

**COSTS AND BENEFITS OF FAMILY AND MEDICAL LEAVE  
FOR NEW HAMPSHIRE WORKERS**

**January 6, 2017**

Jeffrey A. Hayes, PhD  
Program Director, Job Quality & Income Security

Meika R. Berlan  
Research Associate



INSTITUTE FOR  
WOMEN'S POLICY RESEARCH  
*Informing policy. Inspiring change. Improving lives.*

## EXECUTIVE SUMMARY

It has been more than 20 years since the federal Family and Medical Leave Act (FMLA) was signed, extending job protection to eligible workers when they need to take time (up to 12 weeks) to care for their own health, a new child, or their families. FMLA does not require, however, that employers compensate their employees for this time. In four states – California, New Jersey, Rhode Island, and New York – existing temporary disability insurance (TDI) systems were expanded to provide paid family leave as social insurance programs that jointly provide partial wage replacement for workers' family and medical leaves. In many state and local jurisdictions across the country, legislatures are considering proposals to provide paid family and medical leave, but few have TDI systems in place and would need to build a new social insurance system to provide this benefit.

This report provides cost estimates for a series of policy scenarios for employers in New Hampshire representing selected eligibility criteria and benefit levels. It uses a recently updated simulation model that estimates leave-taking behaviors for workers and the characteristics of the leaves they take under different program designs. The results include descriptions of how each policy will impact leave-taking decisions and discussions of how each policy will affect different groups of workers.

Policy scenarios are compared with a baseline model representing the current policy climate, in which some workers receive compensation from their employers while taking leave, but there is no program benefit. Under the current policy, the model estimates that New Hampshire workers take over 109,000 leaves per year for family and medical reasons. According to the 2012 FMLA Employee Survey data collected by Abt Associates, nearly two-thirds of the leaves taken nationally are at least partially compensated by employers using a variety of paid time off policy options, such as vacation, sick days, insurance, or consolidated leave programs (Klerman, Daley, and Pozniak 2014). Smith and Adams (2016) find that less than one-third of New Hampshire workers have access to paid leave for family and medical needs covered by the FMLA.

This report focuses on three alternative paid leave policy scenarios that provide partial wage replacement for eligible workers. Under the first scenario, when all New Hampshire employers are covered, total leave-taking, including paid and unpaid family and medical leaves, would increase by nearly 20 percent to 131,000 leaves annually. The cost of the leave benefits would be \$155.7 million or 0.52 percent of payroll earnings after adding \$7.8 million (5 percent) for administrative costs. This works out to an average cost per New Hampshire worker of \$5.11 per week.

The second and third scenarios estimate leave-taking behaviors for workers employed in establishments of 25 or more and 50 or more employees, respectively. These two models leave out many New Hampshire workers and result in fewer eligible leaves, but lower total program

costs; however the costs as a share of payroll earnings for the workers covered and the weekly cost for an average worker are higher. Analyzing the variation in leave-taking behaviors among the different groups of workers who receive paid leave show that covering only medium and large employers reduces the impact of the paid leave programs.

Additional analyses are also provided for programs that would allow individual workers to choose whether or not to participate in a family and medical leave program. While these estimates are subject to several important caveats, comparing the results for programs based on firm size and programs based on voluntary participation, suggests that the per worker cost (defined as a share of taxable payroll and the weekly premium) under a voluntary program would be 30 to 60 percent higher within the range of worker participation rates examined.

The results highlight the importance of program design issues such as eligibility criteria, coverage, and reasons for accessing program benefits. More universal program designs perform better at providing benefits at the lowest cost per worker.

## **WORKER LEAVE IN NEW HAMPSHIRE**

The federal Family and Medical Leave Act (FMLA) of 1993 introduced access to unpaid leave to a large swath of Americans upon its implementation. FMLA requires that workers be employed for one year with the same employer and must have worked 1,250 hours within the last 12 months leading up to the beginning of the leave period. While this law provides workers with greater flexibility in meeting their demands outside of the workplace, it does not provide workers with compensation during their time away from work. This is especially problematic for low-wage workers who already struggle to make ends meet, in which decisions to take leave to bond with a new child or to provide much needed care for a loved one, carry a heavy financial burden. Workers who are employed by small organizations are also disadvantaged under this legislation since only firms with 50 or more employees are covered under FMLA. Klerman, Daley, and Pozniak (2014) estimate that 59 percent of workers meet these three major requirements and are eligible for leave under FMLA.

The FMLA provides job protection for covered workers who take leave, ensuring their job upon their return. This places uncovered workers at an even greater disadvantage, as they may risk their jobs and income when they take leave for family or medical reasons. Due to these policy related shortcomings there has been growing discussion around paid family leave, which has drawn attention to the fact that the U.S. still falls behind many developed countries in providing workers with paid leave for temporary family and medical emergency situations.

State policies that have been implemented to address some of the gaps in FMLA coverage can provide information and insights about the outcomes of adopting a policy of this type. California was the first state to adopt a paid family care leave policy in 2002 and uses an employee payroll deduction as the funding mechanism, which limits the costs to employers. California workers can receive up to 6 weeks of paid leave for the arrival of a new child or to provide care to family members under this law; under California's TDI system workers can obtain up to 52 weeks of partial wage replacement for personal illness or injury. An amendment to the California policy was signed into law in April of 2016 and increases the amount of compensation received while on leave from 55 percent of wages to 60 percent of wages, or 70 percent of wages for low-income workers. New York was the last state to adopt a policy (in April of 2016) and also uses an employee payroll deduction to fund the program. New York's generous policy provides workers with up to twelve weeks of paid leave once the policy is fully implemented in 2021. California, New Jersey, Rhode Island, and New York's policies expanded existing temporary disability insurance (TDI) systems to include paid leave for child bonding and family care. Only the two most recently adopted state paid family leave programs (Rhode Island and New York) expanded the FMLA job protections for employees to cover more workers under their state paid leave programs than by the federal FMLA.

Paid leave policies can yield benefits for both employees and their employers. The California state law has been in place for over a decade and has provided an opportunity to examine and better understand the implications of adopting a paid leave policy. Researchers studying the California law found that paid leave policies can facilitate labor market attachment among new mothers, with a paid leave policy increasing the likelihood that new mothers will return to work within the first year after childbirth and increasing the amount of hours and weeks they work in the following year (Baum and Ruhm 2013). Research also demonstrates that a large majority of firms indicate no change or a positive change regarding employee morale (99 percent), productivity (89 percent), and profitability/performance (91 percent) (Appelbaum and Milkman 2011). Paid leave policies can also provide a cost savings to employers – Appelbaum and Milkman (2011) found that 87 percent of firms reported that costs had not increased and 9 percent reported a costs savings.

In addition to the FMLA, New Hampshire's Pregnancy Discrimination Act provides maternity leave to women working for companies employing more than six employees. The leave provides job protection for the period she is unable to do her job due to pregnancy, childbirth or related medical conditions. Under this policy she cannot be fired for the temporary condition, although she could be let go out of business necessity for the position or laid off as part of a general staff reduction. The law requires employers to treat the pregnancy in the same manner as they treat other temporary disabilities. If other workers receive pay, pregnant women must be paid. Similarly, if benefits are continued for employees temporarily unable to work due to health conditions, pregnant women must also continue to receive benefits. However, there is no requirement that the maternity leave be paid if leave for other workers' physical disabilities is taken without compensation.<sup>1</sup>

New Hampshire Employment Security (NHES) applied for research funds from the U.S. Department of Labor to assess the costs and benefits of a paid family leave insurance program in New Hampshire. NHES contracted with the Carsey School of Public Policy at the University of New Hampshire to conduct research on paid family and medical leave in New Hampshire. IWPR subcontracted with the Carsey School to conduct an actuarial analysis to estimate various levels of employee participation in a paid leave insurance program under a range of design scenarios and to estimate associated costs of program benefits using a simulation model specifically designed for modeling paid family and medical leave programs.

---

<sup>1</sup> The federal Pregnancy Discrimination Act of 1978 offers similar protections nationally to those employed by firms with 15 or more workers.

## IWPR-ACM SIMULATION MODEL

To estimate the benefit costs under a paid family and medical leave program, the Institute for Women’s Policy Research, together with economists Randy Albelda and Alan Clayton-Matthews at the University of Massachusetts, developed and updated a simulation model to estimate the usage and costs of family and medical leave. The model simulates specific leave-taking behavior (including number, length, benefit eligibility, and benefit receipt) onto individual employees working in a state, locality, or the nation using data from the Census Bureau’s American Community Survey (ACS). The simulation model estimates several aspects of leave-taking behavior, conditional on demographic characteristics and leave type, including the worker’s own health needs, maternity-related disability, new child bonding, and family care for spouse, children, or parents. The results include the probability of needing a leave, of taking a leave, of getting paid for a leave, of extending a leave if some or more pay were received, and so on.

The current model uses observable leave-taking behavior available in a national, comprehensive survey of family medical leaves. The 2012 FMLA Survey conducted by Abt Associates, under contract to the U.S. Department of Labor, is used by the model, to estimate the occurrence and leave-taking behaviors around qualifying family events experienced by U.S. workers in the previous 18 months (leaves taken in the past 12 months are also identified). The 2012 FMLA survey asked what share of their usual earnings, if any, workers had received while taking recent leaves and included options for disability insurance and state leave programs among the sources of payments that respondents could select.<sup>2</sup> The assumptions of the simulation model are that the worker would choose the compensation (employer provided wages or program benefits) that is most advantageous for herself or himself. The estimates for leave-taking and the associated costs yielded by the model reflect changes in worker behavior due to the implementation of the policy being considered; workers will claim program benefits if they are greater than those currently available to workers through their employer.

The survey data on observed behaviors are coupled with a few assumptions about unobservable behavior in the presence of a leave program including:

- The model assumes eligible workers compare weekly benefit amounts available in the leave program to the “next best option” (employer-paid wages or uncompensated leave in most cases) when deciding whether to apply for program benefits.
- The point of take-up occurs when an eligible worker experiences a qualifying medical or family event and takes a leave of absence; this allows the analyst to specify the share of eligible leave that will be covered by program benefits. Reasons for less than full take-up

---

<sup>2</sup> At the time of the 2012 FMLA survey, five states (California, Hawaii, New Jersey, New York, and Rhode Island) had provisions for workers to be covered by temporary disability insurance for the workers’ own health needs; California and New Jersey had expanded their state programs to cover bonding with a new child and family caregiving leaves.

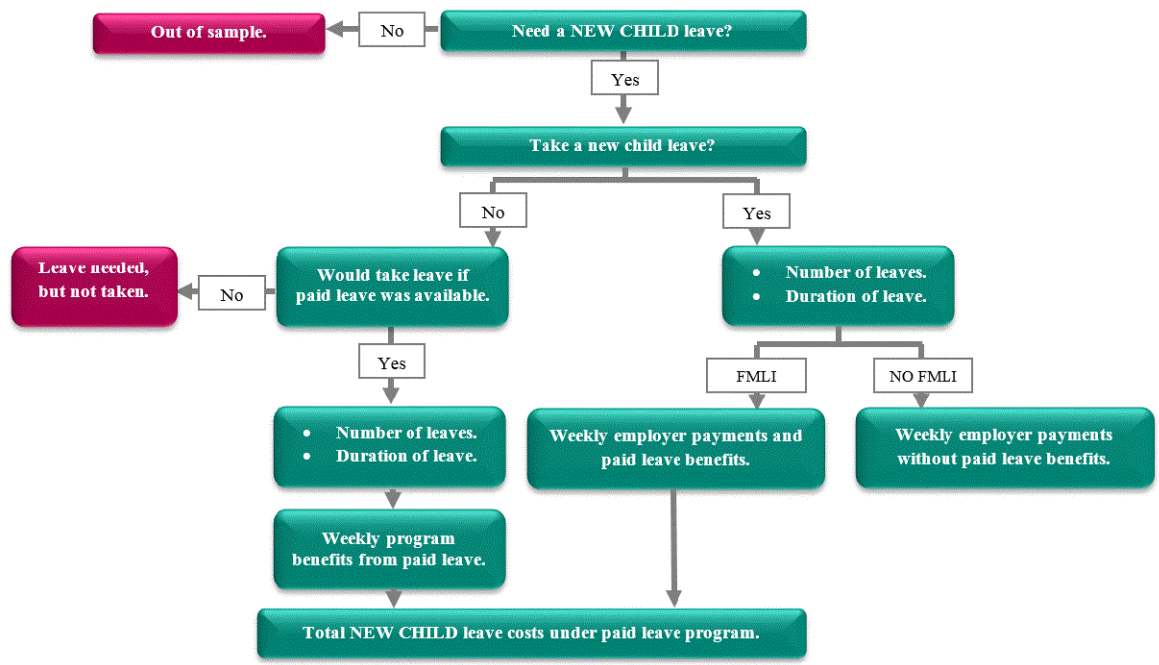
include lack of knowledge, difficulty with the application process, and lack of job security.

- How a program affects the length of worker leave:
  - Short leaves (less time than a waiting period, if specified) may be extended according to estimates based on responses to “Would you take a longer leave if you received some/additional pay?” – a question available in the earlier 2000 FMLA survey.
  - Leaves lasting longer than a leave program’s benefit period, but still considered eligible for employer pay, may be extended.
  - Leaves lasting for longer weeks than a leave program allows may be extended further even when no pay or benefits are available.
- The model can provide estimates that assume some employers who would continue to pay workers during their leaves will instead have their employees claim program benefits for some leaves and supplement the program benefits so that their employees receive their usual wages while on eligible leaves. In the analyses presented, half of employers who would continue wages for workers will shift their employees to program benefits and supplement them up to the employee’s usual wages on leaves lasting three weeks or more.

The total cost estimates generated by the IWPR-ACM Model compare well with actual benefits paid in CA, NJ, and RI (taking into account the standardization of the programs imposed to make them comparable for this analysis) in analyses undertaken to confirm that the model can reproduce claims data in states with existing family and medical leave programs.

Figure 1 provides a visual depiction of how the model estimates leave-taking behaviors and associated program costs based on program specifications and individual determinations for one type of qualifying leave – to care or bond with a new child. The model moves through the decision making process, accounting for the availability of leave, program specifications, and individual worker decisions about take-up. Through this process the model estimates the programs costs and leave-taking behaviors for new child leaves; the model cycles separately through a parallel series of statistical models for each of the other types of leave.

**FIGURE 1: SIMPLIFIED EXAMPLE OF NEW CHILD LEAVES**



## **FAMILY AND MEDICAL LEAVE INSURANCE (FMLI) POLICY SCENARIOS**

For the economic cost modeling in New Hampshire, the following primary policy scenarios were selected by a sub-committee of the Task Force on Work and Family facilitated by Kristin Smith, Carsey School of Public Policy at the University of New Hampshire:

- The program would cover all types of workers, private, state and local government, and self-employed.
- A worker’s eligibility would be based on six months of employment.
- Qualifying reasons for leave include a worker’s own illness or non-work-related injury; maternity-related disability; bonding with a new child by birth, adoption, or fostering; and providing care for family members, such as children, parents, or a spouse.
- Family and medical leave benefits can be received for up to 12 weeks per year.
- The amount of the weekly benefit is calculated as 60 percent<sup>3</sup> of the worker’s usual weekly earnings up to a maximum of \$996.35, the average weekly wage for private sector workers in New Hampshire during 2014.

<sup>3</sup> In the FLMI scenarios, a 60 percent replacement rate for usual weekly earnings up to the average weekly wage for private sector workers was chosen to correspond to factors used in New Hampshire Workers Compensation determinations. At lower levels of earnings, New Hampshire Unemployment Insurance Compensation Benefits pay up to 60 percent of average weekly wages earned during the base period. As base period earnings increase, benefits replace a smaller share of earnings. ; upon reaching the maximum weekly benefit amount the replacement benefits drop to around 53 percent of earnings.



- Similar to programs in Rhode Island and recently adopted changes in California, there is no waiting period for claiming benefits.

Throughout the project, IWPR worked in consultation with a team including Kristin Smith, Carsey School of Public Policy at the University of New Hampshire; Bruce DeMay and Annette Nielsen, NHES; and Randy Albelda, University of Massachusetts-Boston.

The policy scenarios examine changes in the cost of providing benefits and the impact on different groups of workers when program coverage depends on firm size. The firm size is measured by the number of employees and the model provides estimates for three different thresholds – all employees, firms with 25 or more employees, and firms with 50 or more employees.

The two supplementary models, based on voluntary program participation (Table 2), use the same data from the 2012 FMLA Survey (Klerman, Daley, and Pozniak 2014). These models provide flexibility to workers by allowing them to voluntarily participate or opt into a program.

For each worker, the probability of having any one of the qualifying family or medical needs for leave was estimated using a statistical model that includes the worker's age, sex, marital status, and education from the 2012 FMLA Survey data (Klerman, Daley, and Pozniak 2014). The results of the statistical model, the predicted probability of needing a leave, were matched to the output data from the simulation model run (based on the American Community Survey) according to the same worker characteristics. Two thresholds of participation were chosen, 70 percent and 35 percent, based on selecting workers with the highest predicted chance of needing a leave as voluntarily participating in the family and medical leave program. That is, their simulated leaves were used for calculating the cost of program benefits and their earnings were used to calculate the taxable wage base.

These analyses of programs with voluntary participation of workers should be considered exploratory. Voluntary program participation presents challenges for cost estimation given the current information on how workers might behave when choosing to pay into a social insurance fund. No family and medical leave programs currently in operation have a large degree of flexibility in worker participation, so at this time there are few data available to corroborate the results or to gauge the accuracy of the participation levels modeled.

## **RESULTS**

### **Programs with Coverage Determined by Employer Size**

Based on the current policy, workers in New Hampshire take more than 100,000 family and medical leaves each year (Table 1). The results of this analysis indicate that there will be an

increase in the amount of leave taken for all types of leaves, increasing from 109,430 annual leaves taken to 131,424 leaves taken when all workers are covered regardless of employer size; this is a 20.1 percent increase from the current policy. This increase in the take-up rate indicates that more people can access paid leave, as intended, under the new policy. The number of leaves taken for own health reasons is projected to grow by 20.6 percent, leaves for maternity and bonding are projected to increase by 25.3 percent, and leaves for family care are projected to increase by 16.4 percent when the plan covers all employees. This is consistent with research that finds new parents take more time off after the birth of a child, but remain more attached to the labor market and more productive upon their return (Baum and Ruhm 2013). There is a marginal difference in overall leave taken by firm size [for all types of leave]. When the firm size threshold shrinks, more workers are covered and therefore more leave is taken – the model projects 128,562 total leaves per year when firms with 25 or more employees are covered, compared with a total of 127,736 annual leaves when coverage includes firms with 50 or more employees.

The proposed FMLI policy covering all employees would reach 43,301 workers who would receive benefits for an average of 8 weeks under the new program (Table 1). The number of workers reached overall would decrease by about 10,000 when coverage becomes dependent on firm size – 33,504 employees would receive benefits when only firms who employ 25 or more people are covered, and even less, 30,983 employees, when only firms employing 50 or more people are covered. Under the FMLI policy proposal, leave to address personal health issues would affect the most people – reaching over 26,000 workers who would receive program benefits for an average of 8.8 weeks, when all employees are included. This is reduced to 20,363 workers who would receive program benefits for an average of 8.9 weeks when only firms with 25 or more employees are required to provide paid leave. The number of workers taking leave for personal health issues under the paid leave program is reduced even further when only firms with 50 or more employees are covered, dropping to 19,120 workers; the average length of leave workers would receive program benefits remains 8.9 weeks. The average length of time that an employee would receive benefits falls short of the 12 week cap under all policy alternatives; overall, on average, workers will receive a little more than 8 weeks of benefits, which is roughly 4 weeks less than the 12 week cap. When all employees are covered, the proposed FMLI policy is projected to cover 12,600 workers who will receive benefits for 8.3 weeks for maternity and bonding leave and 4,655 workers who will receive 3.5 weeks of benefits for family care leave, on average. The average weekly benefit for the proposed FMLI policy is highest when firms with 50 or more employees are covered (\$487) and lowest when all employees are covered (\$462).

**Table 1. Paid Family Leave Program Estimates Covering All Employees in a Given Establishment Size**

	Current Policy	All Employees	Firms with 25+ employees	Firms with 50+ employees
<b>Number of Leaves Taken</b>				
Own Health	65,719	79,263	77,769	77,463
Maternity & Bonding	14,461	18,124	17,921	17,759
Family Care	29,250	34,036	32,871	32,514
Total	109,430	131,424	128,562	127,736
<b>Number Receiving Program Benefits</b>				
Own Health	NA	26,047	20,363	19,120
Maternity & Bonding	NA	12,600	9,820	8,759
Family Care	NA	4,655	3,321	3,104
Total	NA	43,301	33,504	30,983
<b>Weeks Receiving Program Benefits</b>				
Own Health	NA	8.8	8.9	8.9
Maternity & Bonding	NA	8.3	8.3	8.3
Family Care	NA	3.5	3.5	3.5
Overall	NA	8.0	8.2	8.2
<b>Average Weekly Benefit</b>	NA	\$462	\$483	\$487
<b>Benefit Cost (millions)</b>				
Own Health	NA	\$100.6	\$84.0	\$78.9
Maternity & Bonding	NA	\$48.8	\$38.8	\$34.9
Family Care	NA	\$6.3	\$4.5	\$4.4
<b>Total Benefit Cost (millions)</b>	NA	\$155.7	\$127.4	\$118.2
<b>Administrative (5 percent, millions)</b>	NA	\$7.8	\$6.4	\$5.9
<b>Total Cost (millions)</b>	NA	\$163.5	\$133.8	\$124.1
<b>Cost as a Percent of Total Earnings*</b>	NA	0.52%**	0.56%	0.60%
Average weekly premium	NA	\$5.11**	\$5.52	\$5.86

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model, 1 Aug 2016.

\* Earnings data provided by Economic and Labor Market Information Bureau, New Hampshire Employment Security. See Appendix. \*\* Earnings data from New Hampshire Employment Security do not include self-employment earnings. Aggregate annual earnings from business and farms in New Hampshire are estimated as \$2.2 billion using the American Community Survey. Including these earnings with those from NHES shown in the appendix for All Employees reduces the cost calculated at a percentage of total earnings to 0.49 percent or \$4.78 per week when calculated as a cost for a worker with the state average weekly earnings, \$984. More than 90 percent of self-employed work in establishments with fewer than 25 employees and the omission of self-employment income from total earnings will be small for the costs calculated as a percentage of total payroll earnings for firms of 25 or more and 50 or more.

Total program costs for the FMLI policy proposal are estimated at \$163.5 million when all employees are covered, \$133.8 million when only firms with 25 or more employees are covered, and \$124.1 million when only firms with 50 or more employees are covered. This expanded coverage, under the FMLI policy proposal, would come at a cost of 0.52 percent of total earnings when all employees are covered, 0.56 percent when only firms with 25 or more employees are covered and 0.60 percent when only firms with 50 or more employees are covered.

### **Programs with Coverage Incorporating Voluntary Participation**

IWPR also explored the associated costs of providing paid leave benefits if New Hampshire employees were offered a family and medical leave insurance program that they could opt into voluntarily. The simulation model has been developed to estimate costs for more universal program coverage, but provides enough flexibility to conduct a preliminary analysis. The model analyzes a policy that is comparable to the policies evaluated in Table 1 and provides cost estimates for two levels of participation – 70 percent and 35 percent. The results presented in Table 2 are based on all employers participating, regardless of size, to compare two levels of voluntary participation by workers.

The 70 percent participation threshold was based on the responses to a Granite State Poll conducted in February 2016, asking, “Paid family and medical leave programs often provide up to 12 weeks of paid leave from work to provide care for a new child, during pregnancy, for their own serious illness, or to care for a family member with a serious illness. If such a program was available in New Hampshire, would you be willing to pay about \$5 per week to be part of the program?” (Smith 2016). The results for this question indicated that overall 69 percent of respondents would voluntarily participate in a paid leave program; based on a cost of \$5 per week. The second threshold, 35 percent, was selected to estimate costs assuming voluntary participation were about half of that level. However, no family and medical leave programs currently in operation have a large degree of flexibility in worker participation, so there are few data available to corroborate the Granite State Poll results or to gauge the accuracy of the participation levels modeled. Participation at only one weekly cost estimate, \$5, was measured.

Table 2 presents the estimates depending on the amount of people who opt into the program. A total of 96,947 leaves would receive program benefits based on the assumption that 70 percent of workers would opt-in, which is compared with 51,202 leaves that would be paid benefits when only 35 percent of workers opt into the program. Under both participation levels, leave for own health reasons is once again the primary type of leave taken, paying 55,353 leaves when 70 percent of workers participate the program and 28,126 leaves when only 35 percent of workers participate in the program. Family care leave benefits would partially compensate 25,910 leaves when 70 percent of workers opt-in compared with 14,163 leaves when only 35 percent of workers opt-into the program. When 70 percent of workers opt-into the program, 18,016 worker leaves would receive benefits for personal health leave, 10,615 worker leaves would receive

benefits for maternity and bonding, and 3,773 worker leaves would receive benefits relating to family care. This is compared with 9,473 workers' leaves receiving benefits related to their own health, 6,151 leaves receiving benefits for maternity or bonding, and 2,389 leaves receiving benefits for family care leave when only 35 percent of people opt into the program.

The average number of weeks that workers receive benefits is marginally different under each projection. The average number of weeks taken for personal health reasons is estimated to be almost 9 weeks (8.8 weeks for the 70 percent opt-in projection compared with 8.7 weeks for the 35 percent opt-in projection). The average number of weeks for maternity and bonding leave have the greatest difference – under the 70 percent opt-in projection workers would receive 8.6 weeks and under the 30 percent opt-in projection workers would receive 9.2 weeks. The average weekly benefit would be greater when 70 percent of workers opt-in, providing workers \$426 in weekly benefits compared with \$352 in weekly benefits when 35 percent of workers opt-in.

When fewer people opt-into the program, costs per worker are estimated to be higher and more is spent per person to administer and cover the leave. When 70 percent of people opt-into the program the cost for benefits and administration would be \$116.1 million or 0.67 percent of total earnings. If half as many, 35 percent of workers, participated, program costs are estimated at \$54.5 million or 0.83 percent of total earnings. The weekly premium (the weekly cost to an average worker) is also less when 70 percent of people opt-into the program – \$6.64 compared with \$8.13 when 35 percent of people opt-in. Therefore, higher enrollment in the program helps to defray program costs by distributing the associated costs across a larger population.

There are several reasons that there is more uncertainty around the estimates incorporating voluntary participation by workers. The simulation model is based on leave taking behaviors for all workers rather than the subset most likely to experience a qualifying family or medical event. Predicting the workers who are most likely to need and use family and medical leave based on their social characteristics might not adequately capture the relevant information that shapes these decisions on an individual basis; this includes information such as health status or childbearing plans. These factors may increase benefit claiming above the levels estimated here. While higher administrative costs were included for plans with workers choosing to participate in voluntary programs with lower participation, the actual administrative costs may end up higher in practice than the projected 7 to 8 percent of program benefits in Table 2.

Administrative costs may be higher once the policy is implemented if there is high turnover in participation among workers, which can lead to a more complex and costly system for eligibility determination and claim verification. The administrative cost estimates account for only one year of administrative costs and these costs may not capture workers cycling in and out of paid leave and at times when workers may be most in need of leave benefits. The Granite State poll did not estimate the drop off in voluntary participation at higher weekly program costs per worker and the estimated levels are above the \$5 per week cost in the survey question. As costs climb for a smaller participant pool with higher benefits claiming, more workers may withdraw or cease to

participate in ways that we have not yet been able to measure or estimate, which would result in an unsustainable program. Finally, models incorporating both employer coverage based on an establishment size and voluntary participation by employees have not been estimated.

**Table 2. Paid Leave Program Estimates for Programs that Allow for Workers to Voluntarily Participate (Opt-In) Comparing Two Possible Levels of Participation**

	Workers Opt-In Based on Expected Family or Medical Need	
	70 Percent Opt-In	35 Percent Opt-In
<b>Number of Leaves Taken</b>		
Own Health	55,535	28,126
Maternity & Bonding	15,202	8,913
Family Care	25,910	14,163
Total	96,647	51,202
<b>Number of Leaves Receiving Program Benefits</b>		
Own Health	18,016	9,473
Maternity & Bonding	10,615	6,151
Family Care	3,773	2,389
Total	32,405	18,012
<b>Average Weeks Receiving Program Benefits per Leave</b>		
Own Health	8.8	8.7
Maternity & Bonding	8.6	9.2
Family Care	3.6	3.7
Total	8.1	8.2
<b>Average Weekly Benefit</b>	\$426	\$352
<b>Benefit Cost (millions)</b>		
Own Health	\$64.8	\$27.6
Maternity & Bonding	\$39.1	\$20.5
Family Care	\$4.6	\$2.4
<b>Total Benefit Cost (millions)</b>	\$108.5	\$50.5
<b>Administrative (millions)</b>	\$7.6	\$4.0
<b>Total Cost (millions)</b>	\$116.1	\$54.5
<b>Total Earnings (millions)</b>	\$17,207.6	\$6,601.5
<b>Cost as a Percent of Total Earnings*</b>	0.67%	0.83%
<b>Average weekly premium</b>	\$6.64	\$8.13
Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model, 1 August 2016.		
* Earnings estimated using ACS for workers likely to have a qualifying medical or family event and participate in the FMLI program.		

## DISTRIBUTIONAL ANALYSIS

In the cost analysis, the unit of analysis was the number of leaves taken each year overall and under a FMLI program. However, one worker may need to take multiple leaves for different reasons within a year. To examine the potential impact of a FMLI program on different groups of New Hampshire’s workers, the following analyses aggregated the leave data to estimate the share of workers who would benefit from the program. Table 3 shows the relationship between the estimated number of leaves and the estimated number of workers taking leave annually under the different policy scenarios. The top panel presents the estimates for the total number of leaves from Table 1 and the lower panel presents the estimated number of workers taking leaves in a one year period. Across the two panels, the numbers are most similar for leaves around new children where multiple occurrences are less likely.

**Table 3. Estimated Annual Number of Leaves Taken and Number of Workers Taking Leave by Leave Type and Firm Size**

	Current Policy	Size of Employer Covered by FMLI Program		
		All Employees	Firms with 25+ Employees	Firms with 50+ Employees
<b>Number of Leaves Taken Annually (Paid or Unpaid)</b>				
Own Health	65,719	79,263	77,769	77,463
Maternity & Bonding	14,461	18,124	17,921	17,759
Family Care	29,250	34,036	32,871	32,514
Total	109,430	131,424	128,562	127,736
<b>Number of Workers Taking Leaves Annually</b>				
Own Health	52,344	63,511	62,161	62,011
Maternity & Bonding	14,461	18,018	17,850	17,697
Family Care	23,674	28,107	27,051	26,715
Total	90,479	109,636	107,062	106,423

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model, 1 August 2016. Workers may take more than one family or medical leave in a year.

Table 4 provides the estimates for the share of the workforce taking leaves annually, including both paid and unpaid, by worker characteristics using the same policy scenarios shown in Table 1. Leave to address personal healthcare needs is the most prevalent reason for leave-taking among all workers who take unpaid or paid leave; this is true across all firm sizes.

More women than men take leave (14 percent of women will take leave compared with 11 percent of men), which is consistent with research that women face greater challenges with work-family balance and that they experience increased demands around childcare and the household (Halpern and Murphy 2013). The usage rates among white and non-white workers are

the same, with a slight variation in leave-taking across this group when it extends to smaller firms of 25 or more employees (15 percent of white workers compared with 16 percent of non-white workers). Leave under FMLI varies the most between younger workers (18 to 29 years) and workers 30 years and older, with younger workers taking less leave (13 percent of workers age 18 to 29 years compared with 18 percent of workers age 30 to 44 years old and 16 percent of workers age 45 and older) when all workers are covered. When firms of all sizes are covered, workers with bachelor’s degrees take less leave (14 percent) compared with people who have some college or an associate’s degree and a high school diploma/GED or less (17 percent and 16 percent, respectively). Households with children are more likely to take leave as they face more demands than households without children regardless of firm size; single parent households take the most leave (20 percent when all employees are covered). Workers with lower annual earnings are more likely to use leave, especially under FMLI – 14 percent of workers earning above \$75,000 are estimated to take leave compared with 16 percent of workers making \$30,000 to \$74,999 a year and 17 percent of workers making under \$30,000 a year. Workers in deeper poverty are more likely to take leave – 18 percent of workers making 200 percent or less than the federal poverty threshold take leave (this drops to 17 percent when firms with 25 or more employees are covered) compared with 15 percent of workers who earn 400 percent above the federal poverty threshold who take leave.

**Table 4. Workers Taking Any Family and Medical Leave Annually, Paid or Unpaid, As A Percentage of All Workers in New Hampshire**

	Current Policy	Size of Employer Covered by FMLI Program		
		All Employees	Firms with 25+ Employees	Firms with 50+ Employees
<b>Overall</b>	13%	16%	15%	15%
<b>Reasons for Leave *</b>				
Own Health	9%	10%	10%	10%
Maternity & Bonding	2%	3%	3%	3%
Family Care	4%	5%	4%	4%
<b>Gender</b>				
Men	11%	14%	14%	14%
Women	14%	18%	17%	17%
<b>Race &amp; Ethnicity</b>				
White Alone, not Hispanic	13%	16%	15%	15%
Non-White (inc. Hispanic)	13%	16%	16%	15%
<b>Age</b>				
18 to 29 years	10%	13%	13%	13%
30 to 44 years	14%	18%	17%	17%
45 to 59 years	13%	16%	15%	15%
60 and older	13%	16%	15%	15%
<b>Educational Attainment</b>				
HS/GED or less	13%	16%	16%	16%



Some college or Associates	13%	17%	16%	16%
Bachelors or higher	12%	14%	14%	14%
<b>Family Type</b>				
Single, No children	10%	13%	13%	13%
Married, No children	14%	16%	16%	16%
Married with Children	14%	17%	17%	17%
Single with Children	16%	20%	19%	19%
<b>Occupation</b>				
Management and Professional	13%	15%	15%	15%
Service	13%	16%	15%	15%
Sales and Administration	13%	16%	16%	16%
Natural resources, Construction, and Manufacturing	12%	15%	14%	14%
Production & Transport	14%	16%	16%	16%
<b>Industry</b>				
Natural resources and Construction	12%	15%	14%	14%
Manufacturing	14%	16%	16%	16%
Trade, Transportation, & Utilities	13%	16%	16%	16%
Information, Financial, and Professional Services	13%	15%	15%	15%
Educational and Health Services	14%	17%	16%	16%
Leisure and Other Services, inc. Public Administration	12%	15%	14%	14%
<b>Earnings (Individual)</b>				
Less than \$30,000	13%	17%	16%	16%
\$30,000 to \$74,999	13%	16%	15%	15%
\$75,000 or more	12%	14%	14%	14%
<b>Family Income Relative to Poverty Threshold</b>				
< 200 percent	13%	18%	17%	17%
200 to 399 percent	13%	16%	16%	16%
400 percent or more	13%	15%	14%	14%
<b>Place of Residence</b>				
Metro NH	13%	16%	16%	15%
Non-Metro NH	13%	16%	16%	16%
Outside NH	11%	13%	13%	13%
<b>Establishment Size</b>				
Fewer than 25 employees	11%	13%	12%	12%
25 to 49 employees	10%	13%	13%	11%
50 or more employees	14%	17%	17%	17%

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model, 26 August 2016.

\* Workers can take leaves for more than one reason in a year, so these percentages will not add to the Overall percent of workers taking leave.

Table 5 estimates the share of workers who will take leave and claim benefits in a calendar year under the proposed FMLI program when the firm size thresholds vary. These estimates differ from Table 4 because they reflect leave-taking only under the proposed paid leave program and do not include unpaid paid leave. Overall the projection estimates that 6.4 percent of workers will take leave under the FMLI program. As with all leaves (paid and unpaid), leave for personal health reasons is the most common type of leave taken when program benefits are available (3.9 percent). This is compared with maternity and bonding leave for which 2.1 percent of workers will take leave and 0.8 percent of workers who will claim family care leave benefits.

Within the year, a greater share of women than men are projected to take leaves with program benefits, while leave taking across races is fairly similar. More workers between the ages of 18 to 44 years will take leave using program benefits than workers 45 and older, with leave being the most common between the ages 30 to 44 years (8.1 percent of workers). Workers with a bachelor’s degree are less likely to take leave and claim benefits compared with workers with less education. People in households with children are more likely to take leave under the programs considered, with people in single parent households being the most likely to take a leave under the program (10.2 percent of people in single parent households compared with 8.1 percent of people in married households with children). Those living in in families with lower incomes relative to the poverty threshold for their family type are more likely to take a leave and claim program benefits in a year (8.5 percent of people who earn 200 percent or less than the federal poverty threshold compared with 5.4 percent of people who earn 400 percent or above the federal poverty threshold).

**Table 5. Share of Workers Claiming Family and Medical Leave Benefits Annually As A Percentage of All Workers in New Hampshire**

	Current Policy	Size of Employer Covered by FMLI Program		
		All Employees	Firms with 25+ Employees	Firms with 50+ Employees
<b>Overall</b>	0%	6.4%	5.0%	4.6%
<b>Reasons for Leave *</b>				
Own Health	0%	3.9%	3.1%	2.9%
Maternity & Bonding	0%	2.1%	1.6%	1.4%
Family Care	0%	0.8%	0.5%	0.5%
<b>Gender</b>				
Men	0%	5.4%	4.1%	3.8%
Women	0%	7.5%	5.9%	5.5%
<b>Race &amp; Ethnicity</b>				
White Alone, not Hispanic	0%	6.4%	4.9%	4.6%
Non-White (inc. Hispanic)	0%	6.9%	5.5%	5.1%
<b>Age</b>				
18 to 29 years	0%	6.6%	5.0%	4.6%

30 to 44 years	0%	8.1%	6.5%	6.0%
45 to 59 years	0%	5.6%	4.3%	4.0%
60 and older	0%	5.0%	3.5%	3.3%
<b>Educational Attainment</b>				
HS/GED or less	0%	6.5%	4.7%	4.3%
Some college or Associates	0%	6.9%	5.4%	4.9%
Bachelors or higher	0%	5.9%	4.9%	4.6%
<b>Family Type</b>				
Single, No children	0%	5.2%	3.9%	3.6%
Married, No children	0%	5.0%	3.9%	3.7%
Married with Children	0%	8.1%	6.4%	5.8%
Single with Children	0%	10.2%	7.8%	7.2%
<b>Occupation</b>				
Management and Professional	0%	6.3%	5.1%	4.8%
Service	0%	6.8%	4.8%	4.3%
Sales and Administration	0%	6.7%	5.3%	5.0%
Natural resources, Construction, and Manufacturing	0%	5.9%	3.4%	2.9%
Production & Transport	0%	6.3%	5.2%	4.9%
<b>Industry</b>				
Natural resources and Construction	0%	6.0%	2.8%	2.3%
Manufacturing	0%	6.2%	5.4%	5.2%
Trade, Transportation, & Utilities	0%	6.4%	5.2%	4.8%
Information, Financial, and Professional Services	0%	6.2%	4.6%	4.2%
Educational and Health Services	0%	7.1%	6.0%	5.7%
Leisure and Other Services, inc. Public Administration	0%	6.2%	4.3%	3.9%
<b>Earnings (Individual)</b>				
Less than \$30,000	0%	6.8%	4.8%	4.3%
\$30,000 to \$74,999	0%	6.6%	5.3%	5.0%
\$75,000 or more	0%	5.3%	4.5%	4.1%
<b>Family Income Relative to Poverty Threshold</b>				
< 200 percent	0%	8.5%	6.0%	5.4%
200 to 399 percent	0%	6.9%	5.4%	5.0%
400 percent or more	0%	5.4%	4.3%	4.1%
<b>Place of Residence</b>				
Metro NH	0%	7%	5%	5%
Non-Metro NH	0%	7%	5%	5%
Outside NH	0%	5%	4%	4%
<b>Establishment Size</b>				
Fewer than 25 employees	0%	5%	0%	0%

25 to 49 employees	0%	5%	5%	0%
50 or more employees	0%	7%	7%	7%
Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model, 26 August 2016.				
* Workers can claim leave benefits for more than one reason in a year, so these percentages will not add to the Overall percent of workers claiming benefits.				

Programs providing partial wage replacement for workers taking family and medical leaves would increase the overall number of workers taking paid leaves within a calendar year. Table 6 provides estimates for the percentage of workers taking leaves with pay, including both employer wages paid and FMLI benefits claimed. Employer compensation includes all sources – vacation, paid sick days, parental leave policies, etc. Overall 14 percent of workers are estimated to take paid leave each year using any of these mechanisms or in combination with FMLI benefits, which is higher than under the existing policy (10 percent) without a program in place. More workers are projected to take paid leaves, across all types of leave, under the FMLI programs; this is consistent with existing research (Baum and Ruhm 2013; Appelbaum and Milkman 2011).

Access to paid leave for own health reasons increases by 3 percentage points (9 percent under FMLI for all employees compared with 6 percent under the current policy). Paid leaves for maternity and bonding and family care leave each increase by about 1 percentage point. More women than men (15 percent and 12 percent, respectively) will take paid leave each year under a FMLI program covering all employees. Fewer workers with higher educational attainment will take paid leaves (13 percent compared with 14 percent of those with some college or associate’s degree or less). People in households with children, who face more demands on their time, are more likely to take leave and see an increase in the share of workers taking paid leaves (16 percent of people in married and single households with children compared with 14 percent of people in married households and 10 percent of people in single households with no children). The share of workers taking paid leaves increases more for workers in lower income families under an FMLI program covering all employees (increasing from 7 percent to 13 percent for workers in families with income less than 200 percent of the federal poverty threshold compared with an increase from 11 percent to 13 percent for workers in families with income over 400 percent of the poverty threshold.)

**Table 6. Share of Workers Taking Paid Leave Annually (Employer Wages or Family and Medical Leave Benefits) As A Percentage of All Workers in New Hampshire**

	Current Policy	Size of Employer Covered by FMLI Program		
		All Employees	Firms with 25+ Employees	Firms with 50+ Employees
<b>Overall</b>	10%	14%	13%	13%
<b>Reasons for Leave *</b>				
Own Health	6%	9%	8%	8%
Maternity & Bonding	2%	3%	3%	2%

Family Care	3%	4%	4%	3%
<b>Gender</b>				
Men	9%	12%	11%	11%
Women	11%	15%	14%	14%
<b>Race &amp; Ethnicity</b>				
White Alone, not Hispanic	10%	14%	13%	13%
Non-White (inc. Hispanic)	9%	13%	13%	12%
<b>Age</b>				
18 to 29 years	6%	10%	9%	9%
30 to 44 years	11%	16%	15%	15%
45 to 59 years	11%	14%	13%	13%
60 and older	10%	13%	12%	12%
<b>Educational Attainment</b>				
HS/GED or less	10%	14%	13%	12%
Some college or Associates	10%	14%	13%	13%
Bachelors or higher	10%	13%	13%	13%
<b>Family Type</b>				
Single, No children	7%	10%	10%	9%
Married, No children	12%	14%	14%	14%
Married with Children	12%	16%	15%	15%
Single with Children	10%	16%	15%	15%
<b>Occupation</b>				
Management and Professional	11%	14%	13%	13%
Service	8%	13%	11%	11%
Sales and Administration	10%	14%	13%	13%
Natural resources, Construction, and Manufacturing	9%	12%	11%	11%
Production & Transport	10%	14%	13%	13%
<b>Industry</b>				
Natural resources and Construction	9%	12%	11%	10%
Manufacturing	11%	14%	14%	14%
Trade, Transportation, & Utilities	10%	13%	13%	13%
Information, Financial, and Professional Services	10%	13%	13%	13%
Educational and Health Services	11%	15%	14%	14%
Leisure and Other Services, inc. Public Administration	8%	12%	11%	11%
<b>Earnings (Individual)</b>				
Less than \$30,000	8%	13%	12%	12%
\$30,000 to \$74,999	11%	14%	13%	13%
\$75,000 or more	11%	13%	13%	13%
<b>Family Income Relative to Poverty Threshold</b>				

< 200 percent	7%	13%	11%	11%
200 to 399 percent	10%	14%	13%	13%
400 percent or more	11%	13%	13%	13%
<b>Place of Residence</b>				
Metro NH	10%	14%	13%	13%
Non-Metro NH	10%	14%	13%	13%
Outside NH	8%	11%	11%	11%
<b>Establishment Size</b>				
Fewer than 25 employees	7%	11%	8%	8%
25 to 49 employees	7%	10%	11%	8%
50 or more employees	11%	15%	15%	15%
Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model, 26 August 2016.				
* Workers can claim leave benefits for more than one reason in a year, so these percentages will not add to the Overall percent of workers claiming benefits.				

The estimates in Table 7 provide information about the share of workers taking leave who receive partial wage replacement under the existing policy and proposed FMLI policy. Partial wage replacement includes both sources: employer wages including, vacation, paid sick days, parental leave policies, as well as benefits received under FMLI. Under current policies, 76 percent of workers taking leave receive some wage benefits from their employers while on leave. Under a FMLI program covering all employees the level of at least partially paid leaves increases by 10 percentage points to 86 percent.

Under FMLI, for all employees, maternity and bonding leave is the most commonly paid leave (94 percent) compared with leaves for own health reasons and family care responsibilities (83 percent and 81 percent, respectively). The largest gains in paid leave compared with the current policy is for leaves around maternity and new child bonding. Women and men are equally as likely to have partially paid leave under FMLI (86 percent), compared with the current policy under which men receive more partial wage replacement while on leave than women (77 percent and 75 percent, respectively). Under FMLI workers ages 30 to 59 years are the most likely to have partially paid leave (89 percent) compared with workers 18 to 20 years (77 percent) and workers who are 60 and older (83 percent). Access to partially paid leave increases for workers across all age groups under the FMLI. White workers receive more partially paid leave under FMLI (86 percent) compared with non-white workers (84 percent), which is similar under the current policy (76 percent of white workers compared with 71 percent of non-white workers receive partially paid leave); although this racial gap shrinks under FMLI. People with higher levels of education are more likely to have partial wage replacement while on leave, which is true for both policies and regardless of firm size, but, again, FMLI reduces inequality in paid leave across groups. Under the FMLI policy, when all employees are covered, 91 percent of people with bachelor's degrees, 84 percent of people with some college or an associate's degree, and 82 percent of people with a high school diploma/GED or less receive partially paid leave.

People in married households with children are most likely to have partial wage replacement while on leave across policy type and firm size. People in single parent households will see the largest increase in partially paid coverage under the proposed FMLI policy – increasing from 66 percent receiving partial wage replacement while on leave to 84 percent receiving partial wage replacement when all firms are covered. Higher earners also see an increase in the likelihood of receiving partial wage replacement while on leave, which is consistent with the current policy and across firm sizes.

**Table 7. Share of Workers Taking Leaves that Are At Least Partially Compensated (Employer Wages or Family and Medical Leave Benefits) As A Percentage in New Hampshire**

	Current Policy	Size of Employer Covered by FMLI Program		
		All Employees	Firms with 25+ Employees	Firms with 50+ Employees
<b>Overall</b>	76%	86%	83%	82%
<b>Reasons for Leave</b>				
Own Health	73%	83%	80%	80%
Maternity & Bonding	73%	94%	88%	86%
Family Care	77%	81%	79%	79%
<b>Gender</b>				
Men	77%	86%	83%	82%
Women	75%	86%	83%	82%
<b>Race &amp; Ethnicity</b>				
White Alone, not Hispanic	76%	86%	83%	82%
Non-White (inc. Hispanic)	71%	84%	81%	80%
<b>Age</b>				
18 to 29 years	57%	77%	72%	71%
30 to 44 years	79%	89%	86%	85%
45 to 59 years	82%	89%	87%	86%
60 and older	76%	83%	80%	80%
<b>Educational Attainment</b>				
HS/GED or less	71%	82%	78%	77%
Some college or Associates	73%	84%	81%	80%
Bachelors or higher	85%	91%	89%	89%
<b>Family Type</b>				
Single, No children	65%	78%	74%	73%
Married, No children	83%	88%	86%	86%
Married with Children	82%	92%	89%	88%
Single with Children	66%	84%	80%	78%
<b>Occupation</b>				
Management and Professional	84%	91%	89%	89%

Service	64%	79%	75%	73%
Sales and Administration	74%	85%	82%	81%
Natural resources, Construction, and Manufacturing	72%	83%	76%	76%
Production & Transport	73%	83%	81%	80%
<b>Industry</b>				
Natural resources and Construction	71%	83%	75%	74%
Manufacturing	80%	88%	86%	86%
Trade, Transportation, & Utilities	74%	84%	82%	81%
Information, Financial, and Professional Services	80%	88%	85%	85%
Educational and Health Services	79%	88%	86%	86%
Leisure and Other Services, inc. Public Administration	68%	81%	76%	76%
<b>Earnings (Individual)</b>				
Less than \$30,000	64%	78%	74%	73%
\$30,000 to \$74,999	82%	90%	88%	87%
\$75,000 or more	92%	95%	94%	94%
<b>Family Income Relative to Poverty Threshold</b>				
< 200 percent	51%	74%	68%	66%
200 to 399 percent	74%	85%	82%	81%
400 percent or more	86%	91%	90%	89%
<b>Place of Residence</b>				
Metro NH	77%	86%	84%	83%
Non-Metro NH	74%	84%	81%	81%
Outside NH	78%	87%	85%	84%
<b>Establishment Size</b>				
Fewer than 25 employees	67%	80%	66%	66%
25 to 49 employees	67%	81%	82%	67%
50 or more employees	80%	88%	88%	88%
Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model, 26 August 2016.				

## CONCLUSION

Adopting a program to provide family and medical leave insurance in New Hampshire would increase access to partial wage replacement for workers when they or their families experience serious illness or the arrival of a new child. The findings indicate that higher numbers of workers would take leave under the proposed FMLI policy, which is consistent with research findings from other state policies and the purpose of the FMLI policy (Baum and Ruhm 2013; Appelbaum and Milkman 2011). Programs with more universal coverage of workers appear to provide benefits at a lower cost per capita. That is, covering workers according to firm size affects the associated costs of the program and the amount of benefits participants will receive



under each policy proposal. Leave-taking across firms with 25 or more employees and 50 or more employees is relatively similar. The average weekly premium on a per worker basis fluctuates between \$5.11 when all firms are covered and \$5.86 when firms with 50 or more employees are covered and yields an average weekly benefit of \$462 and \$487, respectively. Total costs as a percent of earnings are highest when coverage includes only firms of 50 or more employees (0.60 percent) and lowest when all firms are included (0.52 percent). When the associated costs of the program can be distributed among more workers the cost per worker is diminished and more workers obtain coverage.

This is especially true in the preliminary estimates made for FMLI programs based on voluntary participation of workers. Within the range of levels of participation considered, voluntary programs would have premium costs that are 30 to 60 percent higher than a FMLI program covering all employees regardless of their establishment size. Very few data are available to compare the model estimates to worker behaviors under these circumstances and, therefore, these estimates should be considered a preliminary starting point for program costs if policymakers were to decide on a program with voluntary participation or “opting-in” on the part of workers.

In terms of impacts on workers, the more universal FMLI program coverage provides broader based benefits to workers taking leaves. In addition, the most universal program also had the greatest impact on inequality across social groups because the program benefits raise up the most vulnerable groups.

## REFERENCES

- Appelbaum, Eileen and Ruth Milkman. 2011. *Leaves That Pay: Employer and Worker Experiences with Paid Family Leave in California*. Policy Brief. Center for Economic and Policy Research. <<http://www.cepr.net/documents/publications/paid-family-leave-1-2011.pdf>> (accessed January 21, 2016).
- Baum, Charles L. and Christopher J. Ruhm. 2013. *The Effects of Paid Family Leave in California on Labor Market Outcomes*. Working Paper, 19741. National Bureau of Economic Research. <<http://www.nber.org/papers/w19741>> (accessed January 21, 2016).
- Halpern, Diane F. and Susan Elaine Murphy. 2013. *From Work-Family Balance to Work-Family Interaction: Changing the Metaphor*. Routledge.
- Klerman, Jacob, Kelly Daley, and Alyssa Pozniak. 2014. *Family and Medical Leave in 2012: Technical Report*. Cambridge, MA: Abt Associates. <<http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>> (accessed December 15, 2015).
- Smith, Kristin. 2016. *Over 80 Percent of New Hampshire Residents Support Paid Family and Medical Leave Insurance*. Carsey Research National Research Brief #103. Carsey School of Public Policy, University of New Hampshire. <[http://scholars.unh.edu/cgi/viewcontent.cgi?article=1279&context=carsey&preview\\_mode=1&z=1472649636](http://scholars.unh.edu/cgi/viewcontent.cgi?article=1279&context=carsey&preview_mode=1&z=1472649636)> (accessed October 12, 2016).
- Smith, Kristin and Nicholas Adams. 2016. *Paid Family and Medical Leave in New Hampshire: Who Has It? Who Takes It?* Carsey Research National Research Brief #105. Carsey School of Public Policy, University of New Hampshire. <<http://scholars.unh.edu/cgi/viewcontent.cgi?article=1282&context=carsey>> (accessed October 12, 2016).

## APPENDIX

**Table 1A. Employment and Earnings Data of New Hampshire Workers**

<b>Private</b>	<b>Employment</b>	<b>Total Wages</b>	<b>Average Earnings</b>
All establishments	541,423	\$28,052,004,128	\$51,812
Establishments employing 25 or more	394,068	\$20,475,134,039	\$51,958
Establishments employing 50 or more	333,323	\$17,539,122,373	\$52,619
<b>Local Government</b>			
All establishments	57,203	\$2,453,687,762	\$42,894
Establishments employing 25 or more	54,987	\$2,384,438,014	\$43,364
Establishments employing 50 or more	51,789	\$2,286,942,177	\$44,158
<b>State Government</b>			
All establishments	20,544	\$1,000,829,950	\$48,716

Source: Earnings data provided by Economic and Labor Market Information Bureau, New Hampshire Employment Security, 2014.

## **About this report**

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Women's Bureau. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it. Internal use by an organization and/or personal use by an individual for non-commercial purposes is permissible. All other uses require the prior authorization of the copyright owner.

## **About the Institute for Women's Policy Research**

The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. The Institute's research strives to give voice to the needs of women from diverse ethnic and racial backgrounds across the income spectrum and to ensure that their perspectives enter the public debate on ending discrimination and inequality, improving opportunity, and increasing economic security for women and families. The Institute works with policymakers, scholars, and public interest groups to design, execute, and disseminate research and to build a diverse network of individuals and organizations that conduct and use women-oriented policy research. IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations and corporations. IWPR is a 501(c)(3) tax-exempt organization that also works in affiliation with the women's studies and public policy and public administration programs at The George Washington University.