New Hampshire program. Proponents see this model as an effective way to ensure those who need paid family and medical leave can access it, with the financial responsibility not falling on all taxpayers. However, critics argue that a voluntary model fails to decrease inequalities in access to paid family and medical leave, especially among low-income workers, and a universal social insurance model has had the best results in addressing these inequalities.[11]

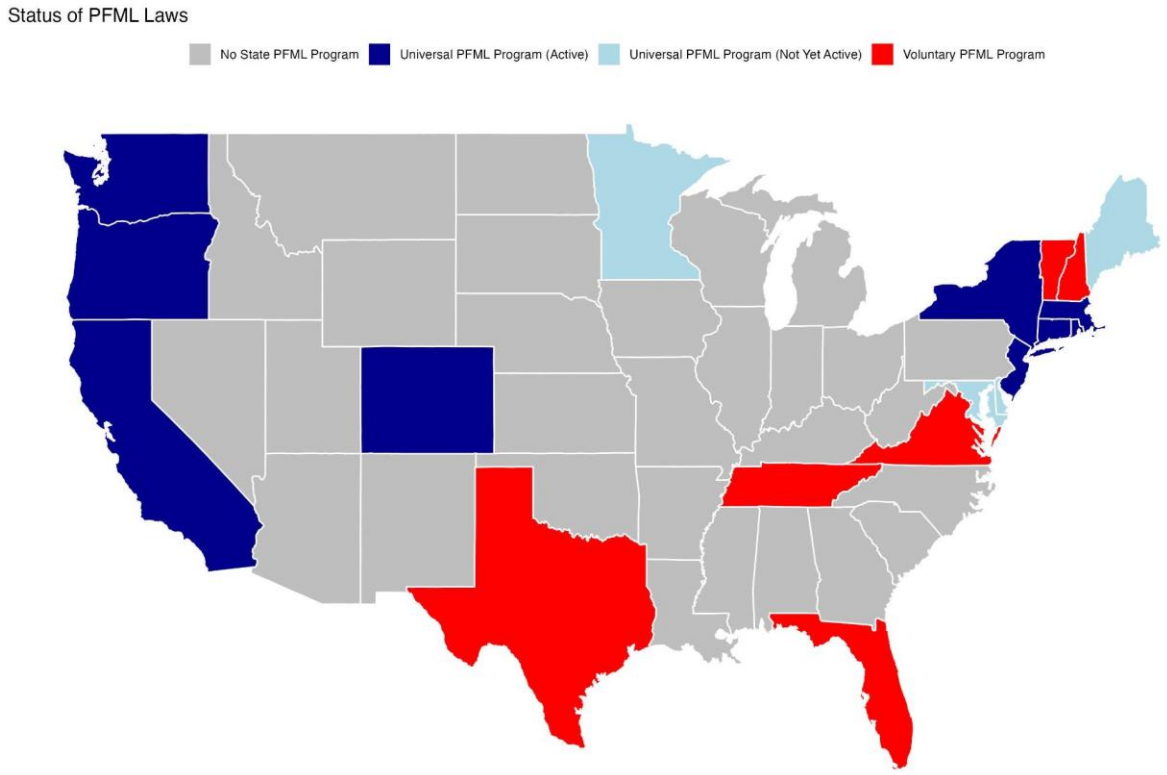
Thus, this study aims to answer two questions: 1) How do the models differ in terms of service delivery, access and use, and program components (take up, reimbursement rates, length of leave offered, etc.) in the first year(s) of the program? 2) Do the outcomes differ depending on whether the state or a private insurance company runs the program?

To assess whether voluntary programs like New Hampshire sufficiently meet the need for paid family and medical leave, we conducted a case study analysis to compare the reach of NH PFML with universal state-run paid family and medical leave programs in two New England states, Connecticut and Massachusetts.

3 BACKGROUND ON PAID FAMILY MEDICAL LEAVE

The section begins with a summary of existing social science research to document the benefits gained from paid family and medical leave programs. This section then explains the current federal and state legislation in place and the existing gaps in paid family and medical leave programs.

FIGURE 3.1.1: Map of Paid Family and Medical Leave Laws Across the United States



Source: Bipartisan Policy Center[12]

3.1 BENEFITS OF PAID FAMILY AND MEDICAL LEAVE

Research shows that paid family and medical leave has effectively improved societal health, especially the health of mothers and young children. Paid family and medical leave has been associated with better health outcomes for elementary-school-aged children, especially those from low-income families due to increased preventative care.[13] Paid family and medical leave for child bonding is also associated with healthy growth and development for both adopted and biological children.[14] Paid maternity leave has been associated with improvements in infant and maternal mortality rates, greater breastfeeding, improvement in mother's mental and physical wellbeing, a decrease in intimate partner violence rates, an increase in timeliness of infant immunizations and pediatric appointment attendance, and numerous other benefits.[15] The ability to take paid maternity leave is essential for recovering mothers, and mothers who take paid family and medical leave are less likely to experience postpartum depression or excessive parenting stress.[16]

Paid family and medical leave can also support economic well-being and workforce participation. Research has shown that California's paid family and medical leave program significantly improved the economic wellbeing of a family in the years following the birth of a child, with the risk of poverty among mothers of infants lowered to 10.2 percent and their household income increased by 4.1

percent on average.[17] With paid leave, low-income mothers with fewer resources had a reduction of food insecurity and greater economic wellbeing during their child's early years.[18] Paid family and medical leave programs also have been shown to increase women's labor force participation, with increased likelihood of women returning to work within a year of giving birth, and provide an incentive to remain attached to a job in the months preceding and following the birth of a child.[19] Women often leave the workforce if they are unable to take leave for the birth of a child, and having paid family and medical leave offers incentives for their return to the workplace.[20] Increasing access to paid family and medical leave for individuals currently without paid family and medical leave can also help improve gender equality, level the playing field for caregivers, and strengthen family relationships.[21]

3.2 FEDERAL PAID FAMILY AND MEDICAL LEAVE POLICY

The United States is the only high-income country with no universal plan for paid family and medical leave. The existing framework for federal policy comes in the form of The Family Medical Leave Act of 1993 (FMLA), which provides job-protected *unpaid* leave for eligible employees.[22] Eligible employees include those who work for private sector employers who employ 50 or more employees, all public agencies and local government employers, and local educational agencies.[23] These employees may take up to 12 workweeks of leave in a 12-month period for any qualifying reason, which includes the birth of a child or adoption or foster care, the care of a child, spouse, or parent with a long-term severe health condition, or a serious medical condition that makes an employee incapable of working. Additionally, employees may take up to 26 weeks of unpaid leave for exigency leave (leave relating to deployment) or military caregiver leave when a current servicemember or recent veteran needs care for a serious injury or illness.[24] This program can be largely classified as inaccessible, however, as a 2021 report found that 44 percent of workers did not have access to unpaid leave under the FMLA, as many low-wage workers or younger workers are ineligible due to the requirements of the FMLA.[25]

The FMLA includes job protection for workers who can take leave without fear of their employer firing them.[26] Some states have provided additional job protection than provided by the FMLA through their universal state-run paid family and medical leave program, while other states have not provided any additional job protection.

However, the FMLA does not cover any form of *paid* family and medical leave. Currently, some employees may access paid family and medical leave if their employer offers it. This is voluntary for employers in most cases, although some states and municipalities require that employees be able to accrue paid sick time.[27] If an employer does not directly offer paid family and medical leave, there is also an ability to, in specific circumstances, utilize short-term disability insurance combined with unpaid leave to cover absences.[28] Additionally, some employees can access universal state-run family and medical leave insurance benefits to provide some sort of monetary support for extended leave.[29] However, this is patchwork at best and covers a minimal number of employees.

In the past two decades, there have been numerous attempts to create a national plan. In 2021, the Biden administration attempted to include a paid family and medical leave provision in the Build Back

Better Act, but was a point of contention that was removed in an attempt to pass the bill, then re-added before the bill ultimately failed. A paid family and medical leave program was not then included in the Inflation Reduction Act.[30] The Family and Medical Insurance (FAMILY) Act, which attempts to create a federal paid family and medical leave program, has been introduced in Congress every year since 2013, but has failed to get passed, despite the efforts of Sen. Kirsten Gillibrand (D-NY) and Rep. Rosa DeLauro (D-CT) reintroducing the bill in the most recent Congress.[31] This attempt at PFML, if passed, would cover every worker in the United States.[32] President Biden's 2025 budget proposal included $325 billion in funding for establishing a national paid family and medical leave program which would be administered by the Social Security Administration.[33] President Biden's proposal would provide 12 weeks of paid family and medical leave for workers nationwide for childbirth, child bonding, medical leave, and care for an ill family member.[34]

3.2.1 GAPS IN ACCESS TO PAID LEAVE

Access to paid leave is the lowest among groups with the greatest need.[35] According to the Bureau of Labor Statistics, in 2023, 27 percent of U.S. employees have access to paid family and medical leave, and 90 percent of workers have access to unpaid family and medical leave.[36] Those who need wage replacement for family and medical leave the most are lower-income workers–yet data shows that those with the most access to PFML are higher-income professions.[37] A 2017 Pew Research survey found that 92 percent of workers in the top quarter of earnings have access to some form of long-term paid family and medical leave, whereas only 31 percent of the lowest-hourly wage tenth of workers have access to PFML.[38] Research also finds that workers who cannot access paid family and medical leave are more likely to be uninsured, have trouble affording medical expenses, and often are unable to meet their medical needs because of the cost.[39]

Furthermore, access to paid family and medical leave is skewed towards adult females with higher incomes, college degrees, and who work full time, with almost 80 percent of people in each of these categories having access to paid family and medical leave.[40] Paid family and medical leave is also more common among government employees, as around 91 percent of state and local government workers have access to paid family and medical leave, with two-thirds of the lowest tenth of these workers having access to some kind of paid family and medical leave.[41] About 80 percent of workers in families with incomes that are four times greater than the federal poverty level report having access to paid family and medical leave, while only 31.5 percent of workers under this level have access.[42] Research clearly demonstrates that without universal or state-based programs, there is a clear disparity in access to paid family and medical leave, and it is not accessible to those who need it most.[43]

3.3 EXISTING PAID FAMILY AND MEDICAL LEAVE POLICIES

As of September 2023, thirteen states and the District of Columbia have passed comprehensive PFML policies (a few becoming active in 2025/2026).[44] Furthermore, six states allow the provision of the benefit of paid family and medical leave to be offered through private insurance agencies.[465] These

programs are entirely run by private insurance agencies and have minimal government support and are not part of a state-run plan. Separate from these, New Hampshire and Vermont have both passed voluntary paid family and medical leave policies which allow for the provision of voluntary private insurance PFML plans, but in this case, there is cooperation with the state government and the private market is supported, as the state contracts with a single insurance carrier to provide a base plan for the state employees.[46] New Hampshire's plan was enacted in 2023, but Vermont's plan will not be fully implemented until 2025.[47]

California was the first state to enact a PFML program in 2002, when it passed a plan allowing for eight weeks of paid parental or family caregiving leave and up to 52 weeks of paid personal medical leave per twelve-month period, reimbursed at either 70 percent or 60 percent of wages depending on quartile of earnings.[48] This is the oldest plan in the United States but has been revised several times to increase the length of leave given, increase wage reimbursement levels for low-wage workers by 20%, and broaden eligibility requirements.[49] New Jersey followed California's lead enacting a paid leave program in 2008.[50] As of 2024, Rhode Island, New York, the District of Columbia, Washington, Massachusetts, Connecticut, Oregon, and Colorado have implemented universal state-run paid leave programs.[51] Four other states, Minnesota, Maryland, Delaware, and Maine have passed legislation to create a universal state-run paid family and medical leave program, which will be implemented in the next few years.[52]

We compare claimant data in New Hampshire to universal state-run programs in New York, Massachusetts, Connecticut, Washington, California, and New Jersey from the first year of each state's program. In this comparison, we focused on the number of claims, the number of claims per 1,000 workers, the percent of claims from females, and the average duration of benefit taken. The results from this comparison are shown in Table 3.3.1. During NH PFML's first year, 445 claims were accepted, compared to other universal state-run programs which all had at least 19,000 claims in their first year.[53] Even when accounting for population differences, New Hampshire's voluntary program had 0.63 claims per 1,000 workers, more than ten times lower than any other state.[54] It is important to note that this figure does not include New Hampshire employees who receive paid family and medical leave benefits through their employer.[55] The utilization rate of those enrolled in NH PFML is 3.7 percent compared to the other universal state-run programs which had a 1 percent or lower utilization rate, which raises concerns about the program's solvency.[56] Females compose 78 percent of claims in the NH PFML,[57] which is second highest among the states compared, only behind California, which was the first state to launch a universal state-run paid leave program, which now currently 66 percent of its claims coming from women., in line with other universal state-run programs.[58]

TABLE 3.3.1: Claimant Data During First Year of Each State's PFML Program

STATE	NH	NY	MA	CT	WA	CA	NJ
Year Data is Reported	2023	2018	2021	2022	2020	2004	2010
Number of Claims in First Year	445	120,910	43,440	19,699	47,960	150,565	32,521
Number of Employed People	703,200	9,631,800	3,175,568	1,600,000	4,069,400	17,405,100	3,679,443
Number of Claims per 1,000 workers	0.63	12.55	13.68	12.3	17.71	8.65	8.84
Utilization Rate	3.7%	1.2%	1.4%	1.2%	1.7%	0.9%	0.9%
Percent of Female Claimants	78%	70%	67%	67%	57%	83%	72%
Average Duration of Benefits Taken	NA	5.5 weeks	10.7 weeks	6.8 weeks	7.2 weeks	7.2 weeks	5.2 weeks

Note: For NH, data by gender of claimants was not available, so data from those enrolled through the individual program was used. NA indicates data on the average duration of benefits for New Hampshire has not yet been released by the state. Please note that the number of claims per 1,000 in New Hampshire only reflects those utilizing the state program, not those receiving paid leave from their employer.

Source: NH Department of Insurance,[59] New York State Department of Financial Services,[60] and Massachusetts Office of Labor and Workforce Development,[61] Connecticut Paid Leave,[62] Washington State Employment Security Department,[63] California Open Data Portal,[64] New Jersey Department of Labor and Workforce Development [65]

Our research will primarily focus on comparing the New Hampshire PFML program with two New England states with universal state-run programs: Connecticut and Massachusetts. The three states also share some similar demographics. For example, the median age in New Hampshire is 43 years, compared to 41 years in Connecticut and 40 years in Massachusetts, and the percent of each state's population that is over 65 is about 18 percent.[66] The average income in all three states are similar, around $90,000.[67] The universal state-run programs in Connecticut and Massachusetts will serve as comparisons in our case study with New Hampshire, which has a voluntary program. Below we define different types of paid family and medical leave program models.

3.3.1 UNIVERSAL STATE-RUN PROGRAMS

A universal state-run service delivery model for paid family and medical leave constitutes a program entirely administered by a governmental agency or department within the state government. These state-run programs are universal, and cover all employees who meet a certain eligibility requirement. The state controls and processes all claims, and administers benefits through state agencies. Universal state-run programs may have outside contracts for marketing and website development, but do not utilize external entities for the actual administration of benefits. States such as Massachusetts, California, Oregon, Washington, New Jersey, and Rhode Island have universal state-run paid family and medical leave programs.[68]

3.3.2 UNIVERSAL STATE-RUN PROGRAM, WITH INSURANCE PARTNERSHIP

A universal state-run program with an insurance partnership constitutes a program in which an insurance agency processes claims and pays out benefits but does so within a framework provided and monitored by the state government. Connecticut is currently the only state that has a universal state-run program which utilizes an insurance partnership for claims administration.[69]

3.3.3 VOLUNTARY OPT-IN PROGRAM

A voluntary opt-in program constitutes a program in which employees and employers can opt in to a state offered paid family and medical leave program. This is usually administered through a private insurance agency that handles claims administration and the payout of benefits. In these programs, the state purchases paid family and medical leave coverage for state employees to create a mixed risk pool, and then offers individuals and employers the option to buy into the program. New Hampshire and Vermont have implemented a voluntary opt-in program.

4 METHODOLOGY

We carried out a comparative case study of New Hampshire and two other states in New England, Massachusetts and Connecticut, which have implemented a universal state-run paid family and medical leave program. We used a mixed-method approach to evaluate the reach and access of New Hampshire's voluntary program one year after its launch. This involves conducting expert interviews with individuals involved with the planning and implementation of each state's paid family and medical leave program and key stakeholders such as non-profit and advocacy organizations involved in paid

family and medical leave. We also compared claimant data from the first year of state paid family and medical leave programs from throughout the country, and analyzed claimant demographic data from New Hampshire, Massachusetts, and Connecticut.

4.1 EXPERT INTERVIEWS

We conducted interviews with individuals involved in the planning and implementation of the paid family and medical leave programs in New Hampshire, Massachusetts, and Connecticut. We focused on officials at state insurance agencies and insurance companies who facilitated the launch of the programs and those who currently work on the day-to-day operations. Through these structured interviews, four main topics of interest developed that were important in assessing a paid family and medical leave program: goal of the program, use of an insurance provider, benefit structure, and individuals currently left behind by existing programs. These topics guided the expert interviews that were conducted in the case studies. We also conducted interviews with state and national paid family and medical leave advocates and researchers to learn key metrics for evaluating paid family and medical leave programs.

4.2 DATA ANALYSIS OF CLAIMANT DATA

To compare the reach of New Hampshire's voluntary program to universal state-run programs in their first year, we collected first-year claims data from paid family and medical leave administrators from seven states: New Hampshire, New York, Massachusetts, Connecticut, Washington, California, and New Jersey. This included the number of claims filed in the first year, average duration of benefits taken by claimants, and the gender of claimants. To better understand differences in access between delivery models, more specific demographic claimant data was requested from New Hampshire, Connecticut, and Massachusetts on race, income, age, reasons for paid family and medical leave claims, and firm size.

5 COMPARATIVE ANALYSIS BETWEEN STATES

Through a comparative analysis between New Hampshire, Massachusetts, and Connecticut, we aim to understand the service delivery and implementation of different program models and to understand whether voluntary programs, like New Hampshire's program, sufficiently meet the need for paid family and medical leave.

5.1 MASSACHUSETTS

Massachusetts launched its universal state-run paid family and medical leave program in 2019, with benefits beginning in 2021.[70] It is administered through the Commonwealth's Department of Family and Medical Leave. It provides up to 26 weeks of paid family and medical leave per twelve-month period and can replace a maximum of 100 percent of a worker's wages. This program is funded by payroll deductions split between employers and employees. Covered individuals must meet a financial

eligibility requirement and be employed within the Commonwealth, or have been unemployed for 25 weeks or fewer.

MA PFML is wholly administered by the Department of Family and Medical Leave (DFML), a branch of the Massachusetts Executive Office of Labor and Workforce Development. This program was established upon the enactment of MGL c.175M, which created the DFML and instated the payroll deduction tax to fund PFML beginning in 2019. This created the base for the structure of Paid Family and Medical Leave in Massachusetts.[71] Applicants begin the claims process on the DFML website, where they can submit claims for benefits. The department is responsible for processing claims, dealing with appeals for denials, and paying out all benefits. The DFML also manages data collection and consistently analyzes claims data to study whether there are gaps in access.

Being a universal program, all employers are required to submit contributions on behalf of employees and covered individuals. However, there is a process by which employers may be exempted from paying these contributions if the employers' benefits offered meet or exceed the minimum requirements for the state. Employers must also ensure that their benefits do not cost covered individuals more than the state program and that they comply with notice requirements as per section 4 of the law.

Family leave in Massachusetts can be used for child bonding, care for a sick family member, qualifying exigencies for family members on or called to active duty in the Armed forces, or care for a family member who is a covered servicemember. Medical leave can be used for any condition that makes an individual unable to perform the functions of their position, in compliance with the FMLA. Maternity leave can be covered with both Family and Medical leave; covered individuals can transition from medical leave to recover from childbirth to family leave for child bonding purposes. In total, covered individuals can take up to 12 weeks of family leave and up to 20 weeks of medical leave, but cannot exceed an aggregate total of 26 weeks of leave in a benefit year. Qualifying exigencies for servicemembers allow up to 26 weeks of leave in a benefit year. Benefits are calculated using a predetermined algorithm taking into consideration the benefit year, the worker's average weekly wage, the state average weekly wage, the type of leave, and other types of leave that potentially coincide with the usage of PFML. The maximum weekly benefit in 2024 is $1,149.90.

In FY23, DFML approved 143,356 applications for leave, a 27.4 percent increase over FY22, which represents a claim approval rate of 83.7 percent.[72] Additionally, the number of unique individuals accessing benefits was 22.2 percent.[73] Over the past three years, the Commonwealth of Massachusetts has paid out over $2 billion in benefits to constituents.[74]

5.2 CONNECTICUT

Connecticut launched its universal program in 2021 and began providing benefits in January 2022. It is a program administered via the government's contract with Aflac Insurance through a partnership with the government's Connecticut Paid Leave Authority.[75] It provides up to 12 weeks of paid family

and medical leave and replaces up to 95 percent of wages, with a $900 maximum weekly benefit. Connecticut's program is funded by payroll deductions paid by the employee.[76] The administration of the program through an insurer is unique to the Connecticut program.

Connecticut Paid Leave is administered via a contractual partnership between the Connecticut Paid Leave Authority and Aflac.[77] This partnership was outlined through twelve specific standards that Aflac would adhere to and be measured by. Applicants begin the claims process on the Paid Leave Authority website. They are taken to Aflac servers, where Aflac processes the claim and oversees the denial process, but through strict oversight and collaboration with the Paid Leave Authority. For example, the Paid Leave Authority has over two dozen metrics that Aflac must meet, including having at least 80 percent of calls answered within 30 seconds. Connecticut has significant control over data collection, including conducting audits of Aflac. If the state needs data from Aflac, interviews with program administrators indicate the insurance carrier is very prompt about providing the data.

Family leave in Connecticut can be used for bonding with the employee's newborn, newly adopted or newly placed foster child, caring for a covered family member with a serious health condition, for a qualifying exigency when the employee's family member is on active duty or has been notified of an impending call or order to active duty in the Armed Forces, to care for a family member who is injured while on active military duty, or to address issues if the employee or family member is a victim of domestic violence. Medical leave in Connecticut can be used for an employee's own serious health condition, including acting as an organ or bone marrow donor.[78] Benefits under Connecticut Paid Leave are limited to twelve weeks in a twelve-month period, with the only exception being the possibility of an additional two weeks of leave for incapacity during pregnancy. Those taking family leave to take care of an injured family member while on active duty can take up to 26 weeks of leave, but only twelve weeks are paid.[79]

Connecticut Paid Leave aims to reach both rural and urban communities across racial and gender lines. In the first year of the program, Connecticut had 19,699 claims as cited in Table 3.3.1 for an average duration of 6.8 weeks of leave. Connecticut claimants came from all of the counties in Connecticut. In the first year, 67 percent of claimants were female. Currently, about 60 percent of claimants are female ranging from the ages of 16-90. Benefits start for those making less than forty times the state minimum wage at 95 percent wage replacement; those making more than forty times the state minimum wage are replaced at 60 percent. The maximum weekly benefit throughout the program is sixty times that state minimum wage, at $941.[80]

5.3 NEW HAMPSHIRE

New Hampshire launched its Paid Family and Medical Leave Plan (NH PFML) in January 2023 after the passage of HB2, the state's annual budget bill, in 2021.[81] During interviews with NH PFML program administrators, they argued that having paid family and medical leave in New Hampshire is an important component for the state to attract young workers to the state, particularly after the pandemic, as well as to allow working family members to take care of the state's aging population.

There are three enrollee types in the NH PFML when it launched: the establishment of paid leave for the nearly 9,000 state employees; an employer plan where businesses throughout the state of New Hampshire can purchase paid leave for their employees, and determine how much of the cost to pass onto their employees; and an individual plan, which allows individuals who do not have comparable paid leave coverage through their employers to purchase paid leave. When NH PFML was launched, all state employees were automatically enrolled in the program, which provides the base of the risk pool to balance out the risk from the individual plan. For enrollees in the individual plan, premium costs are capped at $5 a week to ensure the program's affordability. Open enrollment for the individual plan only occurs for two months, between December 1 and January 31, and after enrolling in the individual plan, claimants have a one-time seven-month waiting period before they can file a claim. While open-enrollment is two months for the individual plan, employers can enroll through the employer plan at any point throughout the year.

During the implementation stage of NH PFML, MetLife was selected as the insurance carrier to implement the program and the state signed a five-year contract with MetLife with the option for a two-year renewal. MetLife is in charge of administering the program and according to NH PFML administrators, MetLife is taking on the entire risk of the program, as MetLife manages insuring the program and paying out claims. In our interviews with program administrators, they recognized that the risk pool for enrollees in the individual plan would be significantly higher as these workers would be significantly more likely to file a claim, which is why they created the Stabilization Fund. MetLife also manages data collection on claimants, so the state must submit data requests through MetLife. Through the Stabilization Fund, the risk to MetLife is mitigated. The Stabilization Fund which will help pay MetLife if the current cost of the individual plan becomes unsustainable due to the cap on premiums at $5 a week. There are clear metrics that are outlined in the contract with MetLife describing when the Stabilization Fund is to be used, which looks at MetLife's profit across state employee coverage, employer plans, and the individual plan combined. The Stabilization Fund is paid for through a two percent premium tax on PFML insurance premiums. This tax, which is added to the cost of the PFML premium, can either be paid by the employer or passed onto their employees. The Stabilization Fund ensures that premiums on the individual plan do not exceed $5 a week.[83]

Through NH PFML's contract with MetLife, the insurance company has been in charge of customer support and claim management. When an individual wants to purchase coverage through NH PFML they purchase coverage through MetLife and any questions about coverage go through MetLife. When an individual enrolls through the individual plan, MetLife determines the cost of the premium, but it can not exceed $5 a week. MetLife also collects and is in charge of the claimant data. Thus, if the state wants specific data on NH PFML claimants, it must request data from MetLife.

The state has also tried to incentivize private employers to enroll in the program by providing a 50 percent Business Enterprise Tax credit for the employer's portion of the premium for up to six weeks of benefits. In its first year, NH PFML has issued 217 active policies through the employer option.[82] Small employers, those with less than 50 employees, represent 83 percent of businesses who have

purchased coverage through the employer plan. Employers can purchase either six weeks or 12 weeks of paid family and medical leave through the program and 55 percent have purchased six weeks of paid family and medical leave. Employers also have the option to pay for the cost of paid family and medical leave or pass part or all of the cost to their employees. Seventy percent of employers pay the entire cost of paid family and medical leave, while twenty percent of employers pass all of the cost to their employees. The other ten percent of employers split the cost of paid family and medical leave with their employees.

NH PFML provides up to six weeks of paid family and medical leave and replaces 60 percent of a worker's wages. The different forms of leave covered under NH PFML includes leave for one's own illness, care for a child after birth, adoption or foster care placement, care for a family member with a serious health condition, qualifying exigencies for family members on or called to active duty in the Armed forces, or care for a family member who is a covered servicemember.

As of December 2023, NH PFML has paid out 544 claims.[84] After enrolling 478 individuals during open enrollment in its first year, NH PFML nearly doubled enrollment in the individual plan during its second open enrollment period, enrolling 920 individuals between December 2023 and January 2024 and 420 individuals were retained from year one as there are currently 1,394 individuals enrolled on the individual plan. However, still just about 3 percent of the New Hampshire workforce is enrolled in the program.[85] During the first year of the program's operation, the individual plan utilization rate is 26 percent.[86]

During our interviews with NH PFML administrators, they underscored the program's voluntary nature, which allows individuals to opt-in to coverage. The program was conceptualized to provide a voluntary option for individuals, emphasizing accessibility and affordability. The voluntary nature of the program allows employers and individuals to opt-in based on their perceived needs and interests rather than requiring all New Hampshire workers to pay into a paid family and medical leave program they may not use. Proponents have argued that despite low enrollment, those who enroll benefit significantly from the program. Through interviews with non-profit and advocacy organizations in New Hampshire, they recognized that the unique political climate in New Hampshire has influenced its voluntary model, as they believe voters are averse to tax increases. However, research has shown that there are a large number of Granite Staters who support paid family and medical leave and many are willing to pay for paid leave: a 2019 study found that 78 percent of New Hampshire residents support a paid family and medical leave program and 69 percent of residents support a program that would require all workers to pay into and participate in a paid family and medical leave program.[87]

Paid family and medical leave administrators in New Hampshire aim to increase enrollment in the program as only 3 percent of the state's workforce is currently enrolled. They state several factors that contribute to this challenge, particularly a lack of awareness about the program's benefits and eligibility criteria and employers that already provide similar coverage: only 17 percent of workers knew about the program prior to the program's launch.[88] Program administrators have also mentioned having

some difficulty explaining the benefits of paid family and medical leave to small business owners, particularly when it comes to employee recruitment and retention.

The program has also faced challenges in outreach, despite a nearly two million dollar contract with Mason Marketing to help market the program.[89] In our interviews with NH PFML administrators, they attribute these marketing challenges to a quick launch and struggles to convey the program's broader benefits beyond family bonding. Program administrators mention that current marketing efforts include TV commercials, social media, search engine optimization, and utilizing trusted networks like chambers of commerce and trade networks.

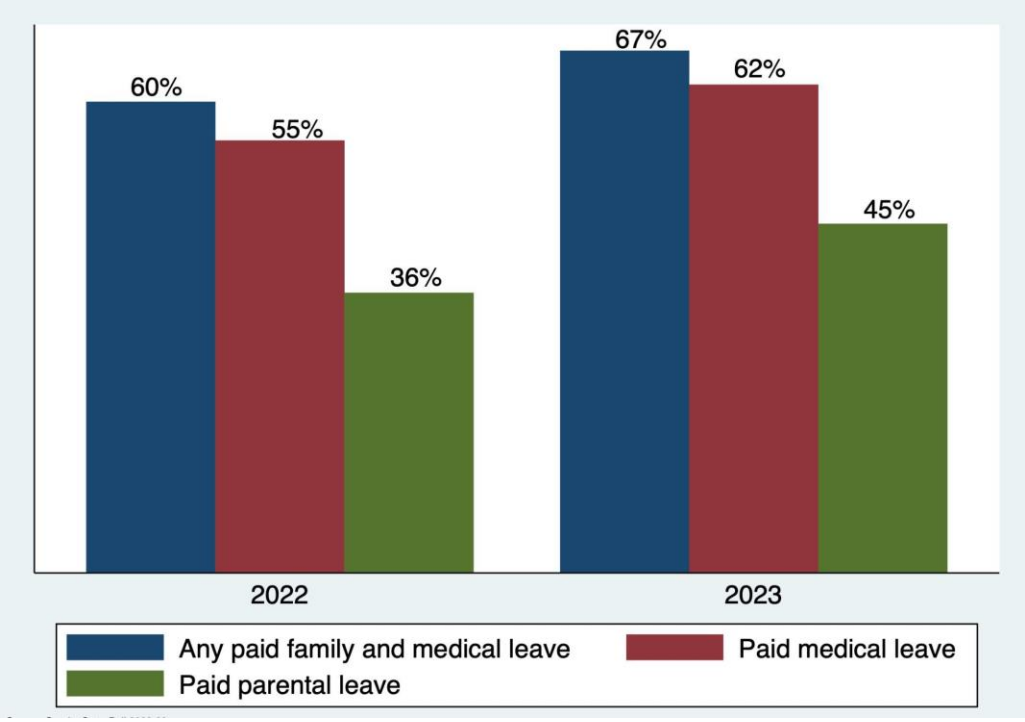
However, interviews with non-profit and advocacy organizations in the state offered concerns with the NH PFML. Job protection under New Hampshire's program was an area of concern because of NH PFML's lack of additional job protection beyond the Family and Medical Leave Act (FMLA). While the program offers paid leave benefits to eligible individuals, there are questions about the adequacy of job protection provisions, particularly for smaller employers and individuals not covered under existing federal laws such as the FMLA. Some groups expressed concerns about the lack of comprehensive job protection for all workers, especially those employed by smaller businesses or in non-traditional work arrangements. Additionally, some interviewees thought that there might be an adverse effect of the minimum waiting period on women's mobility in the workforce, as they might feel compelled to stay in a job because they are not immediately eligible for those benefits in a new job. Relatively low enrollment of men compared to women has been another concern raised because of the possibility of reinforcing gender roles. A 2020 report by the *New York Times* indicates that men were likely to take paid family and medical leave if it was offered to them, but only if the program replaced at least 70 percent of wages.[90] Under the individual plan, the wage replacement rate is only 60 percent and men would have to pay into the program for over seven months, potentially deterring many fathers from enrolling in NH PFML. However, there are many benefits for men who take paternity leave, including more egalitarian parenting and better relationships between a father and their children.[91]

Some New Hampshire advocates raised concerns about the extent of the coverage of the program. The main concerns were related to the length of leave and wage replacement rate not being sufficient. They argued the six week and the 60 percent wage replacement rate for paid family and medical leave particularly excludes low-income workers. This is particularly troubling as low-income workers are the least likely to have paid family and medical leave provided to them by their employer, with just 5 percent of low-income workers in New Hampshire having access to paid family and medical leave through their employer.[92] Assuming an individual makes $10 an hour, replacing 60 percent of their wage would be $240 a week, or $6 an hour, which is less than the federal minimum wage of $7.25. For an individual barely making ends meet, making $6 an hour for six weeks is untenable.[93] Thus, many advocates fear that low-income workers will be deterred from enrolling in NH PFML, despite needing paid family and medical leave the most.

5.3.1 PUBLIC OPINION DATA IN NEW HAMPSHIRE

To assess the reach of NH PFML, a paid leave module[94] was added to the Granites State Poll (GSP) collected in December 2022 and 2023. We compared access to different forms of paid leave across multiple demographics between 2022 and 2023. Questions about paid family and medical leave in the GSP asked respondents whether they have access to paid maternity or paternity leave (including for adoption), paid leave to care for yourself and/or a family member with a serious illness, and paid short-term disability insurance that provides partial wage replacement. We did not see any statistically significant increase in respondents having access to paid parental leave, paid medical leave or any paid medical and family leave over the first year of the program. However, there are four groups that are less likely to have access to any form of paid family and medical leave: part-time employees, low-income earners, employees in small businesses (businesses with less than 50 employees), and female workers.

FIGURE 5.3.1.1: Access to Paid Leave in 2022 and 2023 in New Hampshire

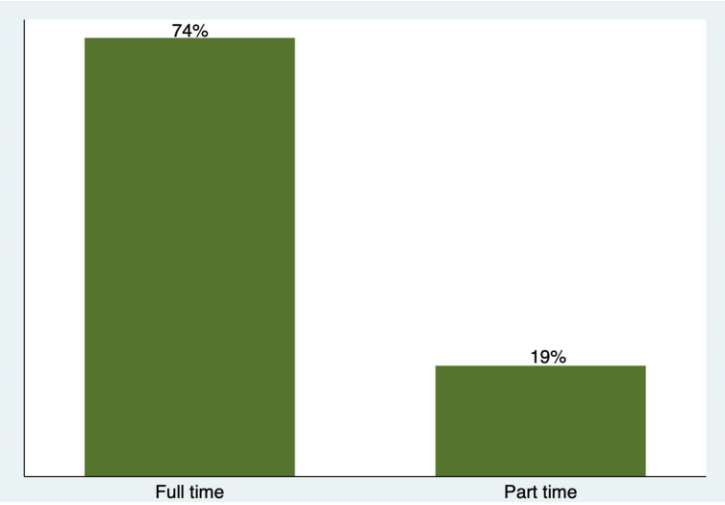


Source: Granite State Poll 2022 and 2023 Paid Family and Medical Leave Modules
Note: N = 1287 employed individuals. Estimates are weighted and differences shown are not statistically significant at any standard level of significance.

Of the 760 and 527 employed respondents in the Granite State Poll 2022 and 2023 respectively, 67 percent answered they have access to any form of paid family and medical leave in 2023, compared to 60 percent in 2022. Breaking this down, 62 percent responded they have access to paid medical leave and 35 percent responded they have access to paid parental leave in 2023 compared to 55 percent and 44 percent the year before, respectively. However, none of these increases were statistically significant,

due to large variability in responses.[95] This suggests that there may not have been substantive changes in the availability of paid family and medical leave benefits over the one-year period covered by the GSP data. This was expected, as just 3 percent of the New Hampshire workforce is enrolled in NH PFML and these administrators discussed challenges in educating the public about the program.

TABLE 5.3.1.2: Access to Any Paid Family and Medical Leave Between Full-Time and Part Time Workers, December 2023

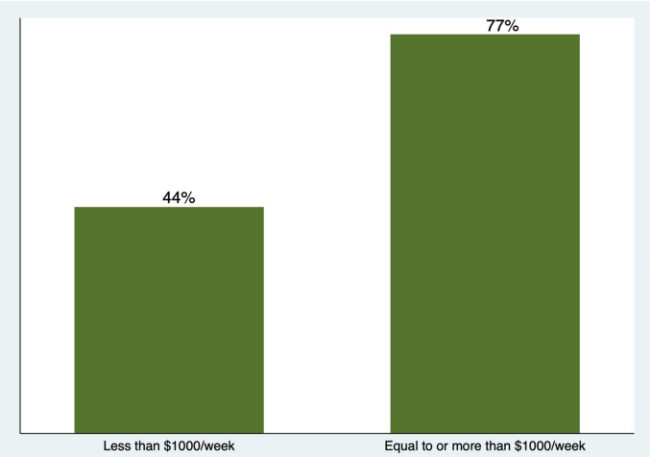


Source: Granite State Poll 2023 Paid Family and Medical Leave Modules
Note: N = 527 employed individuals. Estimates are weighted and differences shown are statistically significant at p<.01.

Of the respondents who said they are employed part-time, only 19 percent said that they have access to some form of paid family and medical leave compared to 74 percent of full-time workers. The difference is statistically significant at p<.01[96] and underscores the challenges faced by part-time employees in accessing workplace benefits. Part-time employees may be less likely to receive the same benefits package offered to full-time employees or receive prorated benefits. This disparity in access to paid leave benefits could stem from differences in employment contracts, company policies, and public policy regarding benefit eligibility for part-time workers. Financial constraints may deter part-time workers from enrolling in the paid family and medical leave program, especially if they prioritize other expenses over purchasing leave coverage. Limited communication channels or outreach efforts targeting part-time employees may contribute to lower awareness levels about benefit offerings, further exacerbating disparities in access to paid family and medical leave.

TABLE 5.3.1.3: Access to Any Paid Family and Medical Leave Across Different Weekly Wages, December 2023

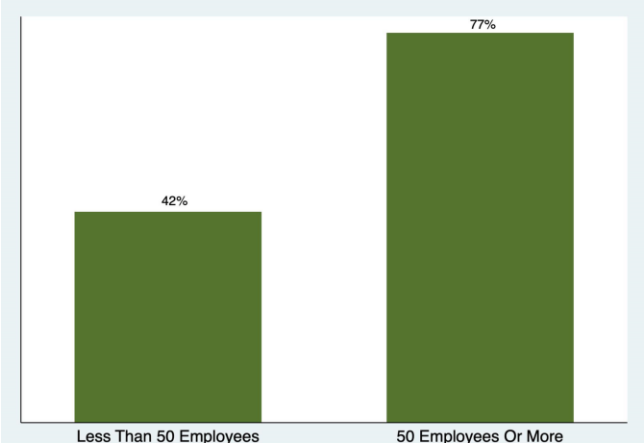
Of the respondents who earned less than $1000 a week, 44 percent had access to some form of paid family and medical leave, compared to 77 percent who earned $1000 or more a week. This difference is statistically significant at p<0.001. This finding from the GSP data suggests that income level significantly influences the likelihood of having access to paid family and medical leave benefits.



Source: Granite State Poll 2023 Paid Family and

Lower-income individuals may face financial barriers to enrolling in the paid family and medical leave program, even if individual premium costs are capped at $5 a week. Despite efforts to make the program affordable, individuals with lower incomes may prioritize other expenses over purchasing paid family and medical leave coverage. In addition, there may not be a strong incentive for low-income workers to enroll in the program, as the 60% wage replacement offered by the New Hampshire may not be sufficient to cover household expenses.[97]

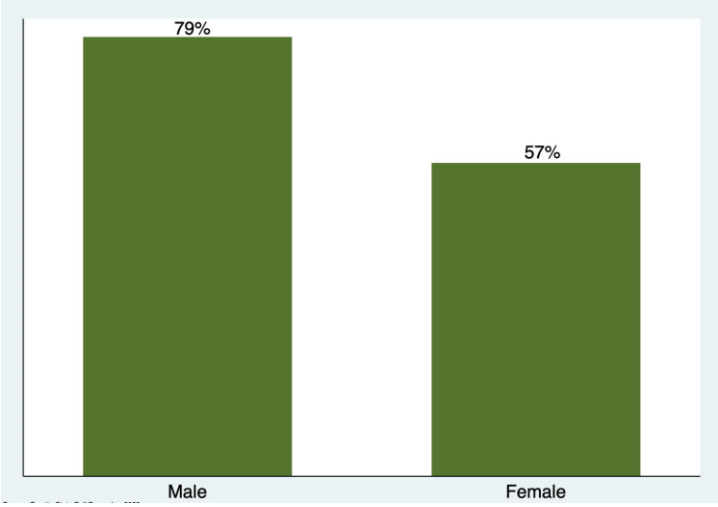
TABLE 5.3.1.4: Access to Any Paid Family and Medical Leave Across Firm Sizes, December 2023



Source: Granite State Poll 2023 Paid Family and

Almost 96 percent of firms in New Hampshire have less than 50 employees and 83 percent of employers who enrolled in NH PFML have less than 50 employees.[98] Despite this, only 42 percent of poll respondents who work in small firms have access to any paid medical and family leave. This is in comparison to 77 percent with access, who work in firms with 50 or more employees. This difference is statistically significant at $p<0.001$. Smaller businesses may still face resource constraints that limit their ability to offer comprehensive benefits packages to employees. Due to these businesses having few workers, they might be less inclined to direct those resources to paid leave coverage. Budgetary constraints and limited administrative capacity may make it financially challenging for small employers to provide paid family and medical leave benefits, resulting in a lower percentage of employees having access to such benefits.

TABLE 5.3.1.5: Access to Paid Leave Across Gender



Source: Granite State Poll 2023 Paid Family and Medical

According to the GSP, 79 percent of male respondents had access to some form of paid family and medical leave, compared to 57 percent of female respondents. This difference is statistically significant at $p<0.001$. This lack of coverage among women makes programs like NH PFML more attractive to women who typically need time off after childbirth and are responsible for the care of family members. NH PFML currently has more female enrollees compared to male. The disparity in access to paid family and medical leave benefits may reflect differences in workforce representation between men and women. Men are more likely to be employed in industries or occupations that offer comprehensive benefits packages, including paid family and medical leave, compared to women who may be concentrated in sectors with fewer benefits and more likely to work part-time.[99]

All of these statistically significant relationships mentioned above underscore the discrepancy in access to workplace benefits like paid family and medical leave by certain demographic groups. In addition to the reasons above, paid family and medical leave is largely dependent on employer participation in New Hampshire and differences in awareness and utilization of available benefits may also contribute to the disparity in access to paid family and medical leave. Businesses may also face challenges in effectively communicating benefit offerings to employees, resulting in lower awareness levels and uptake of paid family and medical leave benefits among their workforce.

New Hampshire's program aimed to increase the accessibility and affordability of paid family and medical leave. However, these findings emphasize ongoing disparities in access among certain groups. They also point to potential policy interventions needed to address enrollment gaps and mitigate these disparities.

5.4 DATA ANALYSIS COMPARISON

We analyzed claimant data between three New England states with varying service delivery models. We collected data on claimants by key demographics, including gender, race, income, denial rates, and types of leave taken. Table 5.3.1 compares claimant demographic data across the three states in

addition to providing comparable population data. The data used in this data analysis was collected through the annual report published by each state or provided to the research team by each state's paid family and medical leave program. Through this analysis, eight main variables of interest were collected: enrollment, firm size, income, race/ethnicity, age, reason for claim, denial rate, and average weekly benefit payment. We also studied outcomes between program delivery models by comparing the reach of each program one year after the program's launch.

The universal state-run programs in Connecticut and Massachusetts seem to have better representation across small firms. One explanation that has come across through our interviews with stakeholders in New Hampshire is the difficulty of getting buy-in from small businesses. States with a universal state-run paid family and medical leave program do not encounter this difficulty, as universal state-run programs automatically enroll small businesses. As the NH PFML aims to improve its outreach in the program's second year, it is clear an area of opportunity is increasing participation by small businesses, which represents 96 percent of businesses in New Hampshire, but currently only represent 83 percent of enrollees in NH PFML. This raises concerns as employees in small firms lack the most access to paid leave.[100]

In line with the NH PFML's goal of giving New Hampshire residents who are interested in receiving paid family and medical leave the option to receive paid family and medical leave, the data indicates that the individuals enrolling in the individual plan are those that have historically utilized paid family and medical leave: it is overwhelming female (78 percent) and young (78 percent). Compared to other New England states with a universal state-run program, Connecticut and Massachusetts, which automatically covers nearly all employees, users of NH PFML are much younger and more likely to utilize the program for the purposes of child bonding. Employees of large businesses represent a larger proportion of those enrolled in NH PFML compared to claimants in Massachusetts and Connecticut.

While there were concerns with the state of New Hampshire's partnership with Metlife when it came to denial rates, we find that the denial rate of claims in New Hampshire (4 percent) is significantly lower than the universal state-run programs in Connecticut (23 percent) and Massachusetts (16 percent). Connecticut, a state that uses a similar insurance partnership with Aflac, had a 32 percent denial rate in its first year, significantly larger than the 4 percent denial rate New Hampshire had in the program's first year.[101] Among users on the individual plan in New Hampshire, there was a high utilization rate, 26 percent, during the program's first year.

TABLE 5.4.1: New England Claimant Data Comparison

STATE	New Hampshire		Massachusetts		Connecticut	
	Claimant Data	Population Data[92]	Claimant Data	Population Data[93]	Claimant Data	Population Data[94]
Firm Size						
0-49 Employees	83%	96%	*	99%	95%	99%
50+ Employees	17%	4%	*	1%	5%	1%
Age						
Young	78%	52%	56%	56%	52%	54%
Old	22%	48%	44%	44%	41%	46%
Reasons for Claim						
Childbirth and Bonding	68%		40%		38%	
Care of Family Member	15%		10%		12%	
Own Illness	18%		49%		50%	
Denial Rate	4%		16%		30%	
Average Weekly Benefit Payment	NA		$785		$562	

Notes: Young workers in Connecticut are those under the age of 43, while older workers are claimants aged 43 and above. In Massachusetts, young workers refers to workers 40 years and younger, while older workers are those 41 years and older. Young workers in New Hampshire refer to workers under the age of 45. A * denotes data we were unable to receive during our research.

5.5 OUTCOME COMPARISON ACROSS PAID LEAVE DELIVERY MODELS

Through our expert interviews and data analysis, important differences emerged between the service delivery model. First is the discrepancies between reach of the paid leave programs. After the first year of the program, less than 3 percent of the total workforce in New Hampshire is enrolled in NH

PFML.[105] This is compared to the 80-90 percent of the workforce in Connecticut and Massachusetts which are covered by the universal state-run program.[106] For the individual plan, open enrollment is only open for two months, between December 1 and January 31, which may impact the program's reach throughout the year.

5.5.1 PAID LEAVE ACCESS ACROSS DELIVERY MODELS

As the data from each program suggest, the individuals enrolling in the New Hampshire program are younger and more female compared to the Connecticut and Massachusetts program. Because the voluntary program aims to provide paid leave to those who want it, the demographics of users of NH PFML are those who are those that are most likely to use the program. However, this may leave behind individuals who would use the program if it was offered to them. For example, in California, 15 percent of men took paid leave in 2004 before the state implemented universal state-run paid leave, but now, 44 percent of men have taken advantage of paid leave.[107] The National Partnership for Women and Families argues that having paid leave for both men and women improves gender-equality and promotes childhood development.[108]

There are significant differences in users of paid leave between New Hampshire's voluntary program and Connecticut and Massachusetts' universal state-run paid leave programs. The vast majority of claims, 67 percent, for NH PFML is for child bonding and childbirth. This stands in stark contrast to a plurality or majority of claims in Massachusetts (49 percent) and Connecticut (50 percent) being for medical leave. Through our interviews with NH PFML administrators, one potential explanation for this disparity is the seven-month waiting period for those on the individual plan. Many NH PFML administrators have mentioned that anecdotally, some users tried to file a paid leave claim and were surprised that a seven-month waiting period existed. Because of this seven-month waiting period, individuals who are interested in purchasing paid leave through the individual program are likely to only purchase paid leave when they plan to use the paid leave program, and thus, individuals can best plan for when they will be able to take advantage of paid leave which is through child bonding. Since medical leave is typically unplanned, most individuals who want to take advantage of paid leave will have to pay into the program for seven-months before they can file a claim for benefits, which explains why New Hampshire's voluntary program has significantly less claims for medical leave than states with a universal state-run paid leave program. It is also important to note that open enrollment for the individual plan only occurs for two months of the year. So individuals who have an event that qualifies for paid leave outside of the open-enrollment period will have to wait for this period in December and January in addition to the seven-month waiting period that starts after they enroll before they can file a claim. This creates a significant lag between a qualifying event and getting their claims paid, raising concerns about the program's access.

5.5.2 WAGE REPLACEMENT

The maximum wage replacement rate for NH PFML is 60 percent, compared to a maximum wage replacement rate of 80 percent in Massachusetts and 95 percent in Connecticut. It is also important to note, however, that the maximum benefit amount is higher in New Hampshire, $1,945 than in

Connecticut ($941) and Massachusetts ($1,145), despite Massachusetts and Connecticut having a median income of nearly $85,000 compared to New Hampshire's median income of $75,000.[109] Therefore, New Hampshire's program seems to benefit high-wage workers as they are able to receive a higher maximum benefit amount, but with such a low-wage replacement, low-wage workers will not get sufficient wage replacement to take paid family and medical leave through the individual plan. Because low-income employees are the least likely to receive paid family and medical leave through their employer, ensuring a state-paid family and medical leave program reaches low-income workers is an important way to increase overall access. Claimant data from Connecticut indicate that the universal state-run program seems to be reaching low-income workers, with 18 percent of claimants coming from low-income individuals, similar to the 20 percent of the state population, which is low-income individuals (data not shown).[110]

Similarly, some New Hampshire non-profit and advocacy groups expressed concerns about the length of paid leave under NH PFML. Under NH PFML, individuals enrolled through the individual plan only receive six weeks of paid leave, while employers who purchase paid family and medical leave through the employer plan have the option to purchase either six weeks or twelve weeks of paid family and leave. Massachusetts and Connecticut, on the other hand, offer double the amount of paid family and medical leave, twelve weeks. New Hampshire non-profit and advocacy groups are concerned that six weeks of paid family and medical leave is not sufficient for many families and may inhibit the many benefits of paid family and medical leave.

5.5.3 INSURANCE PARTNERSHIPS

Another variation between delivery models is the use of an insurance partnership. Some researchers have raised concerns about the privatization of public services, including paid leave, particularly about whether private insurance companies should be able to consider demographic characteristics such as age and gender in premium costs.[112] During our interviews with non-profit and advocacy groups, they shared concerns about the financial incentive for insurance companies to deny claims.

Massachusetts has an entirely universal state-run program, where the state processes and pays out claims. Connecticut, on the other hand, which also has a universal state-run program, partners with Aflac for claims administration. In 2021, the Connecticut Paid Leave signed a three-year $72 million contract with Aflac.[113] NH PFML, which launched in 2023, signed a contract with the insurance carrier MetLife for $6.1 million.[114] MetLife is in charge of administering NH PFML, including processing and paying out claims, answering the call line, marketing, determining denials, and managing data on the program. In our interviews with program administrators and nationwide paid leave advocates, utilizing an insurance carrier allows paid leave programs to use already established technology and processing systems rather than having to start from scratch, possibly decreasing the time it takes to start up a paid leave program and potentially diminishing startup costs. Similarly, paid leave administrators who currently use an insurance partnership describe the expertise that insurance carriers who have a wealth of experience processing claims bring to improving the efficiency of their paid leave program. There are important distinctions between Connecticut's Paid Leave Authorities' partnership with Aflac and

NH PFML's partnership with MetLife: MetLife controls both processing and paying out claims in New Hampshire while Aflac is only tasked with claims management in Connecticut. In our interviews with program administrators, there appear to be differences in the amount of oversight provided by the state. Connecticut Paid Leave has more than two dozen metrics to assess the performance of Aflac and meets with members of the Aflac team at least weekly. Throughout our interviews with key stakeholders in NH PFML, there seems to be fewer metrics set for MetLife, and meetings occur bi-weekly.

With the use of an insurance partnership, there are differences in who manages data collection. In Massachusetts, which has a universal state-run program without an insurance partnership, the state manages claimant data. Connecticut, which utilizes an insurance partnership with Aflac, still has significant control over data collection, including conducting audits of Aflac. Under NH PFML, however, MetLife controls data collection on claimants, and the state must make data requests to MetLife, which may take significant amounts of time.

5.5.4 DENIALS

However, there are potential concerns about partnering with an insurance company. One such concern is that an insurance partnership will lead to increased denial rates. During the first year of the Connecticut program, 40 percent of claims were denied, with a majority of denials coming from missing or incomplete paperwork.[115] In our interviews with Connecticut Paid Leave administrators, they describe working with Aflac to lower denials and improve public awareness of the documentation needed for their claim. In 2023, Connecticut Paid Leave decreased their denial rate to 30 percent, with 79 percent of these denials being attributed to a lack of documentation.[116] Massachusetts, which has an entirely-state run program, currently has a 16 percent denial rate, which they are continually trying to improve through surveys.[117]

While there were concerns with the state of New Hampshire's partnership with Metlife when it came to denial rates, we find that the denial rate of claims in New Hampshire (4 percent) is significantly lower than the universal state-run programs in Connecticut (30 percent) and Massachusetts (16 percent). Connecticut, a state that uses a similar insurance partnership with Aflac, had a 32 percent denial rate in its first year, significantly larger than the 4 percent denial rate New Hampshire had in the program's first year.[118] The low denial rate of NH PFML can be attributed to the fact that many individuals who are enrolling through the individual program are likely high-knowledge individuals. Enrollees through the individual plan not only know about the existence of NH PFML, but likely conducted significant research into eligibility requirements and events covered under the program. However, enrollees in a universal state-run program might be less knowledgeable about eligibility and documentation requirements. During our interviews with program administrators in Connecticut, they mentioned that a large proportion of denials came from missing documentation. Thus, unlike a universal state-run program, enrollees are more likely to have the necessary documentation and verified their eligibility in a voluntary program, explaining the significantly lower denial rate.

5.5.5 DIFFERING VISIONS OF PAID LEAVE

Through our expert interviews with program administrators across the three states, it is clear that the vision of paid family and medical leave differed between states. In our conversations with national paid family and medical leave advocates, they believe a paid family and medical leave program should cover as many employees as possible and provide coverage for these employees whenever they need coverage. These goals were echoed by program administrators in Connecticut and Massachusetts, who described the goal of their state program is to provide wage replacement to as many workers as possible. New Hampshire administrators made clear that the goal of their program is different. The goal of NH PFML is to give as many New Hampshire employees as possible the option to access paid family and medical leave without requiring all New Hampshire employees to pay for the program. To pay for their universal state-run program, Connecticut has a 0.5 percent contribution rate that is paid by all employees in the state, and Massachusetts has a 0.88 percent contribution rate, 0.7 percent for medical leave, and 0.18 percent for family leave.[111] In Massachusetts, the employee must cover the entire family leave contribution and 40 percent of the medical leave contribution. In contrast, under a voluntary program, employers can enroll through the employer plan and determine how much of the cost to pass onto their employees, or individuals who do not have a comparable paid family and medical leave plan through their employer can enroll through the individual plan, which places a cap on premium rates at $5 a week.

5.6 LIMITATIONS

We recognize that there may be limitations in this study as the team's research will be limited by the recency of the New Hampshire program as we are assessing this program just one year after its implementation. As a result, quantitatively comparing the outcomes of New Hampshire's program to other more established paid family and medical leave programs is difficult. By employing a mixed-method approach and using both qualitative interviews and quantitative claimant data we aimed to compare program administration, benefit structure, and demographic trends across the New England states.

6 FUTURE OF PAID FAMILY AND MEDICAL LEAVE

Considering the variations between service delivery models, we aimed to explore current proposals in states that are considering implementing new paid family and medical leave programs.

6.1 VERMONT

Vermont's PFML plan is very similar to New Hampshire's. It is voluntary and is currently being managed by The Hartford Insurance Company. However, unlike New Hampshire, Vermont's voluntary program is being established in phases. Phase I of the Vermont program, which began in July 2023, enrolled all state employees into Hartford's PFML program, creating a primary risk pool.[119] Phase II, which begins on July 1, 2024, will allow other employers to enroll in the program. Phase III,

which begins on July 1, 2025, will allow individuals who do not have access to PFML through their employer and employer

Ns with one employee to purchase it through the state program. For Phase II, employers can decide the length and wage replacement rate, ranging from 6 to 26 weeks in a 12-month period and 60 percent to 70 percent, respectively, with additional options available with underwriting review. Employers can also decide to purchase paid family and medical leave insurance combined or stand-alone paid family and medical leave insurance.[120]

While the PFML program itself does not provide job protection, protections exist under Vermont's Unpaid Leave law in addition to the federal FMLA. Hartford Insurance is conducting marketing efforts, including webinars targeted at chambers of commerce and business organizations. Outreach methods involve flyers, web promotions, and social media. The stated aim of this outreach is to reach a diverse audience and raise awareness about PFML benefits.

6.2 OTHER PENDING PROPOSALS

As PFML becomes an increasingly discussed issue, various states have passed legislation or have pending legislation for the implementation of paid family and medical leave. Delaware, Maine, Minnesota, and Maryland have all passed legislation for universal paid family and medical leave programs, which will begin paying out benefits in 2026.[121] Other states, following New Hampshire's example, have begun offering voluntary, insurance-run paid family and medical leave options. In 2022, Virginia passed a law that would allow private insurance providers to offer paid family and medical leave for Virginia employers, and in September 2023, Aflac became the first insurance provider approved to offer paid family and medical leave in the state.[122] In 2023, the Texas legislature passed a bill authorizing private insurance policies for paid parental leave, which businesses can adopt, similar to New Hampshire.[123] Four other states–Florida, Arkansas, Tennessee, and Alabama—have followed suit, providing an insurance pool of state employees and allowing insurance companies to begin a paid family and medical leave program, albeit on a comparatively small scale.[124]

With the introduction of a voluntary model for PFML, it is likely that many other states will use this system to begin filling gaps in access among their constituents. As these states consider implementing a voluntary model, important considerations will be the commitment to marketing shown by the state of New Hampshire and the fact that results will likely differ due to demographic differences. Insurance agencies are disincentivized from marketing their product; if states want program uptake to compare to universal models, significant advertising campaigns must occur. Furthermore, the New Hampshire risk pool of state employees is a comparatively larger percentage of the total population, and larger states, like Texas, will need to consider this when beginning voluntary programs.

It is also worth noting that in many of these states, short-term disability insurance policies have been in place as a paid leave alternative for many years, but with low utilization rates. This suggests that

replacing this system with another voluntary system would have similarly low utilization rates, and therefore can have overall minimal impact on the lower-wage workers PFML is designed to target.

As states consider whether to offer a state-run universal program or to follow New Hampshire's lead in offering a voluntary paid leave program either through a state-sponsored voluntary program or allowing private insurance companies to provide a paid family and medical leave plan to employers, there seems to be competing ideologies on the role of government in providing paid family and medical leave. Those supporting a state-run universal program argue that part-time and low-wage workers will be most left behind under a voluntary program as they may not be able to afford paying into the voluntary program, and the level of wage replacement may not be substantial enough to support these workers, who are the most in need of paid leave.[125] Thus, proponents argue that the state has an obligation to provide paid family and medical leave to those in most need. However, proponents of a voluntary program argue that it is not the state's job to provide paid family and medical leave, rather, giving employers the option to purchase paid family and medical leave for their employees should be a choice, and one that will allow these employers to recruit and retain workers.

7 CONCLUSION

This research aims to assess the variance in the implementation of paid family and medical leave in three New England states: New Hampshire, Massachusetts, and Connecticut. New Hampshire adopted a voluntary program in 2023, the first state in the nation to adopt this delivery model of paid family and medical leave. To assess the impact of New Hampshire's voluntary program, this study conducted a case study comparing the New Hampshire program to two New England states with universal state-run paid family and medical leave programs, Connecticut and Massachusetts. With just 3 percent of New Hampshire workers enrolled in the program after the first year, NH PFML aims to improve its outreach and education about the program as it aims to build upon its first year.

Claimant data from the first year of New Hampshire shows that the state's voluntary program seems to be most successful in attracting those who have historically lacked access to paid family and medical leave but need it the most and can pay for it, as users of NH PFML are overwhelmingly female and those of childbearing age. However, this may leave behind groups that might take advantage of paid family and medical leave if it were offered to them, such as men or those with elderly parents they want to take care of, but the length of time it takes to receive benefit payments or the seven-month open enrollment period may hinder their ability to receive paid family and medical leave as caregiving event occur. Concerns were also raised about the length of paid family and medical leave offered through NH PFML, which is currently six weeks through the individual plan and employers can purchase six or twelve weeks through the employer plan. The six weeks of paid family and medical leave offered through the NH PFML individual plan is half of the twelve weeks offered in Massachusetts and Connecticut. Non-profit and advocacy organizations were concerned that the shorter length of leave will reduce the benefits of paid family and medical leave. The maximum wage replacement rate under NH PFML is 60 percent, which is substantially lower than the universal

programs in Massachusetts (80 percent) and Connecticut (95 percent). This may particularly impact the program's reach to low-income workers, who have historically lacked access to paid family and medical leave, as the 60 percent wage replacement rate may not be substantial enough for these workers to enroll in the program. Despite having a lower maximum wage replacement rate, NH PFML has the highest maximum benefit amount of the three states studied. The maximum benefit amount under NH PFML is $1,945, nearly double the maximum benefit amount in Connecticut ($941) and Massachusetts ($1,145), despite relatively similar median wages in the three states. Thus, the NH PFML benefit structure seems to incentivize higher wage workers to enroll in the program, despite already having significantly higher access to paid family and medical leave than low-wage workers.

While there were concerns that denial rates would be higher because of NH PFML's insurance partnership with MetLife, the denial rates from the first year of NH PFML do not support these concerns. NH PFML's denial rate is significantly lower than universal state-run programs in Massachusetts (16 percent), and Connecticut (30 percent), which also uses an insurance partnership. NH PFML individual plan enrollees are likely to be high-knowledge individuals as they would have needed to conduct significantly more research before enrolling in NH PFML compared to state-run programs.

We find that the goals of a voluntary program differ significantly from those of a universal state-run program: a voluntary program gives those who are interested in paid family and medical leave the ability to purchase paid family and medical leave if their employer does not offer it, while a universal state-run program aims to provide paid family and medical leave to as many workers as possible. As other states consider implementing paid family and medical leave, they must consider their goals and who they aim to reach through their program.

APPENDIX TABLES

APPENDIX TABLE 1. EXPERT INTERVIEWEES:

NAME	DESIGNATION/ORGANIZATION	State

D.J. Bettencourt	New Hampshire Insurance Commissioner (in writing)	New Hampshire
Richard Lavers	New Hampshire Employment Security	New Hampshire
Laura Holmes	NH Paid Leave Project Manager, New Department of Administrative Services	New Hampshire
Devan Quinn	New Hampshire Women's Foundation	New Hampshire
Karen English	Spring Consulting Group, hired by New Hampshire Paid Family and Medical Leave	New Hampshire
Amanda Sears	Campaign for a Family Friendly Economy	New Hampshire
William Alpine	Massachusetts Department of Family and Medical Leave	Massachusetts
Erin O'Brien Choquette	Connecticut Paid Leave Authority	Connecticut
Molly Weston Williamson	Center for American Progress	National
Vicki Shabo	New America Foundation	National
Jeff Hayes	U.S. Department of Labor	National

APPENDIX TABLE 2: PROGRAM BENEFITS AND ELIGIBILITY OF EACH STATE'S PFML PROGRAM

STATE	NH	NY	MA	CT	WA	CA	NJ
Program Establishment Year	2023	2018	2021	2022	2020	2004	2009
Delivery Model	Voluntary	State Run	State Run	State Run with Insurance Carrier	State Run	State Run	State Run
Payment Repayment							
Max Wage Replacement Rate	60%	67%	80%	95%	90%	90%	85%
Max Benefit Amount	$1,945	$1,151	$1,145	$941	$1,427	$1,620	$1,055
Length of Paid Leave for:							
Own Illness	6 weeks	26 weeks	20 weeks	12 weeks	12 weeks	52 weeks	26 weeks
Parental and Family Care	6 weeks	12 weeks	12 weeks	12 weeks	12 weeks	8 weeks	12 weeks
Payroll Deduction Rate	Those on individual plan pay $5 a week	0.373%	0.88% (0.7% Medical + .18% Family)	0.5%	0.74%	1.1%	0.09%
Who Pays Premium	Set by Employer	Employee	Employee: 100% (family), 40% (medical) Employer: 0% (family), 60% (medical)	Employee	Employee: 100% (family), 45% (medical) Employer: 0% (family), 55% (medical)	Employee	Employee
Covered Employees	State employees and employers/ employees that opt in	All private employers	Employers with 25+ employees	Public and private employers with at least one employee	All employers	All employers	Employers subject to unemployment insurance
Eligibility Requirements	Be a New Hampshire employee (7 month waiting period of those on individual plan)	Work 26 or more consecutive weeks either full-time or part-time	Currently employed or unemployed for 25 weeks or fewer	Earned at least $2,325 in wages in four of the last five quarters or unemployed for 12 or fewer weeks	Worked 820 hours in the past 12 months	Worked 12 months for an employers and worked at least 1,250 hours	Worked 12 months for an employers and worked at least 1,000 hours
Percent of Total Workers Eligible for PFML	N/A	70-80%	80-90%	80-90%	80-90%	90-100%	80-90%

Source: Better Balance,[125] World Policy Center,[126] and Bipartisan Policy Center[127]

REFERENCES

1. Cuno-Booth, Paul. "State Asks for Help Promoting New Hampshire's Paid Family Medical Leave Program." *New Hampshire Public Radio*. January 12, 2024. https://www.nhpr.org/nh-news/2024-01-12/state-asks-for-help-promoting-new-hampshires-paid-family-medical-leave-program.
2. Ibid.
3. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." *Better Balance*. January 2, 2024. https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/
4. Granite State Paid Leave Insurance Monthly Report. *New Hampshire Department of Insurance*. November 30, 2023.
5. Ibid.
6. Cuno-Booth, Paul. "State Asks for Help Promoting New Hampshire's Paid Family Medical Leave Program." *New Hampshire Public Radio*. January 12, 2024. https://www.nhpr.org/nh-news/2024-01-12/state-asks-for-help-promoting-new-hampshires-paid-family-medical-leave-program.
7. Smith, Kristin. "New Hampshire Employees Working in Small Firms Lack Access to Paid Family and Medical Leave." *University of New Hampshire Carsey School of Public Policy*. . February 7, 2024. https://carsey.unh.edu/publication/new-hampshire-employees-working-in-small-firms-lack-access-to-paid-family-and-medical-leave.
8. Rosin-Slater, Maya. "Easing the Burden: Why Paid Family and Medical Leave Policies Are Gaining Steam" *Stanford Institute for Economic Policy Research*. February 2018. https://siepr.stanford.edu/publications/policy-brief/easing-burden-why-paid-family-leave-policies-are-gaining-steam#:~:text=Opponents%20of%20PFL%20worry%20that,impose%20substantial%20costs%20on%20employers.
9. Ibid.
10. Donovan, Sarah. "Paid Family and Medical Leave in the United States." Congressional Research Service. February 19, 2020. https://www.everycrsreport.com/files/20200219_R44835_0ebe161f175b8bc1c0ffd7cf213028a03fe2bf5d.pdf
11. Widiss, Deborah. "Privatizing Family Leave Policy: Assessing the Opt-In Insurance Model." *Seton Hall Law Review*. 2023.
12. "State Family Paid Leave Laws Across the U.S." *Bipartisan Policy Center*. January 16, 2024. https://bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/
13. Maureen Sayres Van Neil et al. "The Impact of Paid Maternity Leave on the Mental and Physical Health of Mothers and Children: A Review of the Literature and Policy Implications."*Harv Rev Psychiatry* 28, no. 2 (March 2020): 113-126. PubMed.
14. Ibid.

15. Ibid.
16. Ibid.
17. Ibid.
18. Ibid.
19. Romig, Kathleen and Kathleen Bryant. "A National Paid Leave Program Would Help Workers, Families Should Prioritize Workers of Color and Those With Low Wages." *Center of Budget and Policy Priorities*. April 27, 2021. https://www.cbpp.org/sites/default/files/4-27-21bud.pdf.
20. Ibid.
21. Grose, Jessica. "Why Dads Don't Take Parental Leave." *New York Times*. February 19, 2020. https://www.nytimes.com/2020/02/19/parenting/why-dads-dont-take-parental-leave.html#:~:text=Nathaniel%20Popper%2C%20an%20NYT%20Parenting,because%20it's%20not%20fully%20paid.
22. Wage and Hour Division - Department of Labor. *Fact Sheet #28, The Family and Medical Leave Act*. 2023. https://www.dol.gov/agencies/whd/fact-sheets/28-fmla
23. Ibid.
24. Ibid.
25. Romig, Kathleen and Kathleen Bryant. "A National Paid Leave Program Would Help Workers, Families Should Prioritize Workers of Color and Those With Low Wages." *Center of Budget and Policy Priorities*
April 27, 2021. https://www.cbpp.org/sites/default/files/4-27-21bud.pdf
26. "State Family Paid Leave Laws Across the U.S." *Bipartisan Policy Center*. January 16, 2024. https://bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/
27. Donovan, Sarah. "Paid Family and Medical Leave in the United States." Congressional Research Service. February 19, 2020. https://www.everycrsreport.com/files/20200219_R44835_0ebe161f175b8bc1c0ffd7cf213028a03fe2bf5d.pdf
28. Ibid.
29. Wage and Hour Division - Department of Labor. *Fact Sheet #28, The Family and Medical Leave Act*. 2023. https://www.dol.gov/agencies/whd/fact-sheets/28-fmla
30. Ibid.
31. Donovan, Sarah. "Paid Family and Medical Leave in the United States." Congressional Research Service. February 19, 2020. https://www.everycrsreport.com/files/20200219_R44835_0ebe161f175b8bc1c0ffd7cf213028a03fe2bf5d.pdf
32. Williamson, Molly. "Getting to know the New FAMILY Act." American Progress. July 12, 2023. https://www.americanprogress.org/article/getting-to-know-the-new-family-act/
33. Ibid.
34. Meyer, Kathryn. "President Biden's New Budget Proposes National Paid Leave Program." *SHRM*. March 12, 2024. https://www.shrm.org/topics-tools/news/benefits-compensation/biden-2025-budget-paid-family-medical-leave.

35. Boyens, Chantel, Michael Karpman, and Jack Smalligan. "Access to Paid Leave is Lowest among Workers with the Greatest Needs," *Urban Institute.* https://www.urban.org/sites/default/files/2022-07/Access%20to%20Paid%20Leave%20Is%20Lowest%20among%20Workers%20with%20the%20Greatest%20Needs.pdf
36. Ibid.
37. Smith, Kristin. "New Hampshire Employees Working in Small Firms Lack Access to Paid Family and Medical Leave." *University of New Hampshire Carsey School of Public Policy*. . February 7, 2024. https://carsey.unh.edu/publication/new-hampshire-employees-working-in-small-firms-lack-access-to-paid-family-and-medical-leave.
38. Desilver, Drew. "As Coronavirus spreads, which U.S. workers have paid sick leave - and which don't." Pew Research Center. March 12, 2023. https://www.pewresearch.org/short-reads/2020/03/12/as-coronavirus-spreads-which-u-s-workers-have-paid-sick-leave-and-which-dont/
39. Boyens, Chantel, Michael Karpman, and Jack Smalligan. "Access to Paid Leave is Lowest among Workers with the Greatest Needs," *Urban Institute.* https://www.urban.org/sites/default/files/2022-07/Access%20to%20Paid%20Leave%20Is%20Lowest%20among%20Workers%20with%20the%20Greatest%20Needs.pdf
40. Ibid.
41. Romig, Kathleen and Kathleen Bryant. "A National Paid Leave Program Would Help Workers, Families Should Prioritize Workers of Color and Those With Low Wages." *Center of Budget and Policy Priorities* April 27, 2021. https://www.cbpp.org/sites/default/files/4-27-21bud.pdf.
42. Ibid.
43. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." *Better Balance*. January 2, 2024. https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/
44. Ibid.
45. Ibid.
46. Ibid.
47. Ibid.
48. Ibid.
49. Chico, Sebastian, Adam Fiss, and Michelle Barrett Falconer. "Governor Signs Amendments to Expand, and Better Align Paid Sick Leave Requirements Throughout California." October 5, 2023. https://www.littler.com/publication-press/publication/governor-signs-amendments-expand-and-better-align-paid-sick-leave.
50. "State Family Paid Leave Laws Across the U.S." *Bipartisan Policy Center*. January 16, 2024. https://bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/
51. Romig, Kathleen and Kathleen Bryant. "A National Paid Leave Program Would Help Workers, Families Should Prioritize Workers of Color and Those With Low Wages." *Center*

of Budget and Policy Priorities. April 27, 2021. https://www.cbpp.org/sites/default/files/4-27-21bud.pdf.
52. Ibid.
53. Granite State Paid Leave Insurance Monthly Report. *New Hampshire Department of Insurance*. November 30, 2023.
54. Ibid.
55. Ibid.
56. Ibid.
57. Ibid.
58. "Paid Family Leave - Monthly Data." *California Open Data Portal*. 2024. https://data.ca.gov/dataset/paid-family-leave-pfl-monthly-data/resource/918a5226-0794-4e3e-a9a1-c82e11e0c164
59. "State Family Paid Leave Laws Across the U.S." *Bipartisan Policy Center*. January 16, 2024. https://bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/
60. Granite State Paid Leave Insurance Monthly Report. *New Hampshire Department of Insurance*. November 30, 2023.
61. "New York State Paid Leave Report 2018-2022." *New York State Department of Financial Services*. 2024. https://www.dfs.ny.gov/reports_and_publications/pfl
62. "FY2021 Annual Report for the Massachusetts Paid Family and Medical Leave" *Commonwealth of Massachusetts Office of Labor and Workforce Development*. . 2022. https://www.mass.gov/doc/fy2021-dfml-annual-report/download#:~:text=At%20the%20end%20of%20FY,the%20leave%20had%20been%20completed.&text=In%20FY%202021%20(January%201,family%20and%20medical%20leave%20benefits.
63. "Connecticut Paid Leave Annual Report 2022." *Connecticut Paid Leave*. 2022. https://www.ctpaidleave.org/-/media/ctpl/English-PDFs-and-Docs/2022-CTPL-Annual-Report.pdf
64. "Paid Family and Medical Leave Report." *Washington State Employment Security Department*. December 2023. https://media.esd.wa.gov/esdwa/Default/ESDWAGOV/newsroom/Legislative-resources/2023-Annual-Report-Paid-Family-and-Medical-Leave.pdf
65. "Paid Family Leave - Monthly Data." *California Open Data Portal*. 2024. https://data.ca.gov/dataset/paid-family-leave-pfl-monthly-data/resource/918a5226-0794-4e3e-a9a1-c82e11e0c164
66. "Family Leave Insurance Workload In 2014." *New Jersey Department of Labor and Workforce Development*. October 2015. https://www.nj.gov/labor/myleavebenefits/assets/pdfs/FLI%20Summary%20Report%20for%202014.pdf
67. "Quick Facts: New Hampshire, Massachusetts, Connecticut" *U.S. Census Bureau*. https://www.census.gov/quickfacts/fact/table/CT,NH,MA/BZA115221.
68. Ibid.

69. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." *Better Balance*. January 2, 2024. https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/
70. "Paid Family and Medical Leave in the United States." *Congressional Research Service*. September 25, 2023. https://sgp.fas.org/crs/misc/R44835.pdf
71. "Mass. General Laws c.175m" *Massachusetts Court System*. June 13, 2019. https://www.mass.gov/law-library/mass-general-laws-c175m.
72. Ibid.
73. "FY2023 Annual Report for the Massachusetts Paid Family and Medical Leave" *Commonwealth of Massachusetts Office of Labor and Workforce Development*. . 2024. https://www.mass.gov/doc/fy2023-dfml-annual-report/download.
74. Ibid.
75. Ibid.
76. "Connecticut Paid Leave Annual Report 2022." *Connecticut Paid Leave*. 2022. https://www.ctpaidleave.org/-/media/ctpl/English-PDFs-and-Docs/2022-CTPL-Annual-Report.pdf
77. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." *Better Balance*. January 2, 2024. https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/
78. "Connecticut Paid Leave Annual Report 2022." *Connecticut Paid Leave*. 2022. https://www.ctpaidleave.org/-/media/ctpl/English-PDFs-and-Docs/2022-CTPL-Annual-Report.pdf
79. "Connecticut Paid Family and Medical Leave FAQ." *Equitable*. October 12, 2023. https://portal.equitable.com/appentry/EDoxRedirect?node_id=A2022021500001
80. Ibid.
81. Ibid.
82. Stamm, Catherine and Fernanda Zendejas. "New Hampshire Enacts Voluntary Paid Family Leave Program." *Mercer*. July 15, 2021. https://www.mercer.com/en-us/insights/law-and-policy/new-hampshire-enacts-voluntary-paid-family-leave-program/
83. There is a lack of publicly available information on the Stabilization Fund regarding premium tax rates and the total size of the fund.
84. "New Hampshire Paid Medical Leave." *The Hartford*. 2023. https://www.thehartford.com/paid-family-medical-leave/nh#:~:text=Coverage%20is%20provided%20for%20leaves,birth%2C%20adoption%20or%20foster%20placement
85. Granite State Paid Leave Insurance Monthly Report. *New Hampshire Department of Insurance*. November 30, 2023.
86. Ibid.
87. Ibid.
88. Smith, Kristin. "Support for Paid Family and Medical Leave in New Hampshire." *University of New Hampshire Carsey School of Public Policy*. . May 7, 2019.

https://carsey.unh.edu/publication/new-hampshire-employees-working-in-small-firms-lack-access-to-paid-family-and-medical-leave.

89. Smith, Kristin. "New Hampshire Employees Working in Small Firms Lack Access to Paid Family and Medical Leave." *University of New Hampshire Carsey School of Public Policy*. . February 7, 2024. https://carsey.unh.edu/publication/new-hampshire-employees-working-in-small-firms-lack-access-to-paid-family-and-medical-leave.
90. DeWitt, Ethan. "NH Paid Leave Contract Approved. Some Republicans Are Skeptical. Here's How It Works." June 30, 2022. https://www.seacoastonline.com/story/news/2022/06/30/council-approves-provider-contract-paid-leave-program-amid-some-skepticism-republicans/7777981001/
91. Grose, Jessica. "Why Dads Don't Take Parental Leave." *New York Times*. February 19, 2020. https://www.nytimes.com/2020/02/19/parenting/why-dads-dont-take-parental-leave.html#:~:text=Nathaniel%20Popper%2C%20an%20NYT%20Parenting,because%20it's%20not%20fully%20paid.
92. Popper, Nathaniel. "Paternity Leave Has Long-Lasting Benefits. So Why Don't More American Men Take It?" *New York Times*. April 17, 2020. https://www.nytimes.com/2020/04/17/parenting/paternity-leave.html.
93. Smith, Kristin. "Job Protection and Wage Replacement." *University of New Hampshire Carsey School of Public Policy*.. April 9, 2019. https://carsey.unh.edu/publication/job-protection-wage-replacement.
94. Ibid.
95. The paid leave module was developed by Dr. Kristin Smith, Dartmouth College and added to the Granite State Poll in December 2022 and again in December 2023. This data collection effort was funded by the Rockefeller Center, Dartmouth College.
96. The probability of getting this result by chance is greater than 20%, which means it is not statistically significant.
97. The probability of getting this result by chance is less than 1%, which means that it is statistically significant.
98. Smith, Kristin. "Job Protection and Wage Replacement." *University of New Hampshire Carsey School of Public Policy*.. April 9, 2019. https://carsey.unh.edu/publication/job-protection-wage-replacement.
99. "Firms by Size - New Hampshire Statewide." *New Hampshire Department of Employment Security*. March 2023. https://www.nhes.nh.gov/elmi/statistics/documents/fbs-nh-q012023.pdf
100. Hodges, Leslie. "Do Female Occupations Pay Less but Offer More Benefits?" *Gender & Society*. March 31, 2020. https://journals.sagepub.com/doi/full/10.1177/0891243220913527.

100. Smith, Kristin. "New Hampshire Employees Working in Small Firms Lack Access to Paid Family and Medical Leave." *University of New Hampshire Carsey School of Public Policy*. February 7, 2024. https://carsey.unh.edu/publication/new-hampshire-employees-working-in-small-firms-lack-access-to-paid-family-and-medical-leave.

101. "Connecticut Paid Leave Annual Report 2022." *Connecticut Paid Leave*. 2022. https://www.ctpaidleave.org/-/media/ctpl/English-PDFs-and-Docs/2022-CTPL-Annual-Report.pdf
102. "2021 Small Business Profile - New Hampshire." *U.S. Small Business Administration Office of Advocacy*. 2021. https://advocacy.sba.gov/wp-content/uploads/2021/08/Small-Business-Economic-Profile-NH.pdf
103. "Household Income in Massachusetts." *Statistical Atlas*. https://statisticalatlas.com/state/Massachusetts/Household-Income; "Massachusetts." *U.S. Census Bureau*. https://www.census.gov/quickfacts/fact/table/MA/PST045223; "Distribution of Resident Population of Massachusetts in 2021, by Age Group." *Statista*. https://www.statista.com/statistics/1022328/massachusetts-population-share-age-group/
104. "Household Income in Connecticut." *Statistical Atlas*. https://statisticalatlas.com/state/Connecticut/Household-Income; "Connecticut." *U.S. Census Bureau*. https://www.census.gov/quickfacts/fact/table/CT/PST045223; "Distribution of Resident Population of Connecticut in 2021, by Age Group." *Statista*. https://www.statista.com/statistics/1021891/connecticut-population-share-age-group/.
105. Cuno-Booth, Paul. "State Asks for Help Promoting New Hampshire's Paid Family Medical Leave Program." *New Hampshire Public Radio*. January 12, 2024. https://www.nhpr.org/nh-news/2024-01-12/state-asks-for-help-promoting-new-hampshires-paid-family-medical-leave-program.
106. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." *Better Balance*. January 2, 2024. https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/.
107. "Paid Family Leave - Monthly Data." *California Open Data Portal*. 2024. https://data.ca.gov/dataset/paid-family-leave-pfl-monthly-data/resource/918a5226-0794-4e3e-a9a1-c82e11e0c164
108. "Father Need Paid Family and Medical Leave." *National Partnership for Women and Families*. June 2023. https://nationalpartnership.org/report/fathers-need-paid-leave/
109. "Median Household Income By State." *World Population Review*. 2024. https://worldpopulationreview.com/state-rankings/median-household-income-by-state.
110. Smith, Kristin. "New Hampshire Employees Working in Small Firms Lack Access to Paid Family and Medical Leave." *University of New Hampshire Carsey School of Public Policy*. . February 7, 2024. https://carsey.unh.edu/publication/new-hampshire-employees-working-in-small-firms-lack-access-to-paid-family-and-medical-leave
111. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." *Better Balance*. January 2, 2024. https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/
112. Widiss, Deborah. "Privatizing Family Leave Policy: Assessing the Opt-In Insurance Model." *Seton Hall Law Review*. 2023.
113. Lloyd, Bria and Jim Haddadin. "CT Paid Leave Authority to Withhold $375,000 from Claims Company." *Connecticut Mirror*. February 13, 2023.

https://ctmirror.org/2023/02/13/ct-paid-leave-authority-to-withhold-375000-from-claims-company-aflac/

114. Dewitt, Ethan. "NH Paid Leave Contract Approved. Some Republicans are Skeptical. Here's How it Works." *Seacoast Online*. June 30, 2022. https://www.seacoastonline.com/story/news/2022/06/30/council-approves-provider-contract-paid-leave-program-amid-some-skepticism-republicans/7777981001/
115. "Connecticut Paid Leave Annual Report 2022." *Connecticut Paid Leave*. 2022. https://www.ctpaidleave.org/-/media/ctpl/English-PDFs-and-Docs/2022-CTPL-Annual-Report.pdf
116. "Connecticut Paid Leave Annual Report 2023." *Connecticut Paid Leave*. 2023. https://www.ctpaidleave.org/-/media/ctpl/English-PDFs-and-Docs/2023-CTPL-Annual-Report.pdf
117. "FY2023 Annual Report for the Massachusetts Paid Family and Medical Leave." *Commonwealth of Massachusetts Office of Labor and Workforce Development*. 2024. https://www.mass.gov/doc/fy2023-dfml-annual-report/download.
118. Granite State Paid Leave Insurance Monthly Report. *New Hampshire Department of Insurance*. November 30, 2023.
119. "State Paid Family & Medical Leave Insurance Laws." *National Partnership for Women and Families*. October 2023. https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf
120. Ibid.
121. "State Paid Family & Medical Leave Insurance Laws." *National Partnership for Women and Families*. October 2023. https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf
122. "Aflac is the First Insurance Carrier Approved to Provide Voluntary Paid Family Leave Insurance in Virginia." *PR Newswire*. September 12, 2023. https://www.prnewswire.com/news-releases/aflac-is-the-first-insurance-carrier-approved-to-provide-voluntary-paid-family-leave-insurance-in-virginia-301923343.html
123. "House Bill 1966." *Texas Senate Research Center*. May 16, 2023. https://capitol.texas.gov/tlodocs/88R/analysis/html/HB01996E.htm
124. "State Paid Family & Medical Leave Insurance Laws." *National Partnership for Women and Families*. October 2023. https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf
125. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." *Better Balance*. January 2, 2024. https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/
126. Perry, Nicholas. "Paid Leave and Job Protection for Parents, People Who Are Sick and People Who Have Sick Family Members in the United States." *World Policy Center*. 2024. https://www.worldpolicycenter.org/events-launches/paid-leave-and-job-protection-for-parents-people-who-are-sick-and-people-who-have-sick-family-members-in-the-united-states
127. "State Family Paid Leave Laws Across the U.S." *Bipartisan Policy Center*. January 16, 2024.

https://bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/