REPORT

Do Market Options Provide Time to Care? Evaluating Private Insurance-Based Approaches to State Paid Family Leave Access

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DECEMBER 2025

EXECUTIVE SUMMARY

The United States' failure to establish a national approach to guaranteeing that people have access to paid family and medical leave (PFML) means that people's experiences vary by what their employers choose to offer, leaving tens of millions of working people in the United States without access to paid parental, family caregiving, or personal medical leave at their jobs.

Some states have recognized and sought to address this national gap for working families. First, over the last two decades, 14 jurisdictions[1] have created—and many more have considered— comprehensive paid leave programs that apply nearly universally to all people working in private sector jobs in the state.

More recently, other states have taken a different approach. These states have positioned paid leave as an optional resource that employers and/or individual workers should be able to choose to purchase and, in some cases, have created incentives for them to do so. They have experimented with various market-based efforts to expand paid leave access without employer mandates or tax increases. As of the end of 2025, these policy approaches follow one of two basic models:

- **Public-private partnership model:** A state contracts with a private insurer to offer a standardized, opt-in paid leave product to employers and potentially individuals. Two states—New Hampshire and Vermont—have followed this approach.
- **Voluntary insurance sale model:** A private insurance company sells a paid leave product to an employer, with some limited state regulation but without standardized pricing or coverage. In eight states—Alabama, Arkansas, Florida,

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Kentucky, South Carolina, Tennessee, Texas, and Virginia—lawmakers have passed laws authorizing the insurance commission to approve the sale of PFML products. In other states, insurers have used existing authorizations for the approval of other insurance products to ask for permission to sell PFML insurance policies.

As legislators in more states consider options to increase workers' access to paid family and medical leave, understanding the strengths and limitations of market-based paid leave—and how coverage compares to universal, comprehensive programs—is essential. This report explores how these two market-based models at the state level have been adopted and implemented. Examining aspects of the models such as program design and flexibility, as well as insurer, employer, and worker participation, this report assesses the extent to which these approaches are increasing workers' access to paid leave, how accessible and navigable they are for employers, and how transparent and accountable they are for evaluation.

Based on the available data, we find that public-private partnership models cover a small share of the workforce that may stall or decrease over time. The limited available evidence also suggests a real risk of adverse selection undermining the sustainability of this model. States that have authorized the sale of private insurance and private insurers themselves provide minimal information and lack transparency. There is little evidence of significant employer uptake of policies under this model, and insurance industry stakeholders do not expect this approach, absent a mandate for coverage, to generate widespread employer purchase of policies. We conclude that these approaches are ineffective at meaningfully expanding the number of workers with access to paid leave and the number of employers who decide to purchase or provide paid leave and create risks of increasing labor market inequities.

Introduction

The United States is a global outlier in not guaranteeing paid leave to workers nationwide. The country's failure to establish a national paid family and medical leave (PFML) program means that people's experiences vary by what their employers choose to offer, leaving tens of millions of working people in the United States without access to paid family leave or paid medical leave at their jobs.[2]

Some states have recognized and sought to address this national gap in providing a basic support for working families in different ways. First, over the last two decades, a growing number of states has experimented with comprehensive paid leave policy approaches. Since 2002, 14 jurisdictions[3] have passed PFML programs that apply nearly universally to all people working in private sector jobs in the state.

These comprehensive, universal programs vary in detail, but nearly all share a basic structure. Thirteen of the fourteen jurisdictions with universal paid leave requirements create "public insurance" pools set up as social insurance programs that cover the vast majority of workers in nearly all businesses.[4] The other (New York) requires employers to provide PFML to their workers and relies on a robust private market and a public option to do so. All but two of these programs also include the option for employers to self-insure or buy third-party insurance rather than participating in the public fund.

The core feature of these programs is universal coverage and the comprehensive nature of the leave that is offered. Leave is available for parents bonding with a new child, a worker caring for a family member with a serious health condition, a workers' own serious health condition, military caregiving and exigency leave and, in some cases, safe/domestic violence leave. Workers in these states typically receive 70-90 percent of their usual wages for an average of 12 weeks. These programs are funded by employer and/or employee payroll contributions.[5]

More recently, other states have taken a different approach. These states have positioned paid leave as an optional resource that employers and/or individual workers should be able to choose to purchase and, in some cases, have created incentives for them to do so. They have taken various market-based efforts to expand paid leave access without employer mandates or tax increases. As of the end of 2025, these approaches follow one of two basic models:

- **Public-private partnership model:** A state contracts with a private insurer to offer a standardized, opt-in paid leave product to employers and potentially individuals. Two states—New Hampshire and Vermont—have followed this approach.
- **Voluntary insurance sale model:** A private insurance company sells a paid leave product to an employer, with some limited state regulation but without standardized pricing or coverage. In eight states—Alabama, Arkansas, Florida, Kentucky, South Carolina, Tennessee, Texas, and Virginia—lawmakers have passed laws authorizing the insurance commission to approve the sale of PFML products. In other states, insurers have used existing authorizations for the approval of other insurance products to ask for permission to sell PFML insurance policies.

As legislators in more states consider options to increase workers' access to paid family and medical leave, understanding the strengths and limitations of market-based paid leave is essential. In particular, as elected officials and policymakers consider different models for paid leave, they should examine to what extent various approaches meet workers' needs for leave, provide an even playing field for employers of all sizes, and ensure transparency and accountability for lawmakers and the public.

This report explores how these two market-based models at the state level have been adopted and implemented, drawing on a legislative analysis; insurance filings, official reports and media; and interviews with individuals with experience in the insurance industry, a paid leave insurance researcher, and a state human resources commissioner.[6] **Examining aspects of the models such as program design and flexibility, as well as insurer, employer, and worker participation to the extent possible, this report assesses the extent to which these approaches are increasing workers' access to paid leave, how accessible and navigable they are for employers, and how transparent and accountable they are for evaluation.**

There is one additional voluntary incentive in the paid leave landscape that exists federally: a provision in the IRS tax code known as "45S," which provides tax credits to employers that voluntarily offer paid parental, family care, or personal medical leave benefits to workers under a certain income threshold.[7] These credits have been available since 2018 and were expanded and made permanent in 2025. The evidence that exists suggests these credits have not been widely utilized.[8] The changes made in 2025 may improve employers' take up of the credit for paid leave policies that they may newly establish or to offset costs of benefits they are already providing. Analysis of the federal tax credit is outside the scope of this report and future research should examine whether there are interaction effects between 45S credits and the utilization of state-based market approaches once data is available.

Table of Contents

History of Market-Based Approaches to Paid Family and Medical Leave

Market-based incentive approaches to expanding paid leave access in states with more conservative political leadership entered the paid leave policy landscape in the late 2010s as a response to a growing number of more progressive states passing comprehensive, universal policies and growing conservative lawmakers' attention to the issue.[9] In an effort to take different approaches to public policy, two governors led on the concept of public-private partnerships, and the National Council of Insurance Legislators (NCOIL) developed model legislation for the sale of private insurance that has now been adopted in several states.

Public-Private Partnership Model

At the beginning of 2019, as the legislatures of New Hampshire and Vermont were both poised to consider legislation to create comprehensive, universal paid family and medical leave programs by establishing public paid leave social insurance systems similar to those adopted in seven of the now-14 other jurisdictions at that time, the states' governors issued a joint statement proposing a bi-state plan to create a paid family and medical leave insurance market. In the governors' model, the states would jointly contract with a private insurer to cover all state employees, providing a pool of guaranteed participation, and other employers would be able to purchase the same plan at a rate based on the employer's size and the state rate. Individuals whose employers did not buy coverage would be able to opt in.[10] The states did not end up adopting a joint program, but each state subsequently created a public-private partnership along similar lines.

New Hampshire was the first state to pass and implement a public-private partnership for paid leave in 2021 under the Granite State Paid Family Leave Act,[11] after Governor Chris Sununu vetoed a comprehensive, social insurance-style program in 2019, citing his opposition to raising taxes.[12] The 2021 law established a process by which the state government would contract with a private insurance company to provide paid family and medical leave insurance for state employees, and private employers and individuals would be able to opt into coverage on set terms. It also established a tax incentive for businesses to opt in. After enacting the Granite State Paid Family Leave Act, the state issued a request for bids, with just one insurer submitting a complete application to provide PFML insurance services to the state.[13] New Hampshire contracted with MetLife in 2022, which now provides paid leave insurance to eligible state employees and offers a product to employers and individuals in the state under terms specified by the state.[14] Coverage started for private employers and individuals on January 1, 2023.[15]

Vermont's governor Phil Scott followed a similar path. Scott vetoed a comprehensive, social insurance-style paid family and medical leave program in 2018, citing a concern about raising taxes in Vermont.[16] In 2022, Scott created a public-private partnership like New Hampshire's using executive authority.[17] After a bidding process that received three applications,[18] Vermont selected The Hartford, which implemented a phased rollout with state employee coverage starting in July 2023, employer purchase of coverage starting in July 2024, and individual purchase of coverage starting July 2025.[19]

Voluntary Insurance Sale Model

A second group of states, beginning with Virginia, has adopted a second model, legislation that authorizes the sale of paid family leave insurance to employers in states that require specific authorization.[20] Virginia passed its law in April 2022.[21] Notably, in November 2022, NCOIL, an association focused on protecting and preserving state control over insurance regulation, adopted model legislation that created a loose framework for states to authorize paid family leave insurance sales.[22] The model bill contemplates that insurers currently offering disability insurance products are positioned to expand their offerings to paid family leave insurance.[23]

Since then, seven states have adapted and passed NCOIL-style legislation, all located in the southeastern United States:

- Texas (2023)
- Florida (2023)
- Tennessee (2023)
- Kentucky (2023)
- Alabama (2024)
- Arkansas (2024)
- South Carolina (2024)[24]

Arguments For and Against Market-Based Approaches to Paid Leave

While market-based models vary, proponents of each highlight potential advantages of flexibility, particularly for private-sector employers. New Hampshire's Governor Sununu said he favored a public-private model to give employers the opportunity to provide PFML at reduced rates to their employees (compared to market rates without the state's participation) and for employees who want to purchase their own coverage, without raising taxes on all New Hampshire workers.[25]

Insurance industry stakeholders supportive of authorizing the sale of voluntary insurance argue that it allows for innovation, customizing offerings to client demand. In addition, they say that it allows the insurer to alter the product according to employer feedback. (These features may apply more to voluntary insurance sales models than to public-private partnership models.) This group of stakeholders also expresses support for expanding paid leave coverage generally. For example, a representative of The Hartford shared the company's position on the sale of paid leave insurance in states without comprehensive programs, saying, "we are committed to providing support for paid leave to employers across the country, to as many states as possible."

However, not all supporters of a private insurance role in paid family leave are proponents of these particular models. Another insurance industry stakeholder stated that it takes several years to build a market after states authorize the sale of paid family leave insurance because there is no state mandate to offer the plans and thus little incentive for employers to participate or for insurers to invest resources in seeking out new clients, particularly among small employers. This stakeholder believed the best solution is a comprehensive model, but with an option for employers to meet the statewide paid leave requirement by purchasing a private plan—this preference reflects the approach that 12 of the 14 comprehensive paid leave jurisdictions have taken.[26]

Insurance industry stakeholders also expressed concerns about the public-private partnership model. One stated that New Hampshire and Vermont's programs were financially unsustainable due to capped prices and self-selection – in other words, only individuals and employers with expectations about their workers' needs for paid leave benefits would buy coverage and enter the insured pool, making costs relatively high per insured individual, and the cap on premiums meant that revenue might not cover the insurer's expenses for benefits and administration. Another believed that the model, which features a state contract with one provider, makes competition too difficult for other private insurance alternatives to enter the market.

Researchers and legislators have shared some of the above concerns about sustainability and adverse selection.[27] Concerns have also been raised about the impacts on workers, including that market-based models perpetuate uneven access to paid leave, are inequitable for employees, lack worker protections and are difficult to access.[28]

Criticisms include, for example, that both the public-private partnership and the voluntary insurance sales model allows insurers to use risk or experience rating to set premiums based on workforce demographics, potentially outpricing small businesses and raising concerns about hiring discrimination, particularly for women.[29] Currently, none of the voluntary insurance sales state statutes encourage creating cost-sharing mechanisms that would encourage small employers to band together into a pool to reduce premiums.

In addition, while market-based models, including both public-private partnerships and voluntary insurance sales, may arguably allow for faster expansion and policy innovation, these critiques suggest that the lack of requirements for coverage may further engrain labor market inequalities. In other words, employers already opting to offer more generous pay and benefits in other areas are more likely to add or expand paid family leave policies, while other employers have little incentive or pressure to buy coverage, thereby doing little to narrow gaps in access to paid leave; in voluntary sales states, individual workers have no options for self-coverage.

Finally, the standards for coverage, particularly in voluntary insurance sales, compare poorly to those typically set in comprehensive state programs, including duration requirements, wage replacement rates, and worker protections such as job protection and anti-retaliation. The lack of specificity in setting standards for coverage raises concerns that even if these approaches lead to expanded paid leave coverage, plans will fall short of meeting employees' needs and could leave them vulnerable to negative job consequences for taking leave.

Legislative and Policy Analysis

Summary of Public-Private Partnership Plans

	New Hampshire	Vermont
Coverage	State employees Employees of employers who buy coverage Individuals whose employers do not buy coverage and who choose to buy individual plans	State employees Individuals whose employers do not buy coverage and who choose to buy individual plans
Wage replacement	60% of average weekly wages up to Social Security taxable cap	60% of average weekly wages up to Social Security taxable cap; employer may purchase plan with higher rate
Duration of leave	Six weeks; employer may purchase a plan offering 12 weeks	Six weeks; employer may purchase plan offering up to 26 weeks
Premium cost	State coverage: Information not available. Employer coverage: Determined by insurer, employer may charge employees in full or part Individual coverage: Determined by insurer, no more than $5 per week	State coverage: Information not available. Employer coverage: Determined by insurer, employer may charge employees in full or part Individual coverage: Determined by insurer
Purposes covered	Child bonding leave, family caregiving leave including military exigency and servicemember caregiving leave, own medical leave when disability coverage does not apply,	Employer coverage: Employer may select either child bonding leave, family caregiving leave, military exigency leave and servicemember caregiving leave, or all of those plus own medical leave State coverage and individual coverage: All purposes listed above
Family definition	Child, spouse or domestic partner, parent, grandparent	Child, spouse or domestic/civil union partner, parent
Minimum tenure for eligibility	Determined by state commissioner	Information not available
Waiting period	State coverage: Commissioner determines Employer coverage: Employer/insurance contract determines Individual: seven months	State coverage: None specified Employer coverage: Six months if employee-paid coverage, otherwise employer/insurance contract determines Individual: seven months

Elimination period	State coverage: Commissioner determines Employer coverage: Employer/insurance contract determines Individual: One week	Information not available

Public-Private Partnership Model

Under New Hampshire's program, the state purchases insurance for all qualifying state employees;[30] private employers can purchase policies for their workforce at the state's rate, adjusted based on "actuarially justified" rating factors, and individuals whose employers do not purchase coverage can purchase individual policies for a maximum of $5 per week.[31] MetLife offers this product as a stand-alone group insurance policy. While there is nothing that precludes other insurers from selling policies in New Hampshire, our research shows that the state's contract with MetLife and preferential tax benefits for employers who purchase policies through MetLife has functionally limited the market to this one carrier.

Under the statute, insurance coverage would offer 60 percent of the employee's average weekly wage, for wages up to the Social Security taxable cap (amounting to $2,031.92 per week in 2025).[32] Leave may be taken for a maximum of six weeks total per year across all leave purposes.[33] Some employers can ask for a customized plan that provides 12 weeks of insured leave.[34]

By statute, the commissioner determines a tenure requirement before an employee may be eligible to take leave, both for state employees and for employers who are purchasing coverage. The commissioner also determines whether there is a waiting period to claim benefits and how long that period is.[35] For the individual coverage pool, the statute provides a seven-month waiting period (workers must pay in before being eligible to make a claim), a one-week elimination period (before an employee with a claim is eligible for benefits), and a 60-day annual open enrollment period.[36] As implemented, private employers may have a waiting period before employees can file a claim if stipulated by their contract with the insurance company. A waiting period in this case is a period where the employer and/or employees pay the monthly premium, before being eligible to make a claim. Participating employers have the option to cover the cost for employees in full or in part, or to charge the full price to employees. While premiums for some employer plans match the rate the state pays to insure its own employees, the rates for others vary by the parameters of the employers' workforce.[37] Individual plans are capped at five dollars per week.[38]

The types of covered leave include the birth and care of a newborn child or the placement of an adopted or foster child ("child bonding leave" in this report); care of a spouse, parent or child with a serious health condition ("family caregiving leave");

certain needs related to a family member's active-duty military deployment ("military exigency leave") and care for a seriously ill or injured servicemember if the employee is their spouse, child, parent, or next of kin.[39] The qualifying events for family care and child bonding echo those in the federal Family and Medical Leave Act (FMLA), except for conditions related to pregnancy and recovery from childbirth or an individual's own serious health condition, which would be covered by short-term disability insurance (STD), if the employee has it. While these are not covered in the statute, the New Hampshire PFML website states that another qualifying reason for leave includes recovery from one's own serious illness or childbirth, when disability coverage does not apply.[40]

Qualifying family relationships for family caregiving leave are for a child, which has the same meaning as "son or daughter" in 29 U.S.C. section 2611(12), as well as a biological, adoptive, or foster parent, stepparent, or legal guardian of the child or the child's spouse or domestic partner, a biological, adoptive, or foster grandparent or step-grandparent, or a spouse or domestic partner.[41]

The New Hampshire law also establishes a Family and Medical Leave Insurance Advisory Board, which includes one state senator, one state representative, and seven members appointed by the governor, including three representing employees and three representing employers.[42] This board is to support the insurance commissioner in "formulating policies and discussing problems related to the implementation and administration."[43] The state government is also required by statute to produce an annual report on the state paid leave plan, including information about implementation, progress toward improving employee paid leave coverage, and recommendations; and must develop an outreach plan for employers and individuals.[44] Finally, the state also created a business tax credit, effective July 2021, for 50 percent of the premium an employer pays for family and medical leave insurance under this program.[45]

Vermont's public-private partnership operates along similar lines, with the state government purchasing a paid family and medical leave insurance product to cover all qualifying state employees, and the insurer, The Hartford, making paid leave products available to private-sector employers, non-state public employers, self-employed individuals and individuals whose employers do not buy coverage.[46] For state employees, the insurance covers 60 percent wage replacement for up to six weeks total, with a benefit cap based on the Social Security taxable wage base ($2,031.92 per week in 2025), and includes all qualifying events listed below.[47] The individual plan available to employees not otherwise covered by an employer plan and self-employed individuals follows the same parameters.[48] Other employers select among various plan options in addition to the state plan, which variously offer higher wage replacement rates, greater duration of leave, coverage for only some qualifying conditions, and variations in waiting periods and elimination periods.[49] State employees gained coverage and access to claims on the same day, January 1, 2023.

Private employers may purchase a stand-alone group insurance policy with 60 percent or higher wage replacement,[50] covering from six up to 26 weeks of leave.[51] Benefits are capped either at a flat dollar amount or based on the Social Security taxable wage base.[52] There is a six-month waiting period where monthly premiums are paid but workers are not eligible to file a claim for 100 percent employee-pay-all plans. The employer may determine waiting periods for other pay plans, and select from various options for elimination periods.[53] Private employer enrollment began July 1, 2024. However, claims and monthly fees started January 1, 2025. Individual enrollment began in May 2025, and due to the waiting period, workers with individual plans will not be able to make claims until January 1, 2026.

Qualifying reasons included in coverage vary; an employer or individual can choose the family leave plan (FLI), which includes child bonding leave, family caregiving leave, military exigency leave; and leave to care for a covered servicemember.[54] Family and medical leave insurance (FMLI) also covers recovery from childbirth and recovery from a personal serious health condition.[55] State employee coverage[56] and individual coverage[57] include all of these qualifying conditions.

Qualifying family members include a spouse (including domestic or civil union partner), a child (biological, adopted, foster or stepchild), and a parent or partner's parent (biological, adoptive, step, foster, or any other person who acted as a parent to an individual or their spouse while they were a child).[58]

In both New Hampshire and Vermont, the premiums that employers or individuals are charged are not directly set by the state and are not uniform or transparent prior to seeking coverage. Those seeking coverage must request a quote from the insurer, which requires providing certain information (for example, about the demographics of a company's employees).[59] In both states, private-sector employer premiums are based on factors such as employer size, industry and employee demographics including age and gender, meaning that an employer with an older workforce or one employing more women will pay more for coverage. Premiums for individuals who purchase a plan are capped at $5 per week in New Hampshire.[60] There is no parallel cap on individual premiums in Vermont.

Voluntary Insurance Sales Model

Virginia's statute authorizing PFL allows private insurers to offer PFL insurance as either stand-alone policies or riders to group disability policies.[61] The statute's qualifying conditions for leave include child bonding leave, family caregiving leave, and military exigency leave.[62] These mirror some conditions covered by the FMLA[63] but exclude an employee's own serious medical condition or recovery from childbirth, which are covered by a short-term disability insurance (SDI) plan if the employer has contracted with an insurer for one, as well as care for an injured or ill servicemember. All other policy parameters are determined by the insurer, including leave duration, wage replacement rate, benefit caps, unpaid waiting periods before a claimant is eligible for benefits, and qualifying family members.[64]

Other states have adopted legislation similar to NCOIL's Paid Family Leave Insurance Model Act. They allow insurance companies to sell a PFL insurance policy as a rider or as a separate group product to a disability or life insurance policy.[65] The model bill, and similar state legislation, lays out a more explicit structure for paid leave insurance by naming various parameters, but generally still allows insurers a large amount of flexibility in determining the scope and scale of coverage to sell.

In the model legislation, qualifying reasons include child bonding leave, family caregiving leave, military exigency leave, care for a servicemember injured in the line of duty, and any other reason specified by the policy of insurance. Qualifying family members include a spouse, parent, or child, or other family specified by the policy of insurance. The model language suggests a two-week minimum benefit leave duration and indicates that insurers should specify wage replacement rates and any waiting periods and exclusions. However, maximum benefit duration, wage replacement rates, benefit caps, and waiting periods can all be determined by insurers who are approved by the state to sell PFL policies.[66]

Seven states have adopted legislation along the lines of this model, each with small changes from the model:

- Statutes in Arkansas,[67] Florida,[68] and Tennessee[69] drop the minimum required leave duration and do not specify whether insurers can offer coverage for additional qualifying events.
- Kentucky's[70] statute adds care for a first responder injured in the line of duty as an additional reason. Examples include firefighters and EMTs.
- Arkansas'[71] and Texas'[72] statutes also allow for insurers authorized to transact accident or health insurance to sell PFL products.
- Alabama's[73] statute regulates PFL under the disability insurance chapter, meaning that only insurers licensed to write disability income insurance can offer it.
- South Carolina's statute mandates that the Department of Insurance release an annual report on the utilization of paid family leave insurance including the number of insurers offering the policy in the state, the total number of employers in the State that have purchased PFL, and a breakdown of these employers by industry and size.[74] However, a detailed annual report has not yet been published due to lack of data.[75]

Participation by Insurers, Employers and Individuals

A central question about adoption and implementation of these models is the extent to which they have resulted in expanded access to paid family and/or medical leave by workers. In attempting to answer this question, research for this report included scans of academic research, media coverage, state government websites, and a review of documents filed in the System for Electronic Rates and Form Filings (SERFF), an online system formed by the National Association of Insurance Commissioners (NAIC) where insurance companies can submit their rates and form filings for state insurance review, and in the corresponding system used by Florida, IRFS Forms & Rates Filing Search.

In addition, we contacted each state's department of insurance or other relevant agency, sponsor(s) of relevant legislation in each state, and insurance companies that reported offering paid family leave insurance in one or more of these states to request information about paid family leave insurance through an interview or written correspondence, resulting in six interviews with key stakeholders. We then followed up with public records requests in states whose public officials did not respond to the initial contact.

Public-Private Partnership States

In New Hampshire, about 2.2% of the state workforce was covered by MetLife paid family and medical leave in 2023, the program's first year. Of the 14,712 total employees covered, about 61 percent were state employees.[76] For reference, New Hampshire had about 671,000 total employees in 2023.[77] The annual report for 2024 had not been published as of the writing of this report, but additional information was provided in a recent presentation to the Advisory Board. We estimate that about 17,900 workers were covered in the first half of 2025,[78] about half of whom were state employees, amounting to about 2.4% of the state workforce.[79] The number of employees covered by employer coverage increased between 2023 and 2025, while the number with individual coverage about doubled, but total coverage remained low.

New Hampshire (2023)		
	Number covered	Share of total coverage
Employer coverage	5,372	36.5%
Individual coverage	478	3.2%
State employee coverage	8,862	60.2%
Total	14,712	

Size of NH workforce	671,301	
Share of workforce covered	2.2%	

New Hampshire (January-August 2025)		
	Number covered	**Share of total coverage**
Employer coverage	7,633	42.6%
Individual coverage	919	5.1%
State employee coverage (estimated)	9,364	52.3%
Total	17,916	
Size of NH workforce	751,600	
Share of workforce covered	2.4%	

In both 2023 and the first part of 2025, the most common reason for leave in approved claims was child bonding. This trend was particularly striking in individual coverage claims, which are overwhelmingly for child bonding.

New Hampshire (2023)						
	Employer coverage		**Individual coverage**		**State coverage**	
Total claims	329		126		89	
Child bonding	187	56.8%	100	79.4%	58	65.2%
Family caregiving	58	17.6%	10	7.9%	31	34.8%
Own health condition	84	25.5%	16	12.7%	N/A	

New Hampshire (January-August 2025)						
	Employer coverage		**Individual coverage**		**State coverage**	
Total claims	499		202		43	
Child bonding	244	48.9%	152	75.2%	36	83.7%
Family caregiving	90	18.0%	20	9.9%	7	16.3%
Own health condition	165	33.1%	30	14.9%	N/A	

Through 2023, 217 employers bought plans, 83 percent of which were small employers with fewer than 50 employees.[80] In 2023, 424 claims were approved,[81] a utilization rate of just under 3 percent of the covered workforce.[82] Seventy percent of participating employers entirely covered employee costs.[83]

Through August 2025, 308 private employers had active plans, 84 percent of which were small employers. Employer uptake appears to be slowing over time: 173 policies were issued in 2023, 96 in 2024 and 25 in the first eight months of 2025. A slight majority of plans cover 6 weeks of leave (53 percent) while the remainder cover 12 weeks. In about two-thirds of plans, employers paid 100 percent of premiums. So far in 2025, 13 employers had canceled their policies, one due to lack of eligibility and the others at the employer's request. Another 27 policies had been administratively canceled, three for lack of eligible New Hampshire employees and the other 24 due to non-payment of premiums. Across active private employer policies as of August 2025, about 49 percent of covered workers were men, 49 percent women, and just over one percent another gender.[84]

The majority of workers enrolled in individual plans (72 percent) were employed at large employers that did not have coverage. Most individual plan enrollees were women (73 percent), while 27 percent were men and less than one percent another gender. In 2025, 77 individuals had canceled their policies, 63 had been found ineligible for coverage, 133 policies were administratively canceled for non-payment of premiums and 7 were canceled for invalid employer information. While information was not available on employer plan premiums, the average rate for individual premiums was $4.73 per week, and was higher for women ($4.81 per week) than men ($4.52 per week).[85]

In 2025, just under seven percent of workers enrolled in private employer coverage, but about 22 percent of workers with individual coverage had claimed leave. The most common reason for leave was to bond with a new child. About 75 percent of claims through employer coverage and 75 percent of claims through individual coverage were approved, while only about 54 percent of claims through state coverage were approved.[86]

The utilization rate by individual coverage-holders is significantly higher than that of workers with private employer coverage, as well as rates in comprehensive state paid leave programs,[87] suggesting that coverage may be purchased disproportionately by individuals who anticipate a near-term need for leave rather than by a broader population. This adverse selection may undermine affordability and sustainability in this opt-in insurance pool.

Compared to other market-based approach states, New Hampshire has taken more steps to make information about paid family leave insurance accessible to the public. In 2024, New Hampshire launched a $1.9 million informational campaign[88] for paid family leave using TV commercials, social media, trade networks, and the chamber of commerce. Information is readily available on a state website,[89] as well as through the contracted provider, MetLife.

In interviews, two stakeholders shared that they had heard concerns about the long-term viability of New Hampshire's program, specifically that low uptake, the high rates of utilization among individual plan-holders, and low profit margins could make contract renewal unappealing to MetLife. As of December 2025, it was not yet known whether MetLife will seek to renew its three-year contract after the expiration of its term in 2026.

In Vermont, as of July 2025, 58 employers, including the state of Vermont, were enrolled in coverage through the public-private partnership, according to the state Human Resources Commissioner, Beth Fastiggi.[90] The program covers 7,900 state employees, as well as approximately 1,800 employees of private employers and fewer than 100 who have purchased individual plans,[91] amounting to around 2.8 percent of the state workforce.[92]

Vermont (2025)		
	Number covered	Share of total coverage
Employer coverage	1,800	18.4%
Individual coverage	100	1.0%
State employee coverage	7,900	80.6%
Total (approximate)	9,800	
Size of VT workforce	355,000	
Share of workforce covered	2.8%	

In 2024, 3.5 percent of covered state employees took leave, with 45 percent of claims made for child bonding. Forty-eight of the 58 employers were smaller employers with 50 or fewer employees. The Commissioner characterized private sector participants as representing a broad range of industries, but did not share further detail.

A representative from The Hartford characterized Vermont employers as showing good initial interest and growing uptake, and that the "close ratio" (the number choosing to purchase the product versus the number receiving a quote) is the highest of any of its products. In line with data provided by Commissioner Fastiggi, the representative reported that small businesses are the primary purchasers, and many wish to add to additional benefits that they already offer, like short term disability. Multi-state employers are also interested in buying the product as a way to offer the same benefits to employees regardless of where they live.

The Vermont state government website has relatively little information about its program, beyond periodic press releases about implementation. Vermont's contracting insurer, The Hartford, publishes relatively detailed product information about the PFL and PMFL products offered under Vermont's public-private partnership, but has not reported utilization data for either state employees or private sector businesses or workers.[93] To raise public knowledge, the state has primarily relied on webinars hosted by contractor and business organizations and the Vermont Chamber of Commerce, as well as public bus wraps and email marketing.[94]

Voluntary Insurance Sales States

None of the state governments in states that have authorized the sale of private PFML insurance systematically report data on insurer participation in the paid family leave market, employer participation in coverage, the scale of employee coverage, or leave use. As of August 2025, state websites did not even list which insurers had been approved to offer paid family leave products, insurers actively offering products, terms of coverage, or other utilization data.

Limited information is, however, available on the websites of insurers including Sun Life, Guardian, MetLife, and The Hartford, all of which offer products in the states with comprehensive leave programs and are proponents of paid family and medical leave in general. For example, Sun Life advertises plans in 24 states,[95] and this includes voluntary insurance sales states where Sun Life has won approval to sell policies and states that do not have specific legislation authorizing voluntary paid family leave insurance but where PFML sales are permitted under other authorizing insurance regulations.[96] Many insurers, like Guardian, have interactive maps to learn about voluntary PFL and PFL states, but do not state whether it sells paid family leave products in those states. Aflac released a single press release in 2023 announcing that its subsidiary, Continental American Insurance Company (CAIC), would start offering PFL products soon,[97] but CAIC provides no information about PFL products on its website,[98] and Aflac only advertises 'absence management,' with a number to call for more information.[99]

In Virginia, which was the first state to authorize the sale of private PFL insurance, Randy Riffle with the Office of Delegate Ward, in partnership with the Virginia State Corporation Commission, reported that two insurers had been approved to sell paid family leave coverage in the state and shared the following details of their filings, American Fidelity and Continental American Insurance Company (a subsidiary of Aflac).

Across the remaining seven voluntary insurance sales states, three insurers are authorized to sell paid family leave products in one or more states, with Sun Life and Nationwide authorized in all seven. Guardian offers a product in every state except South Carolina, where the company has filed for authorization but has not yet been approved. Interestingly, all of Nationwide's fillings and approvals were made in 2020 or

2021, before any authorizing legislation was passed in 2022. We have not been able to identify why Nationwide was a first-mover in this market.

For more information about the parameters of plans for which insurers are approved in these states, see Appendix I: Plan Parameters by Insurer.

Approved Insurers by State				
State	**Company**	**Status**	**Type**	**Date Approved**
Alabama	Sun Life	Approved	Stand Alone	09/16/2024
	Guardian	Approved	Rider	06/07/2024
	Nationwide	Approved	Stand Alone	02/11/2020
Arkansas	Guardian	Approved	Rider	03/25/2024
	Sun Life	Approved	Stand Alone	09/24/2024
	Nationwide	Approved	Stand Alone	03/04/2020
Florida	Sun Life	Approved	Stand Alone	10/29/2024
	MetLife	Approved	Rider	07/25/2025
Kentucky	Nationwide	Approved	Stand Alone	04/02/2020
	Guardian	Approved	Rider	02/22/2024
	Sun Life	Approved	Stand Alone	08/07/2024
South Carolina	Guardian	Closed	Rider	NA
	Sun Life	Approved as Amended	Stand Alone	11/26/2024
	Nationwide	Approved	Stand Alone	03/16/2021
	American Fidelity	Approved	Rider	NA
	American Security	Closed	Stand Alone	NA
Tennessee	Guardian	Approved	Rider	10/02/2024
	Sun Life	Approved	Stand Alone	01/18/2024
	Nationwide	Approved	Stand Alone	04/21/2020
Texas	Guardian	Approved	Rider	03/11/2024
	Sun Life	Approved	Stand Alone	09/24/2024
	Nationwide	Approved	Stand Alone	07/07/2020

Evaluation of Market-Based Approaches to Paid Leave

Public-Private Partnership Model

In New Hampshire, which provides the most comprehensive coverage data, just three percent of the workforce was covered at the end of 2023 and, by our calculations, it is possible that a smaller share was covered as of August 2025. Only a tiny minority of covered workers have gained coverage through the market-based segment of the program, with the majority of coverage gains achieved by the state simply providing comprehensive coverage to state employees. Less data is available for Vermont's total coverage, but with the majority of private-sector coverage coming from small employers, it is unlikely that the 63 non-state employers covered[100] represent more than a small fraction of the state workforce. While these programs are still relatively new and future years could bring improvements, these early experiences indicate that the public-private partnership approach is not reaching most of the workforce.

Compared to the voluntary insurance sales model, the New Hampshire and Vermont approaches do offer greater transparency about the scope of available coverage and, for workers who receive coverage, more meaningful minimum standards for the paid leave benefit. While premiums are not fully transparent for employers or individuals, and experience rating means that costs differ between employers and individuals, the linkage between the state's premium for state employee coverage and private coverage does offer a limited mechanism to regulate premiums to a degree. However, compared to both the voluntary insurance sales model and public-private partnership model, states with comprehensive paid leave programs offer greater transparency about coverage as well as premiums, which are generally uniform across employers and/or employees and are set and publicized by each state.[101]

State governments do not provide centralized information about paid family leave insurance offered to in-state employers, leaving it to insurers to conduct outreach and share information about their products. In addition, specific details about policies on insurers' websites are limited without submitting information to request a quote, making comparison shopping somewhat difficult. One insurance stakeholder reported that employers primarily learn about paid family leave products through brokers, meaning information is largely available to employers that already purchase other insurance products or are in discussions with insurance carriers about purchasing their products.

There are no publicly available resources that report data on the number of policies sold in these states or number of employers or employees participating in coverage. However, one insurance industry stakeholder reported that about 20 paid family leave policies had been sold by all insurers across three states (Texas, Tennessee and Florida) as of July 2025. While it is not possible to know how representative that experience is of all authorized insurers or within all states, it does point toward low employer uptake.

Voluntary Insurance Sales Model

It is not known how many employees are covered through voluntary insurance sales or how many employers have purchased coverage. But the available information suggests that the range of carriers offering PFML or PFL products for sale is limited. The limited information available indicates that employer uptake has so far been low. These findings suggest that legal authorization alone may not be a sufficient condition to lead to active insurer participation in markets or employer adoption of paid leave insurance coverage.

According to stakeholders, the process of applying for state approval to sell paid family leave insurance in a state is very similar to applying to sell a disability policy, but some insurers' understanding of PFL and their comfort in pricing and writing policies is limited. In addition, state agencies do not seem to promote the possibility of carriers applying to sell or selling paid leave policies. In fact, one stakeholder stated that a state insurance regulatory agency employee may not understand the difference between a paid family leave policy and a disability policy when approving the application.

Note that an insurer being approved to sell a product also does not necessarily indicate whether that insurer is actively promoting or selling a product in a given state. Stakeholder interviews indicated that insurers consider a number of factors when deciding not only whether to seek authorization in a state, but also what level of marketing and sales engagement to take and what kinds of employers to target as potential customers. For example, one insurance stakeholder noted that they have primarily focused on promoting paid family leave insurance to existing customers that already purchase other products, rather than seeking entirely new customers. Another stakeholder described the internal education required to familiarize sales reps with a new product. In addition, a stakeholder shared that companies' primary focus is generally on sales in states with comprehensive leave programs that allow private coverage, where the requirement creates a stronger incentive for employers to buy coverage and thus creates a larger ready market for private plans compared to voluntary sales states. This stakeholder expected take-up to be slow in states that do not have comprehensive coverage but includes a pathway for employer self-coverage.

In contrast, insurers are actively promoting products in states that require PFML coverage (12 of the 14 comprehensive states). This is because there's an imperative for employers to ensure their workers are covered, which means awareness is higher and the need to determine whether to participate in a state plan or in a private plan is required of all employers. In addition, multi-state employers with a presence in comprehensive PFML states and in other states may want to purchase coverage for their workers and therefore are eager to consider private options.

Conclusion

Based on data available, we find that public-private partnership models cover a small share of the workforce that may stall or decrease over time. The limited available evidence also suggests a real risk of adverse selection undermining the sustainability of this model.

With respect to market-based approaches grounded in the sale of private insurance, both states and private insurers themselves provide minimal information and there is a lack of transparency about coverage, pricing, take-up, and more. There is little evidence of significant employer uptake of policies under this model, and the insurance industry stakeholders we interviewed do not expect this approach, absent a mandate for coverage, to generate widespread employer purchase of policies. We conclude that these approaches are ineffective at meaningfully expanding the number of workers with access to paid leave and the number of employers who decide to purchase or provide paid leave, and creates risks of increasing labor market inequities.

By definition, comprehensive PFML programs offer much broader and more defined coverage to workers in their states. It is true that these programs require state infrastructure to administer and small per capita payroll contributions to cover workers. However, if the goal of paid leave policies is to ensure that workers have the time and wage replacement they need for serious personal and family health and caregiving events, this approach is effective in a way that market-based approaches are not.

As states consider how best to support their workforce, businesses, and the competitiveness and health of their economies, understanding the reach and effectiveness of approaches to paid leave is critical. Paid leave contributes to workers' financial stability, health, labor force participation, and economic security over time and to business' ability to retain workers.[102] By these measures, states that rely on market-based approaches to paid leave are not seeing the value of this policy because most workers are not gaining coverage. For states serious about the issue, it is clear that not all approaches to paid leave are the same and the benefits of comprehensive paid leave are superior.

The authors would like to thank Diana Boesch, Michelle Feit, Tanya Goldman, Sharita Gruberg, Mettabel Law, Jesse Matton, Udochi Onwubiko, Kristin Smith and Gail Zuagar, as well as all interview participants and state agency staff who provided information, for their contributions to this report.

Appendix: Plan Parameters by Insurer

By insurer, the outline of coverage offered is summarized below.[103] Note that authorizing laws in these states allow insurers and employers to vary these elements, and so these descriptions of coverage include a range of options along many parameters.

In Virginia:

American Fidelity[104] offers a PFL rider policy attached to short-term disability with 25-70 percent wage replacement, not to exceed base disability benefit policy wage replacement. The rider includes child bonding and family leave, with a combined cap of 2-12 weeks. The plan has a choice of either a 0, 3, or 7 day elimination (waiting) period. Qualifying family members must fall under the FMLA guidelines. Intermittent leave is permissible, but must be taken in 2-hour, 4-hour, or 1-day increments, depending on the employer's specific plan. Premium rates are determined by age, sex, the elimination period chosen, and whether the rider is being bought for the first time or is a renewal. According to Del. Ward's office, American Fidelity had not reported any sales of this product as of June 30, 2024. Our efforts to obtain more recent data from American Fidelity were unsuccessful.

Continental American Insurance Company,[105] a subsidiary of Aflac, offers a stand-alone group insurance PFL product with 60-80 percent wage replacement and weekly benefits ranging from $100-$5,000. It provides child bonding and family leave, with a combined cap of 4 to 12 weeks. The plan has a choice of either a 0- or 7-day elimination period (waiting before accessing the benefit). Qualifying family members include many extended family and in-law relationships, but no chosen family (that is, people related to the insured by affinity, which is a group increasingly covered in comprehensive state paid leave state programs). Intermittent leave is permitted, with employer agreement. To be eligible, part-time employees qualify if they work more than 10 hours a week, and full-time employees must work more than 30 hours a week. From the information available, rates are determined by sex and age. According to Del. Ward's office, CAIC had reported no sales of this product as of June 30, 2025. Our efforts to obtain more recent data from CAIC were unsuccessful.

Across the remaining voluntary insurance sales states:

In the states where **Sun Life**[106] is authorized, it offers a stand-alone group insurance paid family leave product with 60 percent wage replacement, and weekly benefits ranging from $100-$10,000. The two types of covered leave include child bonding and family leave, with a combined cap of up to 26 weeks. Qualifying reasons for child bonding and family care are the same as outlined in the FMLA. Qualifying family members can include extended and chosen family in addition to parent, child or spouse, including grandchild or grandchild of a spouse, a sibling, sibling of a spouse, or their children, an aunt or uncle or spouse's aunt or uncle, any person related to the insured person by blood or marriage, and "any individual related by blood or affinity whose close association with [the employee or their spouse] is the equivalent of a family relationship." Child bonding leave can be taken immediately, but family care has a five-day elimination period. Intermittent leave is permissible, as long as the first three days are taken consecutively. Coverage starts after 30 days of employee tenure, unless the employee was hired before the purchase, in which case eligibility begins right away. Under the policy, deductions to the paid leave benefit amount will be made due to workers' compensation or co-existing state benefits. Premium rates are adjusted by age, gender, salary, location, and the share of employee-employer contributions.

According to a brokerage webinar, though not specified in the authorizing filings, Sun Life offers two plans. The first, the basic plan, offers 6 weeks of child bonding and 6 weeks of family care, with a combined cap of 12 weeks. The advanced plan offers 8 weeks of child bonding and 12 weeks of family care, with a combined cap of 20 weeks.[107]

In the states where **Guardian**[108] is authorized, it offers a PFL rider policy attached to its short-term disability (STD) product that provides extremely broad parameters, presumably to allow employers to fully customize a policy. Guardian is approved to sell products that offer 5-100 percent wage replacement, and weekly benefits ranging from $50-$25,000. Coverage can include child bonding and family caregiving leave, with a combined cap that ranges from 2-104 weeks depending on the employer's specific plan. The rider can have a 1-90 day elimination period to use the benefits, unless the employer buys a plan that eliminates said period. Employees can take leave for qualifying FMLA reasons, as well as domestic violence-related leave. Qualifying family members allow a broad range of relationships, similar to those outlined above in Sun Life's coverage. Intermittent leave is permissible, but must be taken in at least 1-hour increments (and the minimum can be set between 1 and 40 hours) and the first 2-90 days must be taken consecutively. To be eligible, employees must be actively working prior to taking leave, unless currently on disability leave due to pregnancy or childbirth recovery. Premium rates are determined by age, sex, and other factors like location, salary, industry, and group size.

In the states where **Nationwide Mutual**[109] is authorized, it offers two stand-alone group insurance paid family leave products. In the basic plan, the employer pays premiums for all covered employees. The second plan is also an employer plan, but individual employees opt in and pay 100 percent of their premium costs through payroll deductions. The plan does not lay out a wage replacement percentage, but caps weekly benefits at $1,500. These policies include no combined weekly cap on leave duration per year, but instead offers a lifetime cap of 30-50 weeks. The group plan only offers family leave to care for a family member with a serious health condition, with qualifying family members limited to the relationships recognized in the FMLA. To be eligible, employees must have a 6-12 month job tenure with their employer. Once the group insurance is purchased, there is a 13-week waiting period for employees to access the paid leave. Intermittent leave is not addressed in the policy certificate. Rates are determined by age, sex, employer size, share of employee participation if a voluntary plan.

Where **MetLife**[110] is authorized, it offers a stand-alone group insurance paid family leave product and a PFL policy rider. MetLife is approved to sell products that offer 50-100 percent wage replacement, and weekly benefits ranging from $50-$20,000. Coverage can include medical leave other than for pregnancy or child birth, for up to 6-26 weeks; medical leave for pregnancy or childbirth, for up to 2-12 weeks; family leave, for up to 6-26 weeks, which includes leave for child bonding, family caregiving, military exigency and to care for a servicemember; and safe leave, for up to 2-12 weeks. The combined cap for annual leave duration can be 6-52 weeks. The elimination period for any type of leave can be 0-31 days. Qualifying family members for family caregiving leave include spouse, domestic partner, child, parent, sibling, grandchild, grandparent, person who stood in loco parentis, or "or any individual related by blood or affinity whose close association with [the employee] is the equivalent of a family relationship." Intermittent leave is permissible, but must be taken in increments of at least 1-8 hours.

This report was originally published in December 2025 and was updated in April 2026 to correct inconsistencies between the data tables and report text on p. 12.

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[1] California, Colorado, Connecticut, Delaware, the District of Columbia, Maine, Maryland, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island and Washington.

[2] U.S. Bureau of Labor Statistics. (2023, September). *National Compensation Survey: Employee Benefits in the United States, March 2023* (See Excel tables, Civilian workers, Leave). Unpublished calculation based on the rate of access to paid family leave and short-term disability insurance and the number of civilian workers represented in the survey. Retrieved 5 December 2025, from https://www.bls.gov/ebs/publications/employee-benefits-in-the-united-states-march-2023.htm

[3] California, Colorado, Connecticut, Delaware, the District of Columbia, Maine, Maryland, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island and Washington.

[4] National Partnership for Women & Families. (2025, December) *State Paid Family & Medical Leave Insurance Laws*. Retrieved 3 December 2025, from https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf and Shabo, V. (2025, September). *Explainer: Paid Leave Benefits and Funding in the United States*. Retrieved 3 December 2025, from New America website: https://www.newamerica.org/better-life-lab/briefs/explainer-paid-leave-benefits-and-funding-in-the-united-states/

[5] Ibid.

[6] Most interviewees agreed to participate on the condition of anonymity, with the exception of those who requested to be named.
[7] Internal Revenue Service. (2025, December 5). *Section 45S Employer Credit for Paid Family and Medical Leave FAQs*. Retrieved 5 December 2025, from https://www.irs.gov/newsroom/section-45s-employer-credit-for-paid-family-and-medical-leave-faqs
[8] U.S. Department of the Treasury, Office of Tax Analysis. (2023, October 18). *Section 45S, Employer Credit for Paid Family and Medical Leave: Claims, Counts and Dollars*. Retrieved 5 December 2025, from https://home.treasury.gov/system/files/131/Section-45S-Claims-Tables-10172023.pdf
[9] The 2016–2019 period saw a rapid expansion in the number of states adopting comprehensive, universal paid leave programs. In that time, New York (2016), Washington (2017), the District of Columbia (2017), Massachusetts (2018), Connecticut (2019), and Oregon (2019) all passed paid leave, joining the three original states, California (2002), New Jersey (2008), and Rhode Island (2013). Colorado followed in 2020, and Delaware, Maryland, Maine, and Minnesota followed in 2022–2023. See National Partnership for Women & Families. (2024, July). *State Paid Family & Medical Leave Insurance Laws*. Retrieved 3 December 2025, from https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf
[10] Office of Governor Phil Scott. (2019). *Governor Chris Sununu and Governor Phil Scott Introduce Twin State Voluntary Paid Leave Plan* [Press Release]. Retrieved 3 December 2025, from https://governor.vermont.gov/press-release/governor-chris-sununu-and-governor-phil-scott-introduce-twin-state-voluntary-leave
[11] NH Rev Stat § 21-I:99-111 (2023); see also Vitali, L., King, H., Jawad, S., & Goh. S. (2024, April 12). *Variation in Paid Family and Medical Leave Models*. PRS Policy Brief 2324-05. Nelson A. Rockefeller Center for Public Policy and the Social Sciences Publication. Retrieved 5 December 2025, from Dartmouth University website: https://rockefeller.dartmouth.edu/report/variation-paid-family-and-medical-leave-models
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[19] The Hartford. (n.d.). *Vermont Family and Medical Leave Insurance.* Retrieved 2 December 2025 from: https://fmli.thehartford.com/
[20] This discussion focuses specifically on the new authorization of paid family leave insurance. Some states have previously permitted sale of paid medical leave through short-term disability insurance or life insurance authorizations.
[21] VA. CODE ANN. § 38.2-107.2 (2022).
[22] National Council of Insurance Legislators. (2022, November 19). *Paid Family Leave Insurance Model Act.* Retrieved 2 December 2025: https://ncoil.org/wp-content/uploads/2022/11/NCOIL-PFL-Model-Adopted-Nov.-2022.pdf
[23] Ibid.
[24] According to interviews with insurance industry representatives, some states also permit the sale of paid family leave insurance through existing authorizations for the sale of life, accident, or disability insurance products, including Arkansas, Georgia, Louisiana, Michigan, Mississippi, Oklahoma, Pennsylvania, West Virginia, and Wyoming. This report does not examine insurance markets or uptake in those states.
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[31] NH Rev Stat § 21-I:103 (2023)

[32] NH Rev Stat § 21-I:102 (2023); The Social Security contribution base in 2025 was $176,100. See Social Security Administration. (n.d.) Contribution and Benefit Base. Retrieved 8 December 2025, from https://www.ssa.gov/oact/cola/cbb.html
Granite State Paid Family Leave Plan, N.H. Rev. Stat. Ann. § 21-I:99 (2023)

[33] NH Rev Stat § 21-I:102 (2023)

[34] New Hampshire Paid Family & Medical Leave. (n.d.) *Employers*. Retrieved 8 December 2025, from https://www.paidfamilymedicalleave.nh.gov/employers

[35] NH Rev Stat § 21-I:102 (2023)

[36] NH Rev Stat § 21-I:103 (2023)

[37] New Hampshire Paid Family & Medical Leave. (n.d.) *Employers*. Retrieved 8 December 2025, from https://www.paidfamilymedicalleave.nh.gov/employers

[38] NH Rev Stat § 21-I:103 (2023)

[39] NH Rev Stat § 21-I:101 (2023)

[40] New Hampshire Paid Family and Medical Leave. (n.d.). *Frequently Asked Questions*. Retrieved 2 December 2025 from: https://www.paidfamilymedicalleave.nh.gov/frequently-asked-questions

[41] N.H. Rev. Stat. Ann. § 21-I:101 (2023); see also New Hampshire Paid Family & Medical Leave, *Worker Guide: Employer Sponsored Group Plan* (2025), at 4. Retrieved 2 December 2025, from https://www.paidfamilymedicalleave.nh.gov/sites/g/files/ehbemt781/files/documents/nh-pfml-worker-toolkit-for-employer-sponsored-group-plan_4.pdf; The Hartford. (n.d.) *Vermont Family and Medical Leave Insurance - Plan Details*. Retrieved 2 December 2025, from https://fmli.thehartford.com/plan-details

[42] NH Rev Stat § 21-I:107 (2023)

[43] Ibid.

[44] NH Rev Stat § 21-I:108 (2023)

[45] NH Rev Stat § 77-E:3-e (2024)

[46] Office of Governor Phil Scott. (2022, December 6). *Governor Phil Scott Launches Voluntary Paid Family and Medical Leave Program* [Press Release]. Retrieved 8 December 2025, from https://governor.vermont.gov/press-release/governor-phil-scott-launches-voluntary-paid-family-and-medical-leave-program

[47] The Hartford. (n.d.). *State of Vermont Government Employees*. Retrieved 8 December 2025, from https://www.thehartford.com/vermont-family-medical-leave-insurance

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[49] The Hartford. (n.d.). *Vermont Family and Medical Leave Insurance - Employers*. Retrieved 8 December 2025, from https://fmli.thehartford.com/vtemployers

[50] State of Vermont, Office of Governor Phil Scott (January 2024) *Vermont Family and Medical Leave Plan.* Retrieved 3 December 2025 from: https://governor.vermont.gov/vtfmli

[51] While this is not specified clearly on The Hartford's website, 26-week maximum only applies to military exigencies, the same length for FMLA. All other qualifying reasons are eligible for up to 12 weeks of paid leave, also the same as FMLA.

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[72] Tex. Ins. Code § 1255 (2023)
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The **National Partnership for Women & Families** is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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