

Meeting the Promise of Paid Leave

BEST PRACTICES IN STATE PAID
LEAVE IMPLEMENTATION



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The National Partnership for Women & Families

The National Partnership for Women & Families' mission is to improve the lives of women and families by achieving equality for all women. For over 45 years we have fought for every major federal policy advance that has helped women and families. We work for public policy change at the federal and state levels and culture change and focus on issues that increase equity, health, reproductive rights and economic justice.

Our goal is to create a society that is fair and just, where nobody has to experience discrimination, all workplaces are family friendly, and no family is without quality, affordable health care and real economic security.

Founded in 1971 as the Women's Legal Defense Fund, the National Partnership for Women & Families is a nonprofit, nonpartisan 501(c)(3) organization located in Washington, D.C.

Main Street Alliance

Main Street Alliance (MSA) is a national network of small business coalitions working to elevate the voices of small business owners on issues that impact their businesses, their employees and the communities that they serve. Founded in 2008 to ensure that small business owners' voices were heard in the campaign to win affordable health care, Main Street Alliance now works on a range of issues in cities and states across the country.

MSA small business owners share a vision of public policies that work for business owners, our employees and the communities we serve. MSA advocacy promotes vibrant businesses and healthy communities, and fosters leadership development of socially responsible business leaders. MSA is led by a diverse group of small business owners at the state and national levels.

The National Center for Children in Poverty

The National Center for Children in Poverty (NCCP) conducts research and translates the findings into actionable recommendations that advocates and policymakers use to improve the lives and futures of low-income children and their families. We delve into issues that contribute to child poverty and make sure our ideas reach those in a position to make meaningful change that reduces the number of families experiencing hardship.

NCCP History: NCCP was founded in 1989 at Columbia University Mailman School of Public Health. NCCP is a nonpartisan, nonprofit research organization now at the Bank Street College of Education in New York City.

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The views expressed are those of the National Partnership authors and should not be attributed to other contributors, advisors or funders.

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Executive Summary

Paid family and medical leave has clear benefits to public health, working families' economic security, businesses and the economy – yet millions of working people across the United States currently lack access, and people with low incomes are disproportionately being left behind. Eight states and the District of Columbia have enacted paid leave programs, pointing a way forward for the rest of the country. For the benefits of paid leave to be fully realized, these programs must be designed and administered in a way that maximizes utilization by people who need leave, particularly those with the lowest incomes, who are least likely to have benefits through an employer. At the same time, programs should ease implementation for small businesses, which employ a large share of the workforce. This report shares new findings from an in-depth research study about the operation and utilization of the three longest-running paid leave programs – in California, New Jersey and Rhode Island – to better understand current utilization and identify best practices to strengthen existing programs and inform future policymaking.

The report begins with an overview of research methods, a summary of the types of data collected and a description of how data analysis was conducted. More detailed information is available in Appendix A. This is followed by an analysis of demographic and workforce data, which reveals that the need for comprehensive paid family and medical leave is likely to grow over the next several decades. The analysis highlights the policy design implications of this projected need for paid leave.

Next, a chart analyzes the three state paid family and medical leave programs this report examines – California's, New Jersey's and Rhode Island's – and illustrates the most common features of state paid leave programs. In doing so, it identifies key questions policymakers must consider when designing a new program, including what share of a worker's usual income will be replaced, which family relationships will be covered, and what level of legal protections workers will have against adverse workplace consequences for needing or taking leave. A full analysis of the three state programs is available in Appendix B.

Then the report shares findings from analysis of new state utilization data, including administrative microdata from 2015 to 2017, which provides a textured view of current program use and illustrates how program use has grown over time.

The report then identifies challenges and best practices in state paid leave programs, based on a close analysis of state paid leave program design, implementation and administration, enforcement, and outreach and education, drawing on the extensive qualitative data collected from the stakeholders interviewed in all three states, as well as relevant quantitative data from administrative microdata and small business surveys. Each section includes a summary of recommendations and best practices, and points to questions and topics that would benefit from further research.

These findings are followed by a focused section sharing employers' perspectives on paid leave programs, including how employers address issues such as coordination of private and public benefits.

Finally, the report concludes with a summary of key findings and a targeted list of recommendations for each of several sets of stakeholders: lawmakers, advocates, employers and the health care community.

Introduction



I knew that I would need at least two weeks [away from my job], but I knew after that two weeks it'd be based on my mom's recovery. So I had spoken with my employer and told him I'd need at least two weeks off, and from there I'd have to see how her recovery was going. [...] They told me that because I was only part-time that it wouldn't be paid, and I would have to keep them posted as to how much time after the two weeks I would need, because if I took more than 30 days, then I could lose my position.

"Aisha," a worker at a large retail store in New Jersey who took unpaid leave to help her mother recover from surgery



IN THE UNITED STATES, just 17 percent of working people have access to paid family leave through an employer, and fewer than 40 percent have personal medical leave through an employer's temporary disability insurance policy.¹ For millions of working people, a family health emergency or the birth or adoption of a new child means choosing between taking the time they need, or keeping a job and paycheck they cannot do without. These choices are especially stark for working people with the lowest incomes, who are both the least likely to have paid leave benefits through an employer and the most likely to lack savings, low-cost credit or family resources to lean on during a financial emergency.²

But momentum has been growing to ensure that all working people have access to paid time away from work when serious health and caregiving needs arise. As interest in paid leave builds, it is essential

for policymakers, advocates and other stakeholders who would be affected by new paid leave policies to understand how existing state programs work – from policy design to program implementation to enforcement – and what lessons can be applied from them to optimize the design and functionality of programs that will be created in the future.

Since 2004, eight states and the District of Columbia have enacted paid family and medical leave programs or expanded long-standing temporary disability leave programs to also cover paid family leave, and at least two dozen have seen proposals introduced in state legislatures.³ At the federal level, paid leave has increasingly been the focus of congressional hearings and legislative proposals, including one proposal that is modeled on existing state programs. In order to more fully understand utilization of state paid leave programs, identify

potential barriers to access and develop solutions, the National Partnership for Women & Families, in partnership with Main Street Alliance, the National Center for Children in Poverty and Dr. Sarah Jane Glynn, conducted an in-depth research study examining the three longest-running paid family and medical leave programs, in California, New Jersey and Rhode Island.

Existing research shows clear benefits of paid leave programs

A robust and growing body of research has identified the many benefits paid family and medical leave programs have for public health and infant and child development. Paid leave is strongly associated with reduced infant and post-neonatal mortality rates, improved breastfeeding rates and duration, and improvements to health outcomes for children in early elementary school.⁴ It provides parents with time to attend well-child visits and attain needed vaccinations, and may prevent child maltreatment, perhaps by reducing risk factors such as parental stress and depression.⁵ Paid leave is also associated with improvements to new mothers' physical and mental health.⁶ Among heterosexual couples, fathers' use of leave increases paternal involvement in child care.⁷ For seriously ill children, the presence of a parent reduces the length of a hospital stay by nearly one-third.⁸ Access to paid leave helps cancer patients complete treatment and manage symptoms and side effects.⁹ It can also help older adults age in place and has been shown to reduce nursing home utilization.¹⁰

Paid family and medical leave also has clear benefits for families' economic security and gender equity. Women who use state paid leave programs are more likely to return to work, and their wages are higher, than those who do not.¹¹ Access to paid leave provides time for new parents to secure child care arrangements, facilitating their return to work, particularly for women, who are still more likely to have primary caregiving responsibilities in most households.¹² Paid leave programs reduce the likelihood that new parents will need to use SNAP or other

Nearly

7 in 10

small business owners

and more than
3/4
of women and
business
owners of
color

would support a national paid family and medical leave policy, according to a 2018 national small business survey conducted by Main Street Alliance.¹⁴

public programs in the year after a child's birth. Evidence from California also indicates that implementation of paid leave increased labor force participation of family caregivers.¹³

Employers also benefit from paid leave, which has been shown to reduce employee turnover, and improve morale and productivity.¹⁵ These benefits accrue to employers whether paid leave is provided directly or through a public program. In addition, public paid leave programs can offer the additional benefit of making paid leave more affordable to small or low-margin employers.¹⁶ Surveys of employers in states with paid leave programs have previously found that the majority of employers report experiencing either modest positive effects on their business, or no effect.¹⁷ Research on small employers has found that many would like to be able to offer paid leave to their employees and that a public program based on a social insurance model would help them do so.¹⁸ In short, when they work well, paid leave programs offer substantial benefits to working families without unduly burdening employers, and well-designed programs offer significant benefits to small employers.

Identifying best practices to support paid leave use among workers with lower incomes

Unfortunately, prior research on existing state programs has also suggested that these benefits are not reaching all working people who need them. Several studies have indicated that lower-income workers may be underrepresented among program claimants, and have pointed to aspects of program design, public outreach, and administration and/or enforcement that could be at fault.¹⁹

Findings from this study confirm that state programs are serving

“Employers think you’re not devoted to your job, and I feel like that’s not fair, because you should be able to take care of yourself, to take care of your loved ones if needed, and it shouldn’t be your job before your family, your health, your social life. I feel like it should be all balanced.”

“Aisha”

substantial numbers of low- and middle-income workers, improving their ability to care for themselves and their families while maintaining financial stability. Yet the available data indicates that workers at the lowest income levels have made up a disproportionately small share of claimants. Qualitative findings described in later sections identify specific aspects of program design, administration, enforcement and public outreach that have created challenges for vulnerable workers who need to access paid leave.

The report that follows identifies trends in program utilization and future need for leave; evaluates policy design; examines successes and challenges in program administration, enforcement and outreach; and shares recommendations and best practices to help ensure paid leave programs effectively support the needs of workers with low incomes.

To develop a holistic analysis of existing leave programs, this study took a mixed-methods approach, including legal analysis, quantitative analysis of administrative data, and thematic analysis of individual

interview and focus group data. It also examined the perspectives and experiences of multiple key stakeholder groups: workers who had experienced both met and unmet need for paid leave, representatives of small and large employers, staff from community-based organizations (CBOs) representing a variety of constituencies affected by caregiving needs, public health workers, and program administrators. This holistic approach provides a multilayered perspective on how various stakeholders, including both workers and employers, view and have interacted with state paid leave programs. As a result, recommendations and best practices also address multiple facets of the programs. Throughout, the report aims to identify ways in which paid leave programs can be designed and operated to support the most vulnerable workers, while also meeting the needs of workers overall, serving the needs of employers and utilizing the strengths of health care providers and CBOs.

Methodology

This report and three associated issue briefs are based on long-term, multimodal research.

In the study's first phase, the National Partnership, NCCP and Dr. Glynn conducted exploratory interviews with 30 stakeholders, including academic researchers, program administrators, policymakers and issue advocates, to test baseline assumptions and identify themes to explore in the second phase of research. Information from these interviews was provided on background, and so while it informs the analysis and discussion in this report, no quotations or identifiable information from exploratory interviews are shared here.

The remaining components of the research directly contribute to this final report, including:

- Semi-structured interviews with 89 participants,ⁱ including with 11 workers who had experienced a caregiving need and a focus group with six workers, all in New Jersey; administrative staff from all three state programs; staff with 13 public health agencies or public-health-focused CBOs in California and Rhode Island, and representatives of 10 other CBOs working in labor, immigrant rights, anti-poverty and other fields in all three states; 30 owners or managers of small businesses in New Jersey; and 10 large business stakeholders across all three states, including human resources representatives from seven large employers, two representatives of business associations and one founder of a business that provides benefits management services. Worker interviews included both individuals who had used state programs and those who had experienced unmet need for leave; in addition, a number of other stakeholders had personal experiences using state programs. See Appendix A for a full list of interview participants;
- An analysis of both publicly available state paid family leave and temporary disability insurance program utilization data, and program utilization microdata obtained for the study. See Appendix C for additional data tables not included in the body of this report;
- A systematic scan of the political landscape at the time when each state successfully passed paid leave legislation, including program expansions;
- An analysis of projected future demand for paid family and medical leave nationwide, based on publicly available demographic and workforce data;
- An analysis of Main Street Alliance's 2017 and 2018 survey data on small business owners' views on paid leave; and
- An analysis of state paid leave statutes and regulations.

Staff from NCCP, Dr. Glynn and a research assistant conducted interviews with most stakeholders, and staff from MSA conducted

ⁱ In a few interviews, multiple representatives or staff from an organization participated.

interviews with small business stakeholders. Analysis of state micro-data was conducted by Dr. Glynn in collaboration with the National Partnership. Analysis of qualitative data, legal statutes and regulations, and state policy history, and drafting of this report, was conducted by the National Partnership. See Appendix A for further detail about analytical methods.

Demographic and Labor Force Trends Point to Unmet, Growing Need for Comprehensive Paid Leave

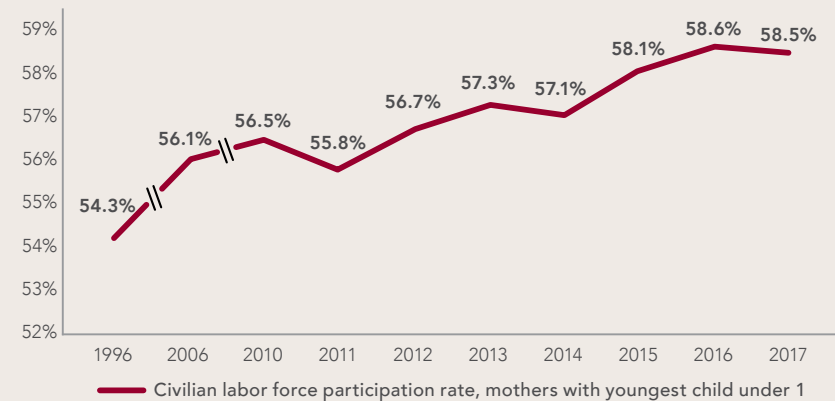
As described above, few working people have access to paid family leave or short-term disability leave through an employer, and access rates in most job sectors have increased at a glacial pace, if at all, in recent years. Overall, access to paid family leave has increased just 5 percentage points in the past six years,²⁰ not nearly enough to meet current demand, let alone the growing need we can expect in the future. Usage rates of the federal Family and Medical Leave Act (FMLA) reveal an unmet need for leave that has grown worse over time. Even though the share of workers taking FMLA-type leave stayed consistent from 2000 to 2012, the share of workers who reported needing leave but being unable to access it more than doubled to about 6 percent of workers, an estimated 7 million people – despite increased access to paid leave in some states and sectors during this same time.²¹ Workers reported that the most common reason they were unable to access leave was because they were unable to afford it, most likely because the leave would have been unpaid.²²

While some states and employers have made progress in expanding access to leave, the data show that it is not enough. The factors

discussed below contribute to the growing need for paid leave in the United States. Together, these factors make clear that paid leave programs must be comprehensive – including parental, medical and family caregiving leave – to effectively and sustainably meet the need.

Labor force and reproduction trends among women in their 30s and 40s suggest a growing need for paid parental leave and medical leave for birth mothers. Fertility rates have declined for women in their 20s but have increased for women in their 30s and 40s relative to the 1990s and early 2000s, and women in their 30s and 40s also have the

Labor Force Participation Rate of Mothers of Young Children



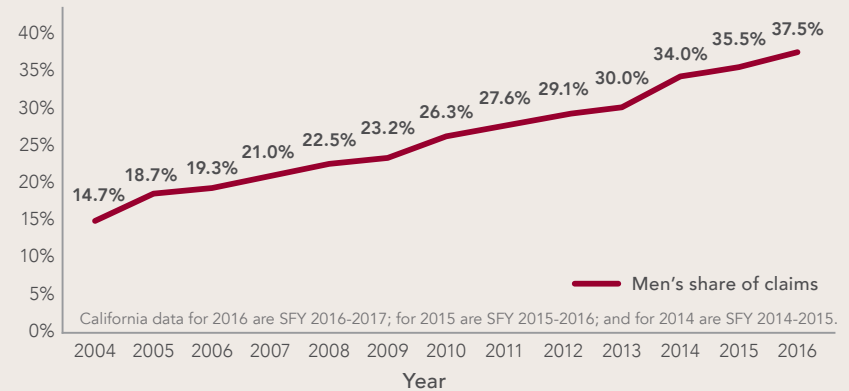
Source: U.S. Bureau of Labor Statistics. (2017). Table 6. Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2016-2017 annual averages. U.S. Department of Labor. Retrieved 26 June 2019, from <https://www.bls.gov/news.release/famee.t06.htm>; U.S. Bureau of Labor Statistics. (2016). Table 6. Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2014-2015 annual averages. U.S. Department of Labor. Retrieved 26 June 2019, from https://www.bls.gov/news.release/archives/famee_04222016.pdf; U.S. Bureau of Labor Statistics. (2014). Table 6. Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2012-2013 annual averages. U.S. Department of Labor. Retrieved 26 June 2019, from https://www.bls.gov/news.release/archives/famee_04252014.htm; Bureau of Labor Statistics. (2012). Table 6. Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2010-2011 annual averages. U.S. Department of Labor. Retrieved 26 June 2019, from https://www.bls.gov/news.release/archives/famee_04262012.htm; U.S. Bureau of Labor Statistics. (2007). Table 6. Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2005-2006 annual averages. U.S. Department of Labor. Retrieved 26 June 2019, from https://www.bls.gov/news.release/archives/famee_05092007.pdf; U.S. Bureau of Labor Statistics. (1997). Table 6. Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 1995-1996 annual averages. U.S. Department of Labor. Retrieved 26 June 2019, from https://www.bls.gov/news.release/history/famee_061697.txt

highest labor force participation rates of any age group.²³ While the birth rate may have declined slightly from its recent peak in the 1990s, this is driven in large part by a decline in teen births, and the percentage of mothers participating in the labor force has trended upward in the past two decades. At the same time, labor force participation rates of women in their 20s, 30s and 40s are lower than similarly aged men in the United States and lower than labor force participation rates of women in other wealthy economies – a characteristic of the U.S. workforce that researchers attribute at least partially to a lack of family-friendly policies in the United States.²⁴

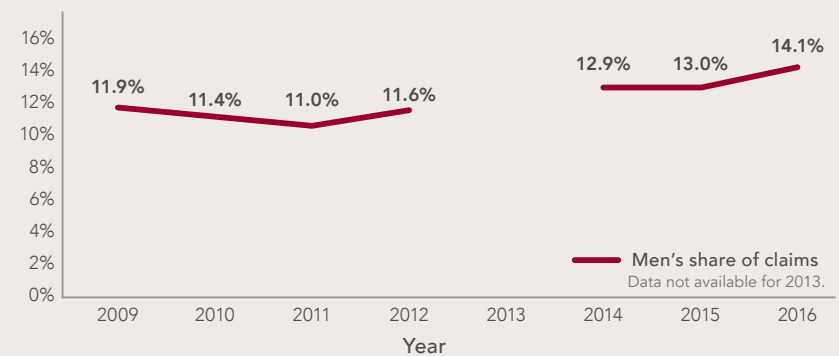
A growing number of fathers want and expect parental leave. Paternal age is increasing,²⁵ making it more likely that fathers will be well-established in their work lives when their children are born. Yet, leave is still inaccessible: Estimates suggest that in 2011 alone, more than 300,000 employed fathers were unable to take the parental leave they wanted.²⁶ A growing body of research demonstrates a strong desire among fathers today to play a more equitable role in parenting and family caregiving, resulting in an anticipated increase in the demand for and use of paid leave as cultural norms around men’s caregiving responsibilities shift.²⁷ The evidence from California, New Jersey and Rhode Island shows that the availability of paid leave influences men’s use of parental leave, as all states show increasing paternity leave use as state paid leave programs mature, likely due to both changes in norms and increased awareness.²⁸

Demographic and labor force trends also point to the potential for higher demand for paid personal medical leave. The overall age of the population is increasing, as are the labor force participation rates of older workers.²⁹ Notably, older workers have a higher risk of experiencing health problems and, thus, are more likely than younger workers to have health-related work interruptions.³⁰ Yet only 39 percent of civilian workers have employer-provided temporary disability

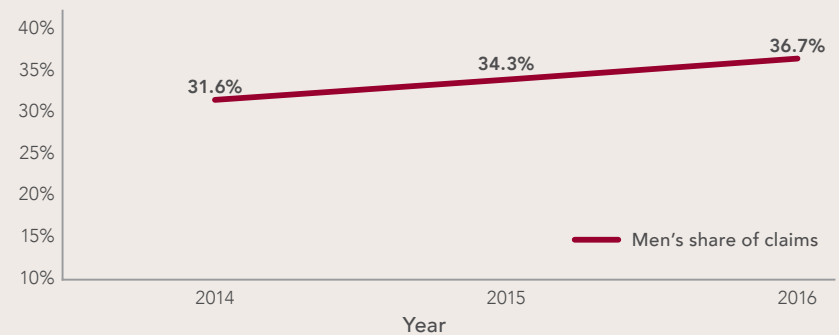
Men’s Share of Parental Leave Claims in California



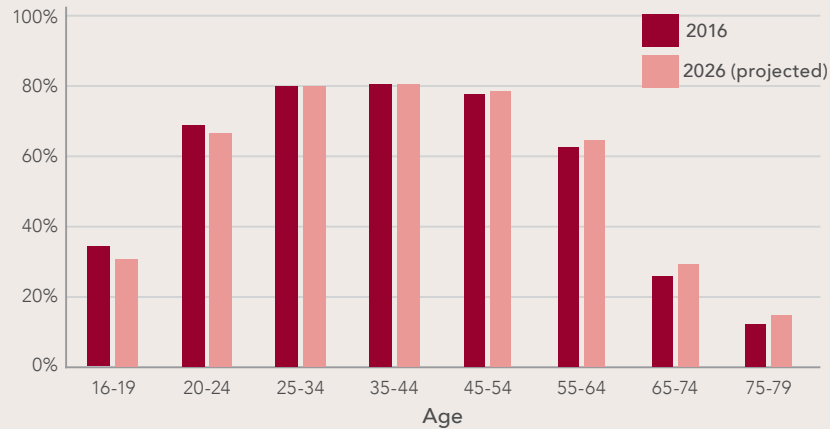
Men’s Share of Parental Leave Claims in New Jersey



Men’s Share of Parental Leave Claims in Rhode Island



Current and Projected Civilian Labor Force Participation Rate



Source: U.S. Bureau of Labor Statistics. (2017). Civilian labor force participation rate, by age, sex, race and ethnicity

insurance.³¹ The increasing age of the workforce is likely to result in growing demand for temporary disability leave as workers increasingly have to confront the physical realities of aging while maintaining their ties to the paid labor force.

The same trends that suggest a greater demand for paid personal medical leave also point to a growing need for paid family caregiving leave. Today, 43.5 million people provide unpaid care to family members, and most family caregivers also have full-time, paid jobs.³² There is increasing stress on members of the sandwich generation, the growing portion of the workforce that is caring for both children and

older adults.³³ As the number of adults needing care is projected to increase, the number of caregivers is projected to decrease relative to need, creating greater demands on fewer family members' time.³⁴ Health trends for both children and older adults, as well as demographic changes – the rapidly aging U.S. population and a shrinking number of younger people able to provide care to their loved ones – mean the absolute need for family caregiving is likely to increase over time.

Finally, industry and job growth trends suggest that the private sector is unlikely to meet current or growing demand without public policy intervention. Leaving it primarily to the private sector to offer paid parental, family and medical leave has left access rare even among high-wage workers, and has created vast gaps in access and significant disparities by region, industry, occupation and wage level, as well as disparities in access by race and ethnicity.³⁵ Two in three of the new jobs projected to be created by 2026 are in occupations with low pay, and workers with low wages are significantly less likely to have access to any form of paid leave.³⁶ Contingent workers and freelancers in the “gig economy,” who make up at least 10 percent of the workforce,³⁷ are also particularly vulnerable when family and medical leave needs occur because they generally fall outside of traditional employer-employee relationships. Other categories of self-employed worker, including small business owners, may also lack coverage, which could especially hinder entrepreneurship among women, people with serious and chronic health conditions, and others with family caregiving needs. Overall trends in job growth and the glacial pace at which paid leave is expanding to workers in lower-paying jobs suggest that access to employer-provided benefits is not likely to significantly increase, resulting in a greater unmet need for paid family and medical leave.

Snapshot

**State Paid Family
and Medical Leave Programs**

EIGHT STATES AND THE DISTRICT OF COLUMBIA have enacted paid family and medical leave laws. This report examines the three longest-standing state laws: California’s, New Jersey’s and Rhode Island’s. These programs share the basic structure of a social insurance program: Small payroll contributions are collected from employees and/or employers and pooled into a state-run fund, and claimants are paid benefits out of this fund. All programs provide coverage for a comprehensive range of purposes, including family leave to bond with a new child (bonding leave) or care for a family member with a serious health condition (family care leave), and medical leave to address a

worker’s own disability or serious health condition. The major decision points in the design of these programs include the length of leave and amount of wage replacement benefits; the share of contributions paid by employees and employers; the family members for whom leave can be taken; whether leave is job-protected; and whether small business owners and the self-employed are automatically covered or can opt in.

Key aspects of the California, New Jersey and Rhode Island laws are summarized below.



California



New Jersey



Rhode Island

	California	New Jersey	Rhode Island
Status	Paid family leave enacted 2002, effective 2004; expanded 2016, effective 2018; expanded 2017, effective 2020	Paid family leave enacted 2008, effective 2009; expanded 2019, effective 2019 and 2020	Paid family leave enacted 2013, effective January 2014
Reasons for paid leave	<ol style="list-style-type: none"> 1. Bonding with new child (birth, adoption, foster) 2. Care for family member with serious health condition 3. Care for own disability 	<ol style="list-style-type: none"> 1. Bonding with new child (birth, adoption, foster) 2. Care for family member with serious health condition 3. Care for own disability 4. Engaging in certain activities related to individual or family member being victim of domestic or sexual violence 	<ol style="list-style-type: none"> 1. Bonding with new child (birth, adoption, foster) 2. Care for family member with serious health condition 3. Care for own disability
Definition of family member	Child, parent, spouse, domestic partner, grandparent, grandchild, sibling, parent-in-law	Child, parent, parent-in-law, spouse, domestic partner, civil union partner, sibling, grandparent, grandchild, any person related by blood, any person with whom employee has close association that is equivalent of a family relationship	Child, parent, spouse, domestic partner, grandparent

	 California	 New Jersey	 Rhode Island
Maximum length of paid leave	<p>Six weeks for family leave</p> <p>52 weeks for own disability</p>	<p>Six weeks for family leave, increasing to 12 weeks on July 1, 2020</p> <p>26 weeks for own disability</p>	<p>Four weeks for family leave</p> <p>30 weeks for own disability; no more than 30 weeks total/year for combined own disability and family care</p>
Method to fund insurance system	<p>Own disability and family care are funded by the employee only.</p>	<p>State’s temporary disability insurance program is financed jointly by employee and employer payroll contributions.</p> <p>Family care is funded entirely by the employee.</p>	<p>Own disability and family care are funded by the employee only.</p>
Benefit amount	<p>The weekly benefit rate is 60-70 percent of the worker’s weekly wage, depending on income level.*</p> <p>The maximum weekly benefit is \$1,252 in 2019.</p>	<p>The weekly benefit rate is 66 percent of a worker’s average weekly wage, increasing to 85 percent on July 1, 2020.</p> <p>The maximum weekly benefit is \$650 in 2019, increasing to an amount equivalent to 70 percent of the statewide average weekly wage on July 1, 2020.</p>	<p>The average weekly benefit rate is 4.62 percent of wages paid during the highest quarter of worker’s base period (equivalent to roughly 60 percent of a worker’s average weekly wage).</p> <p>The maximum weekly benefit is \$852 in 2019.</p>
Job protection	<p>Family care and own disability: No more than FMLA and CFRA, which apply to employers with 50 or more employees</p> <p>Parental leave: Yes, for individuals with employers with 20 or more employees</p> <p>Pregnancy disability: Yes, for individuals with employers with five or more employees</p>	<p>Not more than FMLA (which applies to employers with 50 or more employees) and NJ FLA. Beginning on June 30, 2019, NJ FLA is expanded to apply to employers with 30 or more employees.</p>	<p>Family care: Yes</p> <p>Own disability: No more than under FMLA or RI PFMLA, which apply to employers with 50 or more employees</p>

*Note: San Francisco requires covered employers with 20 or more employees to provide supplemental compensation to covered employees taking leave to care for a new child for up to six weeks such that the combined weekly benefit equals 100 percent of the employee’s weekly wage.

Trends in State Paid Leave Utilization

PROGRAMS IN CALIFORNIA, NEW JERSEY, AND RHODE ISLAND

have provided paid family and medical leave more than 13.6 million times, measuring from the time each state's paid family leave program began through the end of 2018.³⁸ (All three states had provided workers access to personal medical leave through temporary disability insurance [TDI] programs since the 1940s.) This history of claims provides a wealth of information about how these programs have been used, how utilization has changed over time and which populations of workers may have been underserved by state programs.

The analysis below points to several key trends in the utilization of state paid leave programs that policymakers and other paid leave stakeholders should be attentive to.

- Personal medical leave is by far the most commonly used segment of paid family and medical leave programs, but use of family caregiving and child bonding leave has increased over time.
- Men's use of family leave for child bonding and family caregiving has increased and has become more equal to women's use, but more could be done to advance gender equity in leave-taking.
- There is no one "typical" pattern of leave use. Instead, trends in leave use vary depending on age, income level and gender, and may also vary by factors not analyzed here such as job type, family size, household structure or other demographic categories.
 - Weekly benefit amounts tend to be lower for women than for men, and lower for younger workers than for older workers.
 - The average duration of personal medical leaves tends to be longer for men than for women, and increases as workers age, but does not approach the maximum amount of time available in any program.

- State paid leave programs are serving a substantial share of low- and middle-income claimants, but in New Jersey and California the lowest-income workers have not been taking a representative share of leave. This gap appears to be larger for low-income men, and is starker for family leave (including both child bonding and family caregiving purposes) than for personal medical leave.
- By contrast, the lowest-income workers in Rhode Island are proportionally represented as claimants in most segments of the state's program.
- Preliminary evidence suggests that recent improvements to California's program, including a higher wage replacement rate that went into effect in 2018 and an expansion of the family members for whom individuals could take leave to care for that went into effect in 2014, may have improved program utilization. Future research should examine this possible trend more closely.

State program overviewsⁱ

California

California has a long-standing TDI program, which provides up to 52 weeks of paid leave for workers' own serious health conditions, including conditions related to pregnancy and recovery from childbirth. In 2002, California enacted its paid family leave (PFL) program, which provides up to six weeks of leave to bond with a new child or care for a family member with a serious health condition. The program has been strengthened multiple times, to broaden the range of family members for whom caregiving leave can be taken (which took effect in 2014), to increase benefit levels for lower- and middle-wage workers (which took effect in 2018), and to make more workers eligible



ⁱ See Appendix C for additional data tables about all three states' program utilization.

for job protection when they take parental leave (which will take effect in 2020).

From July 2004, when California’s PFL program began paying benefits, through the end of 2018, California’s TDI and PFL programs fulfilled more than 12.3 million claims and paid out benefits totaling just over \$75 billion.³⁹ Over time, PFL claims have become a larger share of all program claims, making up 29.2 percent of all claims paid in 2018, compared with just 18.5 percent of all claims in 2005 (the first full year of PFL program operation).⁴⁰

The average weekly benefit for PFL increased from \$422 in 2005 to \$660 in 2018,ⁱ reflecting both inflation over the period and a change to the program’s wage replacement rate in January 2018: For workers

with quarterly earnings below one-third of the state average, the wage replacement rate increased from 55 percent to 70 percent.⁴¹ Interestingly, 2018 also appears to mark an uptick in bonding and family care claims, though more data will be needed to confirm that the program improvements are associated with a sustained increase in program use over time.

New Jersey

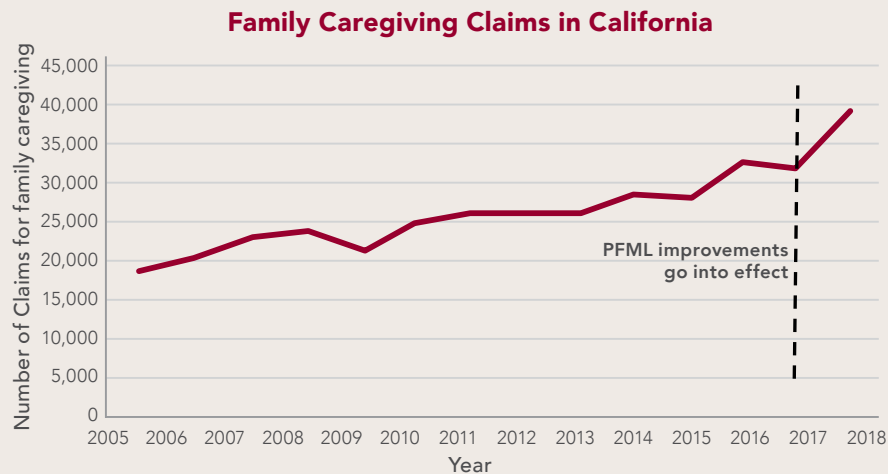
New Jersey’s long-standing TDI program provides up to 26 weeks of paid leave for workers’ own serious health conditions, including conditions related to pregnancy and recovery from childbirth. In 2008, New Jersey’s Family Leave Insurance (FLI) program was enacted, providing up to six weeks of leave to bond with a child or care for a family member with a serious health condition.



From 2009, when FLI began paying out benefits, through the end of 2017 (data from 2018 were not yet available as of publication), New Jersey TDI and FLI fulfilled more than 1.1 million claims and paid out benefits totaling \$4.5 billion.⁴² In 2017, the average weekly benefit for TDI claims was \$465 and for FLI claims, \$538. In 2010, FLI claims made up 22.8 percent of all claims, a share that grew to 27.6 percent by 2017. Men’s share of FLI claims grew slightly from 14.7 percent in 2009 to 16.1 percent in 2017.

Rhode Island

Rhode Island’s long-standing TDI program provides up to 30 weeks of paid leave for workers’ own serious health conditions, including conditions related to pregnancy and recovery from childbirth. In 2013, Rhode Island enacted its Temporary Caregiver Insurance (TCI) program, which provides up to four weeks of leave to bond with a child or care for a family member with a serious health condition.

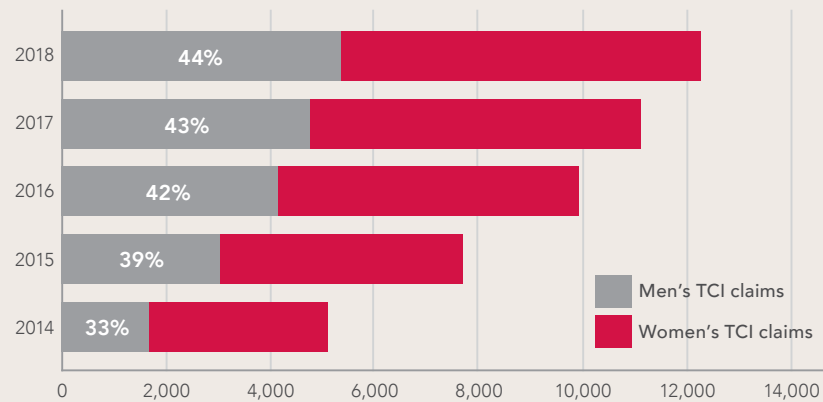


In California, family caregiving claims have generally increased year-over-year in the past decade, with the exception of 2009. The rate of increase grew between 2017 and 2018, when program improvements, including an increased wage replacement rate for lower-income workers, went into effect.

ⁱ Throughout the report, weekly benefit amounts are not inflation-adjusted to today’s dollars. With the exception of benefits in 2018 in California, the increases over time in weekly benefit amount described in this section reflect increases in the average incomes of claimants (likely due to inflation, but possibly also reflecting changes in the underlying pool of claimants).

From 2014, when TCI began paying out benefits, through the end of 2018, the full program fulfilled nearly 189,000 claims and paid out benefits totaling close to \$860 million, with the average weekly benefit ranging from \$447 in 2014 to \$500 in 2018. In 2018, TCI claims represented more than 26 percent of all claims, an increase from just over 11 percent in 2014, suggesting awareness of the program has grown. Men file fewer TCI claims than women, but their share of all TCI claims has steadily increased over the lifetime of the program.⁴³

Men File a Growing Share of Rhode Island TCI Claims



State paid leave claims microdata for 2015-2017

To develop a finer-grained picture of recent program utilization, administrative claims microdata from all three states for 2015, 2016 and 2017 were analyzed to examine whether and how use of state paid

family leave and TDI programs has varied by gender, age and income level. Trends in usage differ from state to state. The analysis below reveals some disparities in program use by gender in all three states, particularly for the men with the lowest incomes. However, while data indicate that workers with the lowest incomes are underrepresented among paid leave claimants in California and New Jersey, program utilization appears to be more proportional in Rhode Island. Critically, the data in the following analysis cover a period of time before significant improvements were made to programs in California and New Jersey, including higher wage replacement rates in both states, expanded job protection and more inclusive coverage of family caregivers in New Jersey, better reflecting the needs of people with low and middle incomes. Analysis of program utilization after these changes are fully implemented is likely to show improved uptake rates and benefit levels in both states.

Trends in average weekly benefit levels

Across all state paid family leave and temporary disability leave programs, the average weekly benefit was significantly lower among younger claimants than among older claimants, most likely a reflection of the fact that average incomes are generally lower among younger workers. This has important implications for policy design, particularly because certain qualifying family leave events such as caring for a new child are more likely to take place when individuals are younger. As a result, a higher wage replacement rate, particularly for workers with low incomes, is thus likely to be particularly important for younger workers and new parents.

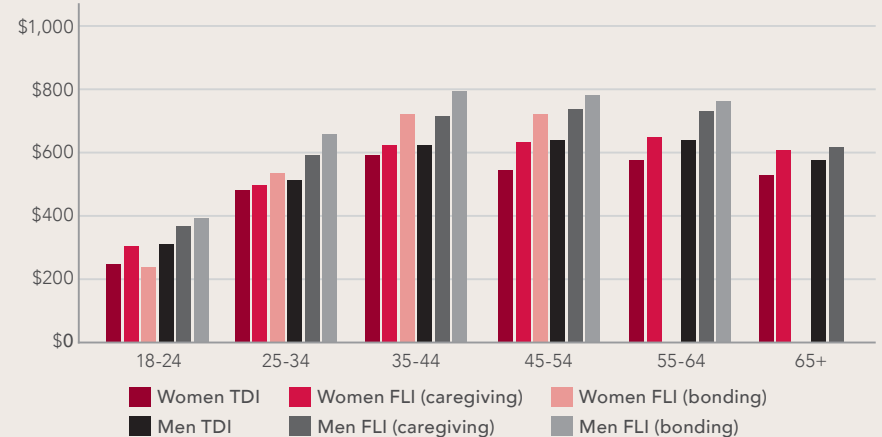
Across all programs, average weekly benefits for each type of leave (TDI and family caregiving leave) are somewhat lower for women than for men, likely in part a result of the gap between the average wages paid to men and women. Another potential factor could be that the lowest-income men are particularly underrepresented

among leave-takers compared with their representation in the overall workforce, as described in a later section. This would mean that the average benefit level among men claimants likely skews slightly high, which would exacerbate gender gaps in benefits between men and women taking paid leave.

Average weekly benefit amounts appear to be higher overall among family leave-takers than among TDI leave-takers for both men and women. There are at least four possible causes. First, higher average family caregiving leave benefits could indicate that lower-income workers underutilize family caregiving leave compared with their use of TDI. This could reflect lower awareness of the family caregiving leave program compared with the TDI program or greater challenges applying for benefits. Second, it could also be that both programs present similar challenges but that TDI tends to be more unavoidable (while some families may be able to shift responsibility for a family care need, personal health conditions can only be addressed by the ill or injured individual).

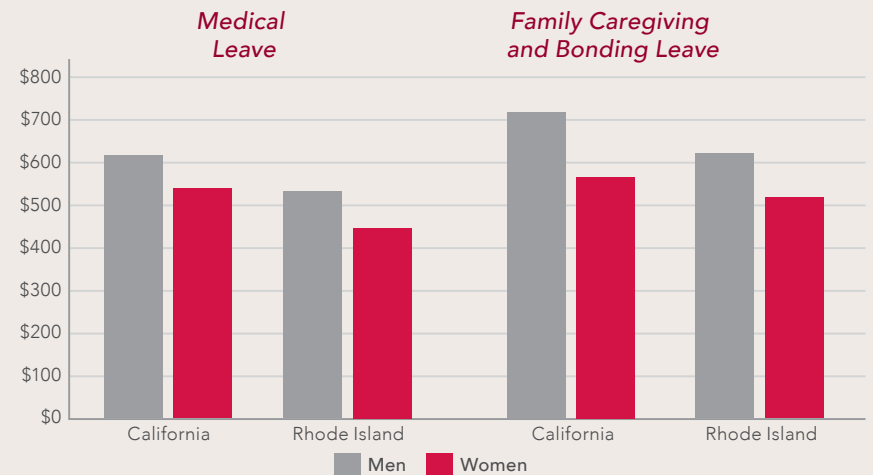
Third, because of health inequities in the United States, the need for paid leave likely is not distributed equally across the workforce. Systemic racism and discrimination result in unequal access to social determinants of health (SDOH) – including quality education, employment, livable wages, healthy food, stable and affordable housing, and safe and sustainable communities – among African Americans, Native Americans, Latinx, Asians/Pacific Islanders and other communities of color.⁴⁴ Likewise, people with low incomes tend to have less access to SDOH, and class and race are categories that intersect.⁴⁵ Not having access to SDOH means that working people of color and those with low incomes – and especially those who are both – more often experience poor health, and would seem more likely to need medical leave than white workers and those with higher incomes.

Average Weekly Benefit by Gender, Age, and Claim Type
(California, 2017)



The chart above shows average weekly benefit levels for California's TDI and FLI programs, clustered by age and gender. Average benefits are higher for older workers than younger workers. For each claim type, women's benefits (blue) are somewhat lower than men's (orange).

Average Weekly Benefit Amount by Gender



Considering those likely health disparities, TDI claimants could have lower incomes on average than workers who need family caregiving leave because the need for TDI is greater among workers with low incomes, while income might be less closely correlated with need for family caregiving or child bonding leave.

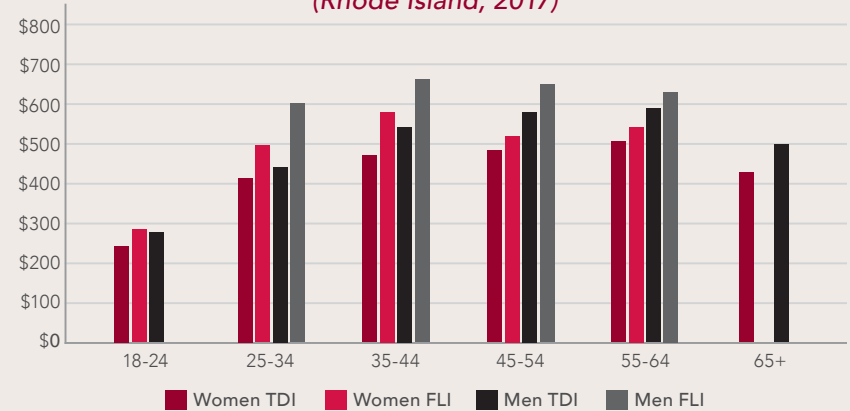
Finally, higher average family caregiving leave benefits could be driven by higher program use by higher-income workers, relative to their use of TDI. Higher-income workers are much more likely than others to have access to extended sick leave and temporary disability insurance through an employer, which may lead to somewhat lower use of the state program for personal medical leave. At the same time, paid family leave is still a relatively rare benefit, even for high-income workers, and so those workers might not have access to a similar employer-provided benefit.ⁱ Other research has also indicated that high-income workers tend to have higher awareness of state paid leave programs, which would bolster utilization.⁴⁶

While a firm conclusion about the cause or causes of these differences is outside the scope of this report, the data can guide policymakers and other stakeholders. As will be discussed below (“Trends in leave use by worker’s income level”), analysis of administrative claims data suggests that both underutilization of family caregiving leave by low-income workers – and especially low-income men – and stronger utilization of family caregiving leave by higher-income workers could be occurring. The takeaway for policymakers and other stakeholders is that family caregiving leave use appears to be especially sensitive to income level, and likely to wage replacement rates, more so than TDI.

Trends in average leave duration

Each state’s program sets a maximum leave duration for each type of leave. For any individual claimant’s medical leave or family caregiving leave, actual leave duration depends on the recommendation of a

Average Weekly Benefit by Gender and Age
(Rhode Island, 2017)



Overall, average weekly benefits are higher for older workers than for younger workers. For each claim type – TDI and FLI – benefits are somewhat higher for men than for women.

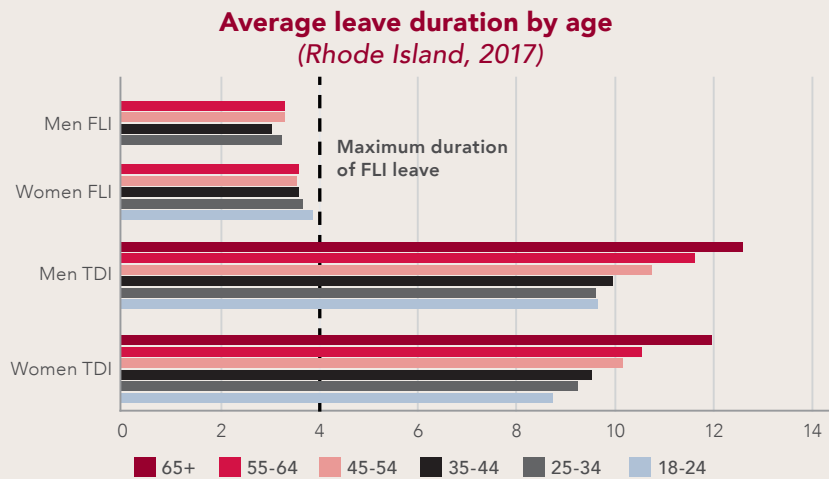
health care provider and is based on the expected recovery time for the claimant’s or care recipient’s condition. Claimants who take family leave to bond with a new child may take up to the maximum length of leave.

As of 2017	Maximum length of medical leave	Maximum length of family leave
California	52 weeks	Six weeks
New Jersey	26 weeks	Six weeks
Rhode Island	30 weeks	Four weeks

In the three years of administrative data analyzed (2015-2017), the average duration of paid family leaves in California and Rhode Islandⁱ tends to approach – but not reach – the maximum duration allowed.

ⁱ For example, an HR manager for a large New Jersey employer in the pharmaceutical industry explained that the company had offered parental leave before the passage of the state program, but did not previously offer paid family caregiving leave.

This is not surprising given the relatively short amount of total leave currently available in these programs: Four to six weeks is significantly less time than recommended by public health bodies for infant bonding, for example.⁴⁷



TDI utilization clearly indicates that the average duration of leave is not determined by the maximum allowed under the law. The average duration of a TDI claim in California was about 16.4 weeks (compared with a 52-week maximum), and in Rhode Island, about 10.3 weeks (compared with a 26-week maximum). This is unsurprising, given that leave use is contingent on a health care provider’s certification and a determination of how much leave is needed to recover from specified medical conditions, and reinforces other evidence that programs are not overused.

It is noteworthy that TDI duration appears to correlate with age: Average leave duration is significantly longer among older claimants than among younger claimants. In addition, men’s TDI leaves tend to be significantly longer on average than women’s. Women’s family leaves tend to be only slightly longer than men’s, and there does not appear to be a relationship between age and average duration of family leaves.

Trends in leave use by worker’s income level

Prior research on state paid family and medical leave programs has indicated that they may be underutilized by workers with lower incomes.⁴⁸ In addition, some types of workers with low incomes, including those with limited employment histories or very low incomes, workers who are misclassified as independent contractors, and gig economy workers, are often excluded from coverage.⁴⁹ As explained earlier, inequitable access to SDOH and to employer-provided paid leave benefits means that workers with low incomes should make up a share of program claimants that is at least proportional to their share of the workforce overall, and if anything should be overrepresented among leave claimants. Our analysis of administrative data finds that programs are serving a significant number of claimants with low and middle incomes, but that in New Jersey and California the lowest-income workers are underrepresented among claimants, particularly for family leave. In Rhode Island, though, workers with low and middle incomes make up proportional or higher shares of claimants for most leave types, indicating that Rhode Island’s program may be better serving these workers. Qualitative findings later in this report point to best practices in policy design; program implementation, administration and enforcement; and outreach to enable paid leave programs to reach workers with low incomes, based on research with stakeholders in all three states.

New Jersey

Analysis of TDI and FLI claims from three years of New Jersey program

i Unfortunately, missing data about claim start and end dates across a large share of cases in New Jersey made it impossible to conduct a similar analysis of that state’s claims with any reliability.

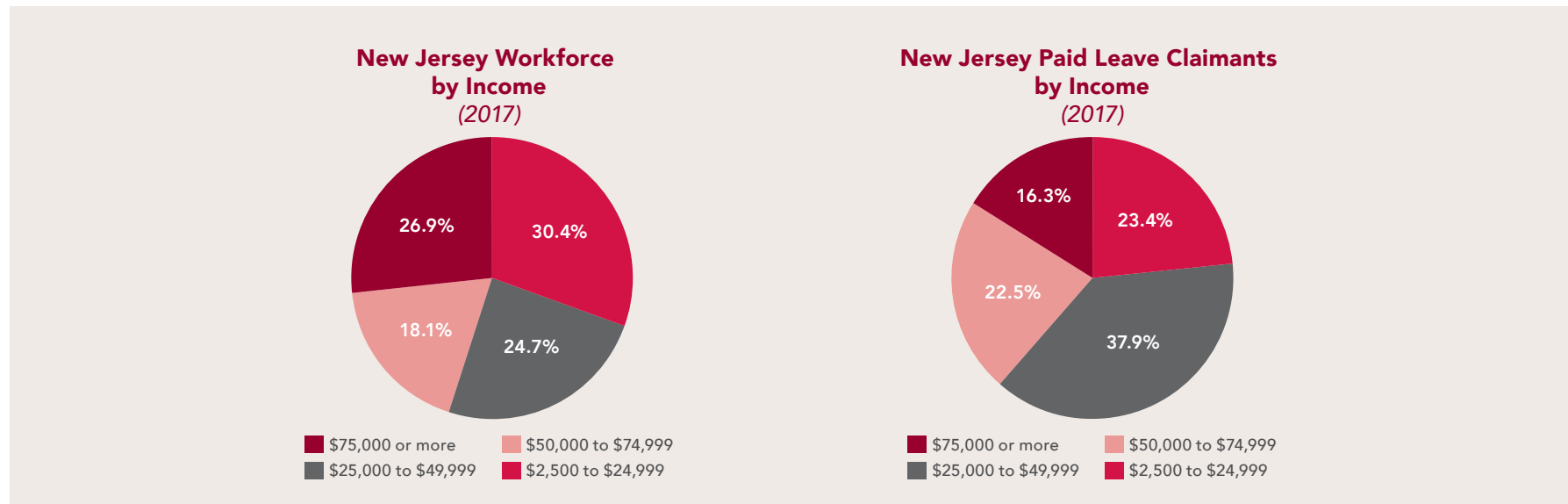
data (2015-2017) found that individuals with the lowest incomes were underrepresented among program claimants, relative to their share of the workforce. Still, lower-paid workers were nonetheless the majority of program claimants.ⁱ Altogether, workers with annual incomes under \$50,000 made up about 61 percent of New Jersey TDI and FLI claimants in 2017. But while about 30 percent of New Jersey workers were paid less than \$25,000 in 2017,⁵⁰ only about 23 percent of people receiving TDI or FLI benefits had an annual income under \$25,000.⁵¹ (This analysis has excluded workers with incomes so low that they are very likely not covered by the program.)ⁱⁱ

This underrepresentation among claimants almost certainly signals unmet need. National data show that workers with low incomes are less likely than others to have employer-provided leave benefits.⁵² Furthermore, as described earlier, inequities in the health care system and access to SDOH mean that people with lower incomes are more likely to experience poor health and chronic health conditions.⁵³ Both

factors suggest that if a paid leave program were equally accessible to all workers, lower-income workers would be expected to make up a disproportionately large share of leave-takers. Instead, they are somewhat underrepresented, particularly among FLI claimants.

Workers in the next two income brackets make up a substantial share of leave-takers. In fact, workers with annual earnings between \$25,000 and \$49,999 are overrepresented among claimants, compared with their share of the workforce. This suggests that while there are clear barriers limiting program use among the very lowest-paid workers, the program appears to be more accessible to and better used by workers with lower-middle incomes. Workers with earnings between \$50,000 and \$75,000 are also overrepresented, though less so than workers with lower-middle incomes.

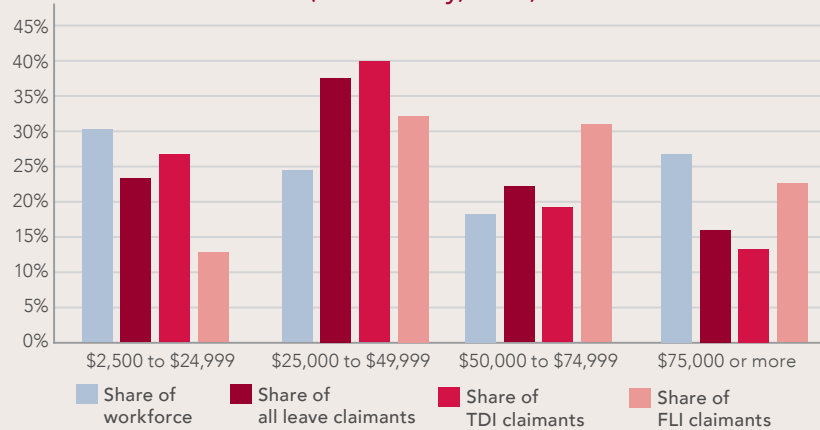
Workers with higher incomes are underrepresented among TDI claimants, which could be due to a range of factors such as lower



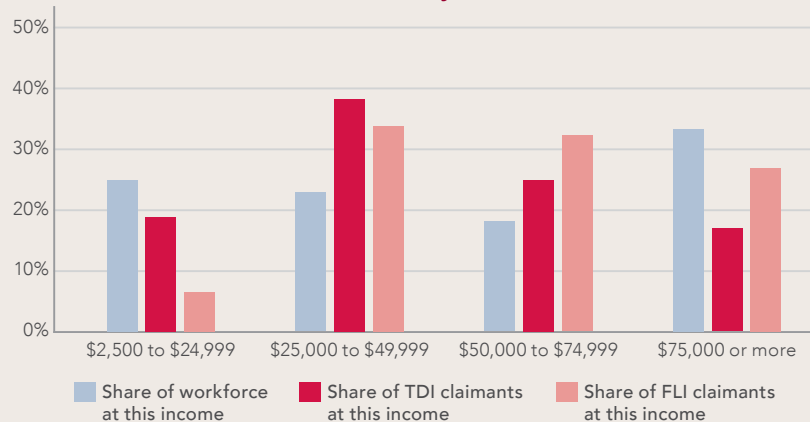
ⁱ The claims analyzed here predate improvements that were made to the New Jersey program in 2019 and that will be fully effective in 2020, including a higher and more progressive wage replacement rate and an expansion of job protection. It is likely that these and other improvements will make the program more accessible to workers with lower incomes.

ⁱⁱ Those with annual incomes below \$2,500 were excluded from the analysis of workforce representation because they likely fall below minimum eligibility requirements to be covered by New Jersey's program.

Leave Claimants by Income, Compared to Workforce (New Jersey, 2017)



Men's Use of Leave is Uneven Across Income Levels (New Jersey, 2017)



The chart above shows the distribution of men by income level in the New Jersey workforce and among New Jersey paid leave claimants for 2017. While men with the lowest incomes (less than \$25,000 per year) are underrepresented among leave claimants, compared to their share of the workforce, men with annual earnings between \$25,000 and \$50,000 make up a sizable share of all program claimants. This suggests that while the program could better serve the lowest-paid workers, workers with modest incomes nonetheless make up a significant share of program users.

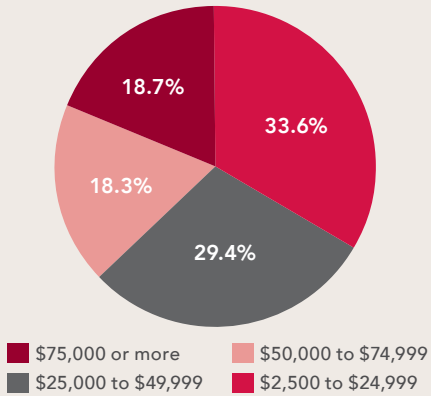
prevalence of serious health care needs among higher-paid workers, better access to employer-provided sick or maternity leave, or even that higher-wage jobs are less likely to be physically demanding, and certain types of health conditions could be accommodated by arrangements other than leave. But interestingly, workers with higher incomes make up a nearly proportional share of FLI claimants, perhaps suggesting that the state program is more often answering a need that has not been met by these workers' employers. Another possible factor, as qualitative findings later in this report suggest, is that some workers with higher incomes may find the program more accessible than workers with lower incomes if their employers help them apply or supplement the relatively low state program benefits to ensure their leave is at or close to their full regular pay.

There is a noticeable interaction of gender and income in leave usage: Low-income men's leave use appears to be especially sensitive to the factors that lead to low program utilization.

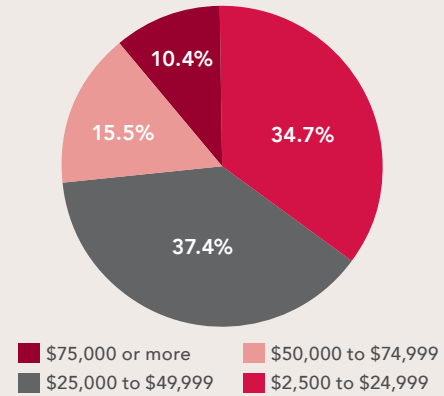
Rhode Island

A similar analysis of three years of data (2015-2017) from Rhode Island's TDI and TCI programs provides a notable contrast: Across most leave types, workers with the lowest incomes are proportionally represented among leave claimants, relative to their share of the workforce, and workers in the next income tier are actually overrepresented. This could still indicate a level of unmet need, given that the lowest-income workers are likely to have greater need for leave than those with higher incomes, and could be expected to be overrepresented. But overall the data are consistent with the possibility that Rhode Island's program is more accessible to workers with very low incomes than the other states' programs. Qualitative findings later in this report point to possible contributing factors, including that Rhode Island's program includes job protection for TCI claimants and that the state agency has been particularly involved in program outreach.

Rhode Island Workforce by Income (2017)

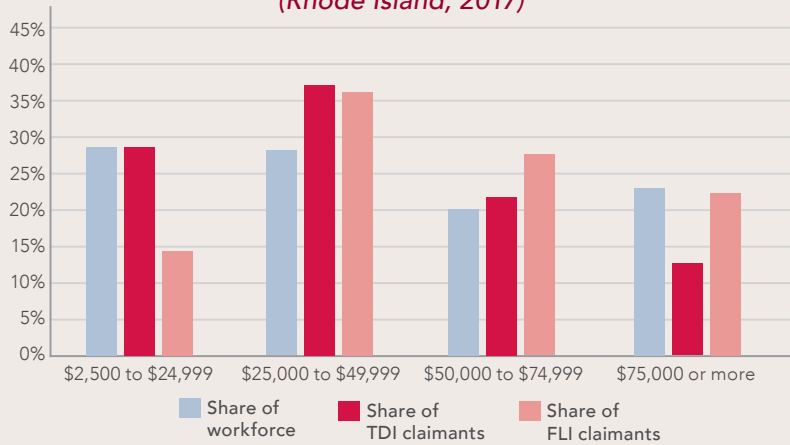


Rhode Island Paid Leave Claimants by Income (2017)

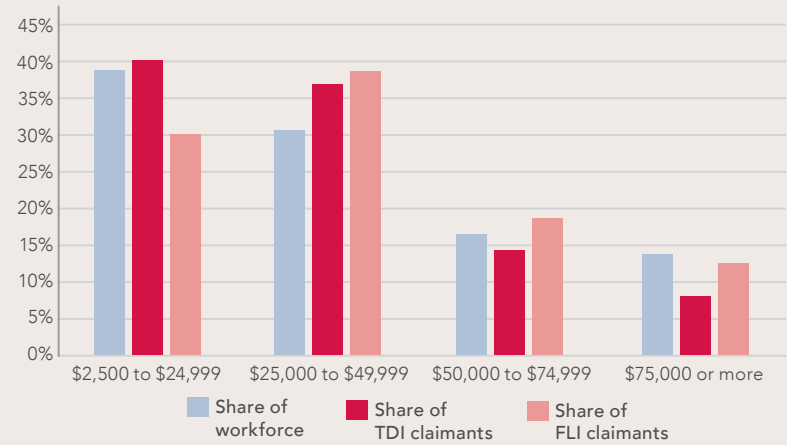


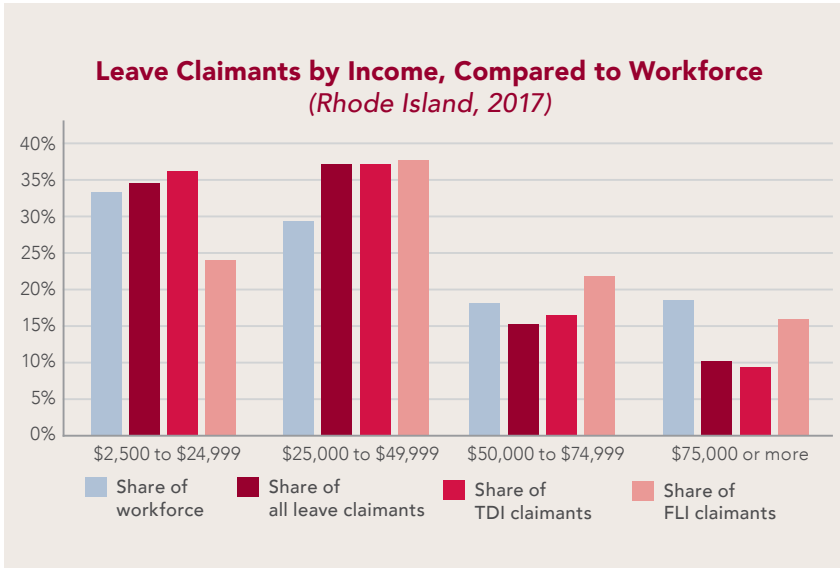
Rhode Island workers with the lowest incomes use the state paid leave program roughly proportionally to their share of the workforce.

Bonding and Caregiving Leave (TCI) Underutilized by Men with Lowest Incomes (Rhode Island, 2017)



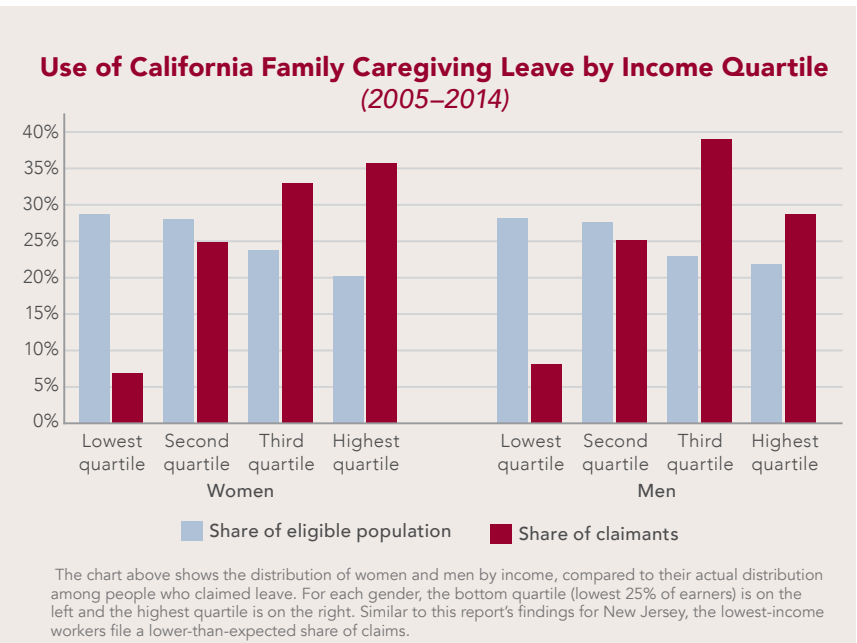
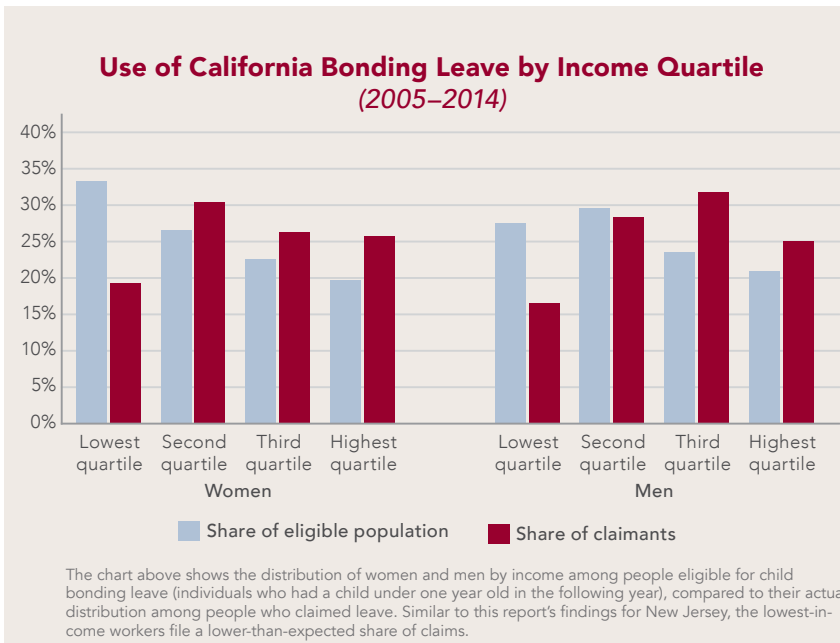
Women's Leave Use Close to Proportional by Income Level (Rhode Island, 2017)





In 2017, workers with annual incomes below \$50,000 made up about 72 percent of combined TDI and TCI claimants. About 34 percent of Rhode Island workers had incomes below \$25,000 in 2017,⁵⁴ and workers at that income level made up about the same share of leave claimants. Workers with incomes between \$25,000 and \$50,000 made up 29 percent of the workforce,⁵⁵ and 37 percent of leave claimants. Workers in higher income brackets were somewhat underrepresented, but still made up a significant share of leave claimants.

Claims data reveal differences between utilization of TDI and TCI similar to differences in New Jersey. While workers with the lowest incomes were – as would be expected – slightly overrepresented among TDI claimants, they were underrepresented among TCI claimants. This pattern was especially apparent among the lowest-income men, again indicating that men’s use of bonding and caregiving leave is especially



sensitive to income. (See “[Program Design](#)” for qualitative findings related to gender, income and wage replacement rates.)

Meanwhile, workers at higher income levels made up a higher share of TCI claimants than of TDI claimants. Trends were roughly similar for both men and women.

California

Due to data limitations, this study was not able to conduct a similar analysis for California.⁵⁶ But this report’s findings for New Jersey do mirror trends that were identified in an earlier analysis examining family leave claims in California from 2005 to 2014,⁵⁷ which found that individuals from the lowest income quartile made up a disproportionately low share of program claimants, compared with their share of the population covered by the program. For example, women in the lowest income quartile made up nearly 33 percent of the total number of women who were likely eligible for bonding leave, but only about 19 percent of bonding claimants. Similar to this report’s findings for New Jersey, and to a lesser degree Rhode Island, utilization was especially disproportional for family caregiving leave.

Similar to New Jersey and Rhode Island, though, utilization of both leave types was roughly proportional for individuals in the second-lowest income quartile, suggesting that lower-middle-income workers have an easier time accessing leave than the lowest-paid workers.

State Paid Leave
Programs: Challenges
and Best Practices

AS THE PREVIOUS SECTION DETAILED, paid family and medical leave programs in California, New Jersey and Rhode Island have helped millions of working people meet their health and caregiving needs while maintaining financial stability. While these programs are working well for many stakeholders, program utilization data indicate that workers with the lowest incomes may face barriers to taking the leave that they need. The remainder of this report draws on qualitative evidence from a range of stakeholders – working people providing care for themselves or loved ones, public health workers, employers, community-based organizations (CBOs), and program administrators – to identify those barriers and offer recommendations for addressing them.

Program Design

This section highlights best practices to ensure program design addresses the needs of workers with low incomes, and following sections turn to recommendations for program administration, enforcement and outreach, including best practices for employers.

Wage replacement rates and benefit timing

Evidence from this study confirms that paid leave programs must replace a significant portion of claimants' usual wages and pay out benefits in a predictable and timely way in order to enable workers with low and moderate incomes to access the time they needed for caregiving or their own recovery. Across the three states, individuals who had experience with family or medical leave found it challenging to take leave when wage replacement rates and benefit levels were significantly lower than their usual earnings.⁵⁸ For individuals who already faced low income due to low wages or part-time work, low wage replacement rates were particularly difficult.

Director of a Rhode Island CBO: "[W]e know that a lot of lower-income people aren't able to access the program because they either aren't eligible because [they] don't have enough wages or because they feel like they can't afford to take the leave because the wage replacement [is] low."

Small employer in New Jersey (retail): "The wage increase [then under consideration by the New Jersey legislature] is a major victory. I feel many folks probably have not used this because it would cost them too much money to actually take time away."

Gaps in time between a worker's regular paycheck and payments from a state program also pose challenges. In New Jersey, several stakeholders described how the low wage replacement rate (due to be increased in 2020) was exacerbated by administrative issues like frequent delays in payment of benefits. Formerly, programs in California and New Jersey also required claimants to undergo an unpaid waiting period before becoming eligible for paid leave.⁵⁹

Staff member at a Rhode Island public health program: "One of the things we've heard anecdotally [...] is that it can take a while for your benefits, if you take that four weeks off, for you to get that. And so, families may not be able to wait."

A few workers also reported receiving different amounts of income in each benefit payment and not knowing in advance how much they would receive, which made budgeting difficult. In some cases, this could be an inadvertent result of a program's structure: A Rhode Island stakeholder pointed out that while the state's temporary disability insurance (TDI) benefits are not subject to income tax, family care leave benefits are, resulting in uneven payments for a new mother who takes leave under both programs.

In some cases, these barriers meant workers went without leave entirely, while in other cases they led workers to take shorter leave periods than needed or desired.

“Patricia,” a full-time nonprofit worker in New Jersey, used the TDI program for maternity leave but did not extend her leave with family leave insurance (FLI): “I looked into the extra six weeks of bonding time, but I needed to return. I returned to work before I even got my disability money. It took so long to get that money that I couldn’t hold off on that income, so I went back to work.”

Director of a New Jersey CBO that administers WIC: “Often what we hear is, ‘I would love to do it, except I can’t afford to stay out that long,’ because it’s only a percentage of what your salary would be and people need to get back to their regular salary.”

In this context, even some individuals who were able to use the programs needed to rely on other sources of income such as savings or wages from a partner’s job, a stopgap that is not available to many people. Interviewees’ experiences also hint that low benefit levels may contribute to a gender gap in leave-taking within heterosexual couples. In recent generations, the belief that caregiving and other domestic work should be shared equally has become more mainstream among both men and women.⁶⁰ But in practice many couples struggle to achieve this ideal, in part due to stagnating wages, increasingly demanding workplaces and a lack of family-friendly policies.⁶¹ When tensions arise, for example when wage replacement for a period of paid parental leave is too low to meet household expenses, couples still tend to resolve that tension by reverting to male-breadwinner/female-caregiver roles, in part because women typically are paid lower wages and are more likely to work part-time than men. Although

statistically significant conclusions cannot be drawn from the sample used in this study, research on the United States and in other OECD countries confirms that higher benefit levels are critical for gender equity in leave-taking.⁶²

“Diana,” an office worker in New Jersey, used TDI and FLI for maternity leave: “I think my husband was just happy to be able to come home [from his job] and see our son, and I don’t know if we would have been able to support ourselves on our bills with both of us on family leave.”

“Isobel,” staff member for a California public health initiative who had used TDI for maternity leave at a previous job: “[I]f I remember right [...] it’s maybe a third or a quarter of what I made income wise as a nurse. I can’t even imagine. [...] I think I maxed out of whatever it was and, you know, it’s not enough. I don’t even think it covered house payments and forget food or anything. I mean it’s a good thing I had a spouse.”

Some stakeholders pointed to ways in which low benefits exacerbated racial disparities in access to leave.

Director of a California CBO focused on Black health: “I was looking at [utilization rates] and saw that basically people with higher income are kind of staying in the labor market longer than people with lower income when it comes to paid family leave claimants. So then basically if you have lower-, lower-income African Americans [...] usually you have to go back to work a little bit sooner, which is why you go back to work sooner than higher-income claimants. [...] I know that just recently they raised it from 60 to 70 percent starting January 1st, but then again at the same time, if you aren’t

making that much in the first place, the 60 or 70 percent probably wouldn't be enough money to [survive], especially with a new child in the house and then that's also adding stress onto the family as well. So as far as when we're talking about the poverty, and how much income for African Americans, it is a huge part [of underutilization]."

These experiences also have clear implications for the duration of leave offered and utilized in paid leave programs. Even if a program offers 12 weeks or more, extended leave periods will be out of reach for individuals with lower incomes if program benefits are not adequate.

Staff at a local health department in California: *"[W]e don't really have a living wage in California, so people are choosing to go back to work sooner than they would maybe have to. Like let's say they get six weeks of paid leave. A lot of people call back at four weeks because they're like, no, I can't make it on 55 percent of my pay or 40 percent of my pay. We have really high cost of living in California as well. I think that's a huge part of it for most of my families."*

Job protection

Whether workers had – and were aware of – job protection through the Family and Medical Leave Act (FMLA) or a state family leave law had a significant effect on their leave-taking experience. Those with access to job protection reported that it was essential for ensuring they could meet caregiving responsibilities. But many others reported having lost a job as a result of needing time away from work, or not taking needed leave due to fear of job loss.

"Jasmine," a social worker in New Jersey, described being fired after taking time off from work to care for her sick son.ⁱ "I really wish that

they would come out with a better sick leave insurance for employees," she said. "For example, if I need to take off for about two weeks, they could help me save my job." In Jasmine's case, her termination may have been a violation of existing law: She reported having worked full-time for a large employer for more than four years, meaning that she may have been eligible for job protection at the time she took leave. But at the time of her interview, she was not aware of FMLA, New Jersey's Family Leave Act (FLA) or the state paid leave program. (See "[Education and Outreach](#)" for analysis and recommendations related to public awareness of leave programs.)

Because people of color are more likely to face discrimination in hiring and throughout their careers,⁶³ a lack of job protection poses an especially acute problem, as two advocates focused on Black Californians' health pointed out.

Director of a California CBO focused on Black health: *"If you ask the African Americans, they will tell you, 'Yep, I'm not taking anything more than I should take, and I'm probably not going to take actually what the benefits are, because I'm more interested in my job security than I am in anything else.' And there's a disconnect between seeing [paid family leave] as viable, utilizing family leave to become more of a high-performing, stronger connecting employee. Many African Americans do not see it that way."*

The CBO director called for including job protection language in a paid leave policy, but also raised concerns that strong statutory language alone would be inadequate if workers did not feel confident that employers would follow the law. He suggested that Black workers also need collective representation by a workplace union to feel fully empowered to access paid leave with no negative job consequences.

ⁱ New Jersey's recent improvements to its paid leave program included expanding access to job protection, effective June 30, 2019.

In order to ensure that paid leave claimants have access to job protection even if their workplace is not covered by federal or state FMLAs, the state paid leave law can include job protection for all workers eligible for paid leave under the program, along with mechanisms for enforcement. (See “[Implementation, Administration and Enforcement](#)” for more on the latter.)

Director of a Rhode Island CBO: “[T]here’s not much teeth to the job protection part of TCI. So, if you lose your job when you come back after your four week [leave], we don’t think that DLT has enforcement mechanisms it needs to actually go after the employer. So, we are working on improving that piece.”

In sum, for vulnerable workers, including many workers of color and workers with low income, whether paid leave is truly accessible may depend as much on whether it is job-protected as it does on the wage replacement rate.

New Jersey labor union representative: “[I]f the concept behind paid family leave is to provide a minimal amount of economic security for mothers or fathers of newborns, families of folks who are critically ill, and that economic security should not come at a cost, in particular, the cost being that you’re gonna lose your job, that is the complete opposite of economic security.”

Interviews with employer stakeholders found that some small employers shared other stakeholders’ belief in the importance of job protection.

New Jersey small employer (accounting firm): “If an employee needs to take time off, then I can’t really argue against

that. I will add that job protections need to be included so that employers don’t just simply retaliate against employees for using [paid family and medical leave].”

New Jersey small employer (retail): “It would be a huge win if we can ensure that an employee’s job is protected if they were to use this program. It would also be a victory if we can communicate this to all business owners.”

Only one stakeholder, a representative of New Jersey business association B, suggested that employers would find expanded job protections challenging. Notably, no small employer interviewed raised this concern and several explicitly supported ensuring job protections for leave-takers. (See “[Employer Perspectives](#)” for further analysis and recommendations related to employer interactions with leave.)

Job tenure and work history in eligibility rules

Paid family and medical leave programs, and job-protected unpaid leave laws such as the federal FMLA and similar state laws,⁶⁴ intend to support people who have family caregiving responsibilities or serious health conditions that require time away from a job. At the same time, all of these laws require claimants to reach a specified threshold of work experience and/or earnings to be eligible.⁶⁵ Particularly stringent eligibility rules could exclude from protection the very people the laws are meant to support: working people with serious health and caregiving needs. The relatively stringent eligibility rules for the federal FMLA provide an instructive example: Approximately 40 percent of working people are not covered either because they do not work for a covered employer or because they do not meet the threshold of working for at least one full year at the same employer, and working at least 1,250 hours in the previous year.⁶⁶ Workers with low incomes and Black and Latino workers are especially likely to be ineligible.⁶⁷

All state paid leave programs are more inclusive than FMLA, typically using a relatively low earnings threshold, rather than an hours threshold or job tenure requirement, to be eligible for paid leave. This means paid leave programs are broadly inclusive of part-time workers, workers with multiple employers and young workers with brief job histories. In addition, a claimant does not need to be currently working to access wage replacement through paid leave programs, provided other eligibility requirements are met. Notably, no program bases eligibility for paid leave on employer size. Because a worker's ability to claim benefits is already determined by an application and certification process, and the amount of wage replacement they receive is scaled to their earnings history, there is little reason to use strict rules to limit program eligibility further.

But even in cases where state paid leave programs do not have overly exclusionary eligibility rules, job protection may be more difficult to access. Even for individuals at FMLA-covered worksites, the act of taking leave can make it difficult to re-qualify for job protection through FMLA or a state law from one year to the next, particularly for individuals who work part-time or face work interruptions because of their health or caregiving needs. Any individual worker will likely only experience a few qualifying events over the course of their working years, but those events may be concentrated within a relatively short period of time. For example, a typical parent will have only two or three children over a lifetime – but all of their children might be born within the span of just a few years. “Maria,” who worked in HR for a large New Jersey employer, learned that this childbearing pattern can pose a problem when she became pregnant with her second child shortly after returning to work from her first maternity leave.

“Maria”: “My first [childbirth] was June 2016. I stayed out four weeks before he was born, and once he was born I did six weeks of the state disability [TDI], six weeks of that paid

bonding time [FLI] and six weeks unpaid. Then by the time I went back he was almost six months old.ⁱ [...] I went back three days a week. Then when I got pregnant again fairly quickly, I went out on leave again, but it wasn't something that was covered under FMLA because I didn't have the 1,250 hours, whatever it was, and hadn't been back for a year. So my next leave I was still able to get my state benefits, but my job was no longer protected. [...] They laid me off.”

Confusion about the differing eligibility rules for FMLA, state FMLAs, and state paid family and medical leave programs is also a challenge for workers and employers. For example, “Deborah,” a private school teacher in New Jersey who was planning to use FLI to bond with an adopted child, reported that her administrator initially incorrectly claimed that she was ineligible for FLI because the school had fewer than 50 employees – the threshold for FMLA and NJ FLA eligibility – though FLI and TDI are available to eligible employees in work establishments of all sizes. Deborah was eventually permitted to take leave, but many workers likely would not persist in seeking leave after being told they were ineligible for the program.

The differing eligibility rules for paid and unpaid leave programs were also confusing to social workers, health care stakeholders and others with higher-than-average familiarity with public programs. For example, several stakeholders learned during their interview that a claimant did not need to be currently employed in order to apply for state paid leave programs, as long as they met the earnings or work history requirements. This could be due to confusion with FMLA, or perhaps is because the concept of “paid leave” implies that a claimant must have a current job to take leave from.

Director of a Rhode Island CBO: “We did a training recently [with a CBO focused on early child health and development],

ⁱ Later in the interview, Maria explained that she also used accrued vacation and personal time for her first leave period.

but even the folks in the room [who] were largely child care providers and others really did not understand how TCI interacts with the FMLA and so I had to spend like 45 minutes walking through examples of how that works. So, I think there's just a lot of misunderstanding about how it works and what it is and isn't."

Director of maternal health programs at a California public health department: *"Okay. So, they can access, if they've paid into the system, they can access those even if they're not employed."*

Interviewer: *"Yeah."*

Director: *"Okay. So that's interesting. See, I didn't know that part. That's a good thing to know. I think that would be helpful because I think a lot of people think, 'I have to be employed in order to access my benefits.'"*

To reduce the potential for confusion and ensure that paid leave programs adequately serve workers with low incomes, job protection should ideally cover all people who are covered by paid leave programs. Future research that systematically examines stakeholders' assumptions about paid and unpaid leave programs, in order to identify aspects of the programs that are most often misunderstood, could be fruitful in order to better design and target public education efforts.

Leave duration

There was broad consensus among worker, health care and nonbusiness CBO stakeholders that programs should ensure claimants have sufficient time for healing and caregiving. Stakeholders who mentioned a specific amount of time typically described a period between 12 weeks and six months as desirable, with some suggesting up to a year would be ideal. Though a few stakeholders doubted that allowing

extended leave periods was politically realistic, all three states' TDI programs have long provided coverage for six months or more, with a documented need.

Advocate for health centers in California: *"I think all working moms wish that they could be living in the Netherlands for a year. You have your job coming back. I think that's a hard sell, though. [...] To have lots of people out for a year would be pretty challenging [in] the [health care] organization, if you have to hold the spot. So three months, I think it's totally reasonable. Everyone should have it. Six months would be amazing."*

Staff member for a California public health initiative: *"Whatever it may be, for somebody who's ill, if there was just a way to have a longer time to be receiving those resources so that they can stay home a little longer, because I really do think that that time was really important. Some [of my clients] are moms. I think they're returning when they're still not recovered. You know, it's probably because I always worked with people [who] are ill, sick, whatever. I rarely ever saw normal."*

New Jersey small employer (restaurant): *"Six weeks is not enough for emergency issues."*

Inadequate leave duration was raised in several stakeholder interviews, including by program claimants and by individuals who had experienced an unmet need for paid leave. In some cases, program claimants took less leave time than needed, not because they had reached the statutory limit of their state's paid leave program but because the wage replacement rate was too low, benefits were delayed or they feared losing a job. Among stakeholders who mentioned specific amounts of time, there was a broad consensus that the four to

six weeks of family leave provided under the three state programs was not adequate for many caregiving needs.

“Aisha,” a clerk at a large retail store in New Jersey, who twice took unpaid leave for family caregiving and had been unaware of the FLI program: “I would’ve liked at least 45 to 50 days [to care for my mother], because after [30 days of leave] she still needed more help, and I wasn’t able to give that to her, and I ended up having to pay another family member to help her.”ⁱ

Most business and employer stakeholders who mentioned leave duration also expressed that they saw a value in ensuring employees had adequate leave time. A handful of business stakeholders raised concerns that long leaves could become challenging for employers, though several of those did not consider the challenge insurmountable with the right policy design and support to employers.

New Jersey small employer (restaurant), commenting on then-proposed updates to the state’s program: “It would be helpful if job protections was included. I would, however, state that 12 weeks is not enough time off in most cases. Especially in regards to childbirth.”

Interestingly, business owners and HR staff interviewed typically expressed both views – that adequate leave is important for employees’ health and productivity, and that this should be balanced with potential costs to employers. Just one stakeholder, a representative of New Jersey business association B, emphasized only the potential costs of longer leaves in his comments. In part, his concern was due to an unusual feature of New Jersey’s program, which uses experience rating to set individual employers’ premium rates, meaning that increased use of leave would disproportionately raise costs for employers with

higher rates of leave-taking. This issue can be addressed by not using experience rating in calculating premiums.

Family definition

All of the state paid leave programs can be used to care for a seriously ill or injured child, parent, spouse or domestic partner, but states vary in whom they cover outside that narrow set of relationships. Because research for this report was conducted while a campaign was underway to expand the New Jersey program’s family definition,⁶⁸ interviewees in New Jersey were probed about their views on the proposal. Some stakeholders in other states also raised extended family coverage in their discussions of current barriers to access and areas for improvement in program design.

While none of the New Jersey worker interviewees explicitly cited the FLI program’s family definition as a barrier to leave-taking, some of the caregiving relationships they reported were not covered by the program at the time the caregiving need arose. For example, “Tanya,” who works as a substitute teacher, had been the primary caregiver for two grandchildren from birth, and formerly provided care for her adult sister, who has an intellectual disability. “Aisha,” a clerk in a large retail store, reported taking time away from work twice – once to help her mother recover from surgery and a second time to care for her nephew after his birth. None of the extended family relationships – siblings, grandchildren or nephews – were covered by FLI at that time, but will be covered when amendments to New Jersey’s program go into effect in 2020.

Other stakeholders raised equity concerns related to family definition. While family structures are diverse across all income and demographic groups, both cultural dynamics and the long-term effects of racism, homophobia and economic inequality in the United States also mean that paid leave policies that only serve the so-called nuclear family

ⁱ Here Aisha was referring to days of leave from work, not calendar days. For a worker with a standard five-day schedule, 30 days of leave would amount to six calendar weeks away from work.

disproportionately exclude kin relationships in many communities of color, low-income and LGBTQ communities, and for other historically marginalized groups.⁶⁹ For example, a Black health advocate described extended family networks as having particular importance in many Black families, in some cases in connection with the long-term effects of racist public policies such as mass incarceration and criminalization of substance use disorders.

Director of a California CBO focused on Black health: “Because what happened with the Black family during the crack cocaine epidemic [...] disadvantaged the Black community and changed for a particular period of time the structure of Black families. So you see more grandmothers taking care of children, right? [...] Now, what’s interesting is these grandmothers now are deep into retirement and those children are starting to take care of the grandmothers, right? [...] Some have retired, moving into retirement. That gray wave is coming, but right in the interim, right in the middle of it, the need for care and the multiple folks in the home is often driven by a sense of loyalty. [...] It’s one thing to say you’ve got multiple families and extended family. This is another thing to say, this is the structure of the family created by contextual conditions that are vastly different, right? So the kind of care and the kinds of stress on that generation of children that now were raised by their grandparents and now are taking care of their mother and their children and sometimes their own [grand]parents. That’s vastly different, and so I don’t think we reflected that yet [in policies].”

Designing paid leave programs to reflect the reality that families come in diverse forms rather than privileging certain normative family structures could help address these equity concerns.

RECOMMENDATIONS

Program structure

- Utilize a social insurance model, followed by all existing state programs, in which employers, employees or both pay into a shared fund that administers paid leave benefits.
- To reflect both current and future need for leave, include coverage for personal medical leave, leave to bond with a newborn, newly adopted or foster child, and family caregiving leave.
- Provide coverage for small business owners and self-employed workers.

Wage replacement and benefits

- Wage replacement rates should ensure that low- and middle-income claimants receive a benefit amount as close to their usual earnings as possible.
- If setting a cap for benefits, consider referring to cost-of-living measures when setting those rates and ensure that they are adjusted for inflation.
- Minimize or avoid waiting periods for accessing leave.
- Maximize claims processing speed so that claimants do not experience significant delays between their usual paycheck and their initial benefit payment. (For findings and best practices related to the application process, see [“Implementation, Administration and Enforcement.”](#))
- Make information about expected benefit amounts accessible to claimants to aid household budgeting, and be transparent about points at which benefit amounts might vary during a period of leave (e.g., moving from medical to caregiving leave).

Job protection

- Include strong anti-retaliation protections and job protection in paid leave laws that cover all workers eligible for paid leave and all employers, regardless of size.
- Especially where a state paid leave law does not include job protection for all workers eligible for paid leave, conduct dedicated outreach to the public and to employers about paid leave programs and job protection laws to ensure both workers and employers are aware of their rights and responsibilities under these interrelated laws. Clarify when workers do and when they do not have protections to minimize confusion.
- Fund enforcement efforts so that workers who do have job protection rights or anti-retaliation protections have confidence in their right to take leave. (For findings and best practices related to enforcement, see “[Implementation, Administration and Enforcement](#).”)
- Work with labor unions, worker centers and other labor stakeholders to ensure their partnership in supporting leave utilization and fighting employer retaliation. (For findings and best practices related to outreach partnerships, see “[Education and Outreach](#).”)
- Encourage supportive workplace cultures in which leave-taking is associated with being a committed and successful worker, for example by elevating leaders in business and culture who take paid leave and the business case for high-road employment strategies.

Eligibility rules for paid and unpaid leave protections

- When setting rules for paid leave program eligibility, avoid overly stringent requirements related to earnings or work history to ensure the program is accessible to workers who experience significant caregiving or health-related needs, part-time workers, and others

who are especially likely to lack employer-provided benefits.

- Consider reducing program complexity by not setting an earnings, hours or work history threshold for program eligibility. Having a wage history in the administrative source used to calculate premium payments and wage replacement can provide adequate evidence of prior work history. Because wage replacement is directly connected to earnings, individuals with a low earnings history would receive a low benefit, but needn't be excluded from the program.
- Policymakers should align eligibility rules for job protection and paid leave programs as closely as possible to reduce confusion and improve program utilization.
- Researchers should conduct additional research to identify common assumptions or misconceptions about paid leave programs (including who is eligible and what purposes they cover) so that future education and outreach efforts can address them.
- States should include information about eligibility for both paid and unpaid leave protections in public outreach efforts to better educate employers and the public about how they differ, including clarifying that individuals who are not currently working may be eligible for paid leave benefits.

Duration

- Provide at least 12 weeks of leave for personal medical, child bonding and/or family caregiving purposes and consider the feasibility of longer leave periods.
- Intermittent leave should be permitted.

Family definition

- Cover the broadest possible set of family relationships and promote this coverage in public education campaigns. Be sure to spotlight

the diverse range of care relationships covered in promotional images, messages and messengers.

- Consider adopting or amending related laws, such as state FMLAs, to ensure job protection covers these relationships.

Premium structure

- Ensure that employers' premiums for paid leave insurance are uniform, rather than experience-rated, to avoid creating inadvertent disincentives for supporting employee leave-taking or hiring workers from demographic categories that may be perceived as more likely to need or take leave.

Implementation, Administration and Enforcement

Launching a program

Several administrators and stakeholders who had been involved in enacting state programs underscored that it is vital to the success of a program to allow sufficient time and funding for robust and complete program implementation. Paid family and medical leave is a valuable benefit that many working people will want to apply for. New programs should be ready from the first day that claims can be filed and benefits paid to minimize potential delays to claimants and allay potential concerns of other stakeholders.

HR manager at a large New Jersey employer (pharmaceutical industry): "I don't think New Jersey really understood what they were getting themselves into from a tactics and logistics perspective [when the program was originally implemented]. [...] [T]here was a huge delay in employees receiving income."

New Jersey labor union representative: "[T]he program was basically starved [under the Christie administration]. They didn't have staff to administer anything or to do any outreach. I think it's changing a little bit."

Lawmakers enacting a new paid leave program should build in a generous window of time between the law's passage and the date the state begins accepting contributions from employers and/or employees, as well as the date claims can be filed and benefits paid. Administrative staff from one state program recounted difficulties that arose because they had inadequate time to weigh various options to resolve problems. In any system or project, short timelines tend to create pressure that incentivizes staff to find short-term workarounds or to cut corners rather than to identify and implement best practices. More recent state paid leave programs have typically provided a window of at least two years between the passage of a new law and its full implementation. Lawmakers should consider conditions and existing capacities within their own state agencies and consult with administrators from other states as they determine what an appropriate timeline would be for their jurisdiction.

With support from the administration implementing the program, the administering agency will need to develop and promulgate regulations in a timely way in order for employers, workers and other stakeholders to have sufficient time to provide input through comment periods and for employers to update their benefits and payroll systems.

Conversations among legislative staff, administrative staff and community stakeholders, including but not limited to the labor, public health and small business communities, should be ongoing throughout the legislative process and initial implementation period. Across community-based organization (CBO) stakeholders interviewed, those who

had been consulted during the legislative and implementation process valued the opportunity to provide input and feedback. But several felt that this engagement had not been as regular or as long-lasting as they would have liked. Staff involved in implementing a new program should continue engaging both employer and worker communities proactively; for example, through focus groups, public forums, and regular communication with stakeholders such as business organizations, labor unions and advocacy groups. Stakeholders also suggested developing a process to provide regular feedback as the program continues its operation.

Interviewer: *“After it was passed, did the administration ever consult with community-based organizations that were lobbying for or advocating for this program? Were they involved in developing rules about implementation or how to reach people and make people aware of the program?”*

Advocate involved in New Jersey paid leave campaign: *“Somewhat, not as much as we would have liked. Of course we were invited to the signing. Part of the bill itself did discuss outreach and education, which apparently was not sufficient. And the implementation, yes.”*

Director of New Jersey business association A (speaking in general about laws and regulations that affect businesses): *“If there’s a bill that’s going to be introduced or a regulation that’s going to be introduced, our position is always that the regulator or legislator should reach out to the impacted community. If it’s going to be an impact on business, reach out to us early, tell us what you want to do, and we’ll work with you on trying to get to where you want to be, so that we can understand what the burden is. A lot of times the bill is written by the Office of Legislative Services. They’re not*

practicing businesspeople, so they may not appreciate every nuance. However much clarity we can get in the legislation and regulation will help avoid future enforcement, future issues down the road.”

Of course, not all workers and employers are represented by community organizations or firms that engage in lobbying. Lawmakers and administrators should also find ways to allow impacted individuals to learn about proposed laws and regulations, offer input and ask questions directly. For example, holding town halls and providing information and soliciting comments online could help additional stakeholders be engaged. A range of venues and methods will be necessary to reach various stakeholders where they are: Those in rural communities may have difficulty reaching events in urban locations, and many stakeholders, including both working caregivers and small business owners, may find it difficult to attend community meetings in person. It may be helpful to identify third-party organizations that hard-to-reach stakeholders may turn to for assistance, such as support groups for caregivers or payroll processors for businesses, that could help share information with these stakeholders.

Director of New Jersey business association A: *“If somebody doesn’t have that in-house human resources professional because they’re a small business, they want to be able to read the regulation or go on a website and understand how it works. The clarity is important. The earlier they involve us in the legislative process and the regulatory process to work out these issues, the better once they go final.”*

New Jersey small employer (retail): *“At this time we’ve reached out to our payroll service company, which unfortunately does not have adequate information on these specific laws in each state. It is hard to interact with them because*

they aren't up to speed on this information. The state online resources are also inadequate."

The agency or agencies that will administer and enforce the new laws should receive sufficient funding and time to hire and train new staff, including staff for a call center or other forms of assistance to applicants. As just one example, of the approximately 2,800 who work at the New Jersey Department of Labor and Workforce Development (LWD), about 180 people are involved in administering and processing claims for the TDI and FLI programs and about 50 at the call center help handle TDI and FLI claims. These staff processed more than 38,000 FLI claims (of which about 34,000 were eligible claims) and more than 100,000 TDI claims (more than 90,000 of which were eligible claims) in 2017.⁷⁰ The training program for claims processors takes about four to six months, including a two-week focused training course and an orientation to the processing system, followed by a supervised period processing and reviewing claims. Training for call center agents is somewhat shorter, beginning with observation of recorded and live calls and gradually transitioning to a supervised call-fielding process, taking up to four months.

Specific recommendations for creating new IT systems are beyond the scope of this report, but sufficient time and funding should be dedicated to setting up or upgrading core infrastructure, in order to enable future changes to the program or updates to user interfaces and submission processes. Best practices and recommendations for IT systems would be a valuable topic for future research.

Advocate with a Rhode Island CBO: "The largest barrier to improving [our program] at this time, I would say, is that our IT system is so antiquated that it [...] is holding back efficiencies in the system. So, for instance, just even being able to have it structured in the way that your health care provider

could just go into your file electronically and provide that information for whatever medical sign-off they need to do, versus having them fax in a form to Department [of] Labor and Training."

Administration

Claims filing and processing

Filing a claim should be as simple and straightforward a process as possible, not only for the applicant but also for other parties involved: a health care provider who certifies that the claimant has a covered condition or qualifying event, administrative staff who evaluate the claim, and, in the case of New Jersey, an employer who confirms the applicant's wage history. Overall, most stakeholders across the three states reported that paid leave program applications were not burdensome.

Advocate with a Rhode Island CBO: "In terms of implementation, Rhode Island is the only state whose social insurance is completely run by the state and they are an amazing group of state employees and they are able to provide the benefits fairly smoothly and efficiently and certainly very cost-effectively."

HR manager for a large Rhode Island employer (health care): "It's an easy application process. I don't remember having any questions after [looking at the state website]. We don't even receive questions from employees about it."

New Jersey small employer (hair salon): "The application was not complicated at all."

Administrators and other stakeholders emphasize that simplicity and

accessibility are key to ensuring that the application process for any public program is speedy and efficient and does not pose a burden to any of these parties or deter potential claimants from applying. In most cases, stakeholders felt that paid leave applications in California and Rhode Island met this standard, while some New Jersey stakeholders identified aspects of that state's program that contributed to an overly lengthy or complex form, detailed below. In discussing best practices for application processes, some stakeholders included examples from other programs to illustrate how requiring more information in applications than strictly necessary can create barriers to program utilization.⁷¹

Staff member with Rhode Island DLT: *"We don't usually have people who are having too much difficulty in actually filing a claim. Because we don't actually ask for a lot of information. The information we ask for people should have. It's their personal information. You know, their name, address, employer information, their work history in the last year and [a] half, name of the doctor who is treating them, and then what was your last day of work and when did you become unable to work? We don't ask for a lot of things that people should not have readily available."*

Director of New Jersey business association A: *"When it comes to application, that really is where the battle happens. The devil's in the details [of program design and implementation]. Am I going to have to send in quarterly reports or monthly reports? Do I have to keep sets of records everywhere or can I go to electronic filing? Those things are important. Those things pop up and are not foreseeable. The author of the legislation or regulation may not understand how businesses work."*

Director of an infant public health program in California:

"There's lots of demographic questions and lots of check-ins that are requirements that we require for different assessments [for public health programs...]. But asking all of those questions does tap into a whole lot of [...] more deeply rooted feelings or questions or 'Why are you really asking this?' And we get pushback often where there's like, 'Okay, so wait a minute. Why do you really need to know this?'"

Policymakers should also carefully consider which party to task with filing and verifying the information required for an application. For example, while initially New Jersey relied on employers to submit wage information, the program now allows the state to use unemployment insurance (UI) data to collect wage information about Family Leave Insurance claimants. Stakeholders in New Jersey also recounted that the program had previously required claimants to submit not only their portion of the application, but also forms completed by their employer and their health care provider. According to LWD staff and CBO stakeholders, this was a challenge for claimants, many of whom were not empowered to hold managers or doctors accountable to deadlines or paperwork requirements. There were also reports of misconceptions that employers had the ability to approve or deny claims. Now employers and health care providers make their submissions independently, simplifying the process for claimants, and LWD ensures the other forms are completed.

When drafting laws, policymakers should keep in mind that wherever possible, confirming information about the applicant from existing administrative data sets rather than requiring input from third parties streamlines the claims process. Most states with paid leave programs do have well-integrated processes. But, for example, New Jersey employers must complete an income verification form to confirm the most recent eight weeks of wages earned by the applicant, resulting

in added paperwork burdens and sometimes delays in claim processing. In theory, a paid leave program could confirm earnings with other state records, such as data collected by UI systems or tax agencies. But while the New Jersey TDI and FLI system does interface with the state UI system in order to verify that applicants are not receiving dual benefits for the same period, it is not set up to use UI data to confirm wages and calculate benefits. This is because the TDI and FLI programs base a claimant's benefit on the most recent eight weeks of wages, while the UI system only records wage information from the most recent completed quarter and before. Relying on a base wage period for which data is already collected for other state records would simplify this process.⁷²

Staff member with New Jersey LWD: “[W]hen a claim process is stalled it usually deals with trying to get earnings information from the employer. By statute, the eight most recent weeks of wages prior to taking leave is required in order to determine a weekly benefit rate. This information is not available on any wage database and must be supplied by the current employer. [...] Nothing in the application can be simplified or removed without legislation.”

Other stakeholders raised the example of new parents often having to delay filing a claim until receiving a birth certificate and transmitting a copy to paid leave administrators, a hurdle that occurs in a particularly stressful period of life. New Jersey advocates report that the state no longer requires claimants to submit a birth certificate, which could help streamline the application process.

Electronic and paper application methods

All currently operating state programs offer online application processes as well as paper forms (including forms that can be downloaded,

printed and mailed), though information about the share of applications made online and on paper forms was only collected for New Jersey. In New Jersey, about a quarter of TDI claims and nearly 40 percent of FLI claims are made online, while significantly fewer employers and health care providers submit their portions of the application electronically, according to the Department of Labor and Workforce Development.

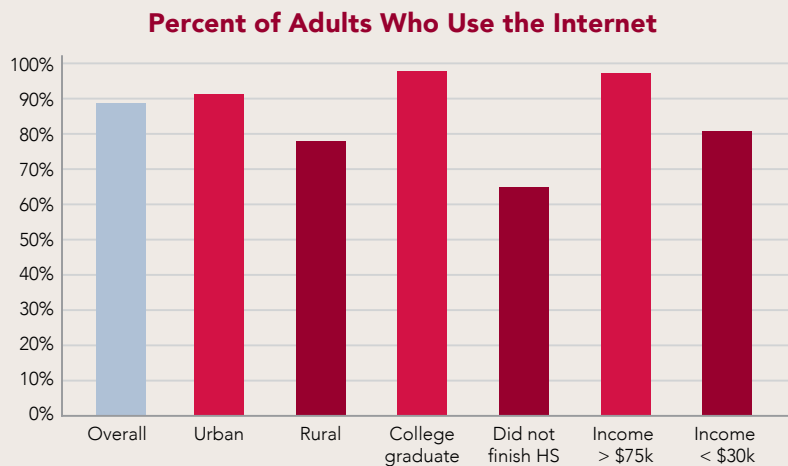
Most applicants and other stakeholders reported that being able to file claims online was very helpful and resulted in faster application processing. Several stakeholders mentioned New Jersey's implementation of an online application system in 2016 as one of the most valuable improvements the state has made since the initial implementation of its program.

“Diana,” a New Jersey worker who had used the TDI program before and after the online system was implemented: “I definitely found [applying for TDI] easier this time, and I would say that’s due to the fact that I could apply online, and not only could I apply online, but I could email a link or print out the page with the information to my employer as well as my doctor, so they made it very easy. The information was so straightforward online. [...] I submitted it at the beginning of June, and I think by the end of June I was already receiving it. I know that the very first time I ever applied with my first pregnancy, it was through mail, and that took longer. By the time I went back to work is when I actually first started receiving my disability benefits. I was very excited that this time I could do it online and it was much quicker.”

Program administrators may want to identify strategies for encouraging applicants and others involved in the application process to file information online as much as possible, given that it can increase the

speed with which people receive benefits, and electronically submitted information tends to have fewer data-entry errors or problems with legibility of information. Online application forms may also be designed to require all necessary information to be entered before allowing submission, reducing applications submitted with insufficient information.

At the same time, paper applications (including downloadable forms) should also be made available. Not all potential claimants have reliable access to the internet or sufficient fluency in computer use to be able to find and successfully use a program application portal. Ten percent of adults in the United States do not use the internet at all, 15



Source: Pew Research Center, 2019

percent of whom are of working age.⁷³ In New Jersey, according to the LWD administrator, lack of access to the internet is one of the factors in the relatively low share of applications that are currently completed online. Some CBO stakeholders and participants in the worker focus

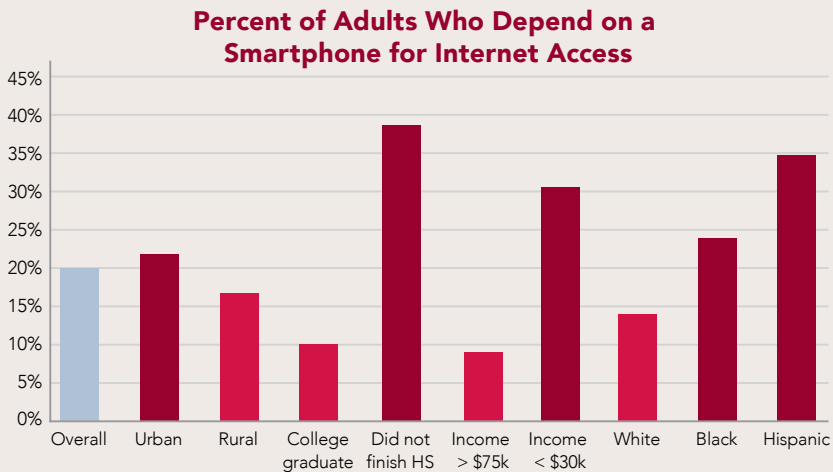
group also cautioned against complete reliance on all-digital systems. As a home care provider noted, “We still have a very large part of the population that is not internet savvy.” Lack of access to computers, internet or other basic communications technology is not only a problem for some individual applicants, but may also be a barrier for staff at underfunded public-serving programs that could be valuable partners in outreach. For example, a New Jersey CBO director who had administered WIC services recounted working at an office that did not have wireless internet or copy machines.

Both digital and paper forms should be written in accessible language with minimal jargon, and should be available in all languages commonly used in the state.

Best practices for designing and implementing online applications require adequate investment to be successful. Program websites and application forms should take into account best practices in communication and design for general public audiences, and should keep in mind that applicants may be completing paperwork in periods of high stress when complicated information is especially difficult to decipher.

Director of maternal health services in a California public health department: “I’m speaking for like, our low-income families, our first-time moms, our immigrant families. If you don’t understand how American bureaucracy works and how American government processes work, it’s really foreign to go online and do like the chat box or something. That’s just not a thing unless they’re really tech savvy, or to see a government form and understand that, how to fill out all of those boxes.”

Web applications should reflect responsive design principles (in other words, be mobile-friendly), recognizing that a majority of users now



access websites on mobile devices, and one of five adults are dependent on smartphones for internet access.⁷⁴

Staff member with Rhode Island DLT: “[W]e try to keep it as simple as possible. And obviously in this day and age, the vast majority of our claims are coming through the internet and we are, our marketing and communications people are, already working right now on the website on trying to make it so [...] no matter what device you were on, that it kind of looks and feels right so that those things are already underway.”

Applications should also meet accessibility standards for applicants with disabilities; for example, those who may use screen readers to access websites.ⁱ And sufficient resources must be provided to hire and train an adequate number of staff for help lines and other assistance provided to applicants.

California business owner (employer benefits administration): “[In] the last five to six years, the mobile online experience of consumers has drastically changed, but the statutory [paid leave] program has not. And so, you have these very archaic systems that are not accessible, that don’t leverage best practices of design and language accessibility, and they are 10 years plus off of an accessible UI [user interface]. And so what happens when people try to navigate [a program website] and they can’t understand [...] the employment law language on the site, they [try] to call the service center.”

Some stakeholders shared specific suggestions about additional information that program websites can provide to claimants, such as offering a benefits calculator to help potential applicants estimate the benefit payment they might be eligible for,⁷⁵ and allowing applicants to track the status of their claim in an application portal, as some state programs already do. One stakeholder suggested providing applicants not only guidance about how to complete a program application, but also recommendations for questions to ask of their employer to better understand how the state program would coordinate with an employer’s own benefit offerings.

Director of maternal health services in a California public health department: “What we need is really a how-to. You get pregnant, go talk to HR, look at how much sick leave you have, look at your schedule, see how much time you can bank. Can you do integration with your regular paycheck and paid family leave? This is how you might calculate how much you’re going to get per paycheck. Because some of these women are literally going to be worrying about how they make it, or feed their family, if they’re not working.”

A New Jersey administrator also described ongoing efforts to update

ⁱ For a sample evaluation of a website’s accessibility, visit the Web Accessibility Evaluation Tool at wave.webaim.org.

the benefit payment system to allow for more data sharing across agencies on a technical level, as well as to simplify claims tracking.

Staff member with New Jersey LWD: “In the envisioned system, claimants, health care providers and employers would be able to view the status of a claim and what information is still required from them in order to determine eligibility for benefits. It could provide email notifications to all parties and email or electronic responses could be directly input into the database. Ideally we will design the system so that less complicated claims can be evaluated by the software and benefits automatically issued. Technology will be our greatest asset in the future.”

Numerous stakeholders suggested that from a potential claimant’s perspective, a unified portal for all state benefits programs would be ideal, though all acknowledged the structural, financial and technical challenges of creating such a system.

California business owner (employer benefits administration): “I think when you look at [...] a touchpoint of other state benefits, you need to inquire about, are you experiencing other life events? A lot of the triggers for enrollment in food stamp programs, housing subsidies, is life-events driven, right, where it’s either personal medical, it’s having a child, it’s family caregiving needs. And I don’t feel that we’ve done a good job holistically combining that for, from a life event perspective for that low-wage worker.”

Advocate with a Rhode Island CBO: “I think a real missed opportunity is that under Obamacare the state had funding to create online portals so that when you apply for health insurance, it would populate information about any other benefits

that you might qualify for. You wouldn’t have to separately apply for SNAP and WIC and other programs. You’re just applying once. This [TDI and TCI] is a little different because, obviously, it’s connected to when you have a qualifying event, versus generally just income or family size or something like that. If we had high-functioning technology, you would fill in that information, [and] it would know that you just had a child or that you were asked if you had, or had to take time off to caregive for somebody else, and it could trigger information about that insurance.”

Data Sharing in Other State Programs

Other state-administered programs offer examples of how data sharing can help streamline the application process for working people. In New Hampshire, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program recently executed a data sharing agreement with the state Supplemental Nutrition Assistance Program. Now, families receiving SNAP benefits are automatically eligible for the WIC program, and those families have an expedited enrollment procedure for WIC.

In Kentucky, when the Affordable Care Act was first implemented, the state created one integrated eligibility tool for marketplace health insurance (kynect) and Medicaid, which eliminated the need for data sharing between kynect and Medicaid. Consumers received only one notice of eligibility determination, reducing consumer confusion. *(This program, initially created under an executive order, was discontinued by a subsequent governor.)*

IT infrastructure

Discussions of IT in state paid leave programs touched on both user interfaces – what applicants and most others who interact with the systems see, which are themselves software applications – and underlying technical infrastructure, which collects and processes information from applications.

Because programs in California, New Jersey and Rhode Island were added onto long-running temporary disability programs, they inherited infrastructure challenges caused by outdated computer systems that operated the existing TDI systems. These older systems may cause delays in claims processing, making it difficult and time-consuming to update information or changes to program rules. For example, it is increasingly common for workers to earn income from multiple employers, which is more challenging for older systems to process. In addition, and as we learned while conducting this research, older systems also pose challenges to accessing and analyzing data about program utilization.

Advocate with a Rhode Island CBO: “[Rhode Island administrators] are an amazing group of state employees, and they are able to provide the benefits fairly smoothly and efficiently and certainly very cost-effectively. The largest barrier to improving at this time, I would say, is that our IT system is so antiquated [...] that it is holding back efficiencies in the system.”

Representative of New Jersey business association B: “I believe many issues could be resolved by the department just updating their IT systems. The programs that they’re working off of are so antiquated. They go back 30 or 40 years. [...] A lot of it is the IT and the programs needed to collect this information and turn it around at [a] quicker rate. Part of the

reason they don’t have updated computer systems is funding. It’s very expensive to update their systems.”

New programs may be able to avoid some of these issues by virtue of building new systems from the ground up. Best practices for updating older IT systems, and for creating new systems, would be promising subjects for future research to address. New programs being implemented in the District of Columbia, Washington, Massachusetts and Connecticut have all been created without a preexisting TDI infrastructure and offer valuable opportunities for research and evaluation.

Paying benefits

States have used a variety of means to transfer benefit payments to claimants, including checks, direct deposits and electronic benefits (EBT) cards. On this question, policymakers should keep in mind both best practices from other benefits programs, such as SNAP and Unemployment Insurance, and the significant ways in which leave programs may differ from some of these programs. For example, because SNAP benefits are only used to purchase food, and nearly all grocery sellers have terminals that can accept payment from EBT cards, requiring SNAP beneficiaries to use this method poses few barriers. In contrast, paid leave claimants receive a cash benefit that can and will be used for a wide range of purposes, including payment of rent, mortgages and other bills. Drawing funds from an EBT card in order to make such payments may be cumbersome or involve subjecting claimants to fees (for example, to purchase a money order).

“Diana,” a worker in New Jersey who used TDI and FLI for maternity leave: “I’d rather have the option [to not receive benefits on a card], because the card that they give us is through the bank they select, which was Bank of America. I already had a Bank of America card, and I would have to go

either through the ATM or go inside and use it as a cash advance or use it at a store, and I would have rather just gone right into my bank account, and then I could just pay my bills from my bank account.”

“Maria,” a worker in New Jersey who used TDI and FLI for maternity leave: “[T]hey do it on the debit card. I think it’s through Bank of America, and my sons are only a year and some change apart, so it went on the same card that I already had. That was pretty easy.”

Stakeholders did not express consensus about preferred payment methods, and so this report recommends allowing claimants a choice of payment options, including the option for a direct deposit. EBT options should involve no fees to acquire or use the card, to transfer funds from the card to other accounts, to withdraw funds at ATMs, to hold funds on the card for a length of time, or for other purposes that have been subject to predatory fees in commercially available cash card products.

Assisting applicants

With a well-designed application and clear instructions, most claimants will likely be able to submit applications without outside help.

Staff member with Rhode Island DLT: “Most of our customer service [contacts] are from people with active claims, people just looking for status. We don’t usually have people who are having too much difficulty and actually filing a claim.”

But even with a simple application process, some applicants will nonetheless have questions about how to apply or about the status of their applications, and others will inevitably encounter unexpected

challenges that can’t easily be answered by application instructions or FAQ documents and will require more individualized support. Claimants may need assistance to identify which forms to use, to translate the specifics of their situation into data appropriate for application documents, or to navigate other aspects of the application process.

New Jersey home care worker: “Last month I had a patient who needed temporary disability. I was called in on the case, and she told me the forms that she had pulled up and the doctors had. I realized those weren’t the right forms.”

Kentucky Kynectors: Direct, Local Assistance

When health care coverage was widely expanded in Kentucky after the passage of the Affordable Care Act, Kentucky recruited a diverse network of “kynectors,” Kentucky’s enrollment assisters. As trusted locals in their communities, kynectors were able to engage directly with hard-to-reach populations. For example, rural kynectors were particularly important in successful enrollment in rural communities. The state organized kynectors through regional organizations and communicated with them directly and by creating a dedicated telephone line.

Individuals with experience using programs valued having multiple pathways for seeking help with applications, including having information available online through the state, from trusted partners and through accessible phone-based help lines. Currently operating state programs also provide assistance via email and through online portals. Several stakeholders suggested that if funding allowed, training

navigators to provide one-on-one assistance would be helpful. While no stakeholders mentioned chat or texting-based help options, those media could also be helpful for some audiences.

“Maria,” a worker in New Jersey: “When I had questions about the FLI process, I just went to the state’s website, and I found it fairly easy to understand.”

Director of New Jersey business association A: “A lot of these [small business] groups have the small business development center, and this is a credit to the agencies. They do understand that compliance is an issue a lot of times. I go to the help lines or the hotlines where you can call and ask for help. Usually they’ll point you in the right direction.”

Director of maternal health services in a California public health department: “EDD now, I’m online right now [during the interview], with California.gov. They have a beautiful website that didn’t exist when I was having my kids 13 years ago. So it’s a lot better already than what it used to be.”

FAQs and other information should be provided in languages commonly used in the state and should be easy to locate on the administrative department’s website. Interviews with administrative staff and community stakeholders revealed that, while state agencies do appear to be meeting basic legal requirements for language accessibility,⁷⁶ immigrant workers and individuals with limited English proficiency could be better supported. For example, in New Jersey, nearly 2.7 million New Jerseyans speak a language other than English at home, amounting to 31 percent of the total population.⁷⁷ Among limited English-speaking households, Spanish is by far the most common language, and significant numbers of households speak Chinese, Slavic languages, Korean, French/Haitian/Cajun, Arabic and other

languages.⁷⁸ Staff members with New Jersey’s agencies reported that they offer online materials and helpline assistance in both English and Spanish. Other languages require translation services, as the DCR staff member described: “It doesn’t come up very often, but when it’s needed, we can use those translation lines to get someone to translate. We also will use relay for people who use American Sign Language or other forms of communication for people with hearing impairments.”

Departments should consider best practices in search engine optimization to ensure that official sources are found first by individuals seeking information online about state paid leave programs.ⁱ All program information should be marked clearly with state seals or other program branding so that potential applicants can easily identify the information as trustworthy. Fear and distrust can be barriers to using online resources: Several workers expressed concerns about the unreliability of information online, worried about falling prey to scams, and recounted prior experience with internet searches for government programs leading them to scam websites.

“Sarah,” a small business employee: “I like to Google stuff, but I’ll get 10 websites, and I don’t know which one is the official one because some people scam you. If it’s NJ.gov, I assume that’s right. [...] I’m not very trusting. If something told me to submit my receipts online, I would never do that. I would never type in my Social [Social Security Number]. I’m scared to do it.”

As mentioned previously, help lines must be sufficiently staffed to avoid long wait times and should be open outside of regular business hours to accommodate workers and caregivers who have irregular schedules and little flexibility. To the extent possible, call lines should be designed to connect callers with staff quickly rather than diverting

ⁱ For example, experts on digital misinformation emphasize that topics on which little information is available online are especially easy targets, and a new website with false information can easily rise to the top of the search results. Be sure to develop a robust amount of content online about the state’s program to ensure that there is no “information vacuum” abusive actors can use to mislead potential claimants.

them through automated phone trees. If possible, help lines could implement callback technology so that rather than waiting on hold, a caller is simply called back when an operator is available.

Director of maternal health services in a California public health department: “I work with a lot of obstetrical offices as part of my job, [and] one of the biggest challenges our clinics have is that it’s really, really difficult to actually get through to the Employment Development Department at the state of California, which is where the paid family leave program is housed. [It’s just never-ending] telephone trees. It’s very difficult to get a live person.”

Employer roles in filing claims

Programs should be designed to avoid requiring additional paperwork from employers of all sizes. But in some cases, primarily among larger employers, managers and human resources staff can be valuable allies in the application process, particularly as it relates to providing information to employees. At large employers that may have multiple leave-takers each year, these staff are likely to have more direct experience with filing leave claims than the individual claimant and are well-positioned to remind employees who have a qualifying event that they are eligible for a paid leave benefit and to help employees understand how the state paid leave program interacts with other benefits they may receive from their employers.

Interviewer: “So was it your doctor that told you about [New Jersey’s paid leave program]?”

“Aaron”: “No. Work. Work had everything set up for me. And basically I don’t remember what I had to do. I had some form I had to fill out I believe, but work had everything set up for me.”

Interviewer: “When they told you about it at work, did you first inform [them] that you were having a child, or how did that conversation come up with your work?”

Aaron: “The family leave stuff was with the FMLA stuff. I was like, hey my wife’s pregnant, and I know there’s some kind of parental leave program, so what do I have to do? And yeah, they sent me all the details.”

Small businesses can benefit from additional education and support to better understand their role with regard to paid leave programs and to support employees who experience a qualifying event. More information on employers’ experiences and needs is in “[Employer Perspectives](#).”

Enforcement

New Jersey immigrant advocate: “[T]o expect that handing out a pamphlet and posting that giant poster is enough for employees to know that they have these benefits is ... I think it’s too much to ask. I think there should be annual, affirmative, sign-off reporting requirements on file that say ‘I, employee, received this information. I fully understand it.’ And to have it on file with the employer as well.”

Snapshot: current enforcement of state paid family and medical leave laws

Enforcement of state paid leave laws has three main components: enforcement against employers (including enforcement of job protection if applicable), enforcement against employees and enforcement against health care providers.

Enforcement against employers is designed to ensure that employers comply with the law's requirements for contributions and coverage. The New Jersey and Rhode Island laws declare it a violation to knowingly or willingly make a false statement or representation of a material fact in order to avoid coverage under the law, payment of contributions or an employee's receipt of benefits. New Jersey also prohibits failing to make contributions, failing to make records available for inspection by the department and failing to make required reports; Rhode Island prohibits willfully failing to appear, testify or produce documents and attempting to induce any individual to waive any right under the law. Any violation of these prohibitions is subject to civil and, in some cases, criminal penalties.

Where applicable, enforcement against employers may also include enforcement of job protection provisions. The California and New Jersey paid leave laws do not include job protection; any protection an employee has stems from the federal Family and Medical Leave Act and similar state laws. As a result, enforcement of these job protection provisions falls under a different agency from the agency responsible for administering the paid leave program. In Rhode Island, where the paid family leave law provides job protection, the same agency is responsible for administering the paid leave program and enforcing job protection. In all cases, employees can file complaints directly with the enforcing agency or, in some cases, directly in civil court. Remedies for employees include reinstatement, back pay, equitable relief, emotional distress damages, punitive damages and attorneys fees.

Enforcement against employees and health care providers is designed to prevent fraud and abuse. California, New Jersey and Rhode Island all prohibit knowingly or willingly making a false statement or representation in order to obtain a benefit or payment. In addition, California and Rhode Island prohibit health care providers from falsely certifying a medical condition in order to obtain benefits for any person.

Employees or providers who violate these provisions are subject to administrative, civil and sometimes criminal penalties, and employees may be disqualified from receiving future benefits in some cases.

Protecting workers' rights

Strong and fair enforcement of workers' rights is important for program success, particularly to ensure equity in program utilization by working people in more vulnerable positions, including workers of color, workers in low-wage jobs and immigrants. On their own, these workers may have little power to insist on using benefits they have earned or be especially likely to face retaliation or other negative job consequences.

New Jersey immigrant advocate: "Low-wage immigrant families and workers that we work with have vulnerable jobs. I think having strong anti-retaliation and job security provisions that are on the books and enforced is important. Flexibility is good, but there's such a power imbalance, but especially with people we work with."

Director of a California CBO focused on Black health: "[O]ne of the things that I think is pushing down the [utilization] numbers is that a lot of Black people, no matter where they work, they're like, they're the last hired and the first fired so they won't utilize paid family leave because they think that's going to be a knock against them. [...] [W]hat I have seen is that [...] folks that are involved in unions leverage and utilize every benefit possible because they feel like they have representation, and that representation will protect them to utilize their rights."

Child health advocate in New Jersey: "Higher-wage people,

they're educating themselves. They're empowered. The farm labor in Sussex County or the guy who works on the shore selling T-shirts, to say that they should go to their employer with their paycheck in hand and be like, 'What's going on? Why can't I take this family leave?' I think that's asking a lot. I think the wage theft thing is a good example. We can educate and empower employees all we want, but actually fighting back against wage theft involves enforcement against employers."

But enforcement related to paid leave programs cannot be considered in a silo: the qualifying events or characteristics that make an individual eligible to apply for paid leave – pregnancy, childbirth, chronic health conditions – may also be protected by other state or federal workplace laws, such as state pregnancy accommodation laws, the Americans with Disabilities Act or FMLA. Because of the possibility of overlapping rights and protections, an individual worker who has a qualifying event and experiences retaliation from an employer may find it difficult to figure out whom to contact or how to proceed. This is made more complicated by the fact that administration and enforcement of these laws may be split among multiple state agencies and across both state and federal governments.

States vary in how they distribute responsibility for program administration and legal enforcement across agencies. For example, in New Jersey, the state Department of Labor and Workforce Development administers the TDI and FLI programs and addresses claims related to those programs, while the Department of Law and Public Safety, through its Division of Civil Rights, enforces the state's Family Leave Act, which provides job protection for eligible workers. In Rhode Island, the state Department of Labor and Training both administers the program and enforces job protection rights under the state's Parental and Family Medical Leave Act. In any jurisdiction, the decision about

where to house these functions will depend on a range of factors, including existing capacities, agency interest in taking on new responsibilities, and the abilities and limitations of agencies under state laws.

In any case, having clarity both within government and in the public about where these responsibilities lie, and establishing open communication and cooperative relationships between agencies' staff if these functions are located in different agencies, is important. Policymakers and agency staff should keep in mind that many residents may not have a high awareness of which state agency is responsible for various government functions, and specific situations that individuals encounter could potentially implicate multiple laws at different levels of government. Establishing a "no wrong door" approach to handling applicant questions and complaints is likely to be helpful.

Staff member with the New Jersey Department of Civil Rights: *"[E]ven though we don't enforce the federal FMLA, because that law covers employees who have serious health conditions, that often overlaps with our jurisdiction to address an employee's need for disability accommodation or to be protected from disability discrimination, so at times, a constituent may come to us to say he believes his rights under the federal FMLA have been violated, and we will tell them that we have no jurisdiction over that law, but we will evaluate their situation to see if it might provide a basis to file a complaint for disability discrimination under our law against discrimination."*

Agencies should establish procedures for redirecting cases of residents attempting to file complaints about employer retaliation or other violations of state paid leave laws who may attempt to file with the incorrect office.

Interviewer: “Do you ever receive inquiries about Family Leave Insurance or Temporary Disability Insurance?”

Staff member with New Jersey DCR: “Yes, we refer those to the New Jersey Department of Labor.”

Interviewer: “How do you refer them?”

Staff member with New Jersey DCR: “Our receptionists and intake staff give them the phone number or the website for the Department of Labor and Workforce Development.”

In this case, DCR appears to have an adequate response, pointing individuals to the right agency. Stakeholders from the public health and social work fields suggested that when transferring a client from one program to another, it is even more effective to practice a “warm handoff” approach, or directly connecting the client to a specific person at the appropriate program. This approach is more time-intensive but less likely to result in individuals who decline to pursue a complaint or follow through with an application simply because they become discouraged or confused.

Agencies also need clarity about which kinds of cases fall under whose jurisdiction. To draw an example from another issue area, the New Jersey Department of Community Affairs and DCR worked closely together to create a new resource to clarify each of their responsibilities on housing-related legal issues on which both agencies engage.

Staff member with New Jersey DCR: “For the Department of Community Affairs, we created a joint information sheet regarding disability accommodations in condos and cooperatives because that is an area where each agency has somewhat parallel jurisdiction. It’s not overlapping, but interlocking jurisdiction.”

Enforcement agencies can be empowered through legislation and provided staff and funding to undertake proactive enforcement efforts in addition to complaint investigation, which can work in tandem with other proactive efforts to educate workers about their rights and to encourage employer compliance. An advocate at a New Jersey CBO focused on immigrants’ rights pointed to New York City’s enforcement of its local paid sick leave ordinance as an example.

New Jersey labor union representative: “The NYC office [NYC Department of Consumer and Worker Protection, formerly the Department of Consumer Affairs] is an excellent example of aggressive enforcement. Workers bring claims. They’ve spent millions on outreach to workers, employers and the general public. Workers can then bring affirmative claims. In New York City, they have like a special division that investigates. They show up at different businesses and check their books, like affirmative enforcement, instead of waiting for employees to complain.”

The advocate in an immigrant-serving CBO in New Jersey underscored the importance of having not only forms and information available in multiple languages, but staff fluent in languages other than English throughout an agency, including in enforcement: “They have three investigators who speak Spanish in the wage and hour division. I don’t know about [the Division of Temporary Disability and Family Leave Insurance].”

Supporting employer compliance

Business stakeholders consistently emphasized that most employers prioritize compliance, and that many are active allies in helping employees access paid leave benefits when qualifying events occur. Policymakers and administrators should seek opportunities to help employers learn about and comply with paid leave laws. This begins

with including employer stakeholders in the process of drafting a new law and regulations.

In contrast to political rhetoric and strategies that may suggest employers want to block new programs and regulations, the business stakeholders interviewed for this study described clarity about employers' obligations and ensuring that those obligations are workable for employers as their top concerns and did not generally express opposition to the programs.ⁱ Both policymakers and administrators could also consider whether aspects of paid leave programs, such as record-keeping requirements, can be simplified or developed in coordination with similar requirements of other state laws to ease employer compliance.

Director of New Jersey business association A: "However much clarity we can get in the legislation and regulation will help avoid future enforcement, future issues down the road. If somebody doesn't have that in-house human resources professional because they're a small business, they want to be able to read the regulation or go on a website and understand how it works. The clarity is important."

HR manager at a large New Jersey employer (pharmaceutical): "I might get on a soapbox for a second. You've probably heard this. I don't think anyone who's making these policies has ever worked in a corporate environment. [...] They pass these laws, and they don't really provide strong guidance. They don't really clarify some of the things that are the most important to employers. A good example is with New Jersey. New Jersey has now passed a paid sick days policy. They are advising that employees need to be notified and that the employer needs to keep records of sick day usage for auditing purposes, but they don't really clarify the notification

to employees. Most states like New York [...] or California, for example, they tell you that you need to show on the pay stubs the number of sick days [the employee] has available and has used. It's very clear."

Regarding regulations in general, several business stakeholders emphasized that many potential compliance issues can be prevented if lawmakers and administrators engage with employers early on in program design and throughout the legislative and regulatory process.

HR manager at a large New Jersey employer (pharmaceutical): "I think the lawmakers get a lot of questions from employers and employment attorneys saying, 'Hey, how do you, what do you mean when you say this? What does this mean? How do you want us to do x?' And then the lawmakers go back and realize that's a good question. We got it from 90 percent of our constituents. We probably should address it. And then they come out post-effective date of the law with these further instructions on how to manage the leave. And a lot of times it can be very challenging to be compliant when you just don't know what compliance means."

Stakeholders also recommended dedicated and ongoing outreach to employers as an important precondition for compliance: Employers must be aware of paid leave programs to comply with them. Public and employer outreach could include leveraging the support of larger employers to help educate others about the potential benefits to their businesses of helping employees access leave when they need it and help normalize leave use.

Child health advocate in New Jersey: "There are a few things [that could help educate employers]. One is business

ⁱ One New Jersey business lobbyist did raise concerns about employer confusion in complying with multiple leave laws in the state but, when probed further, explained that "it's everything all together" rather than any particular law that posed a problem.

ambassadors, people who are brought in who believe the program works. Especially if they've taken leave themselves, to talk about why it's important for their employees, why it's important for their development. We saw this in the child care stuff where we were trying to see if we could get employers on board with supporting child care. [...] It's just very hard to get employers as a group to change behavior unless there's a compliance aspect or unless there's, you know, an affirmative kind of approach to getting at least the larger employers on board with this and increasing the visibility of the program."

Director of New Jersey business association A: "[To inform members about new laws] we'll look for speakers with expertise to put on a workshop and provide clarity. Best practices help a lot too. Companies feed off each other. If somebody's doing it in an effective way, somebody else will consider it. Seeing best practices helps people come into compliance and predictability."

Here, business associations and CBOs are likely to be key partners for engaging with employers, educating them, and gathering feedback to identify aspects of the paid leave program that are confusing or need improvement. Stakeholders from these groups described this kind of educational outreach as a routine part of their work any time a new program or regulation is enacted, an existing practice that paid leave administrators can take advantage of.

Director of New Jersey business association A: "The Department of Labor just released a set of [sick leave] regulations, so we actually have had the Commissioner of Labor come out and talk about paid sick leave, and we've had a couple of workshops where expert attorneys that have gone through

the statute or through the regulations [spoke], and we'll have an open session on questions, and we'll have workshops and put information together and help our members. Sometimes we'll do summaries, and we'll connect an attorney with a business if they have an expertise in that area and the business seeks some information."

Fears of fraud

Findings in this study confirmed previous reports indicating that there is little evidence of program abuse or fraud (individuals falsely claiming benefits to which they are not entitled). Administrative staff interviewed reported that fraud in temporary disability and family leave insurance programs is even rarer than in other state benefits programs because, as detailed above, there are multiple checks against potential fraud in all states' application systems. Wage histories must be confirmed by an employer or through existing state databases. Qualifying events must be certified by a health care provider, and in the case of medical needs, the provider also confirms the appropriate length of leave for a condition.

HR manager at a large New Jersey employer (pharmaceutical industry): "If you have consistent processes and really a strong compliance with your policies and your processes, then there are very few opportunities for people to take advantage.ⁱ It still could happen, but generally speaking, requesting leave is easy. Proving disability benefits are warranted and proving a continued disability from work is difficult. There's always gonna be people who are going to try, but I don't know how many actually could succeed."

HR manager at a large New Jersey employer (banking): "We don't write our policies for the small percentage of people that are trying to abuse the policy. When an issue comes up,

ⁱ When asked about fraud or abuse, employer stakeholders did not comment specifically on the state program. Instead, they shared comments reflecting more generally on possible employee misuse of any benefit program. Both quotations here from interviews with HR staff discuss internal policies but are included to illustrate these stakeholders' attitudes about the issue of fraud or abuse more generally.

we have ways of investigating it through normal investigative processes. It's just really rare, and that's not who we write policies for. We're asking that employees follow our policies, and generally they do. It's a very rare occurrence, and it's not something that's always top of mind for me because it happens so rarely."

New Jersey labor union representative: *"The big talking point from the business and industry association was fraud and how this was going to open the door to massive amounts of fraud. A legislator [...] talked about only hearing about fraud. And I said, 'Well, assemblyman, it's important to understand that [...] 90 percent of the cases that have come out of California are for the birth of a child. About 10 percent of the cases are sick or severely ill relatives.'⁷⁹ And I said, 'Can you tell me the last time in your entire life that someone faked a pregnancy? [...] Has anyone ever presented a fake picture of a child to you while they were in Florida for six weeks, saying, 'Here's my newborn baby'?' I said, 'How do you fake a pregnancy? I don't understand that.' He looked at me and said, 'I never thought of it like that.'"*

The one specific anecdote about so-called "fraud" that this study uncovered was secondhand and was shared by an interviewee who clearly was unaware her coworkers are almost certainly eligible for family caregiving leave through New Jersey's program.

"Jennifer," a nonprofit worker in New Jersey who is caring for a mother with dementia: *"I know we don't qualify because of the size of our organization, but family medical leave would be nice. There are some situations where people have actually made up an illness and got state disability, so they were able to care for their parents. That's fraud, but I know*

it's happened. It would be beneficial to employees if there was some type of assistance if they are in a situation."

In fact, workers in New Jersey are eligible for paid family caregiving leave regardless of employer size. It is not clear from this anecdote whether the coworkers had in fact misused the state's TDI program and were unaware of their eligibility for family care leave or whether they properly used the state's FLI program and the interviewee misunderstood the situation. This anecdote helps illustrate that claims about or fears of fraud or abuse may be based on an individual's perception of and possible misunderstanding of a situation rather than specific evidence of wrongdoing. To the extent that administrative staff interviewed had observed any cases of fraud, it was linked to individual health care providers and relatively easily noticed in patterns of claims.

Some administrative staff raised concerns that the fear of potential public relations problems that could be caused by stories about program fraud had led to overly burdensome application processes and misallocated staff resources – both of which reduce program functioning in ways that also have a public relations cost. Other stakeholders highlighted ways in which assumptions about the likelihood of fraud and public perceptions about program abuse posed barriers to the passage of programs or could result in design and implementation decisions that worsen the program's functioning and might discourage eligible individuals from applying for benefits they had earned.

New Jersey small business (legal firm): *"I've developed relationships with loyal employees, and you want to help them. And this system makes it relatively easy. [...] This is a perfect example of a great idea that needs attention, needs work. We need the KISS principle. Keep it simple, stupid. Anything that can simplify or clarify the process would work to improve it. In the interest of trying to keep out a few hypothetical bad*

apples, we make it too difficult for the people who need it.”

New Jersey labor union representative: *“One of the issues that we’re constantly dealing with – no matter how often we repeat [it], it doesn’t seem to sink in, or folks don’t want it to sink in – is the issue of abuse. One of the things that opponents of paid family leave consistently use as a talking point is that we’re going to pass this, and someone’s going to take six weeks and go to their Florida vacation home and get pay for it.”*

Including reasonable verification requirements, such as certification for qualifying events, should be sufficient to protect against program misuse without unduly burdening eligible claimants, health care providers and employers with excessive paperwork.

RECOMMENDATIONS

Launching the new program

- Provide sufficient time between passage of a law and full implementation to allow for high-quality, robust implementation. Many states have allowed for two years or more in order to stand up new programs.
- Supporters of a new program, including lawmakers and advocates: Prioritize gaining the support of the executive who will oversee implementation to ensure that top administrative staff members are invested in successful program implementation.
- Lawmakers and administrators: Engage key stakeholder communities, including employers, workers, public health organizations and other community groups, to gather feedback, beginning from the early program design stage, through initial implementation and continuing afterward.

- Build in an implementation evaluation plan to evaluate program rollout and application processes to continually improve program implementation in a systematic manner.
- Ensure that stakeholder outreach and engagement includes pathways for individuals to learn about programs and provide input.
- Fully fund and staff administrative and enforcement agencies. Allow adequate time to train staff before the program begins accepting applications.
- Invest in upgrading state IT infrastructure. Future research should address best practices for updating and creating new IT systems and how best to update and work with existing TDI systems.

Claims

- Keep the application as simple as possible. In general, aim to collect only as much information as is required to process applications. Align program rules with those of other programs so that the program can draw needed information from existing administrative data sets as much as possible.
- Minimize the number of actors who are required to provide application materials. Allow each individual involved in a claim – for example, the claimant and their health care provider – to submit their portions of an application independently.
- If the decision is made to collect additional information, such as demographic data, use standard data formats (such as standard codes for occupations or health conditions) so that any data collected is usable, and follow best practices for data security to protect the claimant’s privacy and confidentiality.
- Allow applications to be submitted electronically and using mailed paper forms.

- In online information and applications, follow best practices for responsive web design so that resources are equally functional for users on any device, including smartphones, and accessible to users with disabilities.
- Allow claimants to choose a preferred option among methods for paying benefits, such as checks, direct deposit and EBT cards. If providing benefits on an EBT card, ensure that this involves no fees to acquire or use the card, to transfer funds from the card to other accounts, to withdraw funds at ATMs, to hold funds on the card for a length of time or for other common functions.

Helping applicants

- Provide assistance for and information about the program and application process in multiple channels, including online, through help lines and through program navigators.
- Practice a “no wrong door” policy across state programs and agencies so that potential claimants who contact the wrong office are directed to – or even personally connected with – appropriate staff.
- Fully staff help lines, and ensure that they operate outside of traditional work hours. Use callback technology so that callers during busy times are not forced to wait on the phone.
- Provide resources in all common languages in the state, and have relay and translation options available for less common languages.
- Reduce potential applicant fear or distrust by clearly branding materials with state and agency names and logos and locating them on government-owned sites (whether in physical or online locations).
- Consider best practices in search engine optimization (SEO) to ensure that accurate information about state programs is in the top results and to protect potential claimants from being diverted to

abusive or fraudulent services or misleading information.

Enforcement

- Fully staff and fund enforcement agencies. If possible, allow agencies to conduct strategic enforcement in addition to responding to specific complaints.
- Proactively assist employers with compliance, particularly in the first years of a new program, and conduct regular outreach to employers to educate them about the law.
- Ensure that agencies with overlapping or closely related jurisdiction to paid leave programs, such as those involving state FMLA protections, coordinate regularly with the agency administering and/or enforcing the state paid leave program.
- Have a “no wrong door” policy for applicant and employer questions and complaints. Consider a “warm handoff” policy to help ensure individuals with issues are fully connected with appropriate agency staff.
- Stakeholders emphasize that fear of fraud – which is very rare in paid leave programs – has led to burdensome or duplicative program rules and misallocation of staff resources. Keep in mind that the costs of anti-fraud measures to program efficiency and staffing, workers’ ability to use earned benefits, and administrative burden to employers through excessive paperwork or reporting requirements can outweigh any potential benefit to the program.

Education and Outreach

As described above, for investments in paid family and medical leave programs to have the maximum benefit to public health and working families’ economic security, programs should be designed in an

accessible and inclusive way and need to be administered efficiently, with minimally burdensome application processes and adequate enforcement of claimants' rights. In addition, potential claimants need to be aware of programs in order to apply.

"Aisha," who had been working for about three years as a clerk at a big-box retail store in New Jersey, recounted taking about 30 days of unpaid leave to care for her newborn nephew, who had a brain cyst, and to help her mother recover from surgery. Aisha said she would have liked having up to 50 days of leave to provide the care her family needed: "It would've been very beneficial for my mom's recovery, and for my nephew being a newborn, to have a full-time caretaker." But she could not afford additional unpaid time and feared being fired from her job.

At the time of her interview, she was unaware of New Jersey's Family Leave Insurance (FLI) program, even though she had requested leave from her manager and discussed whether she was eligible for benefits through her employer.

Aisha: "I had a meeting with my supervisor. [...] They told me that because I'm only part time that it wouldn't be paid, and I would have to keep them posted as to how much time after the two weeks I would need, because if I took more than 30 days, then I could lose my position. [...] They told me [my employer] had a leave of absence for personal reasons, like sickness or something. They would give you a percentage of what you make during a normal work month. I think it was 15 percent or 20 percent, but you had to work more than a thousand hours before you applied for it."

Interviewer: "Did they mention anything about the state Family Leave Insurance Program?"

Aisha: "Not to my knowledge."

Interviewer: "Have you ever heard of it?"

Aisha: "No."

Previous research on existing state programs has identified low program awareness as a common – but not insurmountable – barrier to program utilization. Findings in this study confirm that when paid leave utilization is lower than expected, lack of awareness about the program is a significant factor, perhaps even on par with barriers created by elements of program design. Across all stakeholder groups – administrators, community-based organization (CBO) representatives, workers and employers – there was a clear consensus on the importance of robust and ongoing outreach to workers, employers and the general public, and general agreement that when this outreach was undertaken, it was effective.

Staff member with New Jersey Department of Labor and Workforce Development (LWD): "[O]ur [outreach and public education] efforts are generally optimistic, as it shows that these outreach programs are genuinely helpful. We need to reach a larger number of people, so the collaborative association with state agencies is extremely beneficial."

Staff member with Rhode Island Department of Labor and Training (DLT): "Now that there we're in like the fifth year of the [TCI] program, we can just tell by the numbers that people are aware of the program because the first year, we did about 12 percent of TDI claims were for TCI reasons, and right now we're running about 25 percent of our claims are for TCI reasons."

This section of the report builds on earlier research that identifies lack of program awareness as a barrier to paid leave utilization by seeking to discover trends in how claimants and other stakeholders have learned about paid leave and other state programs, to identify promising avenues through which outreach could occur, and to outline best practices for planning and conducting outreach efforts. As this section will detail, it is essential for administrative agencies and other stakeholders to engage in regular, ongoing public outreach and education efforts to ensure that when a qualifying need arises, potential claimants know that they have benefits they can apply to use and can easily find an entry point to the application process.

Aisha: “They should have with employers some kind of meeting, just explain it to employees, especially employees that deal with it directly. I feel like that’s a necessity. You deal with it on a day-to-day basis. You should know how it works and what it’s for. I feel like it should be explained to everyone because it sounds like a very helpful program.”

Director of maternal health programs at a California public health department: “[F]amilies need to hear it from all different levels. It’s not just my home visitors. It could be from their provider offices. It could be from community groups. It could be information shared at health fairs.”

Outreach goals and challenges

Most third parties who might be engaged to reach potential claimants, such as staff for other state agencies, health care providers or employers, will not be experts in paid leave, nor should they be expected to provide the same level of information about eligibility or the application process that paid leave administrative staff would. From this perspective, the purpose of engaging these stakeholders is not to expect them to identify eligible claimants and see them through the

application process. Instead, the role of most of these partners is to reach likely claimants, ensure they are aware that they may be eligible for the program, and connect them to an entry point to apply, such as a state website, help line or knowledgeable HR staff person.

Likely claimants can be reached both by raising general public awareness of the program and by contacting potential claimants at a moment when they have or expect to have a qualifying event.

Interviewer: “Who or what organizations would you have expected to have educated you about it? Even if they didn’t [do so]?”

California health center advocate: “I’m not saying they didn’t. I think I just wouldn’t pay attention to it until I needed it, so it wouldn’t be my employer again.”

Interviewer: “OK. So you wouldn’t exactly go out of your way to seek this kind of information?”

Advocate: “No.”

Individuals and organizations involved in outreach could work toward either or both of these goals, depending on their capacity and how and when they interact with likely claimants. For example, health care providers or employers may directly interact with an individual who demonstrates or discloses a possible qualifying event and be able to provide point-in-time information about the program, while community-based organizations (CBOs) may be better suited to focusing on raising general awareness.

Stakeholders such as nurses, managers or lactation educators should be provided basic information about paid leave programs so that they can recognize potential claimants and address common sources of

confusion. For example, even in this study, some interviewees did not realize that eligibility for paid leave programs was not connected to FMLA eligibility or that individuals with a recent work history might be eligible even if they did not currently have a job. People may be aware that paid leave programs cover maternity or parental leave but not realize that other health conditions and family caregiving purposes are also covered. While individuals and organizations conducting outreach should avoid giving potential claimants a false sense of certainty about their eligibility, this report recommends erring on the side of inclusivity when it comes to encouraging potential claimants to seek more information about the program and find out whether they are eligible.

As described below, outreach to these stakeholders should not only provide them with program information and other needed resources, but also help them understand how the paid leave program contributes to their own goals and sense of mission. Cultivating this buy-in will likely begin through conversations with an organization's leaders.

Staff member at a local department of health in California:

"Many staff may feel burdened by another thing that they have to learn, and their clients might feel burdened by another piece of paper that they have to receive. But technically it shouldn't take too much. [...] It's just the challenge of having to put in the language of the eligibility requirements and making sure that people know they might not be eligible for it. So that's a potential barrier. But I think it could be pretty easily worked in to DPH with a leadership buy-in."

Interviewer: "OK. Could you explain a little bit more about the leadership buy-in?"

Staff member: "Just [...] making sure that there is awareness about the positive health impact of paid family leave so that it's easy for leadership to explain to staff why this is an

important component of their public health work. Just making sure that leadership has the information. Of course funding is always good. So, [for] any kind of media campaign or purchasing materials or printing materials, it's great if you can go to leadership and say we can actually get funding to do it instead of just asking people to do it for no additional money."

Understandably, decisions about outreach activities may be driven to some degree by budget and staff capacity concerns. If at all possible, administrative and enforcement agencies should dedicate funding and staff time to outreach on an ongoing basis.

Staff member at a New Jersey CBO representing social workers:

"I think one of the key ways that the information needs to get out, not just to social workers, but to anybody working in the social service [or] social welfare field and dealing with low-income clients, is the state agency itself has to have a commitment to outreach and community relations to share information about the programs with the appropriate actors. And that provision for community outreach needs to be written into the legislation that drives these programs, and it needs to be funded."

Staff member at New Jersey Division on Civil Rights (DCR):

"[W]e tend to try not to actually just go out and train employees and employers' staff because we believe that we just don't have the resources to do that for every employer in the state. But we will provide information at forums, such as the quarterly meeting of business associations. [...] If there are other types of employer functions that cover a number of employers as opposed to just one, we might present information there."

While it is necessary for public agencies to use resources responsibly, this approach could mean key audiences are missed. The audiences easiest to reach cheaply – for example, individuals who are internet savvy and have the time and ability to digest policy documents online or business owners who participate in industry conferences – may also be the workers and employers who are already well-informed and best able to proactively learn about public programs through other means. This perpetuates inequalities that disproportionately harm workers with low incomes and workers who work for smaller employers.

Finding ways to coordinate with or leverage existing outreach efforts for other programs may help make the most of limited outreach funding for a paid leave program. Numerous stakeholders pointed to other state and federal programs that already engage in or conduct outreach to populations that are economically vulnerable or likely to have experienced a qualifying event, such as low-income households and new parents, including Affordable Care Act enrollment efforts, food assistance programs (the Supplementary Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)), Medicaid, and maternal and child health programs.

Child health advocate in New Jersey: “If you’re going out and doing an Obamacare enrollment piece or you’re a touch point for Medicaid, you should also be providing information to families. Medicaid will know if you gave birth to a child because they’ll have the billing, so there’s no reason why they couldn’t. And you know, childbirth complications is the single most expensive health care claim, I think. So it makes sense that they would know about it, and then they could provide information. There’s simply a lot of touch points with families, and they’re just not utilized to do outreach.”

Target audiences and channels for outreach efforts

Identifying the most effective ways to raise awareness can be a challenge because people learn about public programs in a variety of ways. Interviewees for this study reported finding out about paid leave programs through the following sources: employers, word of mouth from others who had used the programs, their own research (usually online), health care providers, news reports, CBOs they were members of or volunteered with, professional training programs, their

Kentucky’s ACA Marketing: Broad, Diverse Public Education

Kentucky used a broad and diverse marketing plan to educate state residents when the passage of the Affordable Care Act expanded access to health insurance, including television, radio, print, billboards and social media. In its second year, the campaign shifted from advertising the availability of coverage to publicizing the availability of financial help and personal testimonials.

The state also used targeted enrollment methods to engage hard-to-reach communities. For example, the state developed Spanish-language marketing tools and used Spanish-language media channels to reach Latino residents. The state also actively tailored outreach to other racial and ethnic groups and even created a program to enroll formerly incarcerated individuals upon release from prison or jail.

This outreach campaign worked: After implementing the ACA, Kentucky’s uninsured rate fell from 16 percent in 2013 to 8 percent in 2014, one of the largest reductions in the country.⁸⁰

experience as advocates or lobbyists, and through the interview itself. Most also suggested additional methods by which they had learned about other programs and benefits, or which they thought could be helpful, many of which are described below as potential partners or channels for outreach.

To aid administrators and other stakeholders who are interested in increasing public awareness of paid leave programs, recommendations in this section are organized by target audience, recommending tactics, best practices and potential challenges for each, based on this study's findings. But any outreach should be tailored to the specific social landscape and available resources within the program's jurisdiction. For example, unions may be a key partner in states with higher membership but less so in states with low unionization. Likewise, faith communities could be valuable partners but differ significantly from community to community. It is recommended that anyone developing an outreach plan begin by thinking broadly about what communities exist in their states or regions, mapping significant institutions and organizations, which may vary from those listed here, and adapt the best practices for outreach recommended below. Include diverse staff and stakeholders in these initial conversations to help ensure outreach planning is as well-informed and inclusive as possible.

Director of a rural public health program in Rhode Island: “[In training events] rural population would not be ever considered in the discussion unless I spoke up and introduced it. The focus is on low-income urban populations in general across the department, and it is really only if someone mentions rural or introduces it that it would be my responsibility to say this impacts rural women too. [...] I would have to be the agent behind that for rural [needs] to come up at all.”

Potential claimants are the primary audience for outreach – but it may

not be possible or effective to reach them directly. Other stakeholder groups should also be considered key targets for outreach because they are likely to encounter claimants during or near qualifying event periods and could be well-positioned to provide information and even help claimants apply. These stakeholder groups include managers and human resources staff at employers; health care providers; individuals who administer other public programs, such as WIC or aging support services; and community networks and social groups with ties to health and caregiving issues, such as parent associations and support groups for specific health conditions. Organizations that interact with these stakeholders, such as faith communities, business and professional associations, and other CBOs, make up a third tier of outreach targets that can be leveraged to reach key audiences at scale.

Stakeholders interviewed for this study recommended a wide range of strategies and tactics for reaching these audiences. A selection of their suggestions, as well as their recommendations for best practices and other issues to consider, follows.

Direct outreach and self-directed learning

Many claimants and other stakeholders recounted learning about paid leave or other programs through their own research, by word of mouth, or from media or public relations campaigns. While this avenue for raising program awareness may not be reliable or predictable, agencies should plan broad public education efforts to raise general awareness about the program with the public at large. In addition to the recommendations for program websites described earlier in this report, agencies may consider public service advertising, such as posting ads in bus shelters or on public transportation, and engaging local and regional media.

New Jersey immigrant advocate: “[Information can be spread by] community-based organizations that can give workshops

and outreach, but I think going on Spanish-language TV like Univision and Telemundo, doing ad campaigns on buses and public transit. You have to educate employers, but there needs to be a lot of focus on workers.”

“Sarah,” a worker at a small employer in New Jersey: “[Working for] a small agency, it was horrible because they didn’t even know most of the info. I went online to the state and would print out things and bring them and ask if I could do that, so I was educating HR.”

Focus group moderator: “So you advocate for yourself and give instructions to those who should know. Is that everyone’s experience?”

Sarah: “I think it happens when it’s a small company. It’s crazy sometimes.”

State administrators also thought creatively about opportunities to reach new public audiences. For example, a local media personality or celebrity who experiences a qualifying event could provide a news hook to raise awareness about the program.

Staff member with Rhode Island DLT: “We did a co-op with a one of the local television stations who did a human-interest story on a person who had filed for TCI immediately after the program started to try to get the word out.”

Employers

All state paid leave laws include requirements that employers provide general notification to their employees about the laws, for example, by providing information to new hires and including information in employee benefit handbooks and by posting information in workplace

common areas. Laws may also require managers to alert employees about paid leave programs when they learn of a qualifying event. For example, California law requires employers to display a poster at the worksite and to provide a brochure about state disability insurance and paid family leave to an employee when they are hired and when the employee gives notification of their need to take time away from work for a qualifying event. The California Employment Development Department provides appropriate posters and brochures to employers as downloadable materials on its website and will send printed materials free of charge to employers upon request.⁸¹

California health center advocate: “I don’t think these things really come into your mind until you’re in the situation to need them. So it’s your employer [who is the best source of education].”

Interviewer: “What can employers do?”

Advocate: “So, employers, at least the ones that I’ve worked for, they have a kind of an intro packet, and they let you know. And then HR lets you know if you get sick or something physically happens to you, or you let them know that you’re pregnant. That’s the time to remind you about the policy that they probably already let you know about to begin with when you were first hired.”

Based on interview findings, these are reasonable baseline requirements, though they are not sufficient to reach all workers and do not ensure that potential claimants learn about or are reminded of a program when they have a qualifying event. When employers are invested in a program’s success and provided with adequate resources, they are critical partners in raising public awareness – including through word of mouth among coworkers – and in identifying claimants when a qualifying event occurs.

Interviewer: "Can you tell me about where [you] found out about that program and what you call it?"

"Natasha": "Jeannie from HR had had a baby two years before I did, so she knew the whole process. I knew nothing about it. [...] I wouldn't have even known FMLA existed if Jeannie hadn't told me. Nobody reads the employee handbook."

Interviewer: "If I was an employee who was taking parental leave, who would be the most likely initial point of contact to help me figure out how to access leave?"

HR manager at a large California employer (health care): "Well, they would go to the manager, first, to give their manager notice because the managers have to submit a form notifying our national HR service center of the employee's intention to take a leave of absence. From there, it's really up to the employee. Those are all options available to the employee. [...] They either might find it more convenient to contact the HR service center [by phone] or look on the myHR website or come to the local HR office to request assistance. So we try to make our resources available through all avenues, and it's really up to the employee where they want to go for that if they want a session. There's nothing that requires them to meet with somebody or call, per se, but we do try to make sure that the managers are aware of [resources.] Sometimes employees don't even know where to go. So [...] we do spend a lot of time in training the managers on where to refer employees so that we can assist them because it's a complicated process."

In some cases, employers also provide direct assistance to program

applicants. Both claimants and employer stakeholders interviewed for this study described some form of direct assistance from employers, including help understanding how state benefits coordinated with an employers' own benefits.

"Lisa," a public health worker in California who had used state paid leave for birth and child bonding: "I was really fortunate that my HR department in the Bay Area actually had this worksheet that they had created that showed how to break down how many hours I had banked for leave and then to figure out how to combine that with my [state temporary] disability [insurance] payment and what my paychecks would look like so that I could actually do some budgeting and planning for the months that I was going to take off, and then therefore also then figure out how many months I could afford to take off. I think if I had not had disability, short-term disability or paid family leave, I could never have taken off six months with my baby, who we desperately needed it [for] because he almost died at birth."

To successfully reach employees when they need information most, management and HR staff need to think through how they could or currently do learn about employees' qualifying events while maintaining compliance with relevant health privacy laws. Many qualifying conditions may not be obvious if an employee does not self-disclose, such as a family member's illness or an employee's own mental health condition, and employers should not assume that employees are aware that paid leave can be used to cover this range of conditions. Employers should conduct ongoing education to raise general awareness about benefits among their employees, such as by including information in periodic meetings or in annual updates about benefits, in addition to providing information to individuals when they indicate a need for time away from work.

State agencies and community organizations can encourage and support employer outreach by providing businesses with information and resources. This can be done directly, for example, by including information about the state program in tax paperwork or other documentation that a state agency sends to all employers registered in a state. Administrators also described conducting outreach events for community stakeholders, including employers.

Staff member with New Jersey LWD: “One of our current initiatives is to conduct community outreach events. The division’s aim is to speak directly to employers and health care providers to not only educate them of our process and the importance of their cooperation, but to answer their questions and needs as well. The feedback and involvement of this community is essential to our success.”

Staff member with Rhode Island DLT: “We [...] sent out a mailing to all the employers in the state, so that was over 40,000 employers [that] got a mailing. We did that by doing an insert with the tax division. The Division of Taxation has their billings go out, and so we did an insert with all of those for the employer tax piece so that we knew we could hit all employers.”

Employers can also be reached through business associations, such as state chambers of commerce or CBOs, such as Main Street Alliance. HR and management staff can be contacted through partnership with professional organizations, such as the Society for Human Resource Management. Employer stakeholders described a variety of activities and services these organizations provide that could present opportunities to circulate information about paid leave programs, including annual member conferences, webinars, mailing lists and newsletters.

Organizations like these can help those conducting outreach make efficient use of their time and resources.

Staff member with New Jersey DCR: “[W]e will provide information at forums, such as the quarterly meeting of business associations, and we will often present on the topic at those meetings, and those meetings are usually attended by a lot of HR staff from larger corporations around the state. If there are other types of employer functions that cover a number of employers as opposed to just one, we might present information there.”

Staff member with Rhode Island DLT: “[After the family leave law was passed] I went and gave a presentation at a monthly meeting of the Rhode Island chapter of the Society for Human Resource Management (SHRM). That is a professional organization of people who work in HR, and we had over a hundred employers represented at that monthly meeting that I went to, which was the largest meeting that they had had in years they told me, and that was because the topic was going to be this new TCI program. So that hit most of the large employers in Rhode Island all at one time.”

If possible, agencies should dedicate staff to outreach to ensure they have time and resources to research opportunities and build needed relationships. For example, the New Jersey Labor and Workforce Development Department has a Director of Strategic Planning and Outreach whose office has engaged in a variety of outreach activities. The office organizes LWD staff participation in conferences, works with CBOs to plan community action forums and train-the-trainer events, conducts trainings for state employees and state-funded service providers, and even created an ad campaign for buses. This position

was created relatively recently in response to an identified need, which also underscores the importance of continual evaluation of program operation in order to identify opportunities for improvement.

Health care providers and public health professionals

Many stakeholders suggested that it would be extremely valuable to engage health care providers in outreach efforts given that they are already stakeholders in the process – required to complete medical certifications for applications – and potential claimants will typically contact some part of the health care system when they have a qualifying event.⁸² This report defines health care providers and public health professionals broadly, including not only doctors and nurses at clinics and hospitals but also providers such as midwives and doulas and staff in public health programs, such as maternal and infant health programs or HIV testing programs.

Staff member at a local department of health in California:

“I mean obviously our hospital facilities would be putting patients out on leave, and so I would hope that they’d explained some of those benefits at that time, like when a baby is born in the hospital. But the Department of Public Health, at this point, we don’t have any materials as far as I know or any specific instances where we make sure that all residents we come in contact with are getting information about paid leave. That is something I hope to change.”

State agencies have interfaced with health care providers in their educational efforts and report that when this outreach works well, it can be very fruitful.

Staff member with New Jersey LWD: *“The most successful outreach, though, has been with another state agency. We partnered with the DOH [Department of Health] to educate*

their community health workers that directly interact with workers that are likely to need our programs. They asked insightful questions and can help their clients one-on-one to complete the application properly, thereby making our processing easier.”

Program administrators reported developing guidance documents tailored for health care providers and conducting presentations for health care audiences. Venues for outreach could include presenting at regular staff meetings, joining convenings, offering webinars, sending mailings and participating during trainings.

Staff member with Rhode Island DLT: *“[O]nce the TCI component was added to TDI in the law, [the legislature] did direct the department to do outreach and education in the first year of the program, so we did so. We did a multipronged effort to try to get the word out. [...] We did a mailing, which we have a newsletter that goes out about three times a year to all the qualified health care providers, so we used one of those mailings. The topic was all about the new TCI program, and that went out to all of our qualified health care providers who were in our system and certified a TDI claim in the most recent three years.”*

These outreach efforts can be facilitated by developing working relationships and clear channels of communication between the agency that administers paid leave and the state and local agencies (including city and county governments) that administer public health programs. Both agency staff and community organizations engaging in outreach also described working with professional associations and networks, such as the American Academy of Pediatrics or the Association of Women’s Health, Obstetric and Neonatal Nurses to circulate information, plan training sessions and make presentations at conferences.

New Hampshire WIC: Targeted, Ongoing Outreach

The New Hampshire Department of Health and Human Services' (DHHS) outreach plan for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has two major components, outreach and referrals, which together compose a "network of services." Outreach requires ongoing interaction between outreach and referrals at both the state and local levels.

Outreach is an ongoing activity that is renewed annually. It involves contact via letter to the health care providers who are most likely to engage with people who are pregnant and people with infants, including targeted outreach to pregnant youth via schools. Outside of targeted letters, DHHS uses social media, press outreach and posters in public places to reach constituents.

DHHS also works to understand WIC users' experiences using surveys, through which it discovered that word of mouth – referrals – is the most common method of learning of WIC's benefits. DHHS encourages WIC participants to talk with friends and relatives about WIC.⁸³

Certain challenges and limitations may need to be addressed in order for providers to engage in outreach to patients and their caregivers. For example, providers may not know or be accustomed to asking about a patient's income or work situation during visits; these topics could be difficult or sensitive for some patients or caregivers to discuss

as well. Providers often have relatively little time with individual patients or caregivers and may already feel stretched by other requirements. Therefore, in order for providers to engage in outreach, they may need guidance about how to have conversations with patients and caregivers, including how to connect patients and caregivers with assistance to find out whether they are eligible and for help applying. Providers should be educated that they do not need to ask about a patient's or caregiver's work status or income in order to provide information about paid leave programs and that programs generally have low eligibility requirements and do not require current employment.

Director of a Rhode Island CBO: "[W]e were talking to someone at the Department of Health recently, and they said we originally thought it would be a good idea to have pediatricians talk to their clients about TCI, but pediatricians don't know what people's income level[s] are, and they don't have any way of knowing whether they would qualify and so feel uncomfortable presenting it as something to look into since it is kind of complicated, and then they may not be eligible for it anyway."

Outreach efforts should aim to work collaboratively with health care providers and public health professionals to build their interest in the paid leave program and help them understand paid leave as part of the social determinants of health and thus an appropriate and meaningful part of their work in health care.

Advocate with a Rhode Island CBO: "It really ends up being the word of mouth, essentially, by the health care providers who are committed to getting [the] patient that information."

In addition, collaboration with health providers and public health professionals can identify what barriers exist to conducting outreach, what

kinds of resources and supports could help make providers' outreach feasible, and which staff members in a particular health care setting are best positioned to do this outreach. Available staff and other resources will vary widely between large hospitals and small clinics, and among non-clinical settings, and challenges related to the population being served, such as language or other cultural barriers, will also be unique to different settings.

Advocate with a Rhode Island CBO: "[W]e have one hospital where the vast majority of births happened in the state. And I would say that hospital has, from the very first, even through the advocacy for paid leave and then in the first stage of implantation, their NICU nurses have been outstanding resources for families whose babies go into the NICU – to let them know about this leave. But obviously, anybody who just gave birth in that hospital is likely to be able to access the leave and absolutely would have been able to access temporary disability insurance beforehand because that does cover the pregnancy-related leave as well."

Director of a perinatal health initiative in California: "I realize social workers in hospitals are probably the people who would [provide program information], and they're often pretty limited depending on the type of facility they're delivering at. Any place that has an intensive care nursery has a neonatal social worker and a mother-baby social worker, usually [at] a mother's side. But if they don't have an intensive care unit, they may not have a social worker that's assigned to their unit. It might be just one for the whole facility if they're tiny. And so they're only there Monday through Friday. [...] Theoretically, that's the people in the hospitals [who] would be doing it, you know, maybe volunteers or ... because they're not necessarily speaking the right language or reading the right language."

For example, incorporating information about paid leave programs into training programs for public health workers could be useful but would likely require a lengthy engagement process with oversight bodies that develop and control these curricula. Similarly, engaging insurance providers to treat providing paid leave information as a billable service, or electronic medical records providers to incorporate it into standard data entry forms for patient visits, could be effective behavioral nudges to shift providers' behavior. Such changes are likely only to be enacted after substantial and time-intensive engagement with these stakeholders and may be outside the scope of work that administrators can conduct.

Providers' outreach to patients and caregivers also needs to be timed and sequenced carefully. For example, patients may be overwhelmed during certain periods of pregnancy, birth or medical treatment and unable to process additional information or complete a program application.

Director of a perinatal health initiative in California: "I think what happens with things like parental leave, but [also] all of the hospitals, they're overburdened at the end. They're handing out papers to patients or packets. The patients don't even look at it. [...] I almost feel like it needs to come either earlier, probably has to come earlier during, while they're receiving health care. Stick them in with pregnancy tests or something. Because what happens [...] when people get stuck in the hospital, and I can attest to this, I didn't read any of that junk. They gave me a packet of stuff. I was so exhausted and tired. I don't remember looking at it."

Information should be as simple and straightforward as possible and should clearly point potential claimants to helplines and other sources of assistance. This information should also be provided to the patient

or caregiver at a time when they are likely to be able to consider and understand it. If possible, providers should follow up about paid leave at a future appointment to remind patients and caregivers to find out about their eligibility and apply.

Other program staff and service providers

Similar to health care providers, social service and social welfare workers (including social workers, staff and service providers for other public programs such as SNAP, WIC or Medicaid, and others whose work involves directly contacting members of the public to inform them about support programs, such as *promotoras*) can be engaged to reach many potential claimants. Many of the same challenges related to resources and staffing constraints apply. However, in some cases, these staff may have appropriate skills to enlist in helping potential claimants apply to programs, in addition to generally raising awareness about programs, if provided with sufficient resources and training to do so.

Staff member at a New Jersey CBO representing social workers: "It's going to be the social workers who are having the face-to-face contact with the individuals or with the families. And again, that contact can occur in many places, but some very obvious places that the contact should be happening, for instance, hospitals and maternity units, where individuals who are giving birth to children are going to be able to know immediately as they're doing discharge planning that these are options available to you. So it should be disseminated that way. Social workers working in social welfare offices should have information on a full array of programs that their clients are eligible for. [When I worked as a therapist] I actually had a couple of in-depth therapy sessions with clients specifically around 'what would it mean [to] you to take family leave, how might it improve your situation, how it

might complicate it,' and use that time to have a full discussion about the benefits and drawbacks of applying for a leave program."

Director of maternal health services in a California public health department: "We educated [clients] about it. We tell them it exists. It's a thing. [...] Because we're an integrated Health and Human Services Agency, there's an entire Medical and CalWORKS or TANF department. [...] They are filled with eligibility workers, and you're talking to families about disability benefits. They may even have people to help sign them up. So we do have some of that in-house for our clients who are receiving our services. And then certainly if these were clients coming in and asking questions generally about EDD or paid family leave, I'm almost positive there is a team that sends them to the state website or provides them the application themselves."

Director of a Rhode Island CBO: "We tried a couple times to set up [...] an intake worker at a community action program, so a CAP agency, whose role would be to help ensure that all the staff understood TCI and then integrate [it] into their interview[s], you know, intake session[s] with clients to tell them about the availability of TCI, but we really struggled to fund that position, or you know, we couldn't make that happen for whatever reason. The CAP agencies had trouble hiring for it."

Several service providers and public health workers recommended a "warm handoff" approach. In some cases, it may be possible to house a navigator who can assist applicants in a program office, as has been done with ACA navigators.

Director of a public health program for Black infants in California: “[W]e help [clients] understand what’s available to them, maybe take them to the door to do the introductions, the warm handoff, maybe even sit with them during the time period that they get the relationship started with one of these entities that may be a support for them. And then we would let the institutional organization take it from there because they would be the experts on it, and we would just be there to support them on if they had any questions and to try to keep that relationship open. But definitely taking them to the door.”

Like employers and health care providers, it may be efficient to reach and educate these stakeholders through professional associations and training programs.

Staff member at a New Jersey CBO representing social workers: “Another way that we are able to help get information out to our [members] is our annual conference. It attracts over a thousand social workers from around the state, and we invite state agencies to come and present their information and have a table at the conference. So we regularly have the Department of Children and Families. The Catastrophic Relief and Children’s Fund is there. And this year, for the first time that I know of, we actually did have the [Division of Temporary Disability and Family Leave Insurance] at the conference because I had met them at another event and invited them to come out to ours.”

Community-based organizations

The universe of other community-based organizations (CBOs) that could be engaged for outreach is large and will vary from one jurisdiction to the next. Stakeholders in this study recommended a diverse

range of kinds of CBOs, including parent associations, support groups for particular health conditions, advocacy organizations, labor unions or worker centers, and faith-based organizations.

Many stakeholders emphasized the importance of state agencies working closely with CBOs to conduct effective and wide-reaching outreach, particularly for hard-to-reach populations. CBOs are grounded in local community networks and tend to be trusted messengers for those they represent and work with.

Agency staff can support community groups by developing clear, branded resources that CBO stakeholders can share, to ensure that accurate information is being presented and to help these stakeholders feel confident that their outreach will be seen as reliable and trustworthy. Some stakeholders also recommended offering funding to CBO partners to ensure they are resourced to do outreach work.

Director of maternal health programs at a California public health department: “We have community networks that are really passionate about the issue and want to make sure that the information gets out to women and provides them that information to help them. So I do think community-based organizations that work with families would be great at doing that. I know we give out information [about lactation supports] to all our families, so it could be something where the state develops a card or tool that we can use or someone develops it.”

Finally, several stakeholders highlighted resources from community groups that engaged in work directly related to paid leave that had been particularly helpful. For example, the maternal-child health program director reported that she regularly passed out copies of a “know your rights” fact sheet on paid leave and breastfeeding from

Legal Aid at Work, a California-based advocacy organization.

Staff member at a local department of health in California:

“There are some local coalitions, the California Work and Family Coalition, [that] are super helpful – their online resources and the people who work at their organization. They have some really cool tools where you can punch in your information to see what you’re eligible for in terms of the state laws. That was really helpful.”

RECOMMENDATIONS

- Identify intents and goals for particular outreach audiences (e.g., identify which stakeholders will contribute to broad awareness versus identifying qualifying events versus actually helping people apply), and tailor outreach to those goals (e.g., which audiences need general information about programs and which need more in-depth training).
- Ensure that program outreach and education highlights the full range of purposes for which paid leave can be taken. Be attentive to implicit messages in educational materials that might lead potential claimants to believe the program does not apply to them, such as using photographs that evoke childbirth but not elder care.
- Provide dedicated funding, staff and other resources for outreach on an ongoing basis, not only right after program passage.
- Require employers to provide program information not only to new hires but on an ongoing basis and when they learn of an employee’s need for leave. Support employers’ outreach through education efforts and by providing necessary resources (such as posters and brochures). Partner with business associations to reach broader employer audiences.
- Consider piggybacking on existing outreach efforts in other public programs, such as SNAP, WIC, TANF and Medicaid, to reach marginalized communities.
- Develop and implement ongoing outreach to educate and engage health care providers and public health stakeholders. (For more on engaging the health sector, see the related issue brief, “How Health Professionals Can Help Meet The Promise of Paid Leave.”)
- Work closely with CBOs to plan and implement outreach efforts. Provide CBOs with materials and other resources, including financial resources if available, to improve their abilities to educate their communities.
- Map institutions and networks in the state (or other jurisdictions) that may come into contact with potential claimants, and organizations that interact with those stakeholders, to identify the universe of targets to engage in outreach efforts.

Employer Perspectives

EMPLOYERS ARE KEY STAKEHOLDERS in program administration. In most cases, they are responsible for collecting and/or paying program premiums, aiding public outreach, and following job protection and anti-retaliation rules and may be required to provide wage records or comply with other certification rules. Employers also have an influential voice in public policymaking. Program design and implementation need to be inclusive of employers' perspectives in order to ensure a program is successful, which includes learning from employers' experiences with existing state programs and seeking employer input during the drafting, passage and implementation process of new programs.

Employer perceptions of paid leave programs

Existing research has consistently found that most employers do not experience significant administrative challenges in complying with a state program, and many employers report public paid leave programs either have neutral impacts or improve retention, productivity and morale.⁸⁴ This study similarly found little evidence that state paid leave programs are particularly burdensome for employers or that employers oppose these programs. Many employer stakeholders commented on ways that paid leave programs had or could benefit businesses. For others, interacting with these programs seemed simply to be a quotidian aspect of managing a workforce.

Director of New Jersey business association A: "I've been here about six years, but in my tenure, we really haven't gotten a lot of questions on paid family leave. The law came into effect a few years ago, and it seems like most of our members are complying with it. We really don't get a lot of requests to hold a seminar or workshop, or they'll call us for any clarification. [...] It seems to be working out well."

HR manager for a large New Jersey employer (banking): "The procedures are smooth. We have good processes in-house

to make sure that the forms are completed and faxed to the state, and that piece of it goes very smoothly, but it's getting the benefits paid – that gap in time ... it's not really an established service level."

The sharpest concerns raised by an employer stakeholder came from a representative of New Jersey business association B. Even in this case, his concern was not with the paid leave program in isolation but with the potential for confusion around the multiple laws in New Jersey that relate to leave.⁸⁵

"I believe there are eight or nine required leave programs in the state, and how employers implements those is very confusing. If you're not an HR professional that is dealing with these leave policies on a day-to-day basis, it's very hard to manage all of these different leave policies, which is the reason why we have our HR seminars each year. It helps these HR professionals manage these programs."

He also highlighted that outdated information technology (IT) systems of the New Jersey Department of Labor & Workforce Development (LWD) often caused delays for employers, although he was sensitive to the reality that updating those systems will take time and substantial funding. When asked whether the state could take any action to better support employers, or whether the program could be amended to address employer concerns, though, he did not offer any recommendations.

In other cases, when employer stakeholders were asked whether they had experienced administrative challenges or whether there were ways in which the state could improve their experiences, they had little to report, used programs other than paid leave as examples, or spoke in general terms rather than naming issues specific to paid

leave programs. Still, interviews did surface some issues and suggest best practices that lawmakers, state administrators and employers can consider to minimize potential challenges, including better educating the public about leave programs and providing clear guidance to employers.

First, to ground those recommendations in the context of how employers currently interact with state programs, this section analyzes statutes and regulations related to administration and enforcement and examines how employers currently interact with state paid leave programs, including how employers coordinate state benefits with other benefit offerings.

How employers interact with state paid leave programs

Generally, the role of employers in state paid leave programs includes providing employees with notice (both on an ongoing basis and when employees have qualifying events); submitting premiums and relevant employee data, such as wage records, to the appropriate state agency; keeping records about employees' employment and wages; and following requirements related to anti-retaliation and job protection when applicable. Typically, employers already maintain these records to comply with other state and federal laws and for their own business needs. And existing state paid leave programs have been designed to align requirements such as wage data reporting and premium submission with other state programs, such as unemployment insurance, to minimize duplicative administrative work.

Note that employers are not responsible for paying an employee's wages while the individual is on leave or for making determinations about the employee's eligibility, health status or family situation. State paid leave programs provide employers flexibility about how to treat other benefits, such as vacation, holidays or sick time, as long as they meet the baseline requirements of state and federal law. No paid

leave program limits employers' abilities to allow flex-work options, such as telecommuting; to provide other forms of paid and unpaid time off; or to supplement the state benefit so that a higher share of usual wages are replaced or the employee has access to additional leave time.

Typically, leave laws address employers' interest in staffing predictability by requiring that claimants notify their employers as soon as is practicable when they experience or anticipate experiencing a qualifying event, barring emergency situations, and by asking that claimants make a reasonable effort to schedule leave to avoid undue disruption of employers' operations. Claimants must also inform their employers about the expected dates and duration of leave, including anticipated dates of intermittent leave. Laws also typically specify that failure to provide notice does not render an individual ineligible for benefits, an important protection for workers who face unexpected or emergency situations.

Human resources (HR) staff, managers and other employer-side staff who learn sensitive details about an employee's situation must preserve employee privacy in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other relevant laws; in some cases, paid leave laws include reference to relevant privacy and confidentiality rules.⁸⁶ In addition to keeping the employer in compliance, respecting employees' privacy also helps cultivate a respectful work culture.

HR manager for a large New Jersey employer (pharmaceutical): "Our message to managers says we have a vendor managing this, and they really are looking at all these things. It's not simply a matter of, 'You ask for it; you get it.' There is a process of evaluation and assessment that goes on with medical claims. So I think managers in general feel confident that if the employees are approved for it, they need it."

While it is reasonable in many circumstances to expect employees to share leave plans in advance, employers should be aware that this is not always possible: Health emergencies are often unpredictable, and births rarely happen on schedule. This also means that managers and HR staff need to be trained to identify a potential qualifying event in cases where an employee does not explicitly request leave, such as if an employee's family member calls in to announce an unexpected absence due to a health issue or accident.

Administrators can support employers by providing clarity in trainings and published guidance about what kinds of circumstances trigger notification and job protection requirements.

***HR manager for a large New Jersey employer (pharmaceutical):** "Leave information is really point-of-time communication, a point in time. Rolling out communications to employees proactively, when it comes to leave [and] in general, is not really effective. [...] They're not taking that in because it's not relevant to them at that moment. The new hire who is pregnant, yeah, she wants to know. She wants all the details, but that's where we would say to her, 'Hey, that's great. Congratulations. Contact HR and ask them your questions, and they can provide you the detailed information.'"*

Some interviews with business stakeholders touched on the question of whether employees ever experience pressure not to take leave that they needed, for example, from a manager concerned with staffing shortages. An HR manager for a large New Jersey employer in the banking sector described precautions that the company had taken to minimize the likelihood of such a situation:

"We communicate directly with employees about our leave and disability programs through a number of channels, and

we train managers to have employees call the HR Contact Center with questions. We've minimized the chance of this happening. If we did hear about such behavior [a manager discouraging leave-taking or not providing an employee with appropriate information], HR investigates the situation and deals with it in an appropriate manner based on the findings."

Once it is known that an employee experienced a potential qualifying event, the employer's responsibility in most state programs is generally limited to identifying that an employee may be able to apply and notifying them about the program and application process, such as directing the employee to an application portal for state benefits. However, as several claimants interviewed for this study recounted, many employers do go beyond this to help employees complete their applications. Employers that provide their own benefits packages may also need to answer their employees' questions about additional employer-provided benefits that could be coordinated with the state program, such as if the employer allows usage of other accrued leave to supplement state benefits.

***HR manager at a large New Jersey employer (banking):** "Paid parental leave is a great example. It's not just about the leave program. It's about other things that are happening after you have a new child in your family. We're telling people how they add a new dependent to their health benefits and how to request a mother's room if you're going to be nursing and you want to express milk during the workday. We have rooms available at all facilities. We're really trying to capture all of the things that are going on in one space and be more holistic about the communication than just saying we're offering a new leave, and here's how to get one."*

Large employers may already have centralized systems, such as an HR website, for sharing information about employee benefits and even submitting requests for leave. Information about state programs can be integrated into these systems.

HR manager at a large California employer (insurance industry): *“With regards to filing, for whether it’s a disability insurance or family, temporary disability insurance, the process is all the same for them. What varies is what banks [of leave] that they can use, from their own personal benefits, to cover the difference [in wage replacement], essentially.”*

Interviewer: *“What would the process look like if somebody needed to apply for paid time off? Say, after the birth of a new child?”*

HR manager: *“So the process is basically they are going to, number one, our managers will submit a form that notifies our national HR service center that the employee is taking a leave of absence. The employees [...] have the myHR website, which employees can go to for information. And for some of them, they have also information about filing for state disability insurance in their actual collective bargaining agreements. And then if they come and meet with us [HR staff] locally, we also educate them on the process as well. But if they’re filing for, let’s say, baby bonding, then basically they’re just going to go to the state website, the edd.ca.gov, [and] submit their claims there.”*

It is up to the employee and their health care provider to complete any required medical certifications.

HR manager: *“Wherever their treating physician is located, they take that paperwork to that respective medical center’s*

medical records department or medical correspondence department. They drop off the paperwork there. They fill that out on behalf of the employee. The employee [is] instructed by medical records to go file for state disability insurance, and then once they have a claim number from the website, then they provide that claim number to medical records, and medical records will attach that claim number to the physician certification form that they complete. And then our medical records actually has an electronic version from the state that they complete, and they’ll attach the two together.”

Stakeholders representing larger employers did not raise the issue of managing the work of employees out on leave. These employers offered a range of paid and unpaid leave benefits before the implementation of state programs, and so these procedures may not have changed significantly, if at all, in recent years.

The 30 small New Jersey employers interviewed were asked how they manage employee absences.ⁱ Notably, this was an experience that all employers had shared and were able to comment on, whether or not they had had an employee use the state paid leave program. Illnesses, injuries and family emergencies cause employee absences regardless of whether a state has enacted a paid family and medical leave program. Just three small employers (10 percent) reported using temporary workers to fill the gap, while 28 (93 percent) had other employees take on additional work, and 22 (73 percent) reported the owner working more hours.⁸⁷ Overall, small employers were skeptical that the state could help them manage employee absences. Just nine (30 percent) expressed any interest in a proposal to create a temporary worker pool. One employer suggested some kind of tax incentive could be helpful.

Strategies for managing employee absences likely vary depending on industry, particularly in fields such as health care, in which staffing

ⁱ The question included absences due to illness or leave and was not limited to absences in connection with the state paid leave program. Interviewees were given a list of options and could choose more than one.

levels may be strictly regulated. This study did not include a large enough sample of employers to be able to identify patterns across industries, but this would be a valuable topic for future research to investigate.

Coordination of employer-provided benefits with public paid leave programs

Most employers currently do not provide extended paid family leave or personal medical leave that would need to be coordinated with a state program. Employers among the small share that already offered paid leave before the enactment of a new program can decide how to adapt their existing paid family or medical leave offerings in response to the implementation of a public paid leave program, as long as they meet the program's requirements, such as premium collection, employee notification, non-retaliation and job protection.

Many employers do offer some form of paid or unpaid time off, such as sick or vacation leave. These employers do need to consider how paid leave through a state program interacts with time off or other forms of flexibility they offer to ensure that employees and managers have clarity about their rights and responsibilities and can make best use of the new program. In addition, paid leave laws do not diminish employers' obligations under other local, state or federal laws that might govern other forms of paid time off, such as paid sick days laws or unpaid job protections through the federal Family and Medical Leave Act (FMLA) or state FMLAs.⁸⁸

Evidence generally suggests that employers have not responded to the implementation of state paid leave programs by significantly reducing their existing leave offerings – whether existing paid family and medical leave or existing time off, such as vacation or sick time.⁸⁹ This is logical: Employer-provided leave benefits that exceed state and federal minimums provide a competitive advantage in attracting and

retaining talented employees. If the floor is raised by creating a universal baseline paid leave benefit that all workers can access, employers seeking to offer competitive benefits packages still have the same incentive to supplement the baseline program.

HR manager for a large Rhode Island employer (health care):
"I think you know everyone in Rhode Island doesn't have a benefits package as rich as we do, and so it's nice that they have a safety net if they do need to take a leave for [...] personal medical reasons or take care for, you know, a child or a family member. So they definitely value that benefit. And then we've chosen [to] supplement that [state benefit] because we just feel like it's the right thing to do, you know, from a paid parental leave perspective."

This dynamic was clear in interviews with larger employers. For example, an HR manager for a New Jersey pharmaceutical company noted that the company had offered relatively generous paid parental leave benefits to full-time staff prior to the implementation of New Jersey's program and continues to do so today. This employer had not previously provided family caregiving leave, which employees now have access to through the state's program. Rather than ending the employer-provided benefit after the public program went into effect, this employer supplements the state benefit by "topping up" the amount the employee receives from the state so that employees receive their full regular salaries while on family or medical leave. The company sees a small cost savings from not having to pay employees their full salaries during leave, relative to the cost it had previously borne of fully funding the entire leave directly. The HR manager explained how this incentivizes them to help publicize the state program and help employees apply for a benefit they have earned. And because its employees are highly compensated, the maximum benefit of \$637 per week in 2018 was significantly below their usual weekly pay, and

so “topping up” the state program is a benefit that employees find attractive.

HR manager for a large New Jersey employer (pharmaceutical): “[W]e offset for the state maximum [benefit, which is] a way for us to incentivize employees to apply for the state benefits, because oftentimes, if you don’t have that, a lot of times employees will just figure there’s no point. ‘My employer pays 100 percent. Why bother applying for state benefits? It’s a hassle. Dealing with the state’s difficult.’ There’s a lot of excuses, but the fact is that New Jersey employees are having a deduction taken from their paychecks for those benefits. It’s a waste if they don’t use them when they’re eligible for them.”

The company also continues to offer a full package of other benefits, including paid sick days, vacation days and paid holidays, as well as long-term disability insurance and supplemental short-term disability pay continuance, which scales based on an employee’s job tenure.

In cases where employers carry additional private insurance, such as short-term disability insurance, some additional work may be required to coordinate benefits. Employers should clarify to employees how any private insurance interacts with the state benefit. For example, if an insurer offers a 70 percent temporary disability benefit, that may mean that a worker receiving 60 percent of usual wages through the state only receives an additional 10 percent through the private insurer. In other cases, an employer’s policy might “top up” the state benefit to 100 percent. Eligibility rules for private insurers may also differ from those for state programs.⁹⁰

Third-party administrators’ role in employer administration of leave

Some employers outsource functions such as payroll processing and benefits administration to third-party administrators (TPAs).ⁱ Recognizing this, state programs should work to allow authorized TPAs to fulfill tasks required of employers, such as by enabling TPAs to access online program portals to submit wage records and premium payments.

Employer stakeholders had mixed views about whether they preferred outsourcing the employer side of paid leave administration to a TPA to managing it themselves and working directly with the state. Some felt that benefits management for a large workforce – which typically includes not only ensuring compliance with relevant state laws, but also administering a package of voluntary employer-provided benefits that may be quite complex – was best accomplished by a TPA for which these activities are a core competency.

HR manager for a large New Jersey employer (banking): “For a company our size, it is absolutely a benefit to work with third parties. We have thousands of leaves a year. It gets extremely complicated, and they do a great job of making sure we are legally compliant with all of the various leave laws and benefit laws. You’re paying people a benefit while they’re out. They make sure that we are compliant, and they manage benefit coordination, which can be very complicated.”

But employers did not speak with one voice on this question.

HR manager for a large New Jersey employer (health care): “I’ve been with the system 27 years. I’ve seen both the direct state plan and I’ve [...] on two occasions participate[d] through a third-party vendor, and I much rather prefer

ⁱ This discussion refers to third-party administrators that employers hire to manage payroll and benefits systems, not third-party administrators of state programs.

dealing directly with the state than using a third-party provider. [...] When you had that third party, somebody else was trying to manage the care, somebody that's not on-site who's difficult to get in touch with."

When a new paid leave program is being implemented, administrators should keep in mind the need to interface effectively with TPAs, such as by allowing employers to permit a TPA access to online program portals. TPAs may also become helpful partners for outreach to employers and workers, particularly in cases where a TPA operates HR call centers or other direct outreach to employees. At the same time, not all employers use TPAs, and so administrators should not assume that outreach to these stakeholders will reach all employers or employees.

Founder of a company that provides benefits services: "Ideally, [a worker with a stressful life event] would have employer supports and information, but if you're working for a less than great boss, you may not be getting any of that information, and you may be actively discouraged from taking the leave as well. So it's almost like the states are functioning as outsourced HR in this instance for low-wage workers."

Best practices for supporting employers

Employer stakeholders raised several themes as they discussed how their interactions with state programs, including paid leave, could be improved, such as including employers in the process of drafting and implementing new laws related to employment; providing clarity about requirements, particularly in cases that lawmakers did not anticipate; and ensuring employers have sufficient time and resources (such as guidance documents and help lines) to understand and comply with requirements.

Inclusive stakeholder processes

Several employer stakeholders emphasized the importance of lawmakers and administrators working closely with employers while drafting, passing and implementing new laws and programs. Elected officials and public agency staff may simply be unaware of situations that employers may encounter, with the result that laws and regulations neglect to address them. Likewise, without employer input, reporting and notification requirements could be designed in suboptimal ways.

Director of New Jersey business association A: "We want to avoid increasing our cost of doing business, and companies want to comply. We want to comply. We'll always support well-intentioned bills and regulations. It's how they're applied, and that's a general theme across whatever issue you're talking about it. When now it comes to application, that really is where the battle happens. The devil's in the details. Am I going to have to send in quarterly reports or monthly reports? Do I have to keep sets of records everywhere, or can I go to electronic filing? Those things are important."

Including a diverse range of stakeholders in program design and implementation processes can help surface unexpected questions early and help ensure that programs are designed in ways that work for all kinds of employers and workers, rather than based on assumptions about typical work environments. For example, a requirement to post information about paid leave in a common area may be straightforward for employers located in offices or factory environments but could be challenging to interpret for employers with dispersed or remote workforces, such as in home health care. Policymakers and administrators should seek to ensure someone is at the table who will raise questions and situations they did not anticipate.

Director of New Jersey business association A: “What can [agencies] do better, or what can they do differently? I think they need to enhance their stakeholder process. They need to not rush. I know sometimes reality just doesn’t afford that opportunity to kind of wait and go through the stakeholder process, but I would definitely highlight the importance of a stakeholder process where you hear from all sides and you provide input because that’s the way you’re going to get it more accurate in terms of what you wanna do.”

Clarity

One of the most commonly mentioned issues was simply the need for greater clarity about all laws related to leave and a desire for coordination among closely related laws. The latter suggests that lawmakers and advocates should consider aligning definitions and requirements across various programs when passing new laws and updating existing ones and doing so by strengthening less inclusive laws to better match more inclusive ones. For example, state FMLA protections could be expanded to more closely match eligibility for paid leave to minimize the number of workers who are not covered by both.

Interviewer: “Are there things the state could be doing to help make your life easier in terms of making sure that claimants are receiving money from the appropriate source?”

Claims manager for a large insurer in California: “That’s a tough question. I don’t know that I know anything offhand that I could say would make it better. I think just more coordination would make it better. [...] [W]e have FMLA here that we administer, and you know, people don’t understand that, so paid family leave to them is even more confusing. Everybody wants it, but I don’t think they all really understand it.”

In addition, managers and HR staff may experience confusion as a result of complexity within the benefits packages offered by employers. For example, the HR manager for a large California-based insurance provider described four different benefits packages offered to different categories of employees and complex tenure- and hour-based eligibility rules for these privately provided benefits. Administrators and lawmakers should keep in mind that employer and worker reports of confusion about leave benefits might in some cases be minimally related or unrelated to the design or requirements of public programs.

Finally, multistate employers may face the additional challenge of managing benefits across a workforce in which employees in different locations have access to differing benefits and rights. This is not an issue that can be fully addressed by any state program, although lawmakers considering passing new programs can consider aligning certain program requirements with existing programs. One large business stakeholder suggested that a national paid leave program would likely ease employer compliance by reducing pressure for additional states to pass new programs.

HR manager for a large New Jersey employer (pharmaceutical company): “You’re going to have every state at some point looking at this. We have to assess our line in the sand and our offers at a baseline and then accept the fact that some employees, depending on the state they live in, may receive a more generous option than other employees. I think from an employer perspective, it would be much more helpful to have a national policy, a national benefit similar to FMLA. We’re just aware of the fact that there are challenges that are coming up as a result of states adopting these things. [...] I think that if the government were to provide that national policy, I think it would probably make things a little easier.”

Guidance and resources

Representatives of larger employers described relying on business or HR associations and TPAs, in addition to state communications, to learn about and better comply with paid leave and other workplace laws. As described in the [Education and Outreach](#) section, program administrators and other stakeholders should conduct ongoing, targeted outreach with these networks to help educate employers and provide them with information about the program and resources, such as sample notification posters, program information in commonly used languages, and access to help lines or other avenues to seek individualized guidance from experts.

Director of New Jersey business association A: “[Sometimes] you have small mom-and-pop companies that maybe just don’t have the resources to hire a full-time HR manager, so what’s the burden on them? They still have to comply. Are they going to have to hire somebody? Can they buy software? Can they talk to somebody at the state?”

The 30 New Jersey small businesses interviewed universally agreed that information provided by the state could be strengthened. Most reported that an improved website would be helpful (87 percent) and wanted clearer information and materials (83 percent). A majority (60 percent) reported being interested in agency outreach to businesses, and 17 percent were interested in a phone hotline.

Specific suggestions underscored the need for resources to be user-friendly, clear and practical. Some small business owners joined other stakeholders in calling for one-stop-shop resources that combined relevant information about similar and related programs, rather than siloed resources that only describe a single program.

Small New Jersey employer (retail): “Clear, defined information would be helpful. I am busy running my shop and cannot always be looking up the info myself.”

Small New Jersey employer (restaurant): “Include instructions on how to complete the application, step-by-step.”

Small New Jersey employer (retail): “It would be useful to have a consolidated package of information for employees on all the different programs that they have access to. Not something complicated and legalistic, but a simple few sentences about each program with a website where more information can be gained. Most of these documents look very legalistic, and people don’t pay attention to them.”

Other best practices recommended by small business stakeholders included ensuring that both digital and hard-copy resources be available, as internet-based materials are not universally accessible. Mailings, in-person outreach, radio and television ads, and even using tax bills to share information about the program could be helpful, and providing free resources, such as notification posters, would be appreciated by some employers.

Small New Jersey employer (restaurant): “A new business packet would be amazing, or sending out an update every year would help.”

Small New Jersey employer (maintenance): “It would be beneficial if I was to receive info materials in the mail. I do not use the computer apart from processing work orders.”

As discussed earlier (see [“Education and Outreach”](#)), individuals and organizations conducting outreach should consider what means exist

through which employers already receive information, which could be leveraged to share information about paid leave programs. For example, state tax agencies likely conduct mailings to employers annually and could be asked to insert information about paid leave into existing mailings, and agencies that manage new business registrations might partner to conduct outreach to new employers.

Conveying the value of paid leave to employers

Finally, findings across stakeholders indicate that employers who are aware of and embrace paid leave programs are among the most valuable allies for educating employees about the programs and helping them apply.

“Lisa,” a public health worker in California: “When I got pregnant with my first baby, [...] I had a really, really great HR team at the employer’s office who helped walk me through how to apply for it.”

New Jersey immigrant advocate: “If you have an employer who cares a lot about it, who makes it a priority, who’s willing to go through that stack of paperwork with you, then those are the people who can navigate the system. If you don’t have the employer on your side, I think it’s almost impossible to get any of this stuff done, especially in a timely manner. If the employer just holds out and doesn’t sign their part of the paperwork that verifies that you’re an employee, they can just screw over your claim for like six months.”

Interviews suggested that when employers believe both they and their employees have a stake in the program and see benefits from program use, they are motivated to educate employees about the program, to help them apply and to encourage a workplace culture

TYPICAL EMPLOYER REQUIREMENTS

Notification

- Post program information.
- Share information during employee onboarding.
- Share information annually with all employees.
- Notify employees who may have a qualifying event.

Financial

- Collect and submit premium payments.
- Report wages paid (typically through existing reporting requirements, such as UI).
- Verify claimant’s wages (in some programs).

Record-keeping

- Keep records related to employment (wages, employment dates, etc.).

Job protection/anti-retaliation

- Train managers and HR staff to comply with relevant job protection and/or anti-retaliation rules.

that supports leave-taking. Administrators and advocates should work to build relationships with employers and business associations to help communicate how a state paid leave program can benefit their employees and their businesses.

*HR manager for a large New Jersey employer (banking):
“We think very thoroughly around the key messages that*

ⁱ It was not clear from the interview whether this messaging to managers was conducted prior to the passage of the state program or whether it was a contemporary effort that educated managers about both the state program and the employer’s supplementary offerings. However, even employers that did not previously offer paid leave can use the implementation of a state program to announce the new benefits and tout the advantages of leave to managers and other employees to help create a positive culture around leave-taking in the workplace.

[managers] may want to use when they're talking about this with their team. [...] The paid parental leave program was a great example of that, in that it was multitiered, multifaceted for people, managers and employees. We noted that paid parental leave is something that not everybody is going to take advantage of. But we still wanted all colleagues to understand what the program entailed. And it was something we're certainly very proud to offer. So we had resources that were super streamlined – for example, a one-page description of the program and why we're proud of it, why you should be proud to work at a company that offers it.”ⁱ

For employers that already offer generous benefits packages, this value may be seen in cost savings and cost controls from participating in a universal social insurance program rather than funding the entire cost of leave as an individual employer or seeking private market coverage. By requiring universal participation, public social insurance programs help protect employers against the potential costs of adverse selection: For example, if only employers with a high need for leave participated in a program, or if employees expecting to use leave selectively applied to jobs with more generous benefits, costs could become prohibitively high.

For smaller and low-margin employers that could not afford to provide leave individually, the existence of a public program brings a valuable employee benefit into reach.

Small employer in New Jersey (manufacturing): “I believe that family leave is an appropriate benefit that protects me as an employer from a distracted or potentially dangerous employee when they could be home taking care of the situation and their family. If an employee is a valued employee making a contribution to our business, I would want them to take the time for leave that they needed in order to come back and

be as productive as they were before the family event. [...] I've developed relationships with loyal employees, and you want to help them. And this system makes it relatively easy.”

Small employer in New Jersey (restaurant): “It would help if there was a similar program for business owners as well.”

RECOMMENDATIONS

Program design

Notification and record-keeping

- Work with employer stakeholders when drafting statutory language and regulations to ensure requirements are clear and suitable for a range of worksites.
- Consider requiring employers to provide information about paid leave programs to employees at multiple points in time, such as upon hiring, in annual communications, on an ongoing basis at the worksite and when informed of an employee's need for leave.
- Rules related to an employee's responsibility to give notice or schedule leave around employee needs should recognize that advance notice or planning of leave may be desirable but is not always possible.
- Examine similar requirements in other state programs, particularly of neighboring states, to identify opportunities to align similar requirements for multistate employers.

Financial

- Align wage reporting periods with those of other programs to minimize duplicative reporting requirements.
- Consider how the administrative home and structure of the paid

leave program impacts the process of premium payment (for example, it may be advantageous to locate the program in an agency that already has tax-collection capacities).

Job protection/anti-retaliation

- When possible, seek opportunities to align rules in paid leave programs and other related laws, such as state FMLA rules, in favor of being inclusive and to minimize confusion.

Program administration

Resources and information

- Provide clear guidance and materials to employers about their responsibilities under paid leave laws.
- Coordinate resources about paid leave with resources about other related laws, such as state FMLAs, unemployment insurance and paid sick days, to help clarify how these laws interact. Consider creating a simple guidebook or handout for employers to serve as a one-stop shop for state leave programs and requirements.
- Create user-friendly forms and online portals that individual employers can access, keeping in mind that many employers have minimal knowledge of legal language or jargon related to public policies.
- Ensure that third-party benefits and payroll services can interface with program systems with an employer's permission. Provide sample posters in needed languages.
- Develop sample language employers can adopt for employee manuals.
- Include examples of timely notification requirements in guidance on the program website and during training webinars and presentations for employers.

Outreach

- Conduct ongoing education and outreach to employers in multiple media, such as online, through mailings and through presentations to employer organizations.
- Identify existing channels that can be leveraged to share information, such as other state agencies that regularly conduct mailings to or presentations for employers.
- Outreach should not only cover technical requirements but should also help gain the buy-in of employers by highlighting how paid leave programs benefit their workforces and bottom lines.

Financial

- Provide clear instructions well before premium collection begins, and publicize premium collection requirements.
- If possible, connect paid leave premium collection to existing payment portals already familiar to employers.
- Ensure that third-party payroll administrators can access premium payment systems on behalf of employers.

Record-keeping

- Provide clear instructions well before the program is implemented about what records are required.

Job protection/anti-retaliation

- Provide guidance about overlap with and differences from these requirements in the paid leave program, and those in related laws such as federal or state FMLAs.

Employer best practices for program administration


- Cultivate a supportive culture around leave-taking, including by educating managers and other staff about how use of paid leave improves employee morale, productivity and retention. Encourage senior and executive staff to set a positive example by taking leave when they are eligible and not returning to work too quickly.
 - Integrate information about state paid leave benefits into other HR materials and systems.
 - Inform staff regularly about paid leave programs to raise general awareness.
 - Keep in mind that even with regular notice about paid leave, some employees may not recognize moments at which they may be eligible for a program. Train managers and HR staff to provide just-in-time information when they encounter an employee who demonstrates a likely need for paid leave – for example, when an employee informs a manager of a pregnancy or forthcoming adoption or if an employee requests an extended period of sick leave.
- Paid leave programs provide employers with flexibility in determining how to coordinate existing benefits.
 - To maintain a competitive advantage in hiring and retention, employers may consider “topping up” state benefits so that employees receive a greater share of their usual wages, providing a greater duration of leave beyond what the state provides, or expanding other work-family benefits, such as telecommuting or flexible work hours.
 - Employers that previously did not offer leave can use the passage of a state’s program to highlight the new benefit to employees.
 - Employers must still comply with other state and federal laws, where applicable, such as FMLAs or state paid sick day requirements.

Conclusion

PAID FAMILY AND MEDICAL LEAVE programs in California, New Jersey and Rhode Island have helped millions of working people take the time they needed to care for their health, welcome new children into their families and support loved ones through serious illnesses. As new programs come online in additional states, and as more state and federal lawmakers consider enacting policies, it is vital to gather lessons from these long-standing paid leave programs to help ensure that all stakeholders can draw on best practices as they discuss policy design, implement new programs and engage in public outreach.


As this study has shown, these programs are meeting a critical need and are well-positioned to address projected demographic and workforce changes over the next several decades. Use of all three state programs has increased over time, and family care and bonding leaves have formed a growing share of all leaves. Programs are funded at a reasonable cost, and their trust funds are solvent.

Interviews with the range of program stakeholders – working people who had experienced a need for leave, small and large employers, program administrators, public health workers, and community-based organization (CBO) representatives – found that the programs are working well for many stakeholders. At the same time, interviewees underscored some challenges, particularly for workers with the lowest incomes, who are underutilizing paid leave programs relative to their likely need, according to the data. The interviews pointed to a number of recommendations and best practices in program design, initial implementation, administration and enforcement, and public outreach



“I realized [...] that parents of special needs children and other people who may be involved in elder care, or maybe a well spouse caring for a loved one, were probably going through the same thing [I was]. And really, when you’re going through something like that, you shouldn’t have to worry about going down the tubes financially as well.”

“Katie,” a nonprofit worker caring for a young daughter with developmental disabilities



that will help paid leave programs better serve all stakeholders, particularly the most vulnerable.

Working people who had been able to access leave through state programs reported that it was valuable, providing much-needed income and helping them to meet family care and health needs. For many workers, the most significant barrier to program use was that they had been unaware that their states provided paid leave when they were facing a need, so robust efforts to conduct outreach to the public, reach individuals when they need leave, and more effectively enlist employers to raise awareness about the programs is needed. Some workers reported challenges related to policy design, including the low wage replacement rate their states’ programs offered at the time they took or needed leave and a lack of job protection for those

unprotected by federal or state FMLAs. Workers, public health and CBO stakeholders, and employers also flagged administrative issues in some states, particularly in the early years of the programs.

Employers who had interacted with state programs reported no serious problems, and many reported experiencing some benefits from program implementation. Employer stakeholders did echo some of the issues raised by workers related to application delays. Small employers in particular underscored the need for more information, options for personal assistance and education from the state. However, the New Jersey small employers interviewed were supportive of the program overall, and the majority also supported a proposal to strengthen the law. The small employers who had an employee use the state program rated the experience “very positive” or had no comment.

Larger employers that had previously offered leave reported some cost savings and that the state program expanded the types of leave their employees had access to. These employers were also able to coordinate privately offered benefits to supplement the state’s wage replacement. State programs that interface well with larger employers gain valuable allies in helping workers learn about the programs and complete applications.

Finally, public health workers and representatives of CBOs in a variety of fields, including labor, civil rights and immigrant rights, made clear that they wanted to help. Paid leave programs provide time, economic stability and peace of mind that are badly needed by the families and communities these stakeholders serve. Engaging CBOs and public health programs and organizations in outreach could help close the gaps in access and awareness.



Final Recommendations and Best Practices

Policymakers

Legislative process

Supporters of a new program, including lawmakers and advocates, should prioritize gaining the support of the executive who will oversee implementation to ensure that top administrative staff members are invested in successful program implementation.

Lawmakers and administrators should engage key stakeholder communities, including employers, workers, public health organizations and other community groups to gather feedback, beginning from the early program design stage all the way through implementation.

Provide sufficient time between passage of a law and full implementation to allow for high-quality, robust implementation. Many states have allowed for two years or more in order to stand up new programs.

Program design

All existing state programs follow a social insurance model. To best support workers with low incomes, design the program so that both employers and employees pay into a shared, publicly administered fund that administers paid leave benefits.

Build in an implementation evaluation plan to evaluate program rollout and application processes to continually improve program implementation in a systematic manner.

Minimize the number of actors who are required to provide application materials.

Program coverage

To reflect both current and future needs for leave, include coverage for personal medical leave, leave to bond with a newborn or a newly adopted or foster child, and family caregiving leave.

Cover the broadest possible set of family relationships for family caregiver leave. Consider adopting or amending related laws, such as state FMLAs, to ensure job protection covers these relationships.

Benefits and duration

Wage replacement rates should ensure that low- and middle-income claimants receive a benefit amount as close to their usual earnings as possible.

If setting a floor or a cap for benefits, consider referring to cost of living measures when setting those rates, and ensure that they are adjusted for inflation.

Provide at least 12 weeks of leave for all purposes, and consider the feasibility of longer leave periods.

Minimize or avoid waiting periods for accessing leave.

Job protection

Include strong anti-retaliation protections and job protection in paid leave policies, for all size employers.

When possible, seek opportunities to align rules in paid leave

programs and related laws, such as state FMLAs, and do so in a way that is as inclusive as possible.

Eligibility

When setting rules for paid leave program eligibility, avoid overly stringent requirements related to earnings or work history to ensure the program is accessible to workers who experience significant caregiving or health-related needs, part-time workers, and others who are especially likely to lack employer-provided benefits.

Align paid leave program rules with those of other programs so that the program can draw needed information from existing administrative data sets as much as possible.

Consider reducing program complexity by not setting an earnings, hours or work history threshold for program eligibility. Having a wage history in the administrative source used to calculate premium payments and wage replacement can be adequate.

States can include information about eligibility for both paid and unpaid leave protections in public outreach efforts to better educate employers and the public about how they differ, including highlighting that individuals who are not currently working may be eligible for paid leave benefits.

Premium structure and funding

Ensure that employers' premiums for paid leave insurance are uniform, rather than experience-rated, to avoid creating

inadvertent disincentives for supporting employee leave-taking or hiring workers from demographic categories that may be perceived as more likely to need or take leave.

Align wage reporting periods with those of other programs to minimize duplicative reporting requirements.

Consider how the administrative home and structure of the paid leave program impacts the process of premium payment (for example, it may be advantageous to locate the program in an agency that already has tax-collection capacities).

Notification and record-keeping

Work with employer stakeholders when drafting statutory language and regulations to ensure requirements are clear and suitable for a range of worksites.

Consider requiring employers to provide information about paid leave programs to employees at multiple points in time, such as upon hiring, in annual communications, on an ongoing basis at the worksite and when informed of an employee's need for leave. Employers could also be required to have employees certify that they received information.

Rules related to an employee's responsibility to give notice or schedule leave around employer needs should recognize that advance notice or planning of leave may be desirable but is not always possible.

Examine similar requirements in other state programs, particularly of neighboring states, to identify opportunities to align

similar requirements for multistate employers.

Ongoing support for the program

Ensure that funding is provided for program administration, outreach and enforcement on an ongoing basis.

Fully fund and staff administrative and enforcement agencies. Allow adequate time to train staff before the program begins accepting applications.

Invest in upgrading state IT infrastructure and/or creating new infrastructure.

Future research should address best practices for updating and creating new IT systems.

Continue engaging with stakeholders in the program to identify improvements that may need to be made in future years.

Administrators

Initial implementation

To the extent possible, urge lawmakers to allow sufficient time between passage of a law and full implementation to allow for high-quality, robust implementation. Many states have allowed for two years or more in order to stand up new programs.

Cultivate good working relationships with the executive who will oversee implementation to ensure that top administrative staff are invested in successful program implementation and responsive to challenges that may arise as the program is rolled out.

Engage key stakeholder communities, including employers, workers, public health organizations and other community groups, to gather feedback, beginning from the early program design stage all the way through implementation.

Ensure that stakeholder outreach and engagement includes pathways for individuals as well as organizations to learn about programs and provide input.

Allow claimants to choose a preferred option among methods for paying benefits, such as checks, direct deposit and EBT cards. If providing benefits on an EBT card, ensure that this involves no fees to acquire or use the card, to transfer funds from the card to other accounts, to withdraw funds at ATMs, to hold funds on the card for a length of time or for other common functions.

Administration

Applications

Maximize claims processing speed so that claimants do not experience significant delays between their usual paychecks and their initial benefit payments.

Keep the application as simple as possible. In general, aim to collect only as much information as is required to process applications.

Allow each individual involved in a claim – for example, the claimant and their health care provider – to submit their portions of an application independently.

If the decision is made to collect additional information, such as demographic data, use standard data formats (such as standard codes for occupations or health conditions) so that any data collected is usable, and follow best practices for data security to protect the claimant's privacy and confidentiality.

Allow applications to be submitted electronically and using mailed paper forms.

In online information and applications, follow best practices for responsive web design so that resources are equally functional for users on any device, including smartphones, and accessible to users with disabilities.

Providing assistance

Provide assistance for and information about the program and application process through multiple channels, including online, through help lines and through program navigators.

Have a "no wrong door" policy for applicant and employer questions and complaints. Consider a "warm handoff" policy to help ensure individuals with issues are fully connected with appropriate agency staff.

Fully staff help lines, and ensure that they operate outside of traditional work hours. Use callback technology so that callers during busy times are not forced to wait on the phone.

Provide resources in all common languages in the state, and have relay and translation options available for less common languages.

Reduce potential applicant fear or distrust by clearly branding materials with state and agency names and logos and locating them on government-owned sites (whether in physical or online locations).

Consider best practices in search engine optimization (SEO) to ensure that accurate information about state programs is in the top results and to protect potential claimants from being diverted to abusive or fraudulent services or misleading information.

Enforcement

Include robust enforcement mechanisms in the paid leave law.

Fully staff and fund enforcement agencies. If possible, allow agencies to conduct proactive enforcement measures in addition to responding to specific complaints.

Proactively assist employers with compliance, particularly in the first years of a new program, and conduct regular outreach to employers to educate them about the law.

Ensure that agencies with overlapping jurisdiction, such as state FMLA protections, coordinate regularly with the agency administering and/or enforcing the state paid leave program.

Practice "no wrong door" and "warm handoff" policies as described above.

Stakeholders emphasize that fear of fraud – which is very rare in paid leave programs – has led to burdensome or duplicative program rules and misallocation of staff resources. Keep in mind

that anti-fraud measures may have significant costs to program efficiency and workers' abilities to use earned benefits and can burden employers with excessive paperwork or reporting requirements.

Public outreach

Content

Conduct dedicated outreach to the public and to employers about paid leave programs and job protection laws to help ensure both workers and employers are aware of their rights and responsibilities under these interrelated laws.

Make information about expected benefit amounts accessible to claimants to aid household budgeting, such as with a benefits calculator.

Publicize enforcement efforts so that workers have confidence in their right to take leave.

Include information about eligibility for both paid and unpaid leave protections in public outreach efforts to better educate employers and the public about how they differ, including clarifying that individuals who are not currently working may be eligible for paid leave benefits.

Partnerships

Provide dedicated funding, staff and other resources for outreach on an ongoing basis, not only right after program passage.

Work with labor unions, worker centers and other labor stakeholders to ensure their partnerships in conducting outreach and public education, supporting leave utilization and fighting employer retaliation. Provide CBOs with materials and other resources, including financial resources if available, to improve their abilities to educate their communities.

Map institutions and networks in the state (or other jurisdictions) that may come into contact with potential claimants, and organizations that interact with those stakeholders, to identify the universe of targets to engage in outreach efforts.

Identify intents and goals for particular outreach audiences (e.g., identify which stakeholders will contribute to broad awareness versus identifying qualifying events versus actually helping people apply), and tailor outreach to those goals (e.g., which audiences need general information about programs and which need more in-depth training).

Require employers to provide program information not only to new hires but on an ongoing basis and when they learn of an employee's need for leave. Support employers' outreach through education efforts and by providing necessary resources (such as posters and brochures).

Consider piggybacking on existing outreach efforts in other public programs to reach marginalized communities.

Administrative support for employers

Resources and information

Provide clear guidance and materials to employers about their

responsibilities under paid leave laws.

Coordinate resources about paid leave with resources about other related laws, such as state FMLAs, unemployment insurance and paid sick days, to help clarify how these laws interact. Consider creating a simple guidebook or handout for employers to serve as a one-stop shop for state leave programs and requirements.

Create user-friendly forms and online portals that individual employers can access, keeping in mind that many employers have minimal knowledge of legal language or jargon related to public policies.

Ensure that third-party benefits and payroll services can interface with program systems with an employer's permission.

Develop sample materials for employers, including sample notification posters in needed languages, and sample notification language that employers can adapt for employee manuals and provide to new hires.

Include examples of timely notification requirements in guidance on the program website and during training webinars and presentations for employers.

Outreach

Conduct ongoing education and outreach to employers in multiple media, such as online, through mailings and through presentations to employer organizations.

Identify existing channels that can be leveraged to share information, such as other state agencies that regularly conduct mailings to or presentations for employers.

Outreach should not only cover technical requirements but should also help gain the buy-in of employers by highlighting how paid leave programs benefit their workforces and bottom lines.

Include information about eligibility for both paid and unpaid leave protections in public outreach efforts to better educate employers and the public about how they differ, including clarifying that individuals who are not currently working may be eligible for paid leave benefits.

Financial

Provide clear instructions well before premium collection begins, and publicize premium collection requirements.

If possible, connect paid leave premium collection to existing payment portals already familiar to employers.

Ensure that third-party payroll administrators can access premium payment systems on behalf of employers.

Record-keeping

Provide clear instructions well before the program is implemented about what records are required.

Job protection/anti-retaliation

Provide guidance about overlap with and differences from these requirements in the paid leave program, and those in related laws such as federal or state FMLAs.

Employers

Program passage and implementation

Seek opportunities to engage with lawmakers during the legislative process to help ensure that statutory language provides clarity around employer obligations and adequately addresses the circumstances of diverse industries and employer types (e.g., clear notification guidance for employers who do not have a central office to display notification posters in).

Engage with regulatory agencies and program administrators, either individually or through a representative organization, to provide input on program regulations and help ensure that educational materials answer outstanding questions.

Work with staff at all levels, and particularly in management and HR, to raise awareness about the program before it goes into effect and to identify and address any areas of confusion.

Employers that previously did not offer leave can use the passage of a state's program to highlight the new benefit to employees.

Administration and outreach to employees

Cultivate a supportive culture around leave-taking, including by educating managers and other staff about how use of paid leave improves employee morale, productivity and retention. Encourage senior and executive staff to set a positive example by taking leave when they are eligible and not returning to work too quickly.

Integrate information about state paid leave benefits into other HR materials and systems.

Inform staff regularly about paid leave programs to raise general awareness.

Keep in mind that even with regular notice about paid leave, some employees may not recognize moments at which they may be eligible for a program. Train managers and HR staff to provide just-in-time information when they encounter an employee who demonstrates a likely need for paid leave – for example, when an employee informs a manager of a pregnancy or forthcoming adoption or if an employee requests an extended period of sick leave.

Paid leave programs provide employers with flexibility in determining how to coordinate existing benefits.

- To maintain a competitive advantage in hiring and retention, consider “topping up” state benefits so that employees receive a greater share of their usual wages, providing a greater duration of leave beyond what the state provides, or

expanding other work-family benefits, such as telecommuting or flexible work hours.

- Employers must still comply with other state and federal laws where applicable, such as FMLAs or state paid sick day requirements.

Public Health Community, Community-Based Organizations and Other Stakeholders

Program passage and implementation

Advocate publicly that any proposed paid leave program meets the needs of clients and constituents, especially those with low incomes.

Seek opportunities to meet with lawmakers during the legislative process to educate them about findings from other state programs and best practices in program design.

Engage with regulatory agencies, either individually or through a representative organization, to provide input on program regulations.

Encourage supportive workplace cultures in which leave-taking is associated with being a committed and successful worker, such as by elevating leaders in business and culture who take paid leave.

Researchers can conduct additional research to identify

common assumptions or misconceptions about paid leave programs so that future education and outreach efforts can address them.

If your organization collects information from clients or constituents that can be shared with lawmakers or administrators, either formally through surveys or story collection or as informal story sharing, consider asking about experiences with paid leave programs to help identify the benefits of the program or the challenges that may need to be addressed.

Outreach

Engage with program administrators to help ensure that educational materials are accessible to the public and answer common questions and to share best practices for outreach to constituent communities.

Provide information to clients and constituents about paid leave programs.

Ask professional associations and other networks to host educational events and circulate information among their memberships.

If your organization engages in other forms of education or outreach to individuals or communities likely to experience a need for leave, consider incorporating information about state programs into existing outreach efforts.

Share resources provided by the state, such as brochures or informational websites, with your clients and constituents.

Appendix A: Detailed Methodology

Interview participants

Participants who used state programs or experienced unmet need

Seventeen working people who had experienced a need for leave were interviewed or participated in a focus group. In addition, several

CBO and public health stakeholders shared personal experiences using state paid leave programs during their interviews (marked with an asterisk below).

Pseudonym	Experience	Background	How individual learned about state paid leave
Aaron	Claimant	Employed full time as a warehouse worker at a large employer. Caregiving: Currently has a minor son with intellectual and/or developmental disabilities (IDD). Formerly, caring for a wife with a serious health condition.	Learned about family leave through employer when he informed employer his wife was pregnant. Also recounted telling a friend about family leave whose employer did not inform him.
Abby	Unmet need	Not currently employed; lost previous job when employer size dropped below 50, and she lost FMLA protection for intermittent leave needs. Caregiving: Currently has a husband with a chronic health condition and a minor son with IDD.	Learned about intermittent FMLA at a previous job; told HR at her later job about it.
Aisha	Unmet need	Employed part time as a clerk at a large employer (retail chain). Employer provides some employees vacation and sick time, but she was not eligible. Caregiving: Currently caring for an infant nephew with health challenges. Formerly, caring for a mother after surgery.	Not aware of TDI/family leave/FMLA. Learned at interview.
Araceli	Unmet need	Employed part time as a consultant (IT); formerly worked full time before leaving a job due to lack of leave. Caregiving: Currently has a minor daughter with a chronic health condition.	Employer had mentioned leave (possibly FMLA) but claimed she wasn't eligible. Not aware of TDI/family leave. Learned at interview.

Pseudonym	Experience	Background	How individual learned about state paid leave
Deborah	Claimant	Employed full time (education). Caregiving: Currently planning for adoption of an infant who is expected to have special health care needs. Formerly, birth and bonding time with a child.	Learned from HR when she asked about maternity leave; FMLA was in employee handbook.
Diana	Claimant	Employed full time as administrative staff for a small employer. Caregiving: Currently pregnant and planning for birth and child bonding. Formerly, birth and care for an infant with a serious health condition.	Said she “always” knew about state TDI for maternity leave but only learned she was personally eligible after talking with a New Jersey Department of Labor & Workforce Development employee. Learned about family leave by receiving information in the mail with TDI paperwork. Also recounted helping a coworker who was pregnant apply for TDI/family leave.
Jasmine	Claimant	Formerly employed full time as a social service provider for a large employer; demoted and then laid off after taking leave. Caregiving: Currently caring for a minor son with a chronic health condition.	Not aware of FMLA; learned about TDI/family leave online. Learned about FMLA at interview.
Jennifer	Unmet need	Employed full time as an accountant for a small employer (nonprofit). Caregiving: Currently caring for a mother with dementia.	Familiar with TDI/FMLA through job; not aware of family leave. Learned at interview.
Laura	Unmet need	Retired; formerly employed full time in state government. Caregiving: Currently caring for an elder father-in-law. Formerly, cared for a minor son with cancer.	Familiar with TDI/family leave/FMLA as a result of working in HR. Also recounted helping her sister apply for TDI.
Maria	Claimant	Employed part time as HR staff at a large employer; formerly employed full time. Caregiving: Formerly, birth and bonding time with two children.	Familiar with TDI/family leave/FMLA as a result of working in HR.

Pseudonym	Experience	Background	How individual learned about state paid leave
Mary	Both	Caregiving: Currently caring for a minor child with a chronic health condition.	Learned about intermittent FMLA online and educated her employer's HR about it.
Natasha	Claimant	Formerly employed full time for a media company. Caregiving: Formerly, birth and bonding time for a child and medical leave for postpartum psychosis.	Learned through employer's HR and a friend at work who helped her apply.
Norah	Unmet need	Employed. Caregiving: Currently caring for a minor child with IDD.	Not reported.
Patricia	Claimant	Employed full time at a small employer (nonprofit). Caregiving: Formerly, birth and bonding time for a child and caring for a mother after surgery.	Learned from HR when she talked to HR about her pregnancy.
Sarah	Claimant	Caregiving: Formerly, caring for an adult daughter with chronic health conditions, including drug addiction.	Searched for information about caregiving options online and then helped educate HR staff at her job.
Tanya	Unmet need	Employed part time as a substitute teacher. Caregiving: Currently caring for a father and minor son, both with health conditions, and a minor grandson. Formerly, caring for an adult sister with IDD.	Not aware of TDI/family leave/FMLA. Learned at interview.
Angela*	Both	Caregiving: Formerly, birth of a child. (Took TDI leave prior to enactment of paid family leave.) Also formerly, needed leave to recover from surgery but was not aware that might be covered under the state program.	Learned from employer and from coworkers who had used the program before.
Isobel*	Claimant	Caregiving: Formerly, birth of a child. (Took TDI leave prior to enactment of paid family leave.)	Learned from health care providers.

Pseudonym	Experience	Background	How individual learned about state paid leave
Karen*	Claimant	Caregiving: Formerly, birth of a child. (Took TDI leave prior to enactment of paid family leave.)	Learned from HR when she talked to HR about her pregnancy and from health care providers.
Katie*	Both	Employed full time at a small employer (nonprofit). Caregiving: Currently has a minor daughter with IDD.	Learned about FMLA on her own after using up all employer leave benefits and needing more time to care for her daughter.
Kimberly*	Claimant	Caregiving: Formerly, birth and bonding time for a child and leave to address her own mental health condition.	Learned from health care providers, who also helped her complete application forms.
Lisa*	Claimant	Caregiving: Formerly, birth and bonding time for a child.	Learned from HR when she talked to HR about her pregnancy.
Rose*	Claimant	Caregiving: Formerly, birth and bonding time for two children.	Learned from employer.
Winnie*	Claimant	Caregiving: Formerly, birth and bonding time for two children.	Learned from HR when she talked to HR about her pregnancy.

Other stakeholders interviewed for this study

Identity	State	Organization or sector
Program administrators		
Staff member with New Jersey LWD	New Jersey	NJ Department of Labor & Workforce Development
Staff member with New Jersey DCR	New Jersey	NJ Department of Civil Rights
Staff member with Rhode Island DLT	Rhode Island	RI Department of Labor and Training

Identity	State	Organization or sector
<i>Community-based organizations (CBOs) and public health stakeholders</i>		
Advocate involved in New Jersey paid leave campaign	New Jersey	CBO focused on health care and disability rights
Child health advocate in New Jersey	New Jersey	New Jersey CBO focused on children’s health and education
Staff member at a New Jersey CBO representing social workers	New Jersey	New Jersey CBO representing service providers for anti-poverty programs (two participants)
New Jersey labor union representative	New Jersey	New Jersey chapter of a national labor union
New Jersey home care worker	New Jersey	CBO representing service providers for home health programs
New Jersey immigrant advocate	New Jersey	CBO that provides services for immigrants
Director of a Rhode Island CBO that administers WIC	New Jersey	CBO that provides direct services, including anti-poverty programs
Senior staff member	District of Columbia	National nonprofit focused on health and labor policies
California health center advocate	California	Nonprofit supporting community clinics and health centers, based in northern California
Director and staff member of a California CBO focused on Black health	California	Nonprofit focused on racial equity in health care (two participants)
Advocate with a Rhode Island CBO	Rhode Island	A staff member of a Rhode Island nonprofit focused on family policy

Identity	State	Organization or sector
Director of a Rhode Island CBO	Rhode Island	Public policy nonprofit
Director of a California nonprofit focused on maternal and infant health	California	Nonprofit focused on perinatal and neonatal care, based in southern California
Director of a perinatal health initiative in California	California	Perinatal service program at a medical center in California's Bay Area. Personal experience using California TDI for maternity leave.
Coordinator of a health program in California focused on Black infant health	California	Program affiliated with local department of health
Director of a rural public health program in Rhode Island	Rhode Island	State health program focused on rural communities
Staff member at a Rhode Island public health program	Rhode Island	State health program focused on early childhood
Staff member at a local department of health in California	California	Maternal/child health program at a public health department near Los Angeles
Staff member for a perinatal health program in California	California	Perinatal health program at a public health department in California's Bay Area
Dietician and lactation consultant for a public health program	California	Public health department in rural northern California
Infant and perinatal health coordinator for a health agency in California	California	Sacramento Valley public health agency

Identity	State	Organization or sector
Director of maternal health programs at a California public health department	California	Maternal/child health programs at a public health department in California’s Central Valley
Director of maternal health services in a California public health department	California	Maternal services in a Sacramento Valley public health agency
Director of a nutrition education program	Rhode Island	State health agency
Director of a public health program for Black infants in California	California	Maternal/infant health program in California’s Central Valley
<i>Employers and business community</i>		
Director of New Jersey business association A	New Jersey	New Jersey state business association
Representative of New Jersey business association B	New Jersey	New Jersey state business association
HR manager at a large New Jersey employer (health care)	New Jersey	Large employer (health care) (two participants)
HR manager at a large New Jersey employer (pharmaceutical industry)	New Jersey	Large employer (pharmaceutical industry)
HR manager at a large New Jersey employer (banking)	New Jersey	Large employer (banking) (two participants)

Identity	State	Organization or sector
HR manager at a large Rhode Island employer (education)	Rhode Island	Large employer (education, public sector)
HR manager at a large Rhode Island employer (health care)	Rhode Island	Large employer (health care)
HR manager at a large California employer (health care)	California	Large employer (health care) (two participants)
California business owner (employer benefits administration)	California	Founder of a business that provides benefits management services to employers
Claims manager for a large insurer in California	California	Large employer (insurance)
Small employer (salon)	New Jersey	<10 employees
Small employer (salon)	New Jersey	<10 employees
Small employer (health care provider)	New Jersey	<10 employees
Small employer (retail)	New Jersey	<5 employees
Small employer (restaurant)	New Jersey	<10 employees
Small employer (arts/performance)	New Jersey	<25 employees
Small employer (retail)	New Jersey	<5 employees

Identity	State	Organization or sector
Small employer (Restaurant)	New Jersey	<25 employees
Small employer (retail)	New Jersey	<5 employees
Small employer (manufacturer)	New Jersey	<25 employees
Small employer (retail)	New Jersey	<10 employees
Small employer (accounting services)	New Jersey	<5 employees
Small employer (retail)	New Jersey	<25 employees
Small employer (restaurant)	New Jersey	<10 employees
Small employer (retail)	New Jersey	<25 employees
Small employer (restaurant)	New Jersey	<10 employees
Small employer (retail)	New Jersey	<10 employees
Small employer (plumbing services)	New Jersey	<5 employees
Small employer (retail)	New Jersey	<5 employees
Small employer (retail)	New Jersey	<5 employees
Small employer (video production)	New Jersey	<5 employees

Identity	State	Organization or sector
Small employer (manufacturing)	New Jersey	<5 employees
Small employer (restaurant)	New Jersey	<5 employees
Small employer (restaurant)	New Jersey	<5 employees
Small employer (restaurant)	New Jersey	<10 employees
Small employer (retail)	New Jersey	<5 employees
Small employer (restaurant/brewery)	New Jersey	<5 employees
Small employer (home maintenance services)	New Jersey	<25 employees
Small employer (restaurant)	New Jersey	<10 employees
Small employer (retail)	New Jersey	<5 employees

Data and analysis

Program claims data

Quantitative analysis of program claims data is based on both publicly available claims reports and administrative microdata acquired for this study.

Public data sources included the State of California Employment Development Department’s monthly claims data for Disability Insurance

and Paid Family Leave for years 2004 through 2018; New Jersey Department of Labor and Workforce Development Family Leave Insurance and Temporary Disability Insurance Programs annual report for 2009; Legal Services for New Jersey Poverty Benchmarks 2014 Annual Report; New Jersey Department of Labor and Workforce Development Office of Research and Information, Temporary Disability Insurance Workload, Summary Reports for years 2014 through 2017; and Rhode Island Department of Labor and Training TDI Annual Update for years 2014 through 2018.

Microdata requested for each program included three years of claims data, 2015 through 2017, and included information about total number of claims and benefit amount, grouped by type of claim, gender and age. More detailed information was requested for New Jersey and Rhode Island, but, due to budget constraints, not California. Unfortunately, for a significant portion of data received from New Jersey, only partial data were received for each claim (for example, missing information about the relationship of the claimant to the care recipient). These flaws were likely due to challenges with the state program's IT infrastructure; this report strongly recommends increased funding to update these systems. There were also data missing from Rhode Island, particularly pertaining to claims taken for family caregiving leave. As a result, the analysis provided in this report for Rhode Island is primarily focused on temporary disability and parental leave claims. Data limitations make it difficult to fully determine program efficacy and the success of outreach efforts, and this report recommends greater investment in data accuracy and availability for all paid leave programs, both existing and those currently being developed.

Analysis of administrative microdata was conducted by Dr. Glynn using Stata Statistical Software: Release 14. Analysis of public programs data was conducted by Dr. Mason using Microsoft Excel 2016.

Qualitative data

Members of the study team led by Main Street Alliance, the National Center for Children in Poverty and Dr. Glynn conducted semi-structured interviews and one focus group, with 89 participants in total (listed above). The focus group included six working people who had experienced an unmet need for leave; all other participants were interviewed individually or in a small group with fellow members of their organization.

Interview protocols were developed based on the study's initially

proposed themes and questions, which were revised and focused based on a series of exploratory interviews with 30 stakeholders, including academic researchers, program administrators, policymakers and issue advocates. A tailored protocol was developed for each major stakeholder group: workers, CBOs, large employers, small employers, administrators and public health workers. Sample protocols are available on request.

Coding of qualitative data was coordinated by Dr. Mason and included a combination of predetermined themes identified by preliminary interviews and using a grounded theory approach, identifying themes that emerged in the interviews themselves. Qualitative data analysis was conducted by Dr. Mason using nVivo 12.

Appendix B: State Paid Family and Medical Leave Laws (Detailed)

State Paid Family and Medical Leave Laws (Detailed)

INFORMATION ACCURATE AS OF JUNE 2019. For the most up-to-date information about these and other states' paid leave policies, see NationalPartnership.org/StatePFLaws.

	California	New Jersey	Rhode Island
Status	Enacted 2002, effective 2004; expanded 2016, effective 2018; expanded 2017, effective 2020 (A.B. 908, 2015-2016 Leg., Reg. Sess. (Cal. 2016) (enacted); S.B. 63, 2017-2018 Leg., Reg. Sess. (Cal. 2017) (enacted))	Enacted 2008, effective 2009; expanded 2019, effective 2019 and 2020 (N.J. Stat. Ann. § 43:21-38; A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))	Enacted 2013, effective January 2014 (R.I. Gen. Laws § 28-41-35(h))
Reasons for paid leave	<ol style="list-style-type: none"> 1. Bonding with new child (birth, adoption, foster) 2. Care for family member with serious health condition 3. Care for own disability (must be unable to perform regular or customary work); includes pregnancy (Cal. Unemp. Ins. Code §§ 2626, 3302(e)) 	<ol style="list-style-type: none"> 1. Care for new child (birth, adoption, foster) 2. Care for family member with serious health condition 3. Care for own disability (must be continuously and totally unable to perform customary work); includes pregnancy 4. Engaging in certain activities related to individual or family member being victim of domestic or sexual violence (N.J. Stat. Ann. §§ 43:21-27(g), (o); A. 3975, 218th Leg., Reg. Sess. (N.J. 2019)) 	<ol style="list-style-type: none"> 1. Bonding with new child (birth, adoption, foster) 2. Care for family member with serious health condition 3. Care for own disability (must be unable to perform regular or customary work; partially unemployed workers may be able to claim benefits) (R.I. Gen. Laws §§ 28-39-2, 28-41-5(d)), 28-41-35(a))
Definition of family member	Child, parent, spouse, domestic partner Amended in 2013 (effective 2014) to add grandparent, grandchild, sibling and parent-in-law (Cal. Stat. §§ 3302(f)-(j))	Child, parent, parent-in-law, spouse, domestic partner, civil union partner, sibling, grandparent, grandchild, any person related by blood, any person with whom employee has close association that is equivalent of a family relationship (N.J. Stat. Ann. § 43:21-27(n); A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))	Child, parent, spouse, domestic partner, grandparent (R.I. Gen. Laws § 28-41-35(a))
Maximum length of paid leave	Six weeks for family leave (Cal. Unemp. Ins. Code § 3301(c)) 52 weeks for own disability (Cal. Unemp. Ins. Code § 2653)	Six weeks for family leave, increasing to 12 weeks on July 1, 2020 26 weeks for own disability (N.J. Stat. Ann. § 43:21-38; A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))	Four weeks for family leave (R.I. Gen. Laws § 28-41-35(d)(1)) 30 weeks for own disability; no more than 30 weeks total/year for combined own disability and family care (R.I. Gen. Laws §§ 28-41-7, 28-41-35(e))

	California	New Jersey	Rhode Island
Minimum increment of leave time for which benefits are payable	<p>Statute does not mention the minimum length of leave time, just benefits for intermittent leave</p> <p>(Cal. Unemp. Ins. Code § 3303; http://www.edd.ca.gov/disability/Part-time_Intermittent_Reduced_Work_Schedule.htm)</p>	<p>Statute does not mention the minimum length of leave time, just benefits for intermittent leave</p> <p>(N.J. Stat. Ann. § 43:21-39)</p>	<p>No minimum increment of leave time; claimants must initially be out of work for at least seven consecutive days to be eligible for benefits</p> <p>(11-000-002 R.I. Code R. §§ 16(G), 37(D))</p>
Employee eligibility requirements	<p>Employee must have been paid \$300 in wages during the base period</p> <p>(http://www.edd.ca.gov/Disability/Am_I_Eligible_for_PFL_Benefits.htm)</p>	<p>Employee must have had at least 20 calendar weeks of covered New Jersey employment, earning \$172 or more each week, or must have been paid \$8,600 or more in such employment during the base period</p> <p>(https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/tdi/)</p>	<p>Employee must have been paid wages in Rhode Island and paid into the TDI/TCI fund and must have been paid at least \$12,600 in the base period</p> <p>Alternately, employees qualify if they earned at least \$2,100 in a quarter of their base period, their total base period taxable wages were at least 150 percent of their highest quarter of earnings, and their taxable wages during their base period are \$4,200 or more</p> <p>(http://www.dlt.ri.gov/lmi/news/quickref.htm)</p>
Discrimination prohibited	<p>Not more than federal Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA)</p>	<p>Not more than federal FMLA and New Jersey Family Leave Act (NJ FLA)</p>	<p>Not more than federal FMLA and RI Parental and Family Medical Leave Act (PFMLA)</p>
Method to fund insurance system	<p>Own disability and family care are funded by the employee only (currently at 1 percent of worker's first \$118,371 in wages).</p> <p>(http://www.edd.ca.gov/Payroll_Taxes/Rates_and_Withholding.htm)</p>	<p>State's temporary disability insurance program is financed jointly by employee and employer payroll contributions. As of January 1, 2019, each worker contributes 0.17 percent of the taxable wage base (the first \$34,400 in covered wages paid during the calendar year), up to \$58.48 per year.</p> <p>(https://www.nj.gov/labor/ea/rates/ea2019.html)</p> <p>The contribution rate for employers varies from 0.10 to 0.75 percent. For 2019, employers contribute between \$34.40 and \$258.00 on the first \$34,400 paid to each employee during the calendar year.</p> <p>(https://myleavebenefits.nj.gov/labor/myleavebenefits/employer/index.shtml?open=TDI)</p> <p>Family care is funded entirely by the employee. Currently, each worker contributes 0.08 percent of the taxable wage base (first \$34,400 in covered wages paid during the calendar year), and the maximum yearly deduction for family leave insurance is \$27.52.</p> <p>(https://www.nj.gov/labor/ea/rates/ea2019.html)</p> <p>Beginning on January 1, 2020, the taxable wage base shall increase to a number equal to 107 times the state-wide average weekly wage.</p> <p>(A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))</p>	<p>Own disability and family care are funded by the employee only. The current withholding rate is 1.1 percent of worker's first \$71,000 in wages.</p> <p>(http://www.dlt.ri.gov/lmi/news/quickref.htm)</p>

	California	New Jersey	Rhode Island
Size of employer covered	<p>All private sector employers are covered (Cal. Unemp. Ins. Code §§ 3302, 2606, 675, 135)</p> <p>Self-employed individuals can opt in</p> <p>Only some public employees are covered (http://www.edd.ca.gov/disability/FAQ_PFL_Eligibility.htm)</p>	<p>Private and public sector employers covered by the New Jersey Unemployment Compensation Law must provide paid leave for family care and temporary disability, with some exceptions for government employers (A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))</p>	<p>All private sector employers are covered</p> <p>Only some public employees are covered (R.I. Gen. Laws §§ 28-39-2, -3)</p>
Benefit amount	<p>Beginning on January 1, 2018, for a four-year period:</p> <p>A) For workers whose quarterly earnings are at least \$929 but less than 1/3 of the state average quarterly wage, the weekly benefit will be 70 percent of the worker's weekly wage;</p> <p>B) For workers whose quarterly earnings are at least 1/3 of the state average quarterly wage, the weekly benefit rate will be 23.3 percent of the state average weekly wage OR 60 percent of the worker's weekly wage, whichever is greater.</p> <p>The maximum weekly benefit is \$1,252 in 2018 (maximum adjusted annually based on statewide average weekly wage).</p> <p>Workers with quarterly earnings less than \$929 will receive a weekly benefit of \$50. (http://www.edd.ca.gov/Disability/About_PFL.htm; A.B. 908, 2015-2016 Leg., Reg. Sess. (Cal. 2016) (enacted))</p> <p>Note: The San Francisco Board of Supervisors passed an ordinance requiring covered employers to provide supplemental compensation to covered employees taking leave to care for a new child for up to six weeks such that the combined weekly benefit equals 100 percent of the employee's weekly wage. This requirement applies to employers with 50 or more employees starting in January 2017, expands to employers with 35 or more employees in July 2017 and to employers with 20 or more employees in January 2018. (San Francisco, Cal. Ordinance 160065)</p> <p>As of June 2019, the average weekly benefit in the state for family care was \$687 and the average for own disability was \$622 (http://www.edd.ca.gov/about_edd/Quick_Statistics.htm)</p>	<p>The weekly benefit rate is 66 percent of a worker's average weekly wage, with a maximum benefit of \$650 in 2019 (maximum adjusted annually based on statewide average weekly wage) (https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/fli/index.shtml; https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/tdi/index.shtml)</p> <p>Beginning on July 1, 2020, the weekly benefit rate is 85 percent of a worker's average weekly wage, with a maximum benefit equivalent to 70 percent of the statewide average weekly wage. (A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))</p> <p>The average weekly benefit in 2017 was \$538 for family care and \$465 for own disability (https://myleavebenefits.nj.gov/labor/myleavebenefits/assets/pdfs/ANNUAL_FLI-TDI_REPORT_FOR_2017.pdf)</p>	<p>The average weekly benefit rate is 4.62 percent of wages paid during the highest quarter of worker's base period, up to \$867 per week for claims effective July 1, 2019 or later (maximum adjusted annually based on statewide average weekly wage) (http://www.dlt.ri.gov/tdi/tdifaqs.htm; http://www.dlt.ri.gov/lmi/news/quickref.htm)</p> <p>In 2018, the average weekly benefit was \$551 for family care and the average for own disability was \$500 (http://www.dlt.ri.gov/lmi/uiadmin.htm)</p>

	California	New Jersey	Rhode Island
Job protection while on leave	<p>Leave for family care and own disability is protected, but not more than FMLA and CFRA</p> <p>Leave for parental leave is protected for individuals at employers with 20 or more employees</p> <p>Leave for pregnancy disability is protected for individuals at employers with five or more employees</p>	<p>Not more than FMLA and NJ FLA</p> <p>Beginning on June 30, 2019, NJ FLA is expanded to apply to employers with 30 or more employees (A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))</p>	<p>Leave for family care is job-protected, but leave for own disability is no more protected than under FMLA or RI PFMLA</p> <p>(R.I. Gen. Laws § 28-41-35(f))</p>
Waiting period	<p>For family care, beginning on January 1, 2018, none</p> <p>For own disability, seven days</p> <p>(Cal. Unemp. Ins. Code §§ 2627(b), 3303 (as amended by A.B. 908))</p>	<p>Seven days, but if disability lasts three weeks, the worker gets paid for those seven days; must be consecutive</p> <p>Beginning on July 1, 2019, none</p> <p>(N.J. Stat. Ann. § 43:21-38; A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))</p>	<p>Due to a legislative approved change, claims filed effective July 1, 2012, or later no longer need to serve a nonpaid waiting period</p> <p>Caregiver/bonding and own disability claims must be out of work for seven consecutive days as one of the eligibility requirements</p> <p>(11-000-002 R.I. Code R. §§ 16(G), 37(D))</p>

Appendix C:
Supplementary Data
Tables

Summary Claims Data (California)

TEMPORARY DISABILITY INSURANCE PROGRAM (TDI)									
Year	2017								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	126	\$242.22	12.58	11,597	\$325.69	13.28	35,742	\$263.39	11.37
25-34	246	\$383.13	16.00	36,187	\$539.23	16.36	143,003	\$511.22	12.80
35-44	196	\$444.91	17.22	40,396	\$657.19	18.71	93,296	\$626.53	15.39
45-54	106	\$409.24	19.88	49,459	\$680.03	19.88	66,626	\$578.56	18.31
55-64	77	\$529.94	24.25	50,058	\$678.72	20.46	56,014	\$604.77	19.21
65+	1691	\$615.09	28.43	12,832	\$607.02	20.32	13,596	\$561.30	19.39
Total	2,442	\$547.21	24.82	200,529	\$624.53	18.77	408,277	\$541.36	15.22

TEMPORARY DISABILITY INSURANCE PROGRAM (TDI)									
Year	2016								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	138	\$236.06	11.34	12,181	\$302.92	14.25	37,487	\$246.32	11.80
25-34	239	\$337.14	16.49	36,767	\$511.65	17.45	145,525	\$488.29	13.26
35-44	192	\$383.41	20.81	40,646	\$627.60	19.82	92,960	\$599.47	16.03
45-54	120	\$383.05	21.84	51,030	\$649.65	21.09	68,232	\$557.01	19.21
55-64	80	\$460.91	24.49	49,964	\$654.76	21.80	56,122	\$588.43	20.16
65+	1,538	\$582.30	30.16	12,551	\$578.43	21.74	13,335	\$534.66	20.45
Total	2,307	\$505.06	25.87	203,139	\$596.33	19.91	413,661	\$517.76	15.79

TEMPORARY DISABILITY INSURANCE PROGRAM (TDI)									
Year	2015								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	146	\$203.31	12.35	11,897	\$282.35	14.58	38,434	\$229.85	12.26
25-34	275	\$308.01	17.04	35,434	\$485.93	18.33	143,147	\$472.13	13.66
35-44	196	\$367.20	18.74	40,140	\$597.19	20.43	90,760	\$577.61	16.28
45-54	124	\$366.20	24.11	51,567	\$620.30	21.92	68,760	\$536.95	20.02
55-64	76	\$468.29	23.48	48,504	\$630.45	22.62	55,017	\$569.79	21.01
65+	1,132	\$568.45	31.36	11,924	\$561.54	22.33	12,694	\$517.40	20.91
Total	1,949	\$467.34	25.45	199,466	\$570.58	20.67	408,812	\$498.22	16.26

Summary Claims Data (California)

PAID FAMILY LEAVE (PFL) PROGRAM - (BONDING + TRANSITIONAL BONDING + CARE CLAIMS)									
Year	2017								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	62	\$312.85	5.20	5,071	\$417.62	4.53	16,697	\$273.81	5.79
25-34	154	\$469.01	5.32	41,452	\$686.78	4.70	85,801	\$542.88	5.85
35-44	63	\$534.25	5.41	26,703	\$832.05	4.93	39,513	\$715.65	5.87
45-54	16	\$556.06	5.43	4,881	\$802.11	4.98	6,001	\$683.60	5.21
55-64	2	\$637.00	5.64	1,896	\$773.35	4.92	4,407	\$681.68	4.99
65+	253	\$591.37	5.43	540	\$629.21	4.98	802	\$636.57	5.26
Total	550	\$518.31	5.37	80,543	\$726.63	4.79	153,221	\$568.11	5.80

PAID FAMILY LEAVE (PFL) PROGRAM - (BONDING + TRANSITIONAL BONDING + CARE CLAIMS)									
Year	2016								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	66	\$278.50	5.40	4,890	\$387.14	4.71	16,928	\$255.98	5.82
25-34	170	\$439.32	5.20	39,291	\$657.96	4.91	87,902	\$523.52	5.89
35-44	84	\$456.76	5.01	24,646	\$798.48	5.13	38,505	\$687.34	5.88
45-54	12	\$637.08	6.36	4,711	\$774.85	5.10	5,949	\$658.63	5.20
55-64	6	\$606.67	3.33	1,854	\$746.85	5.13	4,279	\$661.12	5.02
65+	203	\$570.01	5.42	542	\$593.60	5.02	807	\$612.57	5.37
Total	541	\$477.69	5.28	75,934	\$695.09	4.98	154,370	\$544.53	5.83

PAID FAMILY LEAVE (PFL) PROGRAM - (BONDING + TRANSITIONAL BONDING + CARE CLAIMS)									
Year	2015								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	82	\$309.17	5.40	4,420	\$368.95	4.64	17,018	\$241.01	5.82
25-34	185	\$392.75	5.28	35,420	\$637.65	4.95	84,293	\$510.19	5.89
35-44	68	\$504.62	5.39	21,711	\$768.88	5.08	35,997	\$668.47	5.88
45-54	12	\$724.08	4.01	4,062	\$752.99	5.11	5,302	\$647.25	5.18
55-64	9	\$657.89	4.43	1,508	\$733.10	5.06	3,883	\$647.64	5.07
65+	122	\$555.43	5.40	476	\$595.63	5.2	637	\$612.81	5.21
Total	478	\$449.15	5.30	67,597	\$671.00	4.99	147,130	\$526.79	5.83

Summary Claims Data (California)

PAID FAMILY LEAVE (PFL) PROGRAM - (BONDING CLAIMS ONLY)

Year		2017							
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	35	\$381.63	4.91	4,916	\$418.60	4.53	696	\$257.20	5.50
25-34	81	\$494.25	4.96	39,883	\$689.33	4.70	3,397	\$563.61	5.60
35-44	29	\$618.86	4.84	24,423	\$839.23	4.91	1,965	\$761.45	5.67
45-54	3	\$498.00	3.81	2,745	\$817.79	4.97	332	\$757.80	5.61
55-64	0	\$-	0.00	233	\$799.62	4.85	68	\$645.06	5.34
65+	190	\$617.59	5.39	92	\$520.96	5.08	12	\$421.58	4.73
Total	338	\$562.65	5.18	72,292	\$726.58	4.77	6,470	\$601.29	5.61

PAID FAMILY LEAVE (PFL) PROGRAM - (BONDING CLAIMS ONLY)

Year		2016							
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	26	\$350.08	4.67	4,713	\$388.02	4.70	656	\$256.56	5.62
25-34	96	\$473.49	4.71	37,675	\$660.70	4.91	3276	\$544.80	5.70
35-44	45	\$512.87	4.58	22,161	\$805.83	5.11	1846	\$749.09	5.75
45-54	5	\$624.20	7.74	2,502	\$794.83	5.09	309	\$728.35	5.76
55-64	0	\$-	0.00	189	\$762.53	5.18	74	\$676.22	5.59
65+	160	\$596.27	5.38	120	\$465.95	4.80	20	\$481.70	5.35
Total	332	\$530.60	5.06	67,360	\$694.29	4.97	6181	\$585.77	5.71

PAID FAMILY LEAVE (PFL) PROGRAM - (BONDING CLAIMS ONLY)

Year		2015							
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	46	\$374.87	4.97	4,262	\$370.40	4.63	624	\$233.28	5.67
25-34	99	\$470.95	4.82	33,925	\$640.62	4.95	3,021	\$543.99	5.71
35-44	31	\$597.19	4.74	19,565	\$774.31	5.06	1,713	\$734.95	5.78
45-54	5	\$681.40	4.97	2,222	\$766.85	5.05	290	\$749.79	5.66
55-64	0	\$-	0.00	179	\$751.53	5.20	65	\$513.98	5.30
65+	87	\$581.16	5.31	101	\$504.87	5.07	13	\$513.31	5.64
Total	268	\$508.76	5.00	60,254	\$669.67	4.97	5,726	\$577.27	5.72

Summary Claims Data (California)

PAID FAMILY LEAVE (PFL) PROGRAM - (CARE CLAIMS ONLY)

Year		2017							
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	3	\$307.00	3.86	152	\$386.75	4.75	243	\$320.41	5.03
25-34	10	\$674.10	4.84	1,549	\$623.40	4.77	2,675	\$521.11	5.33
35-44	6	\$469.50	5.71	2,266	\$756.56	5.14	4,644	\$661.00	5.58
45-54	12	\$600.00	5.79	2,135	\$782.11	4.99	5,239	\$670.93	5.12
55-64	2	\$637.00	5.64	1,663	\$769.66	4.93	4,334	\$682.34	4.99
65+	29	\$604.72	5.02	448	\$651.44	4.96	784	\$643.14	5.26
Total	62	\$588.55	5.17	8,213	\$728.16	4.97	17,919	\$642.78	5.24

PAID FAMILY LEAVE (PFL) PROGRAM - (CARE CLAIMS ONLY)

Year		2016							
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	3	\$259.67	5.00	168	\$367.63	4.75	256	\$293.02	5.11
25-34	5	\$534.20	4.80	1,586	\$596.31	4.90	2,704	\$500.00	5.46
35-44	10	\$670.40	4.71	2,478	\$733.25	5.28	4,725	\$641.83	5.59
45-54	7	\$646.29	5.37	2,209	\$752.22	5.11	5,180	\$646.18	5.10
55-64	6	\$606.67	3.33	1,665	\$745.07	5.12	4,200	\$660.94	5.01
65+	14	\$548.57	4.66	422	\$629.90	5.09	775	\$621.66	5.37
Total	45	\$577.73	4.64	8,528	\$702.69	5.12	17,840	\$620.21	5.27

PAID FAMILY LEAVE (PFL) PROGRAM - (CARE CLAIMS ONLY)

Year		2015							
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	2	\$188.00	6.00	143	\$341.25	4.86	224	\$284.28	5.19
25-34	10	\$434.30	5.71	1,445	\$575.81	4.95	2,498	\$499.07	5.51
35-44	7	\$482.29	3.33	2,123	\$720.60	5.23	4,149	\$618.54	5.61
45-54	7	\$754.57	3.33	1,840	\$736.26	5.17	4,585	\$631.78	5.09
55-64	9	\$657.89	4.43	1,329	\$730.62	5.04	3,811	\$650.14	5.06
65+	11	\$771.09	5.26	375	\$620.08	5.23	615	\$620.46	5.19
Total	46	\$603.91	4.64	7,255	\$684.90	5.12	15,882	\$606.52	5.29

Summary Claims Data (California)

PAID FAMILY LEAVE (PFL) PROGRAM - (TRANSITIONAL BONDING CLAIMS ONLY)									
Year	2017								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	N/A	N/A	N/A	N/A	N/A	N/A	15,785	\$273.75	5.82
25-34	N/A	N/A	N/A	N/A	N/A	N/A	79,812	\$542.61	5.88
35-44	N/A	N/A	N/A	N/A	N/A	N/A	32,946	\$720.33	5.92
45-54	N/A	N/A	N/A	N/A	N/A	N/A	432	\$778.58	5.97
55-64	N/A	N/A	N/A	N/A	N/A	N/A	5	\$611.80	6.00
65+	N/A	N/A	N/A	N/A	N/A	N/A	40	\$399.58	5.98
Total							129,020	\$555.84	5.88

PAID FAMILY LEAVE (PFL) PROGRAM - (TRANSITIONAL BONDING CLAIMS ONLY)									
Year	2016								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	N/A	N/A	N/A	N/A	N/A	N/A	16,062	\$255.33	5.84
25-34	N/A	N/A	N/A	N/A	N/A	N/A	82,021	\$523.31	5.91
35-44	N/A	N/A	N/A	N/A	N/A	N/A	31,970	\$690.12	5.94
45-54	N/A	N/A	N/A	N/A	N/A	N/A	460	\$751.98	6.00
55-64	N/A	N/A	N/A	N/A	N/A	N/A	5	\$593.20	5.49
65+	N/A	N/A	N/A	N/A	N/A	N/A	41	\$379.22	5.82
Total							130,559	\$531.95	5.91

PAID FAMILY LEAVE (PFL) PROGRAM - (TRANSITIONAL BONDING CLAIMS ONLY)									
Year	2015								
Gender	Unknown			Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	N/A	N/A	N/A	N/A	N/A	N/A	16,219	\$240.67	5.84
25-34	N/A	N/A	N/A	N/A	N/A	N/A	78,900	\$508.97	5.91
35-44	N/A	N/A	N/A	N/A	N/A	N/A	30,188	\$671.26	5.93
45-54	N/A	N/A	N/A	N/A	N/A	N/A	427	\$743.73	5.9
55-64	N/A	N/A	N/A	N/A	N/A	N/A	7	\$526.71	5.73
65+	N/A	N/A	N/A	N/A	N/A	N/A	33	\$327.94	5.77
Total	N/A	N/A	N/A	N/A	N/A	N/A	125,774	\$514.07	5.91

Summary Claims Data (California)

STATEWIDE (PFL CARE CLAIMS) BY CAREGIVING RELATIONSHIP

YEAR	Child			Spouse			Partner		
	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
2017	5,954	\$612.50	5.51	9,532	\$674.10	4.99	142	\$617.80	4.92
2016	6,155	\$596.37	5.49	9,493	\$648.96	5.07	181	\$595.64	5.35
2015	5,683	\$583.03	5.55	8,329	\$634.30	5.02	156	\$600.63	5.22

STATEWIDE (PFL CARE CLAIMS) BY CAREGIVING RELATIONSHIP

YEAR	Parent			Other			InLocoParentis		
	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
2017	9,344	\$708.02	5.11	313	\$608.28	5.19	0	\$-	0.00
2016	9,448	\$686.22	5.21	364	\$549.77	5.06	1	\$490.00	8.00
2015	8,086	\$668.42	5.25	330	\$544.80	5.01	2	\$469.00	12.07

STATEWIDE (PFL CARE CLAIMS) BY CAREGIVING RELATIONSHIP

YEAR	Legal Guardian			Parent In Law			Grandparent		
	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
2017	0	\$-	0.00	201	\$683.66	5.53	237	\$569.57	5.22
2016	0	\$-	0.00	176	\$628.07	5.43	233	\$565.21	5.35
2015	0	\$-	0.00	151	\$637.32	5.38	145	\$533.97	5.27

STATEWIDE (PFL CARE CLAIMS) BY CAREGIVING RELATIONSHIP

YEAR	Grandchild			Sibling		
	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
2017	72	\$575.17	5.31	399	\$638.76	4.73
2016	51	\$575.41	5.56	311	\$606.23	4.85
2015	50	\$510.84	5.22	253	\$613.03	4.69

Summary Claims Data (New Jersey)

DISABILITY INSURANCE PROGRAM (DI)						
Year	2017					
Gender	Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	987	*	9.38	4,266	*	8.29
25-34	3,107	*	9.07	20,558	*	8.81
35-44	3,980	*	9.11	12,985	*	8.84
45-54	6,411	*	9.52	11,159	*	9.21
55-64	8,144	*	10.08	10,807	*	9.84
65+	3,200	*	10.18	3,621	*	10.38
Total	25,829	*	9.64	63,396	*	9.10

DISABILITY INSURANCE PROGRAM (DI)						
Year	2016					
Gender	Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	1,109	*	9.00	4,093	*	8.55
25-34	3,255	*	8.92	20,033	*	8.94
35-44	3,904	*	9.06	12,739	*	8.88
45-54	6,596	*	9.64	11,281	*	9.05
55-64	7,834	*	10.25	10,468	*	9.92
65+	2,826	*	10.36	3,343	*	10.29
Total	25,524	*	9.68	61,957	*	9.15

DISABILITY INSURANCE PROGRAM (DI)						
Year	2015					
Gender	Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	1,182	*	9.05	4,426	*	8.71
25-34	3,388	*	8.85	20,211	*	9.01
35-44	4,204	*	9.20	13,300	*	8.99
45-54	7,033	*	9.63	11,951	*	9.20
55-64	8,046	*	10.11	10,517	*	9.85
65+	2,892	*	10.29	3,508	*	10.42
Total	26,745	*	9.64	63,913	*	9.22

* For a significant portion of data received from New Jersey, only partial data was received for each claim. As a result, the sample size of claims with sufficient data to estimate this amount was too small to produce a reliable result.

Summary Claims Data (New Jersey)

FAMILY LEAVE INSURANCE (FLI) PROGRAM - (BONDING + CARE CLAIMS)

Year		2017				
Gender	Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	127	*	4.52	1,282	*	5.18
25-34	2,523	*	4.54	15,460	*	5.56
35-44	1,921	*	4.62	7,657	*	5.49
45-54	527	*	4.53	1,255	*	4.66
55-64	324	*	4.59	1,046	*	4.55
65+	111	*	4.96	236	*	4.82
Total	5,533	*	4.58	26,936	*	5.45

FAMILY LEAVE INSURANCE (FLI) PROGRAM - (BONDING + CARE CLAIMS)

Year		2016				
Gender	Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	123	*	4.59	1,155	*	5.21
25-34	2,131	*	4.48	14,117	*	5.56
35-44	1,648	*	4.65	7,258	*	5.52
45-54	488	*	4.63	1,266	*	4.63
55-64	304	*	4.50	1,029	*	4.52
65+	106	*	4.91	246	*	4.57
Total	4,800	*	4.57	25,017	*	5.45

FAMILY LEAVE INSURANCE (FLI) PROGRAM - (BONDING + CARE CLAIMS)

Year		2015				
Gender	Male			Female		
Age	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	141	*	4.54	1,126	*	5.22
25-34	2,008	*	4.58	14,125	*	5.57
35-44	1,603	*	4.72	7,267	*	5.48
45-54	522	*	4.42	1,335	*	4.65
55-64	292	*	4.63	1,047	*	4.55
65+	125	*	4.70	243	*	4.97
Total	4,691	*	4.62	25,143	*	5.45

* For a significant portion of data received from New Jersey, only partial data was received for each claim. As a result, the sample size of claims with sufficient data to estimate this amount was too small to produce a reliable result.

Summary Claims Data (Rhode Island)

DISABILITY INSURANCE PROGRAM (DI)								
Year	2017							
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total DI claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total DI claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	719	1.83%	\$280.63	9.74	1,702	4.33%	\$241.33	8.81
25-34	2,006	5.11%	\$439.69	9.69	6,832	17.39%	\$419.80	9.32
35-44	2,307	5.87%	\$543.55	10.04	5,263	13.40%	\$475.84	9.61
45-54	3,273	8.33%	\$587.76	10.83	5,393	13.73%	\$484.39	10.23
55-64	3,732	9.50%	\$594.29	11.67	5,242	13.34%	\$504.99	10.61
65+	1,315	3.35%	\$498.55	12.67	1,483	3.78%	\$432.15	12.03
Total		33.99%	\$534.16	10.93		65.97%	\$450.70	9.98

DISABILITY INSURANCE PROGRAM (DI)								
Year	2016							
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total DI claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total DI claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	740	1.83%	\$267.63	10.44	1,704	4.20%	\$234.38	9.36
25-34	2,183	5.39%	\$428.43	10.38	6,988	17.24%	\$408.81	9.71
35-44	2,457	6.06%	\$523.80	10.53	5,402	13.33%	\$464.51	10.07
45-54	3381	8.34%	\$571.02	11.40	5,755	14.20%	\$474.30	10.73
55-64	3723	9.19%	\$582.05	12.23	5,303	13.08%	\$503.46	11.19
65+	1296	3.20%	\$473.35	13.15	1575	3.89%	\$403.19	12.26
Total		34.00%	\$517.20	11.47		65.94%	\$441.33	10.44

DISABILITY INSURANCE PROGRAM (DI)								
Year	2015							
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total DI claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total DI claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	772	1.90%	\$249.52	9.57	1786	4.40%	\$219.87	9.35
25-34	2210	5.45%	\$407.37	10.22	6,870	16.93%	\$391.59	9.75
35-44	2485	6.12%	\$499.24	10.96	5440	13.40%	\$453.29	10.26
45-54	3513	8.66%	\$549.99	11.44	5968	14.70%	\$459.57	10.67
55-64	3738	9.21%	\$562.12	12.06	5103	12.57%	\$473.71	11.38
65+	1239	3.05%	\$460.49	13.04	1449	3.57%	\$410.73	12.34
Total		34.16%	\$496.95	11.42		65.58%	\$424.60	10.51

* Sample sizes of claims to estimate this amount was too small for results to be reliable.

Summary Claims Data (Rhode Island)

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (BONDING + CARE CLAIMS)								
Year	2017							
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	80	1.14%	\$341.73	4.00	277	3.96%	\$282.59	3.93
25-34	1,277	18.24%	\$606.90	3.35	2,247	32.09%	\$499.55	3.77
35-44	925	13.21%	\$666.84	3.15	1,122	16.02%	\$587.03	3.71
45-54	185	2.64%	\$657.36	3.41	360	5.14%	\$523.09	3.68
55-64	124	1.77%	\$634.36	3.43	297	4.24%	\$542.97	3.71
65+	32	0.46%	\$566.13	3.88	72	1.03%	\$496.89	3.94
Total		37.46%	\$624.07	3.31		62.47%	\$513.00	3.75

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (BONDING + CARE CLAIMS)								
Year	2016							
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	73	1.09%	\$366.10	3.88	286	4.28%	\$269.97	3.90
25-34	1,184	17.71%	\$588.28	3.33	2,219	33.19%	\$504.68	3.78
35-44	868	12.98%	\$655.14	3.19	1,047	15.66%	\$580.70	3.74
45-54	175	2.62%	\$673.86	3.49	327	4.89%	\$498.48	3.55
55-64	106	1.59%	\$606.34	3.62	315	4.71%	\$526.32	3.88
65+	28	0.42%	\$496.75	3.74	57	0.85%	\$458.47	4.00
Total		36.41%	\$611.35	3.32		63.59%	\$508.12	3.77

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (BONDING + CARE CLAIMS)								
Year	2015							
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	65	1.13%	\$315.34	3.76	232	4.04%	\$258.87	3.92
25-34	988	17.21%	\$568.49	3.32	1,947	33.92%	\$488.88	3.80
35-44	676	11.78%	\$623.09	3.28	895	15.59%	\$573.54	3.71
45-54	161	2.80%	\$590.52	3.60	304	5.30%	\$505.23	3.72
55-64	108	1.88%	\$598.98	3.78	287	5.00%	\$508.87	3.83
65+	19	0.33%	\$493.63	3.60	57	0.99%	\$506.28	3.92
Total		35.14%	\$581.32	3.37		64.84%	\$497.91	3.79

* Sample sizes of claims to estimate this amount was too small for results to be reliable.

Summary Claims Data (Rhode Island)

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (BONDING + TRANSITIONAL BONDING CLAIMS)

Year		2017						
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total Parental claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total Parental claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	60	1.22%	\$399.08	4.00	230	4.67%	\$288.53	3.95
25-34	1,048	21.28%	\$635.86	3.35	1,929	39.18%	\$513.54	3.79
35-44	733	14.89%	\$692.47	3.11	821	16.67%	\$622.53	3.72
45-54	59	1.20%	\$670.66	3.31	30	0.61%	\$578.03	3.73
55-64	7	0.14%	\$719.29	2.57	6	0.12%	\$519.67	4.33
65+	*	*	*	*	*	*	*	*
Total		38.73%	\$651.55	3.27		61.25%	\$526.58	3.79

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (BONDING + TRANSITIONAL BONDING CLAIMS)

Year		2016						
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total Parental claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total Parental claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	42	0.90%	\$410.69	3.90	220	4.71%	\$275.08	3.89
25-34	963	20.60%	\$611.64	3.32	1,933	41.36%	\$519.32	3.79
35-44	675	14.44%	\$681.66	3.11	773	16.54%	\$611.64	3.76
45-54	51	1.09%	\$689.71	3.41	14	0.30%	\$523.86	4.00
55-64	1	0.02%	\$795.00	5.00	2	0.04%	\$501.50	4.00
65+	*	*	*	*	*	*	*	*
Total		37.06%	\$636.46	3.26		62.94%	\$525.32	3.79

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (BONDING + TRANSITIONAL BONDING CLAIMS)

Year		2015						
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total Parental claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total Parental claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	48	1.24%	\$348.81	3.77	185	4.76%	\$266.18	3.93
25-34	783	20.15%	\$596.86	3.30	1,689	43.46%	\$503.68	3.82
35-44	456	11.73%	\$650.92	3.24	653	16.80%	\$605.94	3.80
45-54	43	1.11%	\$581.35	3.52	20	0.51%	\$549.70	4.25
55-64	4	0.10%	\$713.25	4.25	3	0.08%	\$786.67	3.67
65+	2	0.05%	\$368.50	4.00	*	*	*	*
Total		34.38%	\$605.91	3.31		65.62%	\$513.33	3.83

* Sample sizes of claims to estimate this amount was too small for results to be reliable.

Summary Claims Data (Rhode Island)

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (TRANSITIONAL BONDING CLAIMS)

Year		2017						
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	N/A	N/A	N/A	N/A	71	30.87%	\$290.31	4.00
25-34	N/A	N/A	N/A	N/A	750	38.88%	\$550.05	3.85
35-44	N/A	N/A	N/A	N/A	285	34.71%	\$637.68	3.75
45-54	N/A	N/A	N/A	N/A	3	10.00%	\$705.00	4.00
55-64	N/A	N/A	N/A	N/A	0	0.00%	*	*
65+	N/A	N/A	N/A	N/A	*	*	*	*
Total						36.77%	\$556.36	3.83

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (TRANSITIONAL BONDING CLAIMS)

Year		2016						
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	N/A	N/A	N/A	N/A	69	31.36%	\$272.28	3.93
25-34	N/A	N/A	N/A	N/A	682	35.28%	\$544.26	3.76
35-44	N/A	N/A	N/A	N/A	253	32.73%	\$637.45	3.84
45-54	N/A	N/A	N/A	N/A	1	7.14%	\$817.00	4.00
55-64	N/A	N/A	N/A	N/A	*	*	*	*
65+	N/A	N/A	N/A	N/A	*	*	*	*
Total						37.13%	\$549.32	3.79

TEMPORARY CAREGIVER INSURANCE (TCI) PROGRAM - (TRANSITIONAL BONDING CLAIMS)

Year		2015						
Gender	Male				Female			
Age	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)	Total Number of Claims Filed (#)	Percentage of total PFL claims	Average Weekly Benefit Amount (\$)	Average Duration (# weeks)
18-24	N/A	N/A	N/A	N/A	60	32.43%	\$260.93	3.98
25-34	N/A	N/A	N/A	N/A	534	31.62%	\$529.23	3.80
35-44	N/A	N/A	N/A	N/A	183	28.02%	\$636.38	3.80
45-54	N/A	N/A	N/A	N/A	3	15.00%	\$433.67	4.00
55-64	N/A	N/A	N/A	N/A	1	33.33%	\$795.00	2.00
65+	N/A	N/A	N/A	N/A	*	*	*	*
Total		-	-	-		30.08%	\$533.70	3.81

* Sample sizes of claims to estimate this amount was too small for results to be reliable.

Leave Claimants by Income, Compared to Workforce (New Jersey)

INCOME DISTRIBUTIONS, 2017										
	All Claimants				Men			Women		
	Share of New Jersey workforce	Share of all claims	Share of TDI claims	Share of FLI claims	Share of New Jersey workforce	Share of TDI claims	Share of FLI claims	Share of New Jersey workforce	Share of TDI claims	Share of FLI claims
\$2,500 to \$24,999	30.42%	23.39%	27.11%	13.39%	25.17%	19.09%	6.45%	36.28%	30.31%	14.83%
\$25,000 to \$49,999	24.66%	37.88%	39.88%	32.51%	23.24%	38.68%	33.94%	26.25%	40.42%	32.21%
\$50,000 to \$74,999	18.07%	22.46%	19.24%	31.11%	18.06%	25.05%	32.38%	18.08%	16.85%	30.86%
\$75,000 or more	26.85%	16.27%	13.77%	22.98%	33.53%	17.18%	27.23%	19.40%	12.42%	22.11%
MEDIAN	\$43,997	\$40,963	\$37,378	\$53,021	\$52,185	\$44,398	\$56,376	\$36,389	\$34,729	\$52,306

Source: https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/S2411/0400000US34
 2013-2017 American Community Survey 5-Year Estimates; https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/B20001/0400000US34

INCOME DISTRIBUTIONS, 2016										
	All Claimants				Men			Women		
	Share of New Jersey workforce	Share of all claims	Share of TDI claims	Share of FLI claims	Share of New Jersey workforce	Share of TDI claims	Share of FLI claims	Share of New Jersey workforce	Share of TDI claims	Share of FLI claims
\$2,500 to \$24,999	30.90%	25.00%	8.31%	15.25%	25.58%	20.41%	7.33%	36.84%	31.54%	16.73%
\$25,000 to \$49,999	25.01%	39.20%	39.60%	34.04%	23.53%	39.36%	37.68%	26.67%	39.71%	33.33%
\$50,000 to \$74,999	18.15%	21.75%	18.95%	30.00%	18.18%	24.19%	30.89%	18.12%	16.81%	29.70%
\$75,000 or more	25.94%	15.05%	13.13%	20.71%	32.71%	16.04%	24.10%	18.38%	11.94%	20.07%
MEDIAN	\$42,737	\$39,582	\$36,575	\$50,464	\$51,542	\$43,137	\$53,361	\$35,866	\$34,125	\$49,932

Source: https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/S2411/0400000US34; https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/B20001/0400000US34

INCOME DISTRIBUTIONS, 2015										
	All Claimants				Men			Women		
	Share of New Jersey workforce	Share of all claims	Share of TDI claims	Share of FLI claims	Share of New Jersey workforce	Share of TDI claims	Share of FLI claims	Share of New Jersey workforce	Share of TDI claims	Share of FLI claims
\$2,500 to \$24,999	31.26%	26.27%	29.74%	15.68%	26.01%	22.05%	8.53%	37.11%	32.91%	17.01%
\$25,000 to \$49,999	25.18%	37.92%	39.26%	33.82%	23.56%	38.76%	37.18%	26.97%	39.48%	33.12%
\$50,000 to \$74,999	18.17%	21.46%	18.56%	30.28%	18.25%	24.02%	32.47%	18.09%	16.30%	29.88%
\$75,000 or more	25.39%	14.36%	12.44%	20.22%	32.17%	15.17%	21.83%	17.82%	11.31%	19.99%
MEDIAN	\$42,415	\$38,831	\$35,805	\$50,248	\$51,255	\$42,476	\$52,274	\$35,627	\$33,389	\$49,888

Source: https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/S2411/0400000US34; https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/B20001/0400000US34

Leave Claimants by Income, Compared to Workforce (Rhode Island)

INCOME DISTRIBUTIONS, 2017										
	All Claimants				Men			Women		
	Share of Rhode Island workforce	Share of all claims	Share of TDI claims	Share of FLI claims	Share of Rhode Island workforce	Share of TDI claims	Share of FLI claims	Share of Rhode Island workforce	Share of TDI claims	Share of FLI claims
\$2,500 to \$24,999	33.61%	34.67%	36.53%	24.25%	28.50%	28.70%	14.29%	39.11%	40.56%	30.21%
\$25,000 to \$49,999	29.44%	37.38%	37.31%	37.80%	28.05%	37.18%	35.90%	30.93%	37.37%	38.94%
\$50,000 to \$74,999	18.30%	15.51%	16.72%	21.93%	20.23%	21.83%	27.63%	16.21%	14.09%	18.52%
\$75,000 or more	18.66%	10.44%	9.44%	16.02%	23.22%	12.29%	22.18%	13.75%	7.98%	12.33%
MEDIAN	\$37,997	\$33,603	\$32,374	\$40,480	\$43,873	\$39,108	\$49,718	\$32,057	\$29,596	\$35,344

https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/S2411/0400000US44
https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/B20001/0400000US44

INCOME DISTRIBUTIONS, 2016										
	All Claimants				Men			Women		
	Share of Rhode Island workforce	Share of all claims	Share of TDI claims	Share of FLI claims	Share of Rhode Island workforce	Share of TDI claims	Share of FLI claims	Share of Rhode Island workforce	Share of TDI claims	Share of FLI claims
\$2,500 to \$24,999	34.89%	36.30%	38.06%	25.62%	30.03%	31.15%	15.94%	40.11%	41.62%	31.17%
\$25,000 to \$49,999	29.74%	37.44%	37.42%	37.53%	28.30%	37.00%	35.87%	31.29%	37.64%	38.49%
\$50,000 to \$74,999	17.92%	16.51%	15.67%	21.62%	19.69%	20.62%	28.02%	16.03%	13.11%	17.95%
\$75,000 or more	17.45%	9.76%	8.86%	15.23%	21.98%	11.23%	20.17%	12.57%	7.63%	12.40%
MEDIAN	\$36,604	\$32,445	\$31,254	\$39,770	\$42,001	\$37,036	\$48,924	\$31,365	\$29,036	\$35,088

https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/S2411/0400000US44
https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/B20001/0400000US44

INCOME DISTRIBUTIONS, 2015										
	All Claimants				Men			Women		
	Share of Rhode Island workforce	Share of all claims	Share of TDI claims	Share of FLI claims	Share of Rhode Island workforce	Share of TDI claims	Share of FLI claims	Share of Rhode Island workforce	Share of TDI claims	Share of FLI claims
\$2,500 to \$24,999	35.49%	38.48%	40.21%	26.20%	30.34%	33.50%	18.10%	41.01%	43.73%	30.59%
\$25,000 to \$49,999	30.12%	36.81%	36.55%	38.66%	28.95%	36.45%	37.43%	31.38%	36.60%	39.32%
\$50,000 to \$74,999	17.40%	16.07%	15.24%	21.95%	19.09%	19.91%	27.86%	15.59%	12.79%	18.75%
\$75,000 or more	16.99%	8.64%	8.00%	13.19%	21.62%	10.41%	16.61%	12.03%	6.88%	11.33%
MEDIAN	\$36,217	\$31,194	\$30,271	\$38,963	\$41,910	\$35,533	\$46,372	\$30,967	\$27,976	\$34,812

https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/S2411/0400000US44
https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/B20001/0400000US44

Distribution of TDI claims by duration (Rhode Island)

NUMBER OF TDI CLAIMS BY LENGTH OF LEAVE (2017)												
Length of leave (weeks)	Overall				Women				Men			
	All		Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more
	Percent of total											
Up to 1 week (7 days)	410	1.2%	172	238	76	103	34	25	27	62	53	30
1-2 weeks (8 to 14 days)	2046	6.0%	747	1299	388	591	209	111	128	313	200	106
2-3	2375	7.0%	846	1529	502	655	243	129	172	360	197	117
3-4	2589	7.6%	972	1617	580	675	231	131	229	394	219	130
4-5	1702	5.0%	612	1090	385	441	174	90	107	252	166	87
5-6	3008	8.9%	823	2185	755	825	362	243	184	318	203	118
6-7	2481	7.3%	495	1986	643	765	349	229	111	214	109	61
7-8	2947	8.7%	873	2074	739	803	325	207	234	314	202	123
8-9	1991	5.9%	442	1549	519	619	263	148	100	189	105	48
9-10	1612	4.8%	487	1125	466	412	160	87	122	186	115	64
10-11	1138	3.4%	333	805	344	305	115	41	82	134	69	48
11-12	2489	7.3%	926	1563	578	628	225	132	245	325	214	142
12-13	1128	3.3%	378	750	279	303	111	57	86	151	92	49
13-14	1134	3.3%	418	716	301	284	90	41	103	164	90	61
14-15	682	2.0%	224	458	208	167	60	23	64	92	47	21
15-16	1044	3.1%	429	615	285	229	73	28	151	144	93	41
16-17	546	1.6%	218	328	145	114	47	22	71	80	37	30
17-18	594	1.8%	249	345	166	120	37	22	95	86	44	24
18-19	371	1.1%	133	238	98	98	31	11	33	57	29	14
19-20	566	1.7%	235	331	157	121	31	22	58	104	43	30
20-21	278	0.8%	100	178	71	62	32	13	26	42	23	9
21-22	355	1.0%	131	224	105	87	21	11	30	60	23	18
22-23	282	0.8%	108	174	75	74	15	10	26	51	23	8

Note: Percentages may not add up to 100 due to partial missing data in some claims records.:

Distribution of TDI claims by duration (Rhode Island)

NUMBER OF TDI CLAIMS BY LENGTH OF LEAVE (2017)												
Length of leave (weeks)	Overall				Women				Men			
	All		Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more
	Percent of total											
23-24	519	1.5%	233	286	127	98	46	15	59	84	62	28
24-25	219	0.6%	88	131	50	60	13	8	17	42	20	9
25-26	330	1.0%	140	190	79	70	30	11	33	62	33	12
26-27	221	0.7%	87	134	53	54	20	7	13	39	25	10
27-28	280	0.8%	130	150	58	57	24	11	28	56	36	10
28-29	191	0.6%	67	124	46	57	19	2	6	31	19	11
29-30	353	1.0%	175	178	42	72	40	24	19	73	48	35

NUMBER OF TDI CLAIMS BY LENGTH OF LEAVE (2016)												
Length of leave (weeks)	Overall				Women				Men			
	All		Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more
	Percent of total											
Up to 1 week (7 days)	417	1.2%	163	254	74	124	30	26	24	68	57	14
1-2 weeks (8 to 14 days)	2157	6.2%	851	1306	388	580	214	124	153	374	223	101
2-3	2478	7.1%	897	1581	541	680	238	122	173	376	223	125
3-4	2531	7.2%	909	1622	599	675	223	125	199	394	204	112
4-5	1766	5.0%	646	1120	409	444	172	95	147	265	136	98
5-6	2949	8.4%	743	2206	784	841	347	234	208	292	153	90
6-7	2605	7.4%	585	2020	744	753	308	215	139	232	143	71
7-8	2814	8.0%	780	2034	745	793	305	191	208	301	165	106
8-9	2027	5.8%	486	1541	548	616	211	166	135	195	101	55
9-10	1654	4.7%	489	1165	485	465	140	75	139	193	95	62
10-11	1115	3.2%	338	777	308	299	112	58	93	138	75	32

Note: Percentages may not add up to 100 due to partial missing data in some claims records.:

Distribution of TDI claims by duration (Rhode Island)

NUMBER OF TDI CLAIMS BY LENGTH OF LEAVE (2016)												
Length of leave (weeks)	Overall				Women				Men			
	All		Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more
		Percent of total										
11-12	2261	6.5%	808	1453	572	568	207	106	258	275	164	111
12-13	1249	3.6%	376	873	324	357	121	71	94	155	88	39
13-14	1196	3.4%	430	766	312	312	96	46	139	147	99	45
14-15	786	2.2%	266	520	238	190	64	28	82	96	63	25
15-16	1028	2.9%	383	645	313	225	71	36	149	129	65	40
16-17	569	1.6%	220	349	174	131	30	14	66	93	43	18
17-18	617	1.8%	234	383	189	130	47	17	72	89	46	27
18-19	426	1.2%	182	244	118	84	28	14	70	67	29	16
19-20	614	1.8%	262	352	170	130	33	19	105	93	36	28
20-21	361	1.0%	135	226	95	103	18	10	40	64	22	9
21-22	400	1.1%	172	228	102	83	26	17	59	65	30	18
22-23	320	0.9%	127	193	91	77	20	5	35	59	23	10
23-24	540	1.5%	230	310	131	125	38	16	73	91	40	26
24-25	258	0.7%	96	162	72	61	20	9	20	35	30	11
25-26	379	1.1%	145	234	94	93	33	14	37	63	34	11
26-27	285	0.8%	113	172	69	70	24	9	18	53	31	11
27-28	367	1.0%	150	217	76	106	26	9	30	61	50	9
28-29	323	0.9%	108	215	70	115	25	5	21	49	34	4
29-30	514	1.5%	249	265	81	112	48	24	44	82	86	37

Note: Percentages may not add up to 100 due to partial missing data in some claims records.:

Distribution of TDI claims by duration (Rhode Island)

NUMBER OF TDI CLAIMS BY LENGTH OF LEAVE (2015)												
Length of leave (weeks)	Overall				Women				Men			
	All		Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more
	Percent of total											
Up to 1 week (7 days)	423	1.2%	188	235	74	114	33	14	37	84	53	14
1-2 weeks (8 to 14 days)	2260	6.5%	849	1411	481	615	216	99	178	362	219	90
2-3	2488	7.2%	901	1587	545	688	230	124	222	355	192	132
3-4	2544	7.3%	923	1621	606	671	215	129	239	396	202	86
4-5	1768	5.1%	698	1070	382	441	161	86	160	279	166	93
5-6	3000	8.7%	781	2219	847	829	334	209	228	306	153	94
6-7	2503	7.2%	528	1975	775	726	286	188	137	183	143	65
7-8	2813	8.1%	837	1976	851	684	300	141	244	316	176	101
8-9	1951	5.6%	450	1501	541	581	231	148	133	169	99	49
9-10	1570	4.5%	495	1075	465	423	124	63	158	172	120	45
10-11	1118	3.2%	303	815	335	329	100	51	96	116	55	36
11-12	2153	6.2%	805	1348	542	516	176	114	246	320	138	101
12-13	1290	3.7%	420	870	356	337	117	60	129	154	96	41
13-14	1190	3.4%	407	783	328	306	95	54	126	154	84	43
14-15	729	2.1%	259	470	217	158	72	23	99	78	50	32
15-16	1059	3.1%	421	638	299	239	66	34	173	139	77	32
16-17	572	1.7%	226	346	169	120	36	21	86	75	45	20
17-18	617	1.8%	214	403	203	130	44	26	84	74	40	16
18-19	399	1.2%	146	253	126	94	22	11	40	69	26	11
19-20	624	1.8%	267	357	186	119	40	12	105	100	40	22
20-21	345	1.0%	141	204	116	70	11	7	42	56	32	11
21-22	375	1.1%	166	209	112	69	21	7	54	69	30	13
22-23	274	0.8%	98	176	88	55	25	8	29	42	19	8

Note: Percentages may not add up to 100 due to partial missing data in some claims records.:

Distribution of TDI claims by duration (Rhode Island)

NUMBER OF TDI CLAIMS BY LENGTH OF LEAVE (2015)												
Length of leave (weeks)	Overall				Women				Men			
	All		Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more
	Percent of total											
23-24	636	1.8%	252	384	192	144	33	15	88	102	45	17
24-25	229	0.7%	96	133	71	46	13	3	32	39	19	6
25-26	358	1.0%	156	202	82	90	21	9	40	70	30	16
26-27	295	0.9%	135	160	65	63	24	8	24	62	34	15
27-28	361	1.0%	147	214	98	86	24	6	43	65	30	9
28-29	262	0.8%	109	153	65	66	21	1	18	60	23	8
29-30	452	1.3%	178	274	96	111	43	24	31	76	48	23

Note: Percentages may not add up to 100 due to partial missing data in some claims records.:

Distribution of TCI claims by duration (Rhode Island)

NUMBER OF TCI CLAIMS BY LENGTH OF LEAVE (2017)												
Length of leave (weeks)	Overall				Women				Men			
	All	Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	
	Percent of total											
Up to 1 week (7 days)	538	8.7%	344	194	47	79	49	19	12	112	114	106
1-2 weeks (8 to 14 days)	634	10.3%	377	257	63	107	54	33	31	145	94	107
2-3	560	9.1%	307	253	59	106	61	27	36	96	99	76
3-4	3543	57.3%	742	2801	809	1095	535	362	97	297	198	150

NUMBER OF TCI CLAIMS BY LENGTH OF LEAVE (2016)												
Length of leave (weeks)	Overall				Women				Men			
	All	Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	
	Percent of total											
Up to 1 week (7 days)	465	7.9%	298	167	30	74	40	23	30	76	101	91
1-2 weeks (8 to 14 days)	590	10.1%	361	229	55	89	41	44	38	123	109	91
2-3	503	8.6%	270	233	57	106	39	31	25	95	83	67
3-4	3539	60.4%	715	2824	853	1095	534	342	103	285	210	117

NUMBER OF TCI CLAIMS BY LENGTH OF LEAVE (2015)												
Length of leave (weeks)	Overall				Women				Men			
	All	Men	Women	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	\$2,500 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more	
	Percent of total											
Up to 1 week (7 days)	329	6.5%	205	124	24	48	30	22	32	61	62	50
1-2 weeks (8 to 14 days)	495	9.9%	287	208	50	93	41	24	30	94	86	77
2-3	474	9.4%	256	218	54	96	36	32	31	88	76	61
3-4	3065	61.0%	579	2477	730	968	489	290	88	251	178	62

Note: Percentages may not add up to 100 due to partial missing data in some claims records.:

ENDNOTES

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 35. See note 1; see note 21 (Klerman, Daley and Pozniak); The Council of Economic Advisors, Executive Office of the President of the United States. (2014, June). *The Economics of Paid and Unpaid Leave* (p. 12). Retrieved 27 June 2019, from https://obamawhitehouse.archives.gov/sites/default/files/docs/leave_report_final.pdf
 36. U.S. Bureau of Labor Statistics. (2017). *Table 1.4 Occupations with the most job growth, 2016 and projected 2026*. Retrieved 27 June 2019, from https://www.bls.gov/emp/ep_table_104.htm; U.S. Bureau of Labor Statistics. (2018). *Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity*. Retrieved 27 June 2019, from <https://www.bls.gov/cps/cpsaat11.pdf>
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 38. This is the sum of the total number of temporary disability insurance and paid family leave claims approved in all three state programs in the given time period (for California, July 2004 through December 2018; for New Jersey, July 2009 through December 2017; for Rhode Island, January 2014 through December 2018).
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 41. Prior to 2018, the typical weekly benefit for all workers was 55 percent of a worker's weekly wage, up to an annually adjusted maximum weekly benefit (\$1,129 in 2016). In 2018, the wage replacement rate was increased to 70 percent for workers whose quarterly earnings are at least \$929 but less than one-third of the state average. For higher-paid workers, weekly benefits are the

higher of 60 percent of the worker's weekly wage or 23.3 percent of the state average weekly wage, up to an annually adjusted maximum weekly benefit (\$1,252 in 2019). Workers whose quarterly earnings are less than \$929 receive a weekly benefit of \$50.

42. Data for 2018 were not yet available as of June 2019. New Jersey Department of Labor and Workforce Development. (2010, December). *Family Leave Insurance & Temporary Disability Insurance Programs Annual Report for 2009*. Retrieved 27 June 2019, from <https://dspace.njstatelib.org/xmlui/handle/10929/31583>; New Jersey Department of Labor and Workforce Development, Office of Research and Information. (n.d.) *Temporary Disability Insurance Workload, Summary Reports, years 2014-2017*. Retrieved 27 June 2019, from <https://myleavebenefits.nj.gov/labor/myleavebenefits/about/stats/>
43. Rhode Island Department of Labor and Training. (n.d.) *TDI Annual Update, years 2014 through 2018*. Retrieved 27 June 2019 from <http://www.dlt.ri.gov/lmi/uiadmin.htm>
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47. WORLD Policy Analysis Center. (2018, February). *A Review of the Evidence on the Length of Paid Family and Medical Leave*. Retrieved 27 June 2019, from <https://www.worldpolicycenter.org/sites/default/files/WORLD%20Brief%20-%20Length%20Paid%20Family%20and%20Medical%20Leave.pdf>
48. See note 19.
49. A Better Balance. (2019, February). *Constructing 21st Century Rights for a Changing Workforce: A Policy Brief Series*. Retrieved 27 June 2019, from <https://www.abetterbalance.org/resources/report-constructing-21st-century-rights-for-a-changing-workforce-a-policy-brief-series/>
50. New Jersey workers with earnings between \$2,500 and \$24,999 in the past 12 months as a share of the civilian employed population in New Jersey. (Workers with earnings less than \$2,500 were excluded from the calculation because they likely fall below minimum eligibility requirements to be covered by New Jersey's paid leave program.) U.S. Census Bureau. (2018). *American Community Survey 5-Year Estimates 2017, Geographies: New Jersey, Table B20001: Sex by Earnings in the Past 12 Months (in 2017 Inflation-Adjusted Dollars) for the Population 16 Years and Over with Earnings in the Past 12 Months*. Retrieved 27 June 2019, from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/B20001/0400000US34
51. Due to limitations of the administrative data received from New Jersey, this analysis estimates the annual income of each claimant based on the weekly benefit received, in effect back-calculating

wages based on the wage replacement.

52. See note 1.

53. Khullar, D., & Chokski, D. A. (2018, October 4). *Health, Income, & Poverty: Where We Are & What Could Help*. Retrieved 27 June 2019, from Health Affairs website: <https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full/>; University of Wisconsin Population Health Institute. (2019). *County Health Rankings Key Findings Report* (p. 3). Retrieved 27 June 2019, from <http://www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings-report>; Orgera, K., & Artiga, S. (2018, August). *Disparities in Health and Health Care: Five Key Questions and Answers* (p. 2-4). Retrieved 27 June 2019, from Kaiser Family Foundation website: <https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>

54. Rhode Island workers with earnings between \$2,500 and \$24,999 in the past 12 months as a share of the civilian employed population in Rhode Island. (Workers with earnings less than \$2,500 were excluded from the calculation because they likely fall below minimum eligibility requirements to be covered by Rhode Island's paid leave program.) U.S. Census Bureau. (2018). *American Community Survey 5-Year Estimates 2017, Geographies: Rhode Island, Table B20001: Sex by Earnings in the Past 12 Months* (in 2017 Inflation-Adjusted Dollars) for the Population 16 Years and Over with Earnings in the Past 12 Months. Retrieved 27 June 2019, from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/B20001/0400000US44

55. Ibid.

56. See Appendix C for full data tables from California.

57. See note 19 (Bana, Bedard and Rossin-Slater). The authors had access to two administrative data sets that allowed them to match individual claims with earnings records. For bonding claims, their analysis compares the income distribution of bonding claimants with the income distribution of employed parents with children under one year of age. Because California's program eligibility has a very modest income threshold, the latter should be a close approximation of the actual population of individuals who could have applied for leave. The analysis did not include TDI use.

58. Lawmakers in California and New Jersey have enacted laws to increase their respective programs' wage replacement rates; nearly all leave-taking experiences described in this report occurred before these improvements were passed. For lower-income workers, California's wage replacement rate increased from 55 percent to 70 percent (effective 2018) and New Jersey's from 66 percent to 85 percent (effective 2020). Findings in this report reflect program utilization before these improvements took effect.

59. Rhode Island eliminated waiting periods for all leave purposes (effective July 2012); California (effective January 2018) and New Jersey (effective July 2019) no longer have a waiting period for family caregiving or child bonding leave, but retain a seven-day waiting period for personal medical leave.

60. Patten, E. (2015, November 4). *How American parents balance work and family life when both work*. Retrieved 26 June 2019, from Pew Research Center website: <https://www.pewresearch.org/fact-tank/2015/11/04/how-american-parents-balance-work-and-family-life-when-both-work/>

61. See e.g., Boushey, H. (2016). *Finding Time: The Economics of Work-Life Conflict*. Harvard University Press; Glynn, S. J. (2018, April). *Gender Wage Inequality: What we know and how we can fix it*. Retrieved 26 June 2019, from Washington Center for Equitable Growth website: <https://equitablegrowth.org/research-paper/gender-wage-inequality/>
62. See e.g., Organisation for Economic Co-operation and Development. (2016, March). *Parental leave: Where are the fathers?* Retrieved 19 June 2019, from <https://www.oecd.org/policy-briefs/parental-leave-where-are-the-fathers.pdf>; Dow, W. H., Goodman, J. M., & Stewart, H. (2017, November). San Francisco's Paid Parental Leave Ordinance: The First Six Months. Retrieved 26 June 2019, from <http://www.populationsciences.berkeley.edu/sites/default/files/SF%20Paid%20Parental%20Leave%20-%20UC%20Berkeley%20issue%20brief%201.pdf>
63. See e.g., Quillian, L., Pager, D., Hexel, O., & Midtboen, A. H. (2017, September 12). *Meta-analysis of field experiments shows no change in racial discrimination in hiring over time*. PNAS Publication. Retrieved 26 June 2019, from <http://www.pnas.org/content/114/41/10870>; Couch, K.A., & Fairlie, R. (2010, February). Last Hired, First Fired? Black-White Unemployment and the Business Cycle. *Demography*, 47(1): 227-247. Retrieved 26 June 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000014/>; Kalev, A. (2014, January 29). How You Downsize Is Who You Downsize: Biased Formalization, Accountability, and Managerial Diversity. *American Sociological Review*, 79(109). Retrieved 26 June 2019, from <http://people.socsci.tau.ac.il/mu/alexandrakalev/files/2015/07/Kalev-2014.pdf>
64. For more information about state laws providing access to job-protected leave that goes beyond the baseline set by the FMLA, see National Partnership for Women & Families, "Raising Expectations: A State-by-State Analysis of Laws That Help Working Family Caregivers," <http://www.nationalpartnership.org/our-work/resources/workplace/raising-expectations-2018.pdf>
65. For example, to be eligible for paid leave in New Jersey, an employee must have had at least 20 calendar weeks of covered New Jersey employment, earning \$172 or more each week, or must have been paid \$8,600 or more in such employment during the base period. In California, workers must earn just \$300 during the base period to be eligible. See Appendix B for a detailed analysis of state paid leave programs.
66. See note 21 (Klerman, Daley and Pozniak).
67. Diversity Data Kids, The Heller School for Social Policy and Management at Brandeis University. (n.d.). *Inequities in Eligibility for FMLA Leave*. Retrieved 26 June 2019, from <http://www.diversitydatakids.org/files/Policy/FMLA/Capacity/Inequities%20in%20FMLA%20eligibility.pdf>
68. When the expansion is implemented, New Jersey will have the most inclusive coverage for family caregiving of any state program, including a claimant's child, parent, parent-in-law, spouse, domestic partner, civil union partner, sibling, grandparent, grandchild, any person related by blood and/or any person with whom the employee has close association that is equivalent of a family relationship.
69. Fremstad, S., Glynn, S. J., & Williams, A. (2019). *The Case Against Marriage Fundamentalism: Embracing Family Justice for All*. Retrieved 26 June 2019, from Family Story Project website: <https://familystoryproject.org/case-against-marriage-fundamentalism/>

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70. New Jersey Department of Labor and Workforce Development. (2018, September). *Annual Report for 2017 Family Leave Insurance and Temporary Disability Insurance Programs* (Tables 2, 6 and 7). Retrieved 26 June 2019, from https://myleavebenefits.nj.gov/labor/myleavebenefits/assets/pdfs/ANNUAL_FLI-TDI_REPORT_FOR_2017.pdf By some reports, New Jersey's call center may be understaffed, resulting in difficulty reaching a help agent, although this study did not investigate workload or outcomes at the call center.
71. There may be tensions between this goal and the interest of policymakers, researchers and the public in collecting additional information about applicants to better understand program use, such as data about applicants' demographics or occupational distribution. The results of this research – including difficulties faced in analyzing administrative microdata – also indicate that requiring applicants to provide additional information in claim submissions may not always result in data usable by analysts, without adequate investment in technical infrastructure that can input, store and output large data sets efficiently and reliably. For example, New Jersey requests that applicants report their occupation, but collects their responses as a free-form text submission rather than using standard occupational codes used in other economic data sets, making the data difficult to analyze. If it is decided to collect more information than strictly required to process applications, administrators should consider requiring standardized formats for data input.
72. For example, California's paid family and medical leave program calculates benefits based on the highest paid quarter of the employee's base period, which is the same measure used to calculate state unemployment insurance benefits. California Employment Development Department. (n.d.). *Calculating Benefit Payment Amounts*. Retrieved 27 June 2019, from https://www.edd.ca.gov/Disability/Calculating_DI_Benefit_Payment_Amounts.htm; California Employment Development Department. (2012, February). *Unemployment Insurance: A Guide to Benefits and Employment Services*. Retrieved 27 June 2019, from https://www.edd.ca.gov/pdf_pub_ctr/de1275a.pdf
73. Anderson, M., Perrin, A., Jiang, J., & Kumar, M. (2019, April 22). *10% of Americans don't use the internet. Who are they?* Retrieved 26 June 2019, from Pew Research Center website: <https://www.pewresearch.org/fact-tank/2019/04/22/some-americans-dont-use-the-internet-who-are-they/>
74. Pew Research Center. (2019, February 5). *Mobile Fact Sheet*. Retrieved 26 June 2019, from <https://www.pewinternet.org/fact-sheet/mobile/>
75. For example, California EDD offers a sample benefit calculator on its website: https://www.edd.ca.gov/Disability/PFL_Calculator.htm
76. Lawmakers can include language and disability accessibility standards in paid leave program statutes to ensure application,

enforcement and educational materials are accessible. Individual states may already have accessibility rules governing state agencies or other programs that would apply to a paid leave program.

77. U.S. Census Bureau. (2017). *American Community Survey 1-Year Estimates: Table S1601, Language Spoken at Home*. Retrieved 26 June 2019, from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>
78. See U.S. Census Bureau. (2017). *American Community 1-Year Estimates: Table B16022, Detailed Household Language by Household Limited English Speaking Status*. Retrieved 26 June 2019, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B16002&prodType=table
79. In California, between July 2004 and December 2018, workers filed more than 3 million paid family leave claims. Eighty-eight percent of those claims, 2.7 million, were for bonding with a new child. In 2018, 86 percent of family leave claims were for bonding with a new child. (Source: State of California Employment Development Department. (2018). *Paid Family Leave (PFL) – Monthly Data*. Retrieved 26 June 2019, from <https://data.edd.ca.gov/Disability-Insurance/Paid-Family-Leave-PFL-Monthly-Data/r95e-fvkm/data>)
80. Artiga, S., Tolbert, J., & Rudowitz, R. (2016, April). *Implementation of the ACA in Kentucky: Lessons Learned to Date and the Potential Effects of Future Changes*. Kaiser Family Foundation. Retrieved 20 June 2019, from <http://files.kff.org/attachment/issue-brief-implementation-of-the-aca-in-kentucky-lessons-learned-to-date-and-the-potential-effects-of-future-changes>
81. See “Employer Requirements,” https://www.edd.ca.gov/Disability/Employer_Requirements.htm
82. See also A Better Balance. (2018, October). *For the Health of Our Families: Engaging the Health Community in Paid Family Leave Outreach and Education*. Retrieved 26 June 2019, from <https://www.abetterbalance.org/resources/report-for-the-health-of-our-families-engaging-the-health-community-in-paid-family-leave-outreach-and-education/>
83. New Hampshire Department of Health and Human Services. (n.d.). *New Hampshire WIC Outreach Plan, 2017-2019*. Retrieved 26 June 2019, from <https://www.dhhs.nh.gov/dphs/nhp/wic/documents/outreach-plan.pdf>
84. See note 12; see note 15 (Appelbaum and Milkman); Milkman, R., & Appelbaum, E. (2014). Low-Wage Workers and Paid Family Leave: The California Experience. *What Works for Workers?: Public Policies and Innovative Strategies for Low-Wage Workers* (p. 305). New York: Russell Sage Foundation Publications.; Lerner, S., & Appelbaum, E. (2014, June). *Business as Usual: New Jersey Employers’ Experiences with Family Leave Insurance*. Retrieved 25 June 2019, from the Center for Economic and Policy Research website: <http://www.cepr.net/documents/nj-fli-2014-06.pdf>; Ramirez, M. (2012). *New Jersey Business and Industry Association: The Impact of Paid Family Leave on New Jersey Businesses*. Retrieved 25 June 2019, from Bloustein School of Planning and Public Policy at Rutgers, the State University of New Jersey website: <http://bloustein.rutgers.edu/wp-content/uploads/2012/03/Ramirez.pdf>
85. In addition to its paid family leave and temporary disability insurance programs, New Jersey has job-protected family leave that expands protections beyond the federal FMLA, and paid sick and safe days for all workers. For more information about state laws

providing access to job-protected leave that goes beyond the baseline set by the FMLA, see National Partnership for Women & Families, “Raising Expectations: A State-by-State Analysis of Laws That Help Working Family Caregivers,” <http://www.nationalpartnership.org/our-work/resources/workplace/raising-expectations-2018.pdf>

86. These laws also typically specify that failure to provide notice does not render an individual ineligible for benefits. For example, the District of Columbia specifies the following requirements: (a1) To the extent practicable, an eligible individual shall provide written notice to his or her employer of the need for the use of paid leave benefits provided in this act before taking leave. (2) The written notice shall include a reason for the absence involved, within the parameters of the Health Insurance Portability and Accountability Act of 1996, approved August 21, 1996 (Pub.L.No. 104-191; 110 Stat. 1936), and the expected duration of the paid leave. (3) If the paid leave is foreseeable, the written notice shall be provided at least 10 days, or as early as possible, in advance of the paid leave. (4) If the paid leave is unforeseeable, a notification, either oral or written, shall be provided before the start of the work shift for which the paid leave is being used. (5) In the case of an emergency, the eligible individual, or another individual on behalf of the eligible individual, shall notify the eligible individual’s employer, either orally or in writing, within 48 hours of the emergency occurring. (6) Nothing in this subsection shall be construed to deny an eligible individual paid leave benefits to which he or she is otherwise entitled pursuant to this act. D.C. Code § 32-541.07(a)
87. Interviewees could name multiple ways that they had managed absences, and so totals add up to more than 100 percent.
88. For a list of jurisdictions with paid sick days laws, see National Partnership for Women & Families. (2019, May). *Current Paid Sick Days Laws*. Retrieved 25 June 2019, from <http://www.nationalpartnership.org/our-work/resources/workplace/paid-sick-days/current-paid-sick-days-laws.pdf>. For a list of policies that support working family caregivers, including state FMLAs, see National Partnership for Women & Families. (2018, September). *Raising Expectations: A State-by-State Analysis of Laws That Help Working Family Caregivers*. Retrieved 25 June 2019, from <http://www.nationalpartnership.org/our-work/resources/workplace/raising-expectations-2018.pdf>
89. See note 15 (Appelbaum and Milkman).
90. An HR manager for a large insurance provider indicated that eligibility for benefits provided through private insurance coverage may depend on whether a condition impairs a person’s ability to work, while state benefits may be based on expected recovery time.