

Bill as
Introduced

HB 712-FN - AS AMENDED BY THE HOUSE

27Feb2019... 0418h

8Jan2020... 2786h

2019 SESSION

19-0371

06/10

HOUSE BILL **712-FN**

AN ACT relative to a family and medical leave insurance program.

SPONSORS: Rep. Wallner, Merr. 10; Rep. Martin, Hills. 23; Rep. Fothergill, Coos 1; Rep. K. Murray, Rock. 24; Rep. Altschiller, Rock. 19; Rep. McBeath, Rock. 26; Rep. Wazir, Merr. 17; Rep. McMahon, Rock. 7; Rep. Luneau, Merr. 10; Rep. Le, Rock. 31; Rep. Loughman, Rock. 21; Sen. Fuller Clark, Dist 21; Sen. Rosenwald, Dist 13

COMMITTEE: Labor, Industrial and Rehabilitative Services

ANALYSIS

This bill establishes a system of paid family and medical leave insurance.

Explanation: Matter added to current law appears in **bold italics**.
Matter removed from current law appears [~~in brackets and struck through~~].
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to a family and medical leave insurance program.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Chapter; Family and Medical Leave Insurance. Amend RSA by inserting after chapter
2 282-A the following new chapter:

3 CHAPTER 282-B

4 FAMILY AND MEDICAL LEAVE INSURANCE

5 282-B:1 Findings. The general court finds that family and medical leave insurance will help
6 New Hampshire attract and retain workers, including younger workers, will enable parents to bond
7 with biological, adopted, or foster children, will help meet the needs of an aging population, will
8 advance the health of New Hampshire's workforce and workplace stability, and will enhance worker
9 retention and productivity. The general court therefore finds that it is in the public interest to
10 establish a system of family and medical leave insurance (FMLI) with benefits to be provided to
11 qualified workers on a limited basis.

12 282-B:2 Definitions. In this chapter:

13 I. "Benefit year" means the 12-month period beginning with the first day of the calendar
14 week in which the individual next files an application for FMLI benefits after the expiration of the
15 individual's last preceding application year.

16 II. "Calendar quarter" has the same meaning as in RSA 282-A:5.

17 III. "Commissioner" means the commissioner of the department of employment security.

18 IV. "Department" means the department of employment security.

19 V. "Employer" has the same definition as relevant provisions of RSA 282-A:8, except as
20 provided in RSA 282-A:9.

21 VI. "Employment" means wages paid for services by an employer that is covered by this
22 chapter.

23 VII. "Family member" means a spouse or domestic partner under RSA 457, son, daughter,
24 parent, stepparent, grandparent, or step grandparent related through birth, marriage, adoption,
25 foster care, or legal guardianship.

26 VIII. "Family and medical leave" means leave from work:

27 (a) Because of the birth of a child of the employee, within the past 12 months; or

28 (b) Because of the placement of a child with the employee for adoption, legal
29 guardianship, or fostering, within the past 12 months; or

30 (c) Because of a serious health condition of a family member; or

1 (d) Because of a serious health condition of the employee that isn't related to
2 employment; or

3 (e) Because of any qualifying exigency arising from the foreign deployment with the
4 Armed Forces, or to care for a service member with a serious injury or illness as permitted under the
5 federal Family and Medical Leave Act, 29 U.S.C. section 2612(a)(1)

6 IX. "FMLI" means family and medical leave insurance.

7 X. "Federal Family and Medical Leave Act" means the federal Family and Medical Leave
8 Act of 1993, 29 U.S.C. section 28.

9 XI. "Serious health condition" means any illness covered by the federal Family and Medical
10 Leave Act including treatment for addiction as prescribed by a treating clinician, consistent with
11 American Society of Addiction Medicine criteria, as well as treatment for a mental health condition,
12 consistent with American Psychiatric Association criteria.

13 XII. "Fund" means the family and medical leave insurance fund as described in RSA 282-
14 B:4.

15 282-B:3 Employer Applicability.

16 I. This chapter applies to the state and nongovernmental employers beginning January 1,
17 2021, provided that any employer may instead exercise a business option of: participating in a self-
18 insured plan, self-insuring, purchasing insurance, providing benefits, or any combination thereof,
19 upon employer application and certification by the commissioner or authorized representative that
20 the employer will provide an equivalent benefit to all of its employees. If the employer is subject to a
21 collective bargaining agreement, this chapter shall apply to the employer upon the effective date of
22 the first successor collective bargaining agreement following January 1, 2021 to permit the employer
23 and the union to negotiate the premium rate share under RSA 282-B:3, II. Political subdivisions of
24 the state may opt into this chapter upon certification by the authorized representative that this
25 chapter's insurance benefits are at least equivalent to the benefits provided under the collective
26 bargaining agreement, provided the applicable bargaining unit has first ratified this option.
27 Beginning January 1, 2021, this chapter shall be a mandatory subject of bargaining for collective
28 bargaining agreements. Employees not covered by a collective bargaining agreement in a political
29 subdivision of the state may opt into this chapter if the political subdivision has not.

30 II. All employers subject to this chapter shall remit FMLI premium payments on a calendar
31 quarter basis. These quarterly insurance premium payments shall amount to 0.5 percent of wages
32 per employee per week for each week of the preceding quarter. Employers may withhold or divert no
33 greater than 0.5 percent of wages per week per employee to satisfy this paragraph, provided that
34 such employers provide employees, before employment commences, a department approved
35 information sheet containing conspicuous language explaining the costs and benefits of the
36 insurance.

1 III. The penalties for falsity by employers shall be in accordance and consistent with RSA
2 282-A:166. The process for failing to adequately report shall be in accordance and consistent with
3 RSA 282-A:151-152 and 282-A:166-a, and any resulting appeals shall be processed in accordance and
4 consistent with RSA 282-A:94-98.

5 282-B:4 Family and Medical Leave Insurance Fund Administration. The department shall
6 create and administer a family and medical leave insurance fund for deposits of insurance payments
7 paid pursuant to RSA 282-B:3, and accept any other deposit of moneys as authorized by law or by
8 the commissioner or authorized representative. No FMLI fund moneys shall be co-mingled with
9 unemployment insurance fund moneys. The department is authorized to withdraw or deduct from
10 the FMLI fund where there are qualifying FMLI benefit payments or for any amounts reasonably
11 necessary to implement and administer the provisions of this chapter or to repay any start-up loan.

12 282-B:5 Employer and Employee Responsibilities.

13 I. An employee shall both file an application with the department, including any applicable
14 medical certification or birth certificate, and provide his or her employer with written notice of intent
15 to take a leave of absence at least 30 days before the leave will begin unless the leave was not
16 reasonably foreseeable or the time of the leave changes due to circumstances that were not
17 reasonably foreseeable, provided, however, that the employee shall provide notice as soon as
18 practicable. An employee's failure to provide required notice may delay or reduce benefits.

19 II. Any employee of an employer covered under the federal Family and Medical Leave Act
20 who takes leave under this chapter shall be restored to the position he or she held in the application
21 period or to an equivalent position by his or her employer. Employers shall continue to provide
22 health insurance to employees during the leave, but employees remain responsible for any employee-
23 shared costs associated with the health insurance benefits. Employers shall not retaliate against
24 any employee solely for exercising his or her rights under this chapter.

25 III. An employer may require that leave taken under this chapter be taken concurrently or
26 otherwise coordinated with leave allowed under the terms of a collective bargaining agreement or
27 employer policy. The employer shall give individuals in its employ written notice of this
28 requirement.

29 282-B:6 Eligibility Process, Calculation, and Appeals.

30 I. An employee shall be limited up to 12 weeks of FMLI in any benefit year. An employee
31 shall have had premium payments remitted as a percent of his or her wages for at least 6 months to
32 be eligible for benefits and shall have worked in employment resulting in wages in the amount of at
33 least 1,040 multiplied by the applicable minimum wage, in either the "base period" or "alternative
34 base period," as those terms are defined in RSA 282-A:2.

35 II. An employee shall be eligible for FMLI for reasons identified in paragraph I and RSA
36 282-B:2, IX.

1 III. The calculation of weekly FMLI benefits shall be the highest quarter of wages in either
2 the base period or alternate base period as defined in RSA 282-A:2, then divided by 13 and
3 multiplied by 0.6, provided that no such calculation of FMLI benefits shall be less than \$125 per
4 week or greater than 0.85 of the average weekly wage in New Hampshire. The calculation for
5 partial FMLI benefits shall be in a manner consistent with RSA 282-A:14.

6 IV. The process for FMLI benefits claims, violations, and any resulting appeals shall be in
7 accordance and consistent with RSA 282-A:42 through RSA 282-A:68 and RSA 282-A:118.
8 Processing of benefits claims and benefit payment may be administered by a third party selected
9 through a request for proposals issued by the department. The standard and process for handling
10 overpayments shall be in accordance and consistent with RSA 282-A:29, RSA 282-A:141-RSA 282-
11 A:156 and RSA 282-A:165. In addition, an individual shall be disqualified from FMLI benefits
12 beginning with the first day of the calendar week, and continuing for the next 26 weeks, in which the
13 individual has been found to willfully made a false statement or misrepresentation regarding a
14 material fact, or willfully failed to report a material fact, to obtain benefits under this chapter.

15 282-B:7 Limitations. Nothing in this chapter shall diminish an employer's obligation to comply
16 with a collective bargaining agreement or employer policy, nor does this chapter, or any decision by
17 the commissioner or authorized representative under this chapter, limit the ability of employers to
18 provide FMLI benefits or benefits beyond what is required by this chapter.

19 282-B:8 Report and Outreach.

20 I. The department shall make public and provide semi-annual reports to the governor,
21 senate president, speaker of the house of representatives, and the advisory council established
22 pursuant to RSA 282-A:128 involving a summary to include but not be limited to, compliance with
23 this chapter, payments into and out of the fund, fund balance, usage rates including for low wage
24 employees, and retention of employees who received FMLI benefits.

25 II. The department shall develop and implement an outreach program to ensure that
26 individuals who may be eligible to receive FMLI benefits under this chapter are made aware of these
27 benefits. Outreach information shall explain in an easy to understand format, eligibility
28 requirements, the claims process, weekly benefit amounts, maximum benefits available, notice
29 requirements, reinstatement and non-discrimination rights, confidentiality, and coordination of
30 leave under this chapter and other laws, collective bargaining agreements, and employer policies.

31 282-B:9 Rulemaking. The commissioner shall adopt rules, pursuant to RSA 541-A, relative to
32 this chapter. In adopting rules, the commissioner shall maintain consistency with the rules adopted
33 to implement the federal Family and Medical Leave Act, to the extent such rules are not in conflict
34 with this chapter.

35 282-B:10 Sustainability Mechanism. The commissioner shall continuously monitor the solvency
36 of the fund. Should the commissioner determine at any time that the solvency of the fund is in
37 jeopardy, or that the fund is in excess of necessary funds, the commissioner shall provide the

1 advisory council with data supporting such solvency determination and may prospectively, effective
 2 in a future calendar quarter, reduce FMLI premiums in RSA 282-B:3, II, decrease the benefits
 3 payable in RSA 282-B:6, III, or decrease the allowable length of leave in RSA 282-B:6, I, or any
 4 combination thereof, provided such prospective changes are no greater than or less than 10 percent
 5 of those required under this chapter. If the commissioner thereafter determines such changes are no
 6 longer necessary for fund solvency the commissioner shall reverse such changes. Advance notice of
 7 any and all changes pursuant to this paragraph shall be provided to all covered employers and
 8 employees.

9 282-B:11 Family and Medical Leave Insurance Program; Funding Transfer and Repayment.
 10 The state treasurer shall transfer funds from the general fund to the department of employment
 11 security for payment of the initial administrative and implementation costs associated with this
 12 chapter. In the first year the family and medical leave insurance program becomes operational, the
 13 treasurer shall transfer \$3,500,000. In the second year of operation, the treasurer shall transfer
 14 \$12,000,000. Within the first 5 years after the family and medical leave insurance program becomes
 15 operational, the department shall repay the general fund transfers in installments from funds
 16 deducted from the family medical leave insurance fund as follows: 10 percent in year 3, 40 percent in
 17 year 4, and 50 percent in year 5. The department shall have the option of prepaying the full amount
 18 at any time.

19 2 Advisory Council. Amend RSA 282-A:128 to read as follows:

20 282-A:128 Advisory Council. There is hereby created within the unemployment compensation
 21 bureau an advisory council on unemployment compensation *and family medical leave insurance*,
 22 hereinafter called the advisory council. The advisory council shall consist of 9 members to be
 23 appointed, with the exception of the legislative members, by the governor with the consent and
 24 advice of the governor's council. Three of the appointees of this advisory council shall be persons
 25 who, because of their vocations, employment or affiliations, shall be classed as representing the point
 26 of view of employers; 3 shall be persons who, because of their vocations, employment or affiliations,
 27 shall be classed as representing the point of view of employees; one shall be a senator appointed by
 28 the senate president; one shall be a representative [~~from the labor, industrial and rehabilitative~~
 29 ~~services committee~~] appointed by the speaker of the house; the remaining appointee, who shall be
 30 designated as chairman, shall be a person whose training and experience qualify him *or her* to deal
 31 with the problems of unemployment compensation. Such advisory council shall meet no later than
 32 45 days after each calendar quarter and aid the commissioner in formulating policies and discussing
 33 problems related to the administration of this chapter *and RSA 282-B* and in assuring impartiality
 34 and freedom from political influence in the solution of such problems. Advisory council meetings
 35 shall provide opportunity for public comment. *The advisory council shall quarterly review and*
 36 *evaluate family medical leave insurance and, after 2 years of administration, the*

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1 *commissioner shall assess utilization, finances, and benefit levels and provide the general*
2 *court with rate adjustment or fiscal recommendations.*

3 3 New Subparagraph; State Treasurer; Application of Receipts. Amend RSA 6:12, I(b) by
4 inserting after subparagraph (343) the following new subparagraph:

5 (344) Moneys deposited in the family and medical leave insurance fund established
6 in RSA 282-B:4.

7 4 Effective Date. This act shall take effect July 1, 2020.

HB 712-FN- FISCAL NOTE
AS AMENDED BY THE HOUSE (AMENDMENT #2019-0418h)

AN ACT relative to a family and medical leave insurance program.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2020	FY 2021	FY 2022	FY 2023
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	Indeterminable Increase
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	<input checked="" type="checkbox"/> General Family and Medical Leave Insurance Fund	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input checked="" type="checkbox"/> Other

COUNTY:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable

LOCAL:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill, as amended by the House, establishes a system of paid family and medical leave insurance. The Department of Employment Security would administer the program. The program would apply to both state and non-governmental employers, but provide an option for employers to opt out of the program if they could demonstrate they were providing an equivalent insurance plan for employees. The program would allow political subdivisions to opt in to the program provided they could show that the program benefits are at least equivalent to the benefits in their existing plans. Participating employers would remit payments equal to 0.5% of wages on a quarterly basis for deposit in the family medical leave insurance fund (FMLI fund). After having remitted premium payments for at least 6 months, qualifying employees would be able to take up to 12 weeks of paid leave during any 12 month period for certain qualifying events. The benefit would be 60% of the employee's average wage during the highest earning quarter in the base period, but not less than \$125 per week or higher than 85% of the average weekly NH wage. The Department made the following assumptions in considering the fiscal impact of the bill:

- Full participation from state and non-governmental employers, as the Department does not have information on how many employers may elect to obtain their own comparable insurance. It is not possible at this time to speculate which local public employers may opt into the program.
- The Department would be responsible for administering the FMLI fund regardless of whether or not a third party administrator is engaged to administer the benefits. Based on data from the 4th quarter of 2017 through the 3rd quarter of 2018, which is the latest available, the Department calculated the proposed 0.5% premium would generate annual revenue of \$168.6 million from state and private employers. Since participation from local public employers is unknown, no revenue is assumed for local governments.
- It is not possible for the Department to estimate the total annual FMLI benefit costs as the number of participants in the program and/or the number of applications for leave cannot be predicted, however the Department does have wage and employment information which could be provided to aid in such an analysis.
- Concerning development and maintenance of the program, the cost to the Department would depend on whether the benefits are administered by the Department or by a third party administrator. If the benefits are administered by a third party, costs to the Department would be limited to issuing an RFP for administration of the FMLI benefit program, developing and administering the outreach program to create awareness of the program to employers and employees and developing, administering and maintaining of the FMLI revenue application.
- If the FMLI benefit program is administered by a third party, the Department assumes the vendor would be paid from the FMLI fund.
- If the RFP is not successful, the Department would incur additional costs to develop, administer and maintain the benefit component of the FMLI program.
- Development of the programs would take 24 months, regardless of who administers the benefits. This is the amount of time required to develop both the benefit and revenue IT infrastructures, which would be maintained separately from the Department's unemployment compensation program. The benefit infrastructure, if administered by a third party, would be developed by a private vendor selected through a competitive RFP process.
- The IT infrastructure associated with the FMLI revenue program would be developed by existing and new staff at the Department of Information Technology (DoIT). The Department currently relies on DoIT staff to manage the existing unemployment compensation revenue program. The Department assumes the FMLI revenue component would be constructed as an enhancement to, but separate from the existing program.
- Both the FMLI benefit program and the FMLI revenue programs would be developed simultaneously. Completion of the revenue program would be in 24 months, and completion

of the benefits program would be in 30 months due to the time needed to issue an RFP, negotiate a contract, and receive Governor and Council approval of the contract.

- Additional costs would include staff from the Department and DoIT working alongside the IT vendor to develop and test the systems, annual maintenance services for the FMLI benefit system from and outside vendor (20% of development cost), additional hardware, and leased office space and equipment for the new staff.

The Department projected the anticipated costs assuming the Department administering the entire FMLI program, and then separately assuming a third party administrator would administer the FMLI benefit program and the Department would administer the FMLI revenue program.

Department Administers Both Applications	Staff*	FY 2020	FY 2021	FY 2022	FY 2023
Development	6.88 FTEs	\$3,924,710			
Development	9.13 FTEs		\$6,565,239		
Development / Maintenance	38.61 FTEs			\$7,706,397	
Development / Maintenance	43.61 FTEs				\$6,641,571
Total		\$3,924,710	\$6,565,239	\$7,706,397	\$6,641,571
Source of Funds		TBD	TBD	TBD	FMLI Fund

*FTE = Full-time Equivalent

The Department projected the development and ongoing maintenance costs for both programs as follows:

Development Costs – Both Applications	
Vendor Develop FMLI Benefit Payment Application	\$10,000,000
State staffing- Development	\$4,693,147
New Hardware -Revenue Application	\$200,000
New Hardware Benefit Application	\$200,000
Total Development Costs:	\$15,093,147
Annual Maintenance – Both Applications	
Maintenance of Benefit System Application (Paid to Outside Vendor)	\$2,000,000
State Staffing - Maintenance	\$4,641,571
Total Maintenance Costs:	\$6,641,571

The Department provided the following cost projections to administer the FMLI revenue application:

Development Costs – Revenue Application	
State DoIT Staffing	\$1,575,894
State Program Staffing	\$1,006,041
New Hardware	\$200,000
Office Lease, Equipment and In-State Travel	\$176,062
Total Development	\$2,957,997
Annual Maintenance – Revenue Application	
State DoIT Staffing	\$275,236

State Program Staffing	\$1,206,320
Office, In-State Travel, Banking Fees	\$106,012
Total Maintenance Costs:	\$1,587,568

This bill authorizes the state treasurer to transfer General Funds to the Department of Employment Security for payment of the initial administrative and implementation costs. Within the first five years after the program becomes operational the Department is to repay the general fund in installments from the FMLI fund. After the program is operational, if the Commissioner determines the solvency of the fund is in jeopardy, the Commissioner shall provide data supporting this determination to the advisory council and may increase premiums, decrease benefits, or decrease the length of leave, but by no more than 10 percent. After the Commissioner determines the changes are no longer necessary for fund solvency the changes shall be reversed. If the Commissioner the fund balance is in excess of necessary funds, the Commissioner shall provide data supporting the determination to the advisory council and reduce FMLI premiums.

The Insurance Department assumes it would not be involved with the program and there would be no impact on its operating budget. The Department does not anticipate the program will impact existing insurance products or product sales. The Department acknowledges that there are some products that may duplicate some of this coverage, but assumes the differences between this program and market coverage are enough that the bill would not cause changes in market behavior. The Department further assumes there would be no impact on Insurance Premium Tax revenue or on county or municipal health insurance benefit costs.

AGENCIES CONTACTED:

Departments of Employment Security and Insurance

**HB 712-FN FISCAL NOTE
AS AMENDED BY THE HOUSE (AMENDMENT #2019-2786h)**

AN ACT relative to a family and medical leave insurance program.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2020	FY 2021	FY 2022	FY 2023
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	Indeterminable Increase
Expenditures	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<i>Funding Source:</i>	<input checked="" type="checkbox"/> General Family and Medical Leave Insurance Fund	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input checked="" type="checkbox"/> Other

COUNTY:

Revenue	\$0	\$0	\$0	\$0
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LOCAL:

Revenue	\$0	\$0	\$0	\$0
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METHODOLOGY:

This bill establishes a system of paid family and medical leave insurance. The Department of Employment Security would administer the program. The program would apply to non-governmental employers, but provide an option for employers to opt out of the program if they could demonstrate they were providing an equivalent insurance plan for employees. The program would allow the state and political subdivisions to opt in to the program provided they could show that the program benefits are at least equivalent to the benefits in their existing plans. Participating employers would remit payments equal to 0.5% of wages on a quarterly basis for deposit in the family medical leave insurance fund (FMLI fund). Qualifying employees would be able to take up to 12 weeks of paid leave during any 12 month period for certain qualifying events. The benefit would be 60% of the employee's average wage during the highest earning quarter in the base period, but not less than \$125 per week and not higher than 85% of

the average weekly NH wage. The Department made the following assumptions in considering the fiscal impact of the bill:

- Full participation from non-governmental employers, as the Department does not have information on how many employers may elect to obtain their own insurance. It is not possible at this time to speculate which public employers may opt into the program.
- The Department would be responsible for administering the FMLI fund regardless of whether or not a third party administrator is engaged to administer the benefits. Based on data from the 4th quarter of 2017 through the 3rd quarter of 2018, the Department calculated the proposed 0.5% premium would generate annual revenue of \$168.6 million from state and private employers. Since participation from local public employers is unknown, no revenue is assumed for local governments.
- It is not possible to estimate the total annual FMLI benefit costs as the number of participants in the program and/or the number of applications for leave cannot be predicted, however the Department does have wage and employment information.
- Concerning development and maintenance of the program, the cost to the Department would depend on whether the benefits are administered by the Department or by a third party administrator. If the benefits are administered by a third party, costs to the Department would be limited to issuing an RFP for administration of the FMLI benefit program, developing and administering the outreach program to create awareness of the program to employers and employees and developing, administering and maintaining of the FMLI revenue application.
- If the FMLI benefit program is administered by a third party, the Department assumes the vendor would be paid from the FMLI fund.
- If the RFP is not successful, the Department would incur additional costs to develop, administer and maintain the benefit component of the FMLI program.
- Development of the programs would take 24 months, regardless of who administers the benefits. This is the amount of time required to develop both the benefit and revenue IT infrastructures, which would be maintained separately from the Department's unemployment compensation program. The benefit infrastructure, if administered by a third party, would be developed by a private vendor selected through a competitive RFP process.
- The IT infrastructure associated with the FMLI revenue program would be developed by existing and new staff at the Department of Information Technology (DoIT). The Department currently relies on DoIT staff to manage the existing unemployment compensation revenue program. The Department assumes the FMLI revenue component would be constructed as an enhancement, but separate from the existing program.

- Both the FMLI benefit program and the FMLI revenue program would be developed simultaneously. Completion of the revenue program would be in 24 months, and completion of the benefits program would be in 30 months due to the time needed to issue an RFP, negotiate a contract and receive Governor and Council approval of the contract.
- Additional costs would include staff from the Department and DoIT working alongside the IT vendor to develop and test the systems, annual maintenance services for the FMLI benefit system from and outside vendor (20% of development cost), additional hardware, and leased office space and equipment for the new staff.

The Department projected the anticipated costs assuming the Department administering the entire FMLI program, and then separately assuming a third party administrator would administer the FMLI benefit program and the Department would administer the FMLI revenue program.

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Total Maintenance Costs:	\$1,587,568

The bill authorizes the State Treasurer to transfer General Funds in the amount of \$3,500,000 to the Department of Employment Security in the first year the program becomes operational, and \$12,000,000 of General Funds in the second year of operation for payment of the initial administrative and implementation costs. The program will not be operational until both applications are developed. The Department is concerned about the timing of the transfers as the program would not be operational until the applications are developed and, as written, the transfers occur well after the development costs will have been incurred. The Department indicates there is no other source of funds for the payment of these costs.

Within the first five years after the program becomes operational, the Department is to repay the general fund in installments from the FMLI fund. After the program is operational, if the Commissioner determines the solvency of the fund is in jeopardy, the Commissioner shall provide data supporting this determination to the advisory council and may reduce premiums, decrease benefits, or decrease the length of leave, but by no more than 10 percent. After the Commissioner determines the changes are no longer necessary for fund solvency the changes shall be reversed. If the Commissioner the fund balance is in excess of necessary funds, the Commissioner shall provide data supporting the determination to the advisory council and reduce FMLI premiums.

The Insurance Department assumes it would not be involved with the program and there would be no impact on its operating budget. The Department does not anticipate the program will impact existing insurance products or product sales. The Department acknowledges that there are some products that may duplicate some of this coverage, but assumes the differences between this program and market coverage are enough that the bill would not cause changes in market behavior. The Department further assumes there would be no impact on Insurance Premium Tax revenue or on county or municipal health insurance benefit costs.

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HOUSE BILL

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AN ACT

relative to a family and medical leave insurance program.

SPONSORS:

Rep. Wallner, Merr. 10; Rep. Martin, Hills. 23; Rep. Fothergill, Coos 1; Rep. K. Murray, Rock. 24; Rep. Altschiller, Rock. 19; Rep. McBeath, Rock. 26; Rep. Wazir, Merr. 17; Rep. McMahon, Rock. 7; Rep. Luneau, Merr. 10; Rep. Le, Rock. 31; Rep. Loughman, Rock. 21; Sen. Fuller Clark, Dist 21; Sen. Rosenwald, Dist 13

COMMITTEE:

Labor, Industrial and Rehabilitative Services

ANALYSIS

This bill establishes a system of paid family and medical leave insurance.

Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struck through.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 712-FN - FINAL VERSION

27Feb2019... 0418h
8Jan2020... 2786h
11Jun2020... 1503EBA

19-0371
06/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT relative to a family and medical leave insurance program.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Chapter; Family and Medical Leave Insurance. Amend RSA by inserting after chapter
2 282-A the following new chapter:

3 CHAPTER 282-B

4 FAMILY AND MEDICAL LEAVE INSURANCE

5 282-B:1 Findings. The general court finds that family and medical leave insurance will help
6 New Hampshire attract and retain workers, including younger workers, will enable parents to bond
7 with biological, adopted, or foster children, will help meet the needs of an aging population, will
8 advance the health of New Hampshire's workforce and workplace stability, and will enhance worker
9 retention and productivity. The general court therefore finds that it is in the public interest to
10 establish a system of family and medical leave insurance (FMLI) with benefits to be provided to
11 qualified workers on a limited basis.

12 282-B:2 Definitions. In this chapter:

13 I. "Benefit year" means the 12-month period beginning with the first day of the calendar
14 week in which the individual next files an application for FMLI benefits after the expiration of the
15 individual's last preceding application year.

16 II. "Calendar quarter" has the same meaning as in RSA 282-A:5.

17 III. "Commissioner" means the commissioner of the department of employment security.

18 IV. "Department" means the department of employment security.

19 V. "Employer" has the same definition as relevant provisions of RSA 282-A:8, except as
20 provided in RSA 282-A:9.

21 VI. "Employment" means wages paid for services by an employer that is covered by this
22 chapter.

23 VII. "Family member" means a spouse or domestic partner under RSA 457, son, daughter,
24 parent, stepparent, grandparent, or step grandparent related through birth, marriage, adoption,
25 foster care, or legal guardianship.

26 VIII. "Family and medical leave" means leave from work:

27 (a) Because of the birth of a child of the employee, within the past 12 months; or

28 (b) Because of the placement of a child with the employee for adoption, legal
29 guardianship, or fostering, within the past 12 months; or

HB 712-FN - FINAL VERSION

- Page 2 -

1 (c) Because of a serious health condition of a family member; or

2 (d) Because of a serious health condition of the employee that isn't related to
3 employment; or

4 (e) Because of any qualifying exigency arising from the foreign deployment with the
5 Armed Forces, or to care for a service member with a serious injury or illness as permitted under the
6 federal Family and Medical Leave Act, 29 U.S.C. section 2612(a)(1).

7 IX. "FMLI" means family and medical leave insurance.

8 X. "Federal Family and Medical Leave Act" means the federal Family and Medical Leave
9 Act of 1993, 29 U.S.C. chapter 28.

10 XI. "Serious health condition" means any illness covered by the federal Family and Medical
11 Leave Act including treatment for addiction as prescribed by a treating clinician, consistent with
12 American Society of Addiction Medicine criteria, as well as treatment for a mental health condition,
13 consistent with American Psychiatric Association criteria.

14 XII. "Fund" means the family and medical leave insurance fund as described in RSA 282-
15 B:4.

16 282-B:3 Employer Applicability.

17 I. This chapter applies to the state and nongovernmental employers beginning January 1,
18 2021, provided that any employer may instead exercise a business option of: participating in a self-
19 insured plan, self-insuring, purchasing insurance, providing benefits, or any combination thereof,
20 upon employer application and certification by the commissioner or authorized representative that
21 the employer will provide an equivalent benefit to all of its employees. If the employer is subject to a
22 collective bargaining agreement, this chapter shall apply to the employer upon the effective date of
23 the first successor collective bargaining agreement following January 1, 2021 to permit the employer
24 and the union to negotiate the premium rate share under RSA 282-B:3, II. Political subdivisions of
25 the state may opt into this chapter upon certification by the authorized representative that this
26 chapter's insurance benefits are at least equivalent to the benefits provided under the collective
27 bargaining agreement, provided the applicable bargaining unit has first ratified this option.
28 Beginning January 1, 2021, this chapter shall be a mandatory subject of bargaining for collective
29 bargaining agreements. Employees not covered by a collective bargaining agreement in a political
30 subdivision of the state may opt into this chapter if the political subdivision has not.

31 II. All employers subject to this chapter shall remit FMLI premium payments on a calendar
32 quarter basis. These quarterly insurance premium payments shall amount to 0.5 percent of wages
33 per employee per week for each week of the preceding quarter. Employers may withhold or divert no
34 greater than 0.5 percent of wages per week per employee to satisfy this paragraph, provided that
35 such employers provide employees, before employment commences, a department approved
36 information sheet containing conspicuous language explaining the costs and benefits of the
37 insurance.

1 III. The penalties for falsity by employers shall be in accordance and consistent with RSA
2 282-A:166. The process for failing to adequately report shall be in accordance and consistent with
3 RSA 282-A:151-152 and 282-A:166-a, and any resulting appeals shall be processed in accordance and
4 consistent with RSA 282-A:94-98.

5 282-B:4 Family and Medical Leave Insurance Fund Administration. The department shall
6 create and administer a family and medical leave insurance fund for deposits of insurance payments
7 paid pursuant to RSA 282-B:3, and accept any other deposit of moneys as authorized by law or by
8 the commissioner or authorized representative. No FMLI fund moneys shall be co-mingled with
9 unemployment insurance fund moneys. The department is authorized to withdraw or deduct from
10 the FMLI fund where there are qualifying FMLI benefit payments or for any amounts reasonably
11 necessary to implement and administer the provisions of this chapter or to repay any start-up loan.

12 282-B:5 Employer and Employee Responsibilities.

13 I. An employee shall both file an application with the department, including any applicable
14 medical certification or birth certificate, and provide his or her employer with written notice of intent
15 to take a leave of absence at least 30 days before the leave will begin unless the leave was not
16 reasonably foreseeable or the time of the leave changes due to circumstances that were not
17 reasonably foreseeable, provided, however, that the employee shall provide notice as soon as
18 practicable. An employee's failure to provide required notice may delay or reduce benefits.

19 II. Any employee of an employer covered under the federal Family and Medical Leave Act
20 who takes leave under this chapter shall be restored to the position he or she held in the application
21 period or to an equivalent position by his or her employer. Employers shall continue to provide
22 health insurance to employees during the leave, but employees remain responsible for any employee-
23 shared costs associated with the health insurance benefits. Employers shall not retaliate against
24 any employee solely for exercising his or her rights under this chapter.

25 III. An employer may require that leave taken under this chapter be taken concurrently or
26 otherwise coordinated with leave allowed under the terms of a collective bargaining agreement or
27 employer policy. The employer shall give individuals in its employ written notice of this
28 requirement.

29 282-B:6 Eligibility Process, Calculation, and Appeals.

30 I. An employee shall be limited to up to 12 weeks of FMLI in any benefit year. An employee
31 shall have had premium payments remitted as a percent of his or her wages for at least 6 months to
32 be eligible for benefits and shall have worked in employment resulting in wages in the amount of at
33 least 1,040 multiplied by the applicable minimum wage, in either the "base period" or "alternative
34 base period," as those terms are defined in RSA 282-A:2.

35 II. An employee shall be eligible for FMLI for reasons identified in paragraph I and RSA
36 282-B:2, VIII.

1 III. The calculation of weekly FMLI benefits shall be the highest quart of wages in either
2 the base period or alternate base period as defined in RSA 282-A:2, then divided by 13 and
3 multiplied by 0.6, provided that no such calculation of FMLI benefits shall be less than \$125 per
4 week or greater than 0.85 of the average weekly wage in New Hampshire. The calculation for
5 partial FMLI benefits shall be in a manner consistent with RSA 282-A:14.

6 IV. The process for FMLI benefits claims, violations, and any resulting appeals shall be in
7 accordance and consistent with RSA 282-A:42 through RSA 282-A:68 and RSA 282-A:118.
8 Processing of benefits claims and benefit payment may be administered by a third party selected
9 through a request for proposals issued by the department. The standard and process for handling
10 overpayments shall be in accordance and consistent with RSA 282-A:29, RSA 282-A:141-RSA 282-
11 A:156 and RSA 282-A:165. In addition, an individual shall be disqualified from FMLI benefits
12 beginning with the first day of the calendar week, and continuing for the next 26 weeks, in which the
13 individual has been found to willfully made a false statement or misrepresentation regarding a
14 material fact, or willfully failed to report a material fact, to obtain benefits under this chapter.

15 282-B:7 Limitations. Nothing in this chapter shall diminish an employer's obligation to comply
16 with a collective bargaining agreement or employer policy, nor does this chapter, or any decision by
17 the commissioner or authorized representative under this chapter, limit the ability of employers to
18 provide FMLI benefits or benefits beyond what is required by this chapter.

19 282-B:8 Report and Outreach.

20 I. The department shall make public and provide semi-annual reports to the governor,
21 senate president, speaker of the house of representatives, and the advisory council established
22 pursuant to RSA 282-A:128 involving a summary to include but not be limited to, compliance with
23 this chapter, payments into and out of the fund, fund balance, usage rates including for low wage
24 employees, and retention of employees who received FMLI benefits.

25 II. The department shall develop and implement an outreach program to ensure that
26 individuals who may be eligible to receive FMLI benefits under this chapter are made aware of these
27 benefits. Outreach information shall explain in an easy to understand format, eligibility
28 requirements, the claims process, weekly benefit amounts, maximum benefits available, notice
29 requirements, reinstatement and non-discrimination rights, confidentiality, and coordination of
30 leave under this chapter and other laws, collective bargaining agreements, and employer policies.

31 282-B:9 Rulemaking. The commissioner shall adopt rules, pursuant to RSA 541-A, relative to
32 this chapter. In adopting rules, the commissioner shall maintain consistency with the rules adopted
33 to implement the federal Family and Medical Leave Act, to the extent such rules are not in conflict
34 with this chapter.

35 282-B:10 Sustainability Mechanism. The commissioner shall continuously monitor the solvency
36 of the fund. Should the commissioner determine at any time that the solvency of the fund is in
37 jeopardy, or that the fund is in excess of necessary funds, the commissioner shall provide the

1 advisory council with data supporting such solvency determination and may prospectively, effective
2 in a future calendar quarter, reduce FMLI premiums in RSA 282-B:3, II, decrease the benefits
3 payable in RSA 282-B:6, III, or decrease the allowable length of leave in RSA 282-B:6, I, or any
4 combination thereof, provided such prospective changes are no greater than or less than 10 percent
5 of those required under this chapter. If the commissioner thereafter determines such changes are no
6 longer necessary for fund solvency the commissioner shall reverse such changes. Advance notice of
7 any and all changes pursuant to this paragraph shall be provided to all covered employers and
8 employees.

9 282-B:11 Family and Medical Leave Insurance Program; Funding Transfer and Repayment.
10 The state treasurer shall transfer funds from the general fund to the department of employment
11 security for payment of the initial administrative and implementation costs associated with this
12 chapter. In the first year the family and medical leave insurance program becomes operational, the
13 treasurer shall transfer \$3,500,000. In the second year of operation, the treasurer shall transfer
14 \$12,000,000. Within the first 5 years after the family and medical leave insurance program becomes
15 operational, the department shall repay the general fund transfers in installments from funds
16 deducted from the family medical leave insurance fund as follows: 10 percent in year 3, 40 percent in
17 year 4, and 50 percent in year 5. The department shall have the option of prepaying the full amount
18 at any time.

19 2 Advisory Council. Amend RSA 282-A:128 to read as follows:

20 282-A:128 Advisory Council. There is hereby created within the unemployment compensation
21 bureau an advisory council on unemployment compensation *and family medical leave insurance*,
22 hereinafter called the advisory council. The advisory council shall consist of 9 members to be
23 appointed, with the exception of the legislative members, by the governor with the consent and
24 advice of the governor's council. Three of the appointees of this advisory council shall be persons
25 who, because of their vocations, employment or affiliations, shall be classed as representing the point
26 of view of employers; 3 shall be persons who, because of their vocations, employment or affiliations,
27 shall be classed as representing the point of view of employees; one shall be a senator appointed by
28 the senate president; one shall be a representative [~~from the labor, industrial and rehabilitative~~
29 ~~services committee~~] appointed by the speaker of the house; the remaining appointee, who shall be
30 designated as chairman, shall be a person whose training and experience qualify him *or her* to deal
31 with the problems of unemployment compensation. Such advisory council shall meet no later than
32 45 days after each calendar quarter and aid the commissioner in formulating policies and discussing
33 problems related to the administration of this chapter *and RSA 282-B* and in assuring impartiality
34 and freedom from political influence in the solution of such problems. Advisory council meetings
35 shall provide opportunity for public comment. *The advisory council shall quarterly review and*
36 *evaluate family medical leave insurance and, after 2 years of administration, the*

1 *commissioner shall assess utilization, finances, and benefit levels and provide the general*
2 *court with rate adjustment or fiscal recommendations.*

3 3 New Subparagraph; State Treasurer; Application of Receipts. Amend RSA 6:12, I(b) by
4 inserting after subparagraph (343) the following new subparagraph:

5 (344) Moneys deposited in the family and medical leave insurance fund established
6 in RSA 282-B:4.

7 4 Effective Date. This act shall take effect July 1, 2020.

8 . VETOED July 10, 2020

HB 712-FN- FISCAL NOTE
AS AMENDED BY THE HOUSE (AMENDMENT #2019-2786h)

AN ACT relative to a family and medical leave insurance program.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2020	FY 2021	FY 2022	FY 2023
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	Indeterminable Increase
Expenditures	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	<input checked="" type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Family and Medical Leave Insurance Fund			

COUNTY:

Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

LOCAL:

Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill establishes a system of paid family and medical leave insurance. The Department of Employment Security would administer the program. The program would apply to non-governmental employers, but provide an option for employers to opt out of the program if they could demonstrate they were providing an equivalent insurance plan for employees. The program would allow the state and political subdivisions to opt in to the program provided they could show that the program benefits are at least equivalent to the benefits in their existing plans. Participating employers would remit payments equal to 0.5% of wages on a quarterly basis for deposit in the family medical leave insurance fund (FMLI fund). Qualifying employees would be able to take up to 12 weeks of paid leave during any 12 month period for certain qualifying events. The benefit would be 60% of the employee's average wage during the highest earning quarter in the base period, but not less than \$125 per week and not higher than 85% of the average weekly NH wage. The Department made the following assumptions in considering the fiscal impact of the bill:

- Full participation from non-governmental employers, as the Department does not have information on how many employers may elect to obtain their own insurance. It is not possible at this time to speculate which public employers may opt into the program.
- The Department would be responsible for administering the FMLI fund regardless of whether or not a third party administrator is engaged to administer the benefits. Based on data from the 4th quarter of 2017 through the 3rd quarter of 2018, the Department calculated the proposed 0.5% premium would generate annual revenue of \$168.6 million from state and private employers. Since participation from local public employers is unknown, no revenue is assumed for local governments.
- It is not possible to estimate the total annual FMLI benefit costs as the number of participants in the program and/or the number of applications for leave cannot be predicted, however the Department does have wage and employment information.
- Concerning development and maintenance of the program, the cost to the Department would depend on whether the benefits are administered by the Department or by a third party administrator. If the benefits are administered by a third party, costs to the Department would be limited to issuing an RFP for administration of the FMLI benefit program, developing and administering the outreach program to create awareness of the program to employers and employees and developing, administering and maintaining of the FMLI revenue application.
- If the FMLI benefit program is administered by a third party, the Department assumes the vendor would be paid from the FMLI fund.
- If the RFP is not successful, the Department would incur additional costs to develop, administer and maintain the benefit component of the FMLI program.
- Development of the programs would take 24 months, regardless of who administers the benefits. This is the amount of time required to develop both the benefit and revenue IT infrastructures, which would be maintained separately from the Department's unemployment compensation program. The benefit infrastructure, if administered by a third party, would be developed by a private vendor selected through a competitive RFP process.
- The IT infrastructure associated with the FMLI revenue program would be developed by existing and new staff at the Department of Information Technology (DoIT). The Department currently relies on DoIT staff to manage the existing unemployment compensation revenue program. The Department assumes the FMLI revenue component would be constructed as an enhancement, but separate from the existing program.
- Both the FMLI benefit program and the FMLI revenue program would be developed simultaneously. Completion of the revenue program would be in 24 months, and completion of the benefits program would be in 30 months due to the time needed to issue an RFP, negotiate a contract and receive Governor and Council approval of the contract.

- Additional costs would include staff from the Department and DoIT working alongside the IT vendor to develop and test the systems, annual maintenance services for the FMLI benefit system from and outside vendor (20% of development cost), additional hardware, and leased office space and equipment for the new staff.

The Department projected the anticipated costs assuming the Department administering the entire FMLI program, and then separately assuming a third party administrator would administer the FMLI benefit program and the Department would administer the FMLI revenue program.

Department Administers Both Applications	Staff*	FY 2021	FY 2022	FY 2023	FY 2024
Development	6.88 FTEs	\$3,924,710			
Development	9.13 FTEs		\$6,565,239		
Development / Maintenance	38.61 FTEs			\$7,706,397	
Maintenance	43.61 FTEs				\$6,641,571
Total		\$3,924,710	\$6,565,239	\$7,706,397	\$6,641,571
Source of Funds		General	General	TBD	FMLI Fund

*FTE = Full-time Equivalent

The Department projected the development and ongoing maintenance costs for both programs as follows:

Development Costs - Both Applications	
Vendor Develop FMLI Benefit Payment Application	\$10,000,000
State staffing- Development	\$4,693,147
New Hardware -Revenue Application	\$200,000
New Hardware Benefit Application	\$200,000
Total Development Costs:	\$15,093,147
Annual Maintenance - Both Applications	
Maintenance of Benefit System Application (Paid to Outside Vendor)	\$2,000,000
State Staffing - Maintenance	\$4,641,571
Total Maintenance Costs:	\$6,641,571

The Department provided the following cost projections to administer the FMLI revenue application:

Development Costs - Revenue Application	
State DoIT Staffing	\$1,575,894
State Program Staffing	\$1,006,041
New Hardware	\$200,000
Office Lease, Equipment and In-State Travel	\$176,062
Total Development	\$2,957,997
Annual Maintenance - Revenue Application	
State DoIT Staffing	\$275,236
State Program Staffing	\$1,206,320
Office, In-State Travel, Banking Fees	\$106,012

Total Maintenance Costs:	\$1,587,568
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The bill authorizes the State Treasurer to transfer General Funds in the amount of \$3,500,000 to the Department of Employment Security in the first year the program becomes operational, and \$12,000,000 of General Funds in the second year of operation for payment of the initial administrative and implementation costs. The program will not be operational until both applications are developed. The Department is concerned about the timing of the transfers as the program would not be operational until the applications are developed and, as written, the transfers occur well after the development costs will have been incurred. The Department indicates there is no other source of funds for the payment of these costs.

Within the first five years after the program becomes operational, the Department is to repay the general fund in installments from the FMLI fund. After the program is operational, if the Commissioner determines the solvency of the fund is in jeopardy, the Commissioner shall provide data supporting this determination to the advisory council and may reduce premiums, decrease benefits, or decrease the length of leave, but by no more than 10 percent. After the Commissioner determines the changes are no longer necessary for fund solvency the changes shall be reversed. If the Commissioner the fund balance is in excess of necessary funds, the Commissioner shall provide data supporting the determination to the advisory council and reduce FMLI premiums.

The Insurance Department assumes it would not be involved with the program and there would be no impact on its operating budget. The Department does not anticipate the program will impact existing insurance products or product sales. The Department acknowledges that there are some products that may duplicate some of this coverage, but assumes the differences between this program and market coverage are enough that the bill would not cause changes in market behavior. The Department further assumes there would be no impact on Insurance Premium Tax revenue or on county or municipal health insurance benefit costs.

AGENCIES CONTACTED:

Departments of Employment Security and Insurance

Committee Minutes

ATTENDANCE

SENATE CALENDAR NOTICE
Finance

- ✓ Sen Lou D'Allesandro, Chair
- ✓ Sen Dan Feltes, Vice Chair
- ✓ Sen Cindy Rosenwald, Member
- ✓ Sen Jay Kahn, Member
- ✓ Sen John Reagan, Member
- ✓ Sen Bob Giuda, Member

START: 1:04 pm (157 minutes)

STOP: 3:41 pm

Date: February 27, 2020

HEARINGS

Tuesday	03/03/2020
(Day)	(Date)
Finance	State House 100
(Name of Committee)	(Place)
	1:00 p.m.
	(Time)

- 1:00 p.m. ~~HB 712-FN~~ relative to a family and medical leave insurance program
- 1:45 p.m. **SB 730-FN-LOCAL** establishing the granite state paid family leave plan.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 712-FN

- Rep. Wallner
- Rep. Altschiller
- Rep. Luneau
- Sen. Rosenwald

- Rep. Fothergill
- Rep. Wazir
- Rep. Loughman

- Rep. K. Murray
- Rep. McMahon
- Sen. Fuller Clark

SB 730-FN-LOCAL

- Sen. Bradley
- Rep. Hennessey
- Sen. Gray

- Sen. Ward
- Sen. Starr

Deb Martone 271-4980

Lou D'Allesandro
Chairman

Senate Finance Committee

Deb Martone 271-4980

HB 712-FN, relative to a family and medical leave insurance program.

Hearing Date: March 3, 2020

Time Opened: 1:04 p.m.

Time Closed: 3:41 p.m.

Members of the Committee Present: Senators D'Allesandro, Feltes, Rosenwald, Kahn, Reagan and Giuda

Bill Analysis: This bill establishes a system of paid family and medical leave insurance.

Sponsors:

Rep. Wallner

Rep. Martin

Rep. Fothergill

Rep. K. Murray

Rep. Altschiller

Rep. McBeath

Rep. Wazir

Rep. McMahon

Rep. Luneau

Rep. Le

Rep. Loughman

Sen. Fuller Clark

Sen. Rosenwald

Who supports the bill: Representatives Wallner, Murray, Martin, Rodd, Kenney and Buchanan; Senators Rosenwald and Fuller Clark; Executive Councilor Volinsky; Randy Hayes; Jake Berry; Alejandro Unutia; Sebastian Fuentes; Dr. Steve Chapman; Michael Padmore; Elizabeth Corell; Dr. Oge Young; D. Dustin; Anja Paulsen; Laurel Keefe; Jennifer Belmont-Earl; Lisa Beaudoin; Margaret Kilcoyne; Lynnette Stebbins; Anne Grassie; Regan Lamphier; Amanda Sears; Angela Shepard; M.K. Kilcoyne; Mia Peencell; Laura Aronson; David Greene; Lisa Demaine; Michael Strand; Edward LeVasseur; Jennifer Bertrand; Louise Spencer; Mickayla Aboujaoude; Ross Ewing; Jennifer Frizzell; Rosemary Little; Ed Friedrich; Lois Friedrich; Nancy Brennan; Barbara Southard; Sally Hatch; Kathy Cahill; Liz Ann Plett; Kathy Spellman; Deborah Bruss; Susan Covern; Deborah Jakubowski; Marcia Garber; David Holt; Maura Willing; Robert Kiefner; James Costigan; Shaun Spinney; Kayla Montgomery; Angela Monafó; Katherine O'Keefe; Robert Murray; Sarah DiBrigida; Doug McNutt; Ryan Sempf; Ben Cotton; Brooke Mclaughlin; S. Felila; Ronneann Rakoski; Jeanne Torpey; Mica GouYourime; Dennis Jakubowski; Isaac Grimm; John DeJoie; Kelsey Donville; Cody Jacobsen; Viola Katusiime; Marc McMurphy; Teresa Rosenberger; Joey Ramirez; Glenn Brackett; Forrest Repier; Arnie Alpert; Jay Ward; Leah Stagnone; Mason Petit; Michael Kilcoyne; Al Metcalf; Josie Pinto; Claudia Damon;

Who opposes the bill: David Juvet; Gary Abbott; Pamela Ean;

Who is neutral on the bill: Richard Lavers;

Summary of testimony presented in support:

Representative Wallner, Prime Sponsor:

- HB 712-FN is very similar to a bill from last year, SB 1-FN. The bill establishes a system of paid family and medical leave insurance.
- Presently, unemployment insurance and worker's compensation extend temporary and partial wage replacement when an employee loses access to income due to job loss or workplace injury.
- This bill seeks to create a program to mirror a system of financial security for working people through insurance to provide temporary, partial wage replacement when an employed individual needs time out of work to care for either themselves or their family.
- Family and medical leave insurance would provide up to 12 weeks of leave in a year with up to 60 percent wage replacement, providing a minimum benefit of \$125 per week and a maximum of 85 percent of New Hampshire's average weekly wage.
- The insurance would cover leaves from work for an individual or employee to address their own serious health conditions unrelated to employment, to care for a new child either through adoption or birth or fostering, to provide care for a family member with serious health conditions, or due to qualifying military emergencies arising from foreign deployment or injury of a service member in a family.
- These insurance benefits would be paid for through insurance premiums paid in for covered employees to a new family and medical leave insurance fund. Employers would be required to remit these insurance premium payments quarterly in the amount of one-half percent of wages per week, per employee, for the preceding quarter. Employers would be authorized to withhold these premium payments from employees if they chose not to provide them as an employer benefit.
- The family and medical leave insurance program would be administered by the Department of Employment Security, which would manage payments into the family and medical leave insurance fund. The Department would either manage processing of benefit claims and payment, or contract such processing out to a third party vendor in a public/private partnership for program administration.
- All nongovernmental employers would participate in this program unless they offer equivalent benefits that are approved by the Commissioner of DES.
- Public employees would be eligible for coverage subject to collective bargaining agreements.
- The DES Commissioner would be able to reduce the FMLI premium, decrease benefits payable, or decrease the allowable length of leave. He/She would not be able to increase the premium.
- In light of the Coronavirus, it is even more important that we have forward thinking about having a system of family and medical leave for these very serious health problems.

Senator Feltes:

- We value work, we value family. You shouldn't have to choose between the two if at all possible.
- Whether it's a new baby, caretaking for a loved one perhaps in hospice, or caretaking for one's own self by getting into an intensive, in-patient treatment program for opioid addiction, under all of these situations, not risking your family's economic security is critical to addressing some of the key problems facing our state.
- To attract and retain the young workforce of tomorrow, paid family and medical leave insurance for all workers is part of the equation. It is part of economic development.
- This bill is a product of many years' work. It includes an actuarial study funded by the US Department of Labor.
- It dovetails off of our existing unemployment insurance system.
- Senator Feltes cited examples of opposition to paid family leave and how the bill seeks to resolve some of these issues.
- There is a requirement that all workers be covered, but it is up to businesses as to how they develop the program. They have the option of participating in a self-insured plan, self-insuring, purchasing insurance, providing the benefits on their own, or any combination thereof.
- There is no mandated tax in HB 712-FN.
- This issue has been worked on with the business community for years.
- If it is reasonably foreseeable, the employee must provide notification to the business in advance of the leave.
- Employees have job protection, and employers cannot retaliate against any employee for exercising the rights under this chapter.
- An employer may require that leave taken under this chapter be taken concurrently or otherwise coordinated with leave allowed under the terms of a collective bargaining agreement or employer policy.
- Senator Reagan pointed out in the bill there is a mandate for employers to provide health insurance. It is a costly mandate. Senator Feltes stated if the employer is already providing the health insurance, they must continue to provide it during the leave.
- New Hampshire has the highest health care costs in the nation, including premiums, copays and deductibles. Passing HB 712-FN will enable us to take steps to mitigate these high health care costs.
- Senator Giuda inquired if this bill applies to all employees of any size business in this state. Senator Feltes agreed, unless the situation aligns with the exemptions within unemployment insurance. For example, self employment is generally not covered under unemployment insurance law, but you can opt in. Political subdivisions may opt in, as well. Senator Giuda is concerned with a small businessperson with 5 employees. This bill would require leave be given for 12 weeks. Are we hamstringing small businesses with this? Representative Wallner indicated if it is an employee who is ill, employers face this type of situation currently. Employees will be able to receive some compensation while they are out; this will help them get better, return to work and not face a financial crisis. Some lower wage level individuals end up turning to the state

for benefits in such a crisis. Senator Feltes added the requirement to be restored to the position or equivalent upon returning from leave doesn't mean the employer cannot hire someone temporarily. Senator Giuda wondered with the labor shortage, are we inflicting harm onto these businesses with this legislation. Senator Feltes noted within the existing labor market currently, a competitive disadvantage exists between bigger corporations and smaller businesses in terms of the ability to provide paid family and medical leave insurance. HB 712-FN would offer that opportunity and levelize the playing field in a way that small businesses can attract and retain workers in the same way bigger corporations are able to currently.

- Senator Giuda asked how the bill will be implemented financially. He pointed out the fiscal note on the bill outlines the uncertainty of some of the assumptions to consider. He is uncomfortable and looking for a better way to quantify some of the assumptions. Senator Feltes feels this is a reasonable design and financially responsible, based on the actuarial analysis and the assumptions being overlaid upon the state's employment data. Representative Wallner added there are a growing number of states with these types of laws in place. We can learn from those states' experience.
- Senator Reagan inquired if any of those states have successfully implemented family medical leave. Representative Wallner indicated California's law has been in place for a very long time. She agreed to supply the committee with information from those states. Senator Reagan was insistent that we still are unable to look to one state that has successfully implemented such a plan. Senator Feltes cited Rhode Island, Washington State and California have all implemented plans, and Massachusetts is up and running, as well. Benefits are being provided and are sustainable. New Hampshire's proposed model builds off the experiences of other states, and that is success.
- Senator Kahn sought information on the portability of the program. Are there built-in advantages for the employee? Representative Wallner indicated once the employee met the wait period requirement, no matter when the employee is working, he/she would be eligible for the program. It follows the employee.
- Senator Rosenwald asked about the public health implications of employees going to work when they are sick. Representative Wallner agreed it happens often. She related a recent experience she had with one of her employees being sick and still coming to work. It wasn't good for the employee to be at work, as well as not being good for others at the workplace. This is a reality for a lot of the state's workforce.
- Senator Giuda requested a copy of the actuarial analysis funded by the US Department of Labor. Senator Feltes agreed to supply the analysis. Senator Giuda inquired if the model was stressed for a pandemic/epidemic situation. Senator Feltes did not believe so.
- Senator D'Allesandro requested examples of implemented plans be distributed to committee members. Senator Giuda requested those examples provide financial performance data if possible.
- Senator Feltes stressed a number of business leaders continue to support the bill.

Randy Hayes:

- Dr. Hayes is a retired family doctor and geriatrician, having practiced in Concord for 35 years.
- Paid family and medical leave is a vital, necessary addition to our basic health insurance coverage. It should be provided primarily by a nonprofit entity and required for all members of our workforce.
- Nationally, 25 percent of workers in the top wage quartile in our country have private, paid family medical leave insurance, versus 6 percent of workers in the lowest wage quartile.
- Given our aging population in New Hampshire, paid family medical leave will allow more families to care for aging loved ones at home.
- Today in New Hampshire 173,000 individuals, primarily women, act as caregivers for loved ones. Most of these caregivers are also employed outside of the home. Family caregivers often face emotional and financial stress that can lead to loss of their job and their financial security.
- For many, missing a single day's pay would be a significant hardship.
- Thirty-nine percent of New Hampshire's workforce is not allowed a single day's sick pay. Only 42 percent of working adults in our state are eligible to use, and can afford to take the federal unpaid medical leave instituted in 1992.
- HB 712-FN is an essential and desperately needed program for this state's working citizens.

Jennifer Belmont-Earl:

- Ms. Belmont-Earl is the mother of a 3 1/2 year old and a 5 month old.
- Her husband took time off when both children were born. This was made possible by a family inheritance. Most people don't have the resources they had.
- Jennifer had difficulties with breastfeeding and postpartum but was able to have family help.

Sebastian Fuentes:

- Mr. Fuentes and his wife have 4 children. They are stressed while raising them and have experienced both happiness and uncertainty.
- He is going to school part-time, but may have to postpone going the next semester.
- Young families need the help that HB 712-FN would provide.

Jake Berry, Vice President of Policy, New Futures:

- HB 712-FN promotes the health and wellness of our state's children, and our population overall. Research shows that children suffer exponentially when their parents lose financial stability.
- Paid leave could be an especially stabilizing force for Granite State families impacted by the ongoing addiction epidemic. Paid leave would not only provide greater economic and job security for those individuals seeking treatment for substance use disorder, but would ensure greater support for and from family members who are left to care for those in treatment, and their children, throughout the treatment process.
- HB 712-FN represents an important investment in our children and our state.

Alejandro Unutia:

- This bill is a commonsense approach.

- Dr. Unutia experienced challenging, economic restraints attempting to provide for his family. He first came to the United States to care for his 105 year-old mother. He couldn't imagine how it might have been if his mother had been taken care of by strangers.
- HB 712-FN makes good sense for humanitarian reasons.
- It is challenging for young families to move to New Hampshire and work without this type of benefit, as other states surrounding us do make provisions for such a program.
- The economic reasons can be overcome. The bill makes good economic sense. It is good for the health of families.

Dr. Steve Chapman, President, NH Pediatrics Society:

- Dr. Chapman is a general pediatrician who formerly owned a small practice with 25 employees.
- He sees families faced with untenable situations everyday.
- Approximately 25 percent of New Hampshire mothers return to work within two weeks of delivery.
- Newborns benefit greatly from time spent with their parents. The first few months of a child's life is a crucial time of developmental opportunity. Eighty-five percent of brain development happens within the first five years of life.
- When a caregiver consistently responds to an infant's needs, a trusting relationship and lifelong attachment develops. This sets the stage for the growing child to enter healthy relationships with other people throughout life and to appropriately experience and express a full range of emotions.
- This bill is an investment.
- Throughout childhood when children are seriously ill or suffer from chronic illness, having a parent by their side makes a significant difference to their recovery. Yet, lacking paid leave, many parents must make the heart wrenching decision to leave their sick children alone in the hospital in order to preserve their family's economic security.
- This is also a workforce issue. Dr. Chapman sees families who make the choice to stay with their children and leave their jobs. If we're having trouble finding people in the workforce, paid family leave only makes sense.
- Enacting a policy like family and medical leave insurance is a smart, proactive step the state can take to safeguard our children and their families, which is good for our state now and into the future.

Dr. Faith Guarando, Children's Hospital at Dartmouth:

- Dr. Guarando shared with committee members a family's plight who could have been helped by the proposed legislation. The baby was born at 25 weeks, and was sick with heart and lung disease and organ failure, and ended up having many different procedures. In addition to the newborn, the family had 5 year-old twins at home. The baby spent 6 months in critical condition in the Pediatric Intensive Care Unit. The parents were only able to visit with their newborn once or twice a week, due to family and work responsibilities. Unfortunately, they missed a required surgery, as they could not afford to lose a day's pay.
- These are the kinds of decisions we are forcing parents to make.

- Senator Feltes asked if having access to paid family and medical leave insurance will ultimately reduce health care costs. Dr. Chapman believes it will. He sees families leaving the workforce and ending up on Medicaid, increasing the state's role in paying health care dollars. Dr. Guarando agreed. From the preventative care standpoint, they have families constantly missing clinic visits who have sick children who may end up in the hospital.
- Senator Giuda inquired what percentage of their patients might be opioid related. He wondered if it were a significant piece of their practice. Dr. Chapman doesn't believe that is the majority of the families that are caught up in this bind. Most of the families they see are not opioid affected.

Dr. Oge Young, Professor, Dartmouth Medical School:

- Dr. Young is a longtime Concord obstetrician and gynecologist.
- Every day individuals are making heart wrenching decisions to leave their dying parent, sick child or newborn, in order to preserve their family's economic security.
- Dr. Young routinely saw women six weeks after childbirth who were still healing, nursing, and often just starting to learn how to parent. They were torn between leaving their infants or returning to work to preserve their job.
- Out of 41 developed countries in the world studied by the Pew Research Center, the United States is the only nation without a mandated paid family leave system. Dr. Young provided committee members with examples of different countries' paid wages and leave time.
- Governor Sununu has proposed a paid family leave program (SB 730-FN-L) that would not allow a working person to take time for their own illness. It would allow for only six weeks of leave, and would cost the state's General Fund \$30 million per biennium. This bill, HB 712-FN, is for all workers, is not a tax, and provides twelve weeks of leave.
- New Jersey is one of a handful of states that has mandated family leave. Their program is similar to this bill, paid for by a small deduction from employee wages (0.08 percent). They are expanding the program from covering 67 percent of workers' wages to 85 percent, for twelve weeks of leave.
- Paid family leave is fundamental to a healthy society.

Michael Padmore, Director of Advocacy, New Hampshire Medical Society:

- Mr. Padmore distributed packets of testimony to committee members from various physicians representing different disciplines, detailing the impact of the proposed legislation
- Patients in this state are currently being left with a choice between caring for their own health and the health care of their loved ones, or their livelihoods. A mandatory program ensures that every patient in the state is able to receive care and give care to their loved one. An optional program does not ensure that.

Elizabeth Corell:

- For many generations, two people have been required to earn an income to support their family and lifestyle.
- Seventy-five percent of those individuals seeking family medical leave are doing so due to a medical situation that has arisen. Often times it is a new discovery.

- Ms. Corell described her personal struggles with the diagnosis of her husband's brain tumor. Her situation is not unique.
- As a society we need to enable workplaces to be compassionate in addressing the needs of workers. Many of these workplaces would love to accommodate their employees.

Anja Paulsen:

- Ms. Paulsen is a wife and mother of two children. She described her ordeal being diagnosed with Stage 3 breast cancer.
- She was lucky to work for a company that provided short- and longterm disability. Her husband has great medical coverage through his employment.
- On days when she was sick, she was forced to take a vacation day to be paid.
- Spending time with your family is much more important than working.
- Anja worries how she can take care of herself and her family.
- We need to take care of our New Hampshire citizens if they have qualifying health issues or need to support a family member with a health issue.

Laurel Keefe:

- Ms. Keefe is a retired educator from the Concord School District. She related her experience caring for her husband who suffered from Alzheimer Disease for nearly ten years. She worked fulltime for a number of years during her husband's illness, and then turned to part-time teaching. Laurel often relied on outside paid care assistance when she was working. Her outside employment was not only financially important to them, it was a means to connect with people to help fight the overwhelming sense of isolation, fear and despair.
- A 12-week family leave allowing 60 percent of her salary would have been an important lifeline for them. The flexibility of taking leave time is necessary.
- It is always best for a patient to remain at home for as long as possible. That cannot happen without support. A family leave program will assist in these efforts.

Lisa Beaudoin, Executive Director, ABLE New Hampshire:

- Paid family and medical leave is most meaningful to people and families impacted by disability. It's a lifespan issue. There are approximately 165,000 individuals in New Hampshire who experience disabilities.
- Citizens and families touched by disability face significant barriers to workforce participation.
- Unlike mid-level and executive level positions, entry level positions do not offer access to paid leave and other benefits.
- There are very real consequences to the increased financial costs of care needs for families impacted by disability. Families of children with disabilities have out-of-pocket health care expenditures that are twice that of other families. Mothers reduce the number of hours they work or quit work altogether to stay at home and provide care for their children with disabilities.
- Policymakers have a number of solutions at their fingertips that could make a real difference. Paid family medical leave is among the top four recommendations that will help prevent families with children with disabilities from falling into poverty, such as being food insecure, the threat of homelessness, and the threat of shutoff of utilities.

Margaret Kilcoyne:

- Twenty-seven years ago, Mrs. Kilcoyne was able to turn in her accumulated sick days as a pregnant teacher at Kensington Elementary School, to spend 8 weeks at home with her newborn twins. Ultimately, she took a 5-month leave without pay to spend more time with her young family.
- Twenty-two years later her daughter was diagnosed with Stage 3 Hodgkin's Lymphoma. At the time Margaret was the primary medical insurance carrier for her family. Her daughter was able to be on Margaret's insurance.
- Mrs. Kilcoyne described the family's journey through her daughter's treatments. Her husband's FMLA benefits were exhausted, but he was able to use accrued vacation time. Margaret was forced to use accrued sick days.
- When your child is ill, the last thing you want to be worrying about is whether or not you have enough medical coverage, will lose your job, or how to pay the bills.
- Now that the Kilcoynes are retired, they would not be able to support, financially or medically, either of their children if the need for care arose.

Anne Grassie:

- Childcare workers in this state are struggling. Childcare providers are struggling to find employees. They struggle when a member of the staff has a family or medical issue.
- Ms. Grassie related the experience of a fellow employee who was caring for a dying mother. The employee had depleted her sick leave and vacation time. Ms. Grassie and other members of the staff stepped up and shared their sick leave with the affected employee. But as Ms. Grassie ages, she's concerned with sharing her sick leave. Unfortunately, the Coronavirus has not made her any less leery of doing so. Everyone is putting themselves at risk.
- A paid family and medical leave program would truly help these types of employees, as well as eliminate stress from employers.
- These fellow employees also agree to work overtime to cover the hours the employee spends with her dying mother.
- As a former State Representative, Ms. Grassie fought for years for some form of HB 712-FN.
- Ms. Grassie would love for this "visionary" bill to become law.

Regan Lamphier:

- Ms. Lamphier was eligible for family medical leave when her 3 year-old son had a major stroke. He was hospitalized for 6 weeks, but Regan was unable to go that long without a paycheck. She returned to work long before her son left the hospital. Regan felt like a failure as both a mom and an employee. She could not give either her son or her job the attention both deserved. Having paid family and medical leave would have made a big difference.
- Unfortunately, Ethan died suddenly 5 years later. There were 3 employed adults in the household, but none had access to paid family and medical leave. There was no money coming into the house during those first terrible weeks. They survived due to the generosity of a GoFundMe account and their family. Many families have to return to work immediately to keep food on the table.

- When taking time off after a child's death is a luxury, there is something dreadfully wrong with our priorities.
- Every day thousands of New Hampshire residents find themselves stretched to the breaking point by a temporary medical crisis.
- This bill should be a priority for everyone in our state.

Amanda Sears, Director, Campaign for a Family Friendly Economy:

- Currently, two-thirds of New Hampshire's workforce lacks paid leave covering care of themselves, a new child, and family members when they are dealing with prolonged illness or recovery. Part-time workers, people working in low wage jobs, women, and people working in small business are all less likely to have access to paid family and medical leave.
- The economic value of unpaid caregiving provided by family members in New Hampshire is \$2.3 billion. The cost of providing that care is often experienced as lost wages to working families.
- Ms. Sears distributed written testimony which included a fact sheet explaining evidence from the different state paid leave programs. These include California, New Jersey, Rhode Island, New York, Washington, District of Columbia, Massachusetts, Connecticut and Oregon. These programs have worked well for 15 years, with more than 13.4 million leaves paid out. Experience in these states shows that both women and men who took paid leave and then returned to work reported lower levels of public assistance receipt in the year following a child's birth when compared with those who continued working without leave.
- Ms. Sears also included in her materials a Data Snapshot from the Carsey School of Public Policy at UNH, detailing support for paid family and medical leave in New Hampshire.

Angela Shepard, President, NH Rare Disorders Association:

- Ms. Shepard is a physician who believes in this bill for her patients. It is good from an economic and public health standpoint. She urged passage of HB 712-FN.

MK Kilcoyne:

- MK is the daughter of Margaret Kilcoyne, who previously testified about her daughter's experience with Stage III Hodgkin's Lymphoma.
- At the age of 22, MK had moved out of her parent's home, and was working fulltime. Two months later she received the diagnosis. MK made the decision to move back in with her parents and leave her job.
- During her chemo treatments, stem cell transplant and recovery, her parents had used up much if not all of their sick days and FMLA. Aunts and neighbors stepped in to help.
- MK eventually went back to working in culinary, but due to her compromised immune system she would get sick more often and have to choose between taking a sick day to recover, or be able to pay the rent. She was terminated from many jobs due to unreliability, losing what little health insurance and financial stability she had.
- New Hampshire needs paid family and medical leave for those who struggle like MK.

Rep. Ryan Buchanan:

- Ryan is a father of two kids with autism, takes care of his mother who is a veteran with medical issues, is a husband of a permanently disabled veteran, and is a disabled veteran himself.
- It's difficult to constantly be out of the office and request days off, especially once you no longer get paid for the time off. The choice is either treatments for your child or the prospect of an unknown future.
- Ryan drives his mother to various treatments and appointments. He lost his employment due to the assistance he must render to his wife and the accompanying childcare issues.
- Representative Buchanan suffers with a back injury, which occurred while serving his country.
- His father served with the military his entire adult life, and was diagnosed with MS. Ryan's mother became the caregiver and the primary income earner while Ryan was stationed away from home. Eventually, his father could no longer work and received SSDI disability benefits. But Ryan's mother had to work.
- The citizens of New Hampshire deserve better.
- HB 712-FN would allow veterans to live their remaining days with dignity.
- This bill is not a vacation package. Those who would avail themselves of these benefits are not taking a little bit of time off from work. They are taking care of people in need.
- Senator Giuda inquired if the Veterans Administration provided in-home care to Ryan's father. Representative Buchanan indicated his father was not eligible to receive such a benefit.

Laura Aronson:

- Thirty years ago Ms. Aronson was a single mother with a daughter. She was commuting to Massachusetts working long days for tech companies.
- Her experiences caring for her daughter when she was sick varied widely depending on her employer at the time. It was a stressful time for Ms. Aronson, as she didn't have family nearby.
- This type of situation has not improved as the years have gone by. Single moms and dads scramble everyday to make arrangements for their sick kids.
- There is a great need for this bill. It should not be dependent upon your employment.

David Greene:

- Atty. Greene has a small law office in Dover with one employee.
- His cases include stressful divorces, abuse and neglect cases involving children, and domestic violence matters. These individuals are going through some of the worst times of their lives. It is nice when they have the freedom to take a break when they are dealing with the most strenuous periods in their lives.
- It's healthy for our workforce if we send a strong message that individuals' own internal judgments matter.

Michael Strand:

- Mr. Strand runs a temporary staffing agency in Bedford.
- He related the experience he had with his daughter in the NICU, while trying to hold down a job. His employer offered a paid time off plan, as well as accrued sick leave, but no paid family and medical leave at the time. They now offer it.

- A few years ago, Massachusetts rolled out an accrued sick leave plan for temporary workers. While it may be inconvenient for the employer, it is really important.
- The State of New Hampshire should offer some basic protections for those workers who drive the economy.
- Six weeks' leave is not enough; it is unacceptable.
- We have a fairly large, aging population in this state. Someone is going to have to take care of them.
- Employers should cover the cost of this bill, and not pass those costs onto employees.
- The bill protects small businesses with only 5 or 10 employees.
- Unstable, vulnerable workforces are not helpful longterm.
- HB 712-FN is both pro-business and pro-family.

Edward LeVasseur:

- Mr. LeVasseur is 25 years old, has lived in this state for 4 years, and is invested in his community of Somersworth.
- At 18 years old he was homeless and struggled with mental health and substance abuse issues. He used food stamps to get by.
- He works in the insurance industry. He has served on the Somersworth City Council and the Board of Education.
- Mr. LeVasseur explained the "mindset of scarcity" to committee members. It is created when individuals are experiencing trauma, such as financial crisis. One instance follows another, and stacks up.
- With this bill, we support families and communities. That is the true New Hampshire advantage.
- HB 712-FN would allow individuals to maintain their jobs during struggles, whether personal or family. It allows them to maintain the security that a job creates.
- This is not a game; it is about people's lives.

Mickayla Aboujaoude:

- Mickayla has spent most of her life in New Hampshire. For a few years she worked at UMass Medical School, where she had access to a sick leave bank. This was extremely helpful when she was involved in a serious car accident last year.
- As a young person, if New Hampshire approves a paid family and medical leave program, it would be an incentive for her to set up a life here.

Lisa Demaine:

- Ms. Demaine is 25 and works in the restaurant industry. She related her experience with her mother's neck injury in 2017.
- Lisa, her father and friends supported her mother as she went through medical testing and surgery for her injury. Lisa was able to shift her work schedule to help her mother.
- Unfortunately, months later her father was diagnosed with metastasized lung cancer. Her mother had depleted her sick leave, and was unable to take time off to assist Lisa's father with appointments. Lisa became a substitute teacher, affording her the time to care for her father.

- Many people in this state without access to paid family leave experience difficulties such as job changes, financial problems and even relocation.

Louise Spencer, Cofounder, Kent Street Coalition:

- HB 712-FN is one of the group's priority issues.
- Louise worked with her husband at his solo pain management medical practice.
- We need a plan that covers everybody. When money is tight, people are unaware of just how severe consequences can be when they have a job that doesn't have sick leave and doesn't have any benefits. It can be devastating financially to the family.
- In her experience with their practice, she noticed how those without the financial capacity to step away from their jobs, tended to reinjure themselves. They'd go to work in pain, and ended up more severely injured. Unless they took time to fully recover, their injuries could end up being debilitating for years.

Summary of testimony presented in opposition:

Dave Juvet, Senior Vice President-Public Policy, Business and Industry Association:

- There is no opt-out or opt-in provision in this bill. It is a mandatory requirement for all employers and employees. That is extraordinarily problematic for the BIA.
- SB 1-FN last session was vetoed by the Governor. There is no reason to believe the Governor will treat this bill any differently without some form of voluntary opt-in or opt-out.
- Please consider ways in which to improve the bill to avoid another gubernatorial veto.
- According to HB 712-FN, employees covered under the federal Family and Medical Leave Act shall be restored to the position they held or to an equivalent position. However, the federal Family and Medical Leave Act applies to employers with 50 employees or more. As written, the bill could cause some confusion with employers. Are smaller businesses required to have job protection statutes or not?

Neutral Information Presented:

Richard Lavers, Deputy Commissioner, Department of Employment Security:

- Deputy Commissioner Lavers clarified the amended fiscal note the Department had submitted. He spoke about the \$3.5 million and the \$12 million funding to get the program up and running. The amounts are consistent with the Department's expected cost. The current language would not allow the first payment of \$3.5 million until after the first year the program is up and operational. The Department would have already incurred development costs regardless of which route was chosen, contracting out to a private vendor or developing it on its own. Those transfers would need to occur sooner upon passage of the bill, rather than delaying them upon operation of the program.

There would be no other source from which the Department would be able to pay funds.

- Senator Kahn wanted to be clear that the bill takes effect the beginning of FY 2021. Is that how they should interpret "in the first year" as being FY 2021? Deputy Commissioner Lavers stated it would be helpful if the funds were available upon passage in FY 2021. The current language needs to be amended.
- Senator Reagan noted that in one of the state programs the premium was collected, but the program didn't start until after the first year. Is that what New Hampshire is looking at? Deputy Commissioner Lavers suggested looking at the State of Washington. They were in a similar situation in that they didn't have a statewide short-term disability requirement, so they started from scratch. They are still in development, and currently collecting revenues from employers. Before being able to receive benefits, funds would need to be collected for 6 months. Both the revenue application and the benefit side would take 24 months to develop.

dm

Date Hearing Report completed: March 5, 2020

Speakers

SPEAKING

SENATE FINANCE COMMITTEE

Date: March 3, 2020 Time: 1:00 p.m. Public Hearing on HB 712-FN

HB 712-FN -- Relative to a family and medical leave insurance program.

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Randy Hayes	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jake Berry	New Futures
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	David [unclear]	BIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alexandra Unanue	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sebastian Fuentes	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dr. Steve Chapman	NH Pediatric Society
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Michael Padmore	NH Medical Society
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elizabeth Correll	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dore Young, MD	MAHS, ACOG, American Petri NH Family Physicians, NH Feminine Society
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rep. Mary Jane Wilner	Concord
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Dustin	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Amp) Anja Paulsen	Self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laurel Kufe	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jennifer Belmont-Earl	self Barrington
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lisa Beaudoin	ABLE NH

SPEAKING

SENATE FINANCE COMMITTEE

Date: March 3, 2020 Time: 1:00 p.m. Public Hearing on HB 712-FN

HB 712-FN - Relative to a family and medical leave insurance program.

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Margaret Kilcayne	self
<input type="checkbox"/>	<input type="checkbox"/>	Robert Brasier	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lynette Stebbins	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anne Grassie	CCAC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Regan Lamphier	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amanda Sears	Campaign for a Family Friendly Economy
<input type="checkbox"/>	<input type="checkbox"/>	Richard Gowers	NH Employment Security
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Angela Shepard	NH Rare Disorders Assn
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MK Kilcoyne	Self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mia Vincenzo	Self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rep. RYAN BILCHAWAN	Merrimack 15
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laura A. Parsons	Self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	David Greener	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	" Lisa Demaine	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Michael Strand	self (Peterborough)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eduard Levesque	Self
<input type="checkbox"/>	<input type="checkbox"/>		

NOT SPEAKING

SENATE FINANCE COMMITTEE

14

Date: March 3, 2020 Time: 1:00 p.m. Public Hearing on HB 712-FN

HB 712-FN - Relative to a family and medical leave insurance program.

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEN. CIDDY ROSENWALD	DISTRICT #13
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gary Abbott	Assoc. General Contractors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	El Fulah	London
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lois Friedrich	London
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nancy Brennan	Weare SELF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rep Kate Murray	Rockingham #24
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barbara Southard	Bradford
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Zallitard	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kathleen Hill	Concord NH
<input type="checkbox"/>	<input type="checkbox"/>	Liz Ann Duff	Concord self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kate Duff	self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deborah Brusis	Concord self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUSAN COVER	CONTOOCOOK. self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deborah Jakubowski	London Self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marcia Garber	Manchester self
<input checked="" type="checkbox"/>	<input type="checkbox"/>	David Hill	Somersworth self
<input type="checkbox"/>	<input type="checkbox"/>	Claudia Damon	Concord self

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: March 3, 2020 Time: 1:00 p.m. Public Hearing on HB 712-FN

HB 712-FN – Relative to a family and medical leave insurance program.

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maaura Willing	self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Robert S. Kiefner	self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	James Castigan	Self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shaun Spinney	Self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kayla Montgomery	Planned Parenthood IULIA ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Louise Spencer	Self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Angela Monaco	AAP / self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Katherine O'Keefe	self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Robert Murray.	AAP / self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sarah D. Brigida	self ✓
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pamela KANU	self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doug McVitt	AAP ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Byron Sump	Az Person ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ben Cotton	AAP ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brooke McLaughlin	self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paul Felber.	self. ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pat Kathleen Rakoc	AK Council on Developmental Disabilities ✓

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: March 3, 2020 Time: 1:00 p.m. Public Hearing on HB 712-FN

HB 712-FN - Relative to a family and medical leave insurance program.

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jeanne Torrey	self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mica Gouffaine	Self/employment ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dennis Jakubowski	Self/Labor ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Isaac Grimm	Rights & Democracy ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	John DeJoy	NASCW - NH ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mid Penn	Self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kelsey Donville	Manchester, NH ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cody Jacobsen	Self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Viola Katushine	Granite State Organizing Project ✓
<input type="checkbox"/>	<input type="checkbox"/>	Mare McMurphy	White Birch Center - self ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Teresa Rosenberger	Dominic Strategies, NH Nurse Practitioners Assn ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rep. Joelle Marton	HILLS 23. ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sen. Martin Tully	Clark Summit 21 ✓
<input type="checkbox"/>	<input type="checkbox"/>	Rep. BETH RODD	✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joel Hamise	✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glen Brackett	NH-AFL-CIO Hooksett, NH ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Forrest Repp	Manchester NH 03102 ✓

Testimony

Significant Differences Between HB712 and SB730

	<p>SB730 Would not cover the most used type of leave, time for a person to take care of themselves. It is a caregiving only benefit.</p> <p><i>HB712 covers care or oneself or a family member.</i></p>	<p>SB730 covers half the time provided by HB712 and would discourage use by lower income people with a 1 week elimination period. This limits use by people who can't afford to miss a paycheck.</p>	<p>SB730 would perpetuate the status quo with much of the workforce remaining without any access to paid medical leave and availability of caregiving leave on the private market that would be more expensive for the people most likely to need it.</p>	<p>HB712 would be self funded through premiums, SB730 would have a significant impact on the state budget costing the general fund over \$3 million to set up, result in unspecified, significant, ongoing losses of revenue for the state budget and have an ongoing cost to the general fund of likely at least \$2 million annually.</p>
<p>HB 712</p>	<p>Care of self or a family member A covered individual may take the leave to recover from their own illness or injury or to take care of a new child or a family member with a serious health condition.</p>	<p>12 weeks of paid family and medical leave per year, no elimination period</p>	<p>Employees of state and nongovernmental employers covered.</p>	<p>Employers remit 0.5% of wages to the Department of Employment Security who administer the program. Employers are authorized to offer it as an earned benefit or withhold up to that amount from employees to pay the insurance premium. Premiums cover all benefits and program administration costs and repay an initial state loan for the start up costs.</p>
<p>SB 730</p>	<p>No Care for self, only for a family member A covered individual may only take the leave to care for a new child or a family member with a serious health condition. <i>This leave is not available for care of one's own recovery from illness or injury.</i></p>	<p>6 weeks maximum family leave, 1 week elimination period of leave a working person must take without access to the insurance before becoming eligible.</p>	<p>State employees covered, private employers can opt to purchase coverage on the private market, individuals could opt into an individual market with premiums collected by their employer remitted to the Department of Economic Security who pass premiums on to the private insurance provider.</p>	<ul style="list-style-type: none"> • \$3 million Department of Employment Security premium collection system development, annual \$1.6 million admin, • Business tax credit, estimated \$15.2 million revenue per year if businesses employing 30% of the workforce participate. Individual market cost capped at \$5/week any premiums due over \$5 paid from premium stabilization fund capitalized with tax on premiums, • \$100,000 new staff, additional unspecified Department of Revenue Administration costs and expenses for outreach marketing effort.



March 3, 2020

Room 100, 33 North State Street
Concord, NH 03301

RE: Support for HB712

Dear members of the joint legislative committee,

Good afternoon, my name is Lisa Beaudoin, I live in Temple and am Executive Director of ABLE NH. On behalf of the membership of ABLE NH, we ask you to please support HB 712, *an act relative to a family and medical leave insurance program*

Did you know there are about 165,000 individuals who experience disabilities in NH? Citizens and families touched by disability face significant barriers to workforce participation for a variety of reasons. (http://www.thearc.org/file/public-policy-document/Georgetown_PFML-report_Dec17.pdf) According to the data, a consequence of this is that individuals and their families are overrepresented in entry level positions. Unlike mid-level and executive level position, entry level positions do not offer access to paid leave and other benefits.

I'd like to share with you a few statistics because the research is clear and unequivocal about why Paid Family Medical Leave is so critical to the lives of families impacted by disability. You see, intersection of disability and poverty is too rarely discussed. There are very real consequences to the increased financial costs of care needs for families impacted by disability.

- ★ Families of children with disabilities have out-of-pocket health-care expenditures that are twice that of other families
- ★ Mothers reduce the number of hours they work or quit work altogether to stay at home and provide care for their children with disabilities
- ★ Families impacted by disability experience significantly greater levels of material hardship than families with children who have no disabilities.
- ★ Families with children with disabilities fall into poverty at the highest rates of any identified population
- ★ The needs of low-income children with disabilities have been a longstanding concern for the "research experts" - practitioners, administrators, and policy makers. These concerns are related to the substantial evidence of adverse health, academic, behavioral, psychological, and social outcomes for children with disabilities raised in poverty.
- ★ Children with disabilities living in families at high socioeconomic risk were nearly three times more likely to have a serious functional limitation than were other children with disabilities.

Policymakers have a number of policy solutions at their fingertips that could make a real difference today. Paid Family Medical Leave is among the top four policy recommendations that will help prevent families with children with disabilities from falling into the deprivations of poverty like: being food insecure and the threat of homelessness; the threat of utilities *being shut off.*

This committee should want individuals and families touched by disability to be working in NH, a state with less than 2.6% unemployment. This is hitting small businesses offering minimum wage jobs particularly hard. People with disabilities who are unemployed or underemployed represents a vast pool of untapped human potential. HB 712 gives these NH citizens access to security and stability in the workforce as well as their employers who are not responsible to pay for the costs of paid leave.

Why is SB 730 an inferior bill? If ABLE NH did not provide me with three months of paid leave last year, I would be financially destroyed without the ability to have bought food, paid for oil, housing, out-of-pocket healthcare costs or my monthly healthcare premiums. I would have lost my health insurance—imagine that. A car crash almost killed me, left me unable to walk for 9 nine months and redesigned the rest of my life. But imagine for a moment, if my children were school aged: we'd be facing homelessness.

HB 712 is a piece of the puzzle building economic justice for individuals and families touched by disability. Please pass this visionary piece of legislation, vote 'yes' on HB 712. Please let me know if you have any questions

Thank you,

Lisa D Beaudoin

Lisa D. Beaudoin, Executive Director

Want to learn more about disability and paid family medical leave?

<https://thearc.org/policy-advocacy/paid-family-medical-leave/>

Disability Perspectives on Paid Leave:

https://drive.google.com/file/d/1ytwaSsgtWcjQmZz_8x789aXqLTYcrdrs/view

March 3, 2020

Dear Chairman D'Allesandro and Members of the Senate Finance Committee,

My name is Jennifer Bertrand and I live in Mont Vernon, NH with my husband Shawn and children. **I am writing to ask you to support HB 712.** This bill will help empower many working Granite Staters including workers who experience disability and/or family members caring for a family member who experiences a disability. **Paid leave makes it easier for people with disabilities to work and increases economic opportunities as well as stability.**

As a parent of a now-adult child who experiences a disability, I know firsthand the unique challenges people with disabilities and their families experience having to take time off to care for oneself and/or to care for a family member. I left my professional career for more than a decade to care for my family and spunky daughter Chloe who experiences a significant developmental disability. During middle school, she underwent an involved orthopedic surgery. Chloe was in a long leg cast and could not walk or bear any weight. I could not transfer, bathe, or change her myself. My husband was the only working member of our household at that time and while he was covered under the federal FMLA we could not afford for him to take off more than a month from work. **Access to affordable and adequate paid family medical leave program would have enabled us to be more self-sufficient.** With no other options available we had to seek more costly in-home nursing care for our daughter through our state/federally funded Medicaid program. Her recovery was difficult and given Chloe's complex challenges, her recovery could have been easier if my husband had been able to take time off and provide Chloe with much comfort only a father can give his daughter.

Our story is only one of many, among NH families caring and supporting a family member who experiences a disability. Nearly 1 in 5 people in the US have a disability and 1 in 4 households include at least 1 person with a disability. That's a lot of workers who want/need occasional access to an affordable paid leave program. Adult workers with disabilities are also more likely to be in part-time, low wage jobs that often don't offer even basic benefits - much less paid family and medical leave. Over 2 in 3 part-time workers with disabilities don't even have one sick day. **HB 712 will increase economic opportunities as well as stability for all workers, but particularly for working-age adults with disabilities.**

According to multiple recent UNH Carsey Institute reports, NH workers support and need access to a paid leave program that covers both the care of oneself and care of family members. **HB 712 also provides a reasonable length of leave, up to 12 weeks and credible analysis shows this policy plan is economically efficient and fiscally solvent.**

Please support HB 712. Caregiving duties are the greatest barrier to keeping workers out of the labor force especially for people supporting a family member who experiences a developmental or other disability as well as those caring for an elderly parent in our aging state. You can feel good about providing access to an adequate paid family medical leave program to all hard-working Granite Staters! **Please vote YES to HB 712.**

Sincerely,

Jennifer Bertrand



Top left to right: Sydney, Jennifer, Shawn, & Chloe Bertrand
Bottom left to right: Avery & Brady Bertrand

Chairman D'Allesandro
Senate Finance Committee
New Hampshire State House
Concord, New Hampshire, 03301

March 3, 2020

RE: HB 712 relative to a family and medical leave insurance program

Dear Chairman D'Allesandro and Members of Senate Finance Committee,



My name is Déodonné Dustin Bhattarai. I was born and raised in Contoocook. My husband and I own a home in Concord and are raising our children here. I am submitting testimony today to ask that you support HB 712 relative to a family and medical leave insurance program.

Just after his first birthday, in the spring of 2015, my son, Bodhi, was diagnosed with Spinal Muscular Atrophy (SMA - Type II), a degenerative neuromuscular disorder that causes his muscles to be very weak. Bodhi's diagnosis was devastating for our family. All of a sudden, we were splitting our time between Mass General Hospital and Boston Children's Hospital. Shortly thereafter, my son was enrolled in a clinical trial which, for the first couple of months, required us to travel to Connecticut Children's Hospital in Hartford every two weeks.

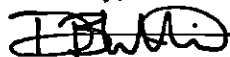
A diagnosis of disease or disability is often preceded and followed by an intense period of medical intervention, doctor's appointments, and treatment, but since that summer, my son's health has remained relatively stable. He's incredibly adept in his wheelchair and although the common cold or flu can land him in the hospital, his day-to-day health is generally stable. However, I quickly used up my sick and vacation time during the period of intense medical intervention he required just before and immediately after his diagnosis. Although my employer was sympathetic, there was no paid family leave policy and I resigned a month and a half after my son's diagnosis.

I am a lawyer by training and have a Master's in Public Health. I loved my job and had paid family and medical leave been available when I needed to focus on my son's health, I may not have had to put my career on hold. My husband, on the other hand, who was employed by a Massachusetts-based company, was able to take the necessary time off during our son's post-diagnosis phase and during all subsequent related health crises. My husband's career has continued to advance and his company's support of work-life integration, including paid leave, was our lifeline when we became a single-income family.

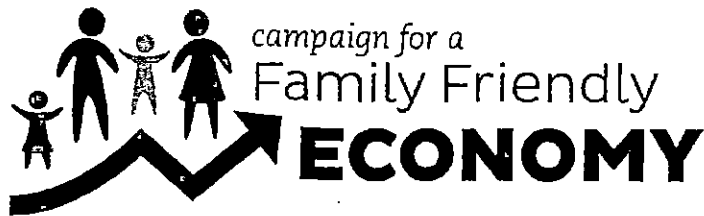
Please support HB 712, no parent should be forced to choose between their career and their child's health.

Please do not hesitate to contact me at (207) 266-7774 or deodonne@gmail.org.
Thank you for your attention and consideration.

Sincerely,



Déodonné Dustin Bhattarai (Concord, NH)



Testimony of Amanda Sears, Director of the Campaign for a Family Friendly Economy
In Support of NH House Bill 712
An Act Relative to a Family and Medical Leave Insurance Program
March 3, 2020

The Campaign for a Family Friendly Economy, is a New Hampshire based effort to advance effective policies to help Granite Staters make ends meet and be there for their families when they need to be. We have 26,000 supporters and I hear regularly the stories of working people who lose their financial stability because they lack access to paid family and medical leave.

Currently two thirds of New Hampshire's workforce lacks paid leave covering care of themselves, a new child, and family members when they are dealing with prolonged illness or recovery. Part-time workers, people working in low wage jobs, women, and people working in small business, the majority of New Hampshire employers, are all less likely to have access to paid family and medical leave.

Whether or not they have access to paid leave, people from all walks of life are still providing care. The economic value of unpaid caregiving provided by family members in New Hampshire is \$2.3billion¹, the cost of providing that care is often experienced as lost wages to working families.

Family and medical leave insurance programs, like the one proposed in HB712, have been passed in six states and are proven to work, with a demonstrated track record of results. This kind of insurance is like unemployment insurance and workers compensation insurance, it is an income protection program and part of a social safety net that recognizes that ensuring working families have a temporary financial bridge to avoid missing car and rent payments when the unexpected happens is good for all of us.

Experience in states with this kind of program shows that both women and men who took paid leave and then returned to work reported lower levels of public assistance receipt in the year following a child's birth when compared with those who continued working without leave². Women who take paid family leave are 39% less likely to report public assistance receipt and 40% less likely to report food stamp (Supplemental Nutrition Assistance Program, or SNAP) receipt in the year following the child's birth. These findings have striking implications for workers' short-term economic stability, their longer-term retirement security, and both short- and long- term government spending.

We are pleased to have moved the debate from IF we should ensure working people in New Hampshire have access to paid leave to HOW we should meet that need. The HOW does matter though.

We urge you to support HB712 as a policy that will work. HB712 would ensure all working people have access to affordable, reliable benefits when they need them. It would enable

people to take time to care for themselves or a family member. HB712 would ensure wages earned by an individual across part time and seasonal employers would all count toward benefits they would receive during leave.

HB712 is aligned with the unemployment insurance regulations for efficient administration by the State and employers and is based on best practices in the states that have similar successful programs.

There is broad agreement that working people need access to paid time off to balance their ability to make ends meet with their caregiving responsibilities. HB712 is a common sense bill to meet the needs of our workforce and all of us who experience the need for care. I urge you to vote in support of HB712 to establish a family and medical leave insurance program that will work for the working people of New Hampshire.

Campaign for a Family Friendly Economy, 114 North Main St., Concord, NH 03301
603-573-9661, Amanda@FamilyFriendlyEconomy.org, www.familyfriendlyeconomy.org

1. Policy Matters: Public Policy, Paid Leave for New Parents and Economic Security for US Workers, Linda Houser and Thomas Vartanian, Rutgers Center for Women and Work, 2012, <http://www.nationalpartnership.org/research-library/work-family/other/policy-matters.pdf>

2. AARP Public Policy Institute, Valuing the Invaluable, July 2015, <https://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>



May 8, 2019

Support for Paid Family and Medical Leave in New Hampshire

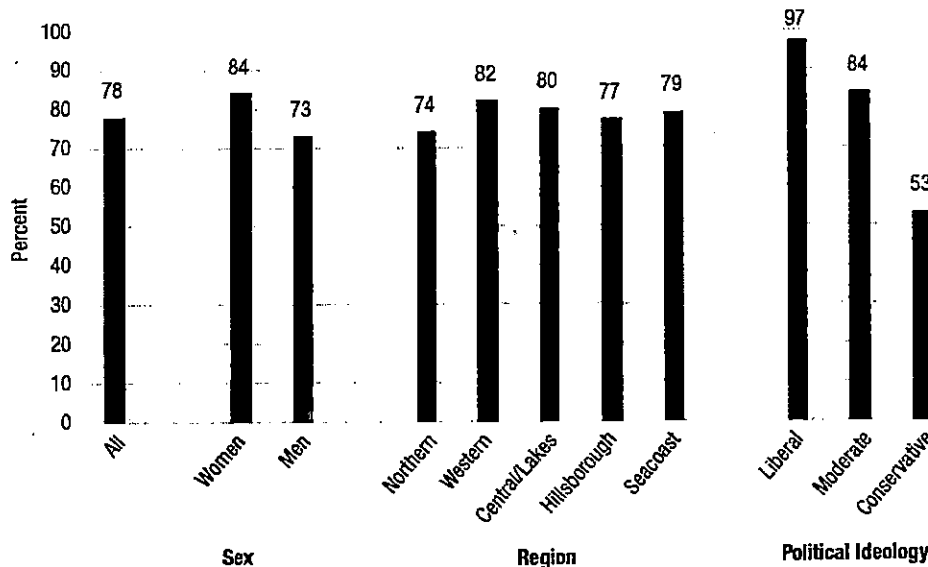
Kristin Smith



In October 2018, the last period for which we conducted public opinion research, support for a paid family and medical leave program was high. Seventy-eight percent of New Hampshire residents stated support for a program that would provide a portion of wages to workers taking leave for personal or family medical reasons.¹ This was statistically unchanged from earlier research conducted in 2016. Women registered higher levels of support for paid family and medical leave insurance than men, and those with a liberal or moderate political ideology reported higher support than those with a conservative ideology (Figure 1). Levels of support did not vary significantly between regions in the state.

Concord Monitor coverage on April 14, 2019, of a recent Carsey brief on job protection and wage replacement, in the context of a public paid family and medical leave insurance program, noted that the brief did not include information on public opinion regarding a paid family and medical leave program for New Hampshire generally, and specifically on the question of whether a program should be mandatory or voluntary. This data snapshot addresses that question.

FIGURE 1. SUPPORT FOR A PAID FAMILY AND MEDICAL LEAVE INSURANCE PROGRAM, NEW HAMPSHIRE RESIDENTS



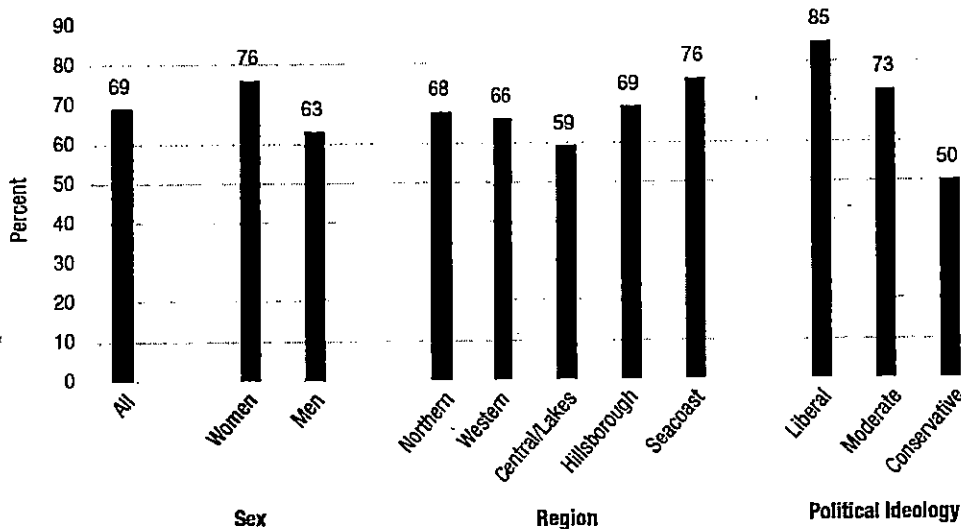
See related publications at carsey.unh.edu

- ▶ *Job Protection and Wage Replacement: Key Factors in Take Up of Paid Family and Medical Leave Among Lower-Wage Workers* (April 2019)
- ▶ *Paid Family and Medical Leave in New Hampshire: Who Has It? Who Takes It?* (September 2016)
- ▶ *Over 80 Percent of New Hampshire Residents Support Paid Family and Medical Leave Insurance* (August 2016)

Note: Based on question asking if support or oppose New Hampshire adopting a paid family and medical leave program that would provide a portion of wages through a statewide fund to all workers to take leave from work for a limited time period for serious personal or family medical reasons. Support includes those who strongly or somewhat support. Statistically significant gender difference at $p < .01$; statistically significant difference between all political ideologies at $p < .001$; no statistically significant differences by region.
Source: Paid Family and Medical Leave Topical Module, Granite State Poll, October 2018.

Related to the specific question of whether a program should require participation or be voluntary: more than two-thirds, 69 percent, of New Hampshire workers supported the inclusion of a requirement that all workers participate and pay into a paid family and medical leave insurance program. Patterns in support for this all-worker approach follow those seen in overall support for a program, namely men and those with a conservative ideology registered lower support than their counterparts, and differences by region were not statistically significant (Figure 2).

FIGURE 2. SUPPORT FOR A REQUIREMENT THAT ALL WORKERS PARTICIPATE AND PAY INTO A PAID FAMILY AND MEDICAL LEAVE INSURANCE PROGRAM, NEW HAMPSHIRE WORKERS



Note: Based on question asking if support or oppose a requirement that all workers participate and pay into a paid family and medical leave insurance program. Support includes those who strongly or somewhat support. Statistically significant gender difference at $p < .01$; statistically significant difference between all political ideologies at $p < .05$; no statistically significant differences by region. **Source:** Paid Family and Medical Leave Topical Module, Granite State Poll, October 2018.

When those who opposed an all-worker program were asked if their opinion would change if they were told that allowing workers to opt out of the program would result in those who opted in paying substantially more for coverage, 34 percent changed their mind and no longer opposed the requirement of participation. This raised support for an all-worker program to 78 percent of workers. Simulation models estimate premium costs 30 to 60 percent higher under a voluntary opt-in program than under an all-worker program, depending on the participation level.²

Endnotes

1. These include caring for a newborn or newly adopted child or a seriously ill family member, or tending to one's own serious illness.
2. Jeff Hayes and Meika Berlan, "Costs and Benefits of Family and Medical Leave for New Hampshire Workers" (IWPR, Washington, DC: 2016).

Kristin Smith is a family demographer at the Carsey School of Public Policy and research associate professor of sociology at the University of New Hampshire (kristin.smith@unh.edu).

Paid Leave Works: Evidence from State Programs

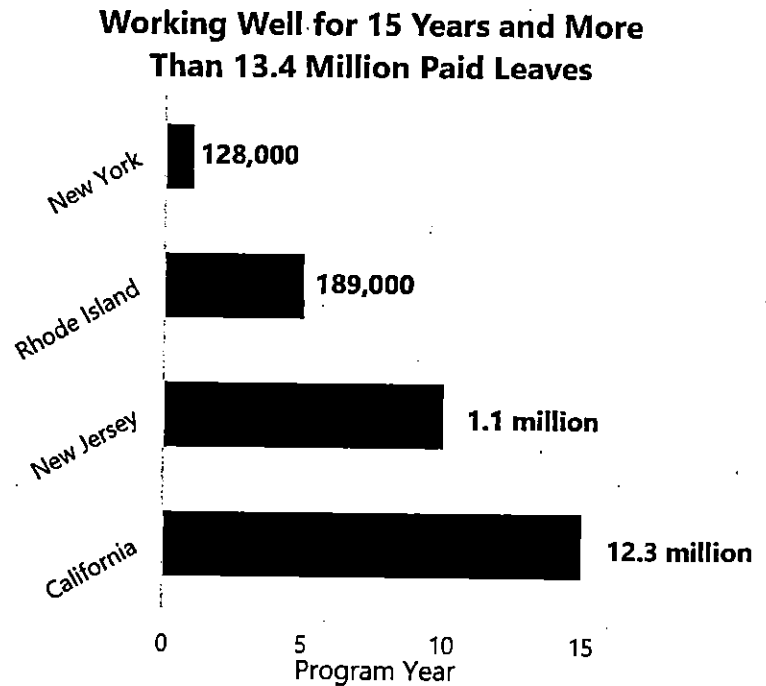
SEPTEMBER 2019

At some point, nearly every working person will need to take time away from a job to care for their own health, bond with a new child or care for a family member with a serious health condition – but millions still lack access to paid family and medical leave when these needs arise. Eight states and the District of Columbia have enacted paid family and medical leave programs, charting the way forward. Evidence from state programs demonstrates that paid family and medical leave programs are affordable and sustainable with benefits for working families, public health and businesses.

Paid Leave Programs Have Helped Millions of Families

● In **California**, about 12.3 million claims have been paid since 2004.¹ In recent years, nearly one-third of claims were for family caregiving or child bonding, while the other two-thirds were for personal medical reasons. About 5 percent of covered workers use the program each year.² Men have filed a growing share of bonding and caregiving claims over time.

Since its implementation in 2004, the California program has been expanded multiple times since its adoption – to broaden the range of family members for whom caregiving leave can be taken, to increase benefit levels for lower- and middle-wage workers, and to make more workers eligible for job protection when they take parental leave.³



- In **New Jersey**, more than 1.1 million claims have been filed since the paid family leave program was implemented in 2009.⁴ More than one-quarter of claims are for family caregiving or child bonding, and men's share of claims has increased. About 6 in 10 claims are made by workers with annual incomes of \$50,000 or less.⁵ Annually, approximately 125,000 claims are made; more than 3 percent of the covered workforce makes a personal medical leave claim each year, and nearly 1 percent makes a paid family leave claim.⁶ Three out of four workers (76.4 percent) say they view the program favorably, and support crosses gender, race/ethnicity, age, marital status, union affiliation, employment status and income.⁷

To better support families with low incomes and reflect the diversity of today's families, the program was strengthened in 2018. Improvements including expanded access to job protection, an inclusive definition of "family" for whom caregiving leave can be taken, coverage for safe leave for survivors of domestic or sexual violence, and a sliding scale for wage replacement to ensure individuals with low incomes can afford to take leave will go fully into effect in 2020.⁸

- **Rhode Island's** program has filled just under 200,000 claims since its paid family leave was implemented in 2014,⁹ and was the first to offer workers reinstatement to their jobs and protection from workplace retaliation for taking paid leave. Data show that the program is serving both middle- and lower-income workers: two-thirds of program claims are made by workers with annual incomes of \$50,000 or less.¹⁰ Around 35,000 claims are made in a typical year, about 8 to 10 percent of the covered workforce.¹¹ In 2018, more than one-quarter of claims were for child bonding or family caregiving, and men filed more than 4 in 10 of those claims.¹²
- In the first year of **New York's** paid family leave program, about 128,000 claims were paid (child bonding and family caregiving only), representing just under 2 percent of the covered workforce.¹³ About 3 in 10 claims were made for family caregiving and 7 in 10 for child bonding, and men filed about 3 in 10 claims.¹⁴ Approximately 150 military families benefited from paid leave for military exigency purposes – family needs related to active duty deployment – which New York is the first state to provide.¹⁵ Like programs in other states, New York's serves working people from across the income spectrum, and more than half of claimants had annual incomes of \$60,000 or less.¹⁶ When the program is fully phased in in 2021, it will provide 12 weeks of job-protected paid family leave.¹⁷
- New programs will soon be fully implemented in **Washington** (2020), the **District of Columbia** (2020), **Massachusetts** (2021), **Connecticut** (2022) and **Oregon** (2023). These states build on earlier successes with new innovations, including providing more progressive wage replacement rates, extended durations of leave for certain purposes and inclusive coverage of diverse family structures.¹⁸

Demonstrated Benefits for Employers

○ **Employers have adapted well to state paid leave programs.** The vast majority of California employers reported a positive effect on employee productivity, profitability and performance, or no effect.¹⁹ The California Society for Human Resource Management, a group of human resources professionals that initially opposed California's paid family leave law, declared that the law is less onerous than expected, and few businesses in their research reported challenges resulting from workers taking leave.²⁰ In New Jersey, the majority of both small and large businesses say they have adjusted easily.²¹ Just one year after implementation of New York's paid family leave program, 97 percent of employers were in compliance with the new law.²²

○ **State paid leave programs are a model that works for small businesses.** The majority of small business owners support the creation of family and medical leave insurance programs at the state and federal levels, as these programs make the benefit affordable, reduce business costs, increase their competitiveness and can allow small business owners themselves to take paid leave when the need arises.²³ In California, although all employers report positive outcomes associated with paid leave, small businesses (those with fewer than 50 employees) report more positive or neutral outcomes than large businesses (500+ employees) in profitability, productivity, retention and employee morale.²⁴ A survey conducted for the New Jersey Business and Industry Association found that, regardless of size, New Jersey businesses say they have had little trouble adjusting to the state's law.²⁵

**"[W]E REALLY HAVEN'T
GOTTEN A LOT OF
QUESTIONS ON PAID
FAMILY LEAVE. THE LAW
CAME INTO EFFECT A FEW
YEARS AGO, AND IT SEEMS
LIKE MOST OF OUR
MEMBERS ARE COMPLYING
WITH IT."**

**— Director of a New Jersey
business association**

○ **Paid leave boosts employee morale and reduces costly turnover.** In California, virtually all employers (99 percent) report that the state's program has positive or neutral effects on employee morale and 87 percent that the state program had *not* resulted in any increased costs. Sixty percent report coordinating their benefits with the state's paid family leave insurance system – which likely results in ongoing cost savings.²⁶ Firm-level analysis of employers in California before and after paid family leave was implemented confirmed that for the average firm, wage costs had not increased and turnover rates had decreased.²⁷ Over a decade period, individuals who used the program typically made only a single claim.²⁸ Workers in lower quality jobs who used the state paid leave program reported returning to work nearly 10 percent more than workers who did not use the program.²⁹ Women who take a paid leave are

93 percent more likely to be in the workforce nine to 12 months after a child's birth than women who take no leave.³⁰ In multiple studies, New Jersey employers have noted that the state's paid leave program is beneficial for employees and manageable for employers.³¹

Proven Results for Workers and Families

- **Paid leave programs have wide-ranging benefits for public health.** Research from state programs shows that for young children, paid leave provides time to establish a strong bond with parents during the first months of life, increases rates and duration of breastfeeding,³² supports fathers' involvement in care,³³ improves rates of on-time vaccination,³⁴ reduces infant hospital admissions,³⁵ and reduces probabilities of having ADHD, hearing problems or recurrent ear infections.³⁶ Paid leave may also help prevent child maltreatment by reducing risk factors, such as family and maternal stress and depression.³⁷ Paid leave reduces the odds of a new mother experiencing symptoms of postpartum depression³⁸ and is associated with improvements in new mothers' health.³⁹ In California, implementing paid family leave was linked to an 11 percent relative decline in elderly nursing home usage.⁴⁰
- **Working families with paid leave are more economically secure and can better manage work and family responsibilities.** Parents in California and Rhode Island reported that paid leave improved their ability to arrange child care.⁴¹ State paid leave programs improve the labor force participation of family caregivers,⁴² reduce the likelihood that new mothers would fall into poverty and increase household incomes,⁴³ and mean working people are significantly less likely to use SNAP or other public support programs in the year after a child's birth.⁴⁴

A Clear Case for a National Solution

People's access to paid leave should not depend on where they live or work or what kind of job they hold. The success of paid family and medical leave programs at the state level demonstrates that there is an effective, affordable and proven model that works for families, businesses and the economy.

It is past time for a national solution that is:

- **Inclusive** of all working people;
- **Comprehensive** to reflect the range of personal and family caregiving needs;
- **Meaningful** in duration of leave and wage replacement level;
- **Sustainably funded without harming other essential programs; and**
- **Secure** so that workers are protected from adverse consequences for needing or taking leave.

Learn more at NationalPartnership.org/PaidLeave.

¹ State of California Employment Development Department. (n.d.). *Disability Insurance (DI) - Monthly Data*. Retrieved 27 September 2019, from <https://data.edd.ca.gov/Disability-Insurance/Disability-Insurance-DI-Monthly-Data/29jg-ip7e/data>; State of California Employment Development Department. (n.d.). *Paid Family Leave (PFL) - Monthly Data*. Retrieved 27 September 2019, from <https://data.edd.ca.gov/Disability-Insurance/Paid-Family-Leave-PFL-Monthly-Data/r95e-fvkm/data>

² Estimate based on the total number of Temporary Disability Insurance (TDI) and Paid Family Leave (PFL) claims approved annually as a share of the annual average size of the workforce covered by the state plan each year. In 2017, approximately 1.4 percent of the covered workforce made a PFL claim and 3.6 percent a TDI claim. Employment Development Department, State of California. (2018, October). *October 2018 Disability Insurance (DI) Fund Forecast*. Retrieved 26 September 2019, from https://edd.ca.gov/about_edd/pdf/EDDDIForecastOct18.pdf.

³ 2013 Cal. Stat. ch. 350; 2016 Cal. Stat. ch. 5; 2017 Cal. Stat. ch. 686.

⁴ New Jersey Department of Labor and Workforce Development. (2016, October). *Temporary Disability Insurance Workload in 2015 Summary Report*. Retrieved 26 September 2019, from <https://myleavebenefits.nj.gov/labor/myleavebenefits/assets/pdfs/TDI%20Report%20for%202015.pdf>; New Jersey Department of Labor and Workforce Development. (2018, September). *Annual Report for 2017: Family Leave Insurance and Temporary Disability Insurance Programs*. Retrieved 26 September 2019, from https://myleavebenefits.nj.gov/labor/myleavebenefits/assets/pdfs/ANNUAL_FLI-TDI_REPORT_FOR_2017.pdf

⁵ Mason, J. (2019, August). *Meeting the Promise of Paid Leave: Best Practices in State Paid Leave Implementation*. Retrieved 26 September 2019, from <http://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/meeting-the-promise-of-paid-leave.pdf>

⁶ Estimates based on the total number of TDI and Family Leave Insurance (FLI) claims approved annually as a share of the population covered by the New Jersey state TDI and FLI plans, respectively. It is not possible to report a combined utilization rate because the populations covered by state TDI and FLI programs are not fully overlapping. See note 4, *Annual Report for 2017*.

⁷ Houser, L., & White, K. (2012, October). *Awareness of New Jersey's Family Leave Insurance Program is Low, Even as Public Support Remains High and Need Persists*. Center for Women and Work at Rutgers, The State University of New Jersey Publication. Retrieved 20 August 2019, from http://njtimetocare.com/sites/default/files/03_New%20Jersey%20Family%20Leave%20Insurance-%20A%20CWW%20Issue%20Brief.pdf

⁸ N.J. Stat. Ann. § 43:21-38; A. 3975, 218th Leg., Reg. Sess. (N.J. 2019)

⁹ RI Department of Labor and Training. (2016-2019). *2015-2018 Annual Reports*. Retrieved September 27, from <http://www.dlt.ri.gov/pdf/2015AnnualRpt.pdf>, <http://www.dlt.ri.gov/pdf/2016AnnualRpt.pdf>, <http://www.dlt.ri.gov/pdf/2017DLTAnnualRpt.pdf>, and <http://www.dlt.ri.gov/pdfs/2018DLTAnnRpt.pdf>

¹⁰ See note 5, Mason.

¹¹ Estimate based on the total number of TDI and Temporary Caregiver Insurance (TCI) claims approved annually as a share of the population covered by the state program. In 2018, approximately 1.6 percent of the covered workforce made a TCI claim and 6.7 percent a TDI claim. RI Department of Labor and Training. (2019). *2018 Annual Report*. Retrieved 26 September 2019, from <http://www.dlt.ri.gov/pdfs/2018DLTAnnRpt.pdf>

¹² Rhode Island Department of Labor and Training. (2019). *TDI Annual Update: January - December 2018*. Retrieved 27 September 2019, from <http://www.dlt.ri.gov/lmi/pdf/tdi/2018.pdf>

¹³ Estimate based on the total number of Paid Family Leave claims filed in 2018 as a share of the population covered by New York Paid Family Leave insurance. Data was not available for Temporary Disability Insurance claims. Office of Governor Andrew C. Cuomo. (2019, August 13). *New York State Paid Family Leave: 2018 Year in Review*. Retrieved 20 August 2019, from https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/PFL_EOYReport_2018_FINAL.pdf

¹⁴ Ibid.

¹⁵ Office of Governor Andrew C. Cuomo. (2019, August 13). *Governor Cuomo Announces Successful First Year of Nation's Strongest Paid Family Leave*. Retrieved 20 August 2019, from <https://www.governor.ny.gov/news/governor-cuomo-announces-successful-first-year-nations-strongest-paid-family-leave>. Figures only refer to paid leave for child bonding, family caregiving and military exigency; utilization data was not reported for the state's temporary disability insurance (personal medical leave) program.

¹⁶ See note 13, Office of Governor Andrew C. Cuomo.

¹⁷ S. 6406C, Part 5S, 239th Leg., Reg. Sess. (N.Y. 2016)

¹⁸ For details about all state paid leave programs, see National Partnership for Women & Families, *State Paid Family and Medical Leave Insurance Laws*, <http://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf>.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace; access to quality 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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To Whom It May Concern:

Please support HB 712, which will provide financial security for those who need to take time off from work to care for loved ones.

As an Occupational Therapist, I've watched as, over the last three decades, hospital and rehabilitation stays have shortened. This has shifted the burden of caring for those in recovery and rehabilitative modes to family members. This threatens the employment and financial security of many. In so doing, it threatens the financial stability of New Hampshire.

Governor Sununu's bill, SB 730, must be defeated. We cannot afford, financially or ethically, to continue to broaden the income disparity in New Hampshire. It's a lose-lose situation.

Please vote to pass HB 712. It is critical for our state.

Best,

Linda Lannin
13 Westgate Road
Mont Vernon, NH 03057

Becca Elliot

Nashua, New Hampshire

My name is Becca Elliot and I am a student at Nashua High South. Since the seventh grade (I am now a senior) I have dealt with an autoimmune disorder that affects lots of my basic everyday tasks. I miss a lot of school due to the pain that I deal with every day. Throughout these five years, I have developed pain in my knees, hips, shoulders, elbows, and my head. I have undergone two surgeries, one in my eighth-grade year and one just two weeks ago. Along with missing a lot of days from school because of pain, I also miss a lot of days of school due to doctors' appointments and these surgeries.

I see about five or six different specialists for my disorder, and sometimes a lot of my appointments fall rather close to each other. For example, I have two doctors' appointments next week. I am only a minor, 17, and need one or both parents to be with me for my appointments. We usually have to commute a good distance to reach the doctor, whether it be in Boston or Waltham, so my parents have to miss full days of work sometimes. My parents work really steady jobs, but they do not get much of a hassle for missing so much work due to me. Both of my parents were able to come with me to my surgeries, which were on weekdays, and take a couple of days off to make sure I am stable and comfortable.

My mother works as a big director in a retirement community home. She plays a very important role in this business and is still rather new to the job. Her executives have not given her a hard time to take off time to deal with me. My mother works on salary, so paid medical leave to help me has never truly been an issue with her as she does not get paid for day to day.

Because my mother's job is more flexible with leave and helping me out, my father is usually off the hook for helping me out. My father does not work on salary but is paid for his amount of hours per week. Even though this is true, my father has not hesitated to take time off to help me during bad weeks. For about six months last year, I had an appointment in Waltham around 2 in the afternoon and my father always left work early to take me all the way to my appointment. Of course, this affected his paycheck as he was not working the same amount of hours as he normally was. His

boss, however, was very generous in helping him out and allowing him to add more time to his other work days within the week. My father's boss helped every way he could to keep my father at 40 hours per week.

Medical leave has not been a very big issue for my parents and I. They have always been able to be there for me when I need them and they have not needed to worry about money. Back in 2017, my mother had missed about three weeks because of her mother dying of cancer. My mother never had to worry about losing her job or the money she was missing out on. The same thing occurred when my mother had a major operation at the beginning of 2019 and a medical episode last fall—her job was very supportive with money and taking time off. All families deserve the opportunity to be together during times of need. Fortunately enough, my family was able to make do without mandated family and medical leave, yet not all New Hampshireites are as fortunate so please vote yes on HB 712 so New Hampshire can be protected during times of need.

Alicia Bennett
New Boston, NH

My name is Alicia Bennett and I was born in Manchester, NH at the Elliot Hospital and 15 years later, in the same hospital, I was diagnosed with a rare form of cancer called a Desmoid tumor. At the age of 15, my first concerns were over the days of school that I would be absent and the school events that I would miss. At the time, I didn't understand that my parents were faced with the challenge of affording medical care and being available to be caretakers. My first major medical procedure was a tumor resection of the massive tumor growing in my right shoulder. I missed a month of school and my mother took time off of her work as an employee of a child care center. She was able to get the time off of work but she was unpaid for all of her missed time.

A few months after the surgery, my cancer had progressed and I had more tumor growth in my right shoulder. I continued to attend school and I spent my days living my life and also fighting cancer. I went through 5 weeks of radiation in the summer before my senior year of high school while my classmates were working their first jobs. My mother continued to take time off to take care of me and my father worked long hours to compensate for the change in our income.

With the tumor removed and my health improving, I continued forward with my life and attended Texas A&M University in College Station, Texas. I wanted to become independent and live the life I wanted despite dealing with cancer and that led me to Texas. Not long into my first year of school, my health quickly changed and I had rapid tumor growth in my right shoulder and in my chest wall. I immediately scheduled a doctor's appointment and found a specialist doctor at MD Anderson Cancer Center in Houston, one of the best in the country.

In the course of 3 years, I experienced 3 different rounds of chemotherapy, 2 different drug therapies, and 6 different clinical trials. Over the course of my treatment several different family members and friends spent time taking care of me and I did many things alone. My parents both took time off of work and flew from New Hampshire to spend time with me while I was going through my different treatments.

By 2016, I was 22 years old and I had been battling cancer for 6 years and needed to find an option to fight the Stage 4 Sarcoma that had grown into my shoulder, arm, chest wall, and breast tissue. An option to have a radical surgery became available and a forequarter amputation of the tissues of my right arm, shoulder, breast, ribs, sternum, and clavicle. The tumor was the size of a large watermelon sitting on my chest and I had been taking narcotic painkillers regularly for years. I was no longer a student and had no idea how my future would look and decided that this surgery was my best option to live my fullest life, even with everything it would cost me.

The surgery was the most traumatic thing I have ever gone through and it took months of recovery to heal but it was a success and they removed all cancerous cells. My father took a couple of weeks off of work but had to eventually return to New Hampshire. My mother took an extended leave from her job as a childcare supervisor and spent months living with me and helping me through my recovery. She helped me learn how to live independently and she took care of me as I learned how to live my new life with a disability. I appreciate all of my mother's time and energy but she was unpaid during her leave from work and our family fell into debt from medical expenses.

After months of healing, my mother returned home to New Hampshire and I went back to school to finish my Bachelor of Science in Horticulture. My family has worked very hard in the last few years to become financially stable after our hardships from expensive medical bills. After finishing my degree from Texas A&M University, I moved back home with my family in New Hampshire to start working. I am healthy enough to work a full-time job but I fear my ability to live independently and afford expensive medical coverage. I have a complex medical history and have unstable health conditions that may require time for recovery. I worry about my future ability to maintain independent financial stability because of my health concerns because my family has seen how financially challenging cancer treatment is. I support this bill because it supports families like mine that are needing time to recover and heal from serious health problems while maintaining financial stability during a time of hardship.

Thank you for your time,

A handwritten signature in black ink, appearing to read 'Alicia Bennett', with a stylized, cursive script.

Alicia Bennett

Christian Bender
Nashua, NH

My name is Christian "Christy" Bender and I have lived and voted in Nashua, NH since 2001. I am writing to urge you to support New Hampshire House Bill 712. All New Hampshire workers need and deserve to have Paid Family Medical Leave.

For me I was working in Massachusetts when I had my children and was able to have paid maternity leave through my employer. But in most recent years I have been working in New Hampshire and could have used paid leave when I went out to Oregon to take care of my Grandmother who was dying from cancer. Instead I had to take unpaid time off from work or use the last couple of my Paid Time Off days. A few years ago my daughter had a year with a lot of medical issues and she needed me to take her to appointments on a regular basis that also required me to take unpaid time off from work to get her to all of her appointments and treatments.

I am lucky to have worked for understanding and supportive employers during these times of medical need who allowed me to take time away from my work. But my family struggled financially with the days of lost wages on top of medical bills, Paid Family Medical Leave would have helped ease some of the stress and financial burden. Please support House Bill 712!

Corry Hughes

Jefferson, NH

Dear Legislators,

Raising a family while working full-time is challenging. Raising a family that includes a child with disabilities and chronic health conditions while working full-time is incredibly daunting. Raising a family with a child with disabilities AND caring for an aging parent with dementia while working full-time is damn near impossible. Yet that is the position my husband and I found ourselves in a number of years ago. One of our two daughters has severe disabilities due to Rett Syndrome, a rare neurodevelopmental disorder, and my widowed mother developed Alzheimer's Disease and lived her last 5 years with us. Looking back, I don't know how we managed to cope. Most stressful were the frequent days when our child was hospitalized for severe, life-threatening seizures, which happened frequently when she was young. One of us was always with her, as she is non-verbal and unable to communicate her needs. But one of us also had to be home for our other child and my mom, who could not be left alone.

My husband, who worked in a hospital, and myself, a special ed teacher, took turns using our allowed sick days to take care of our loved ones, but we always ran out of them, every year, resulting in job insecurity and reduced income. I wish I had been able to take more time to be with my family members when they were so sick without the pressure of financial worries and keeping my job. It was a dreadful, stressful "juggling act", really a nightmare, trying to work, caring for the family and home, making ends meet, and often "living" at the hospital when our daughter was there.

Paid Family Medical Leave would have helped us enormously, had it existed then. We would have been able to have time for our loved ones when they needed us most, without having to worry about how to make ends meet or keep our jobs. What a difference it would have made! We heartily support this bill, which will help many families during their times of crisis. Economically and morally, it is the right thing to do. Please pass this legislation for the sake of New Hampshire families!

Sincerely,

Corry Hughes

603 586-1111

corryhughes@gmail.com

Testimony in support of HB712
Rev. Allison Palm
Minister, Unitarian Universalist Church of Nashua

I support House Bill 712 because everyone should have the right to paid time off to care for themselves or for a loved one.

As the minister of the Unitarian Universalist Church of Nashua, I work for an institution that offers paid family medical leave as a statement of its values. Unitarian Universalism is a religion with many different believers, but we are united by a common faith, one which asserts the worth and dignity of each person.

I used this paid family medical leave when I gave birth to my daughter Olympia in May, 2018. This twelve-week period was essential for my recovery from a difficult childbirth and for my transition into parenthood. As the primary wage earner in our family, taking unpaid time off wasn't an option for me. I can't imagine being ready to go back to work after only two, four or even six weeks after having a child. My husband, Tristan, did not have access to paid leave as an adjunct lecturer. With our first child, we got lucky: she was born right after his classes ended for the semester. But new parents shouldn't have to depend on luck for their partner to be home to support them.

In my congregation, I've seen children and parents struggle with the conflicting commitments of caring for sick loved ones and earning money. This conflict puts a strain on their mental health and well-being. I've also seen families who don't have access to paid leave after having a child: rather than both parents being home to support each other, they instead have to make a difficult choice of who gets to take leave and for how long.

What makes these choices all the more painful is that they are not necessary. The United States, the richest country in the history of the world, has the wealth and the resources to ensure that we each can live in dignity. The problem is, for too long we've let ourselves be convinced that this critical care with our new children or our ailing parents is not a necessity, that it is a luxury that only the wealthy should enjoy. It isn't. Just as we all have inherent worth and dignity, regardless of what jobs we work or what is in our bank accounts, we all deserve to have the time we need to care for our families and ourselves.

Damian Knight
Webster, NH

As a recent father of two, I can attest to how important it is to have time with your baby and family.

I've personally felt the connection grow with my child during my time at home, and have seen firsthand the potential benefits for the family and child alike.

A state-sponsored Parental leave is a worthwhile social and economical state investment. Allowing parents (especially fathers) time at home to care for their children has permanent positive effects in their involvement.

This is incredibly important because it increases the chances for children to be raised with both parents present.

Children who are raised with both parents present tend to develop with fewer issues, and reach higher levels of education, have better mental health, and higher income levels.

Essentially, a state-sponsored parental leave program will have positive social, educational, and economic benefits. This will also allow us to maintain social competitiveness, and adopt a policy that is already shared in many western nations, and steadily growing within the US.

Blair Moffett
Wolfeboro, NH

We had just welcomed our third child when my wife had to undergo double surgery and a lengthy period of disability. We got through it with the help of a faithful crew of volunteers from our church who showed up every day to cook and clean and care for young children. This experience has made me more sensitive to the challenges of those who must sacrifice work time and income to care for a new-born, a sick child, or a needy parent. HB-712 provides the care that gets us through those times of exceptional need through Paid Family Leave.

We will all benefit. Two-career families will be encouraged to live in NH. Employers will have a more stable workforce. Children will get the attention and care they need. Families will be spared the calamity of lost jobs. Workers trying to recover from substance abuse will have opportunity to heal and to return to productivity.

As with all insurance programs, the plan works by spreading the cost and sharing the risk. The price to be shared by employers and employees is estimated to be about equal to a once-a-week cappuccino and a donut at your favorite coffee shop.

NH residents broadly support Paid Family Leave. Do the right thing -- support HB-712.

To whom it may concern:

My name is James Gaj, and I live in Milford, NH. I am writing to you in support of HB 712. I am an educator in Nashua, NH and have two children. After my first child, my wife was diagnosed with post-partum depression. This was a very rough time for her. Luckily, my wife and I both had summers off from our first job, however, I was working during the summer for the Extended Year Program for the Nashua School District. I had to go back to work soon after my daughter was born, which was extremely hard to do. Had I had the benefit of paid family leave, I could have stayed home and helped my wife during this difficult time. Not being able to stay home caused much stress and anxiety – it was highly difficult to navigate.

I luckily had enough sick time to stay home for 3 weeks with my second child, however many do not. I advise young teachers to consider waiting when having children to ensure they have enough time off to take care of their newborns. It is highly stressful, as young teachers do not earn a salary high enough to save money for leave. If we do not support our educated population, they will stop having children and not contribute to society.

Thank you for your consideration,

James Gaj
Milford, New Hampshire

Curt DeVetter
Goffstown, NH

Good afternoon and thank you for your time. My name is Curt DeVetter, and my wife and I live in Goffstown. It would mean a lot to both of us for you to follow through on your promise to work here in Concord for people who want to work all around the state by supporting this piece of legislation. The Family and Medical Leave Insurance plan will allow us to continue to work and support ourselves, and keep us out of unemployment should something happen. In fact, a policy like this might have kept me from ending my pursuit of a doctoral degree in public health in 2016, when I had severe depression and suffered a lower back injury that left me in pain and unable to complete my duties as a student and course instructor. What's more, my wife Jesslyn and I are expecting our first child, and we are so happy. I am doing all that I can to support her through our first pregnancy together, but I'm concerned about how much I will be able to support her during the long process of recovering from this life-changing experience. Please help me take care of my family by passing this rule, and tell workers throughout New Hampshire that you support them, and their right to care for themselves and their loved ones.

Curtis Q. DeVetter, MPH Clerkship & Research Coordinator Greater Lawrence Family Health Center

Josie Pinto
Concord, New Hampshire

Statement in support of Paid Family & Medical Leave:

My name is Josie Pinto, I live in Concord and I'm 23 years old. I work for an organization called New Hampshire Youth Movement, and we're fighting to make New Hampshire a better place for young people. Right now, our state is failing young people. With high rents and low paying jobs, it's hard to convince young people that they should stay in New Hampshire, let alone raise a family here. None of us feel we have a good pathway towards buying a home here or making enough money to be able to afford the expense of having kids.

What makes that worse is knowing that we live in a state that doesn't even have a policy on paid family and medical leave. What are young people supposed to do if they have to leave work to take care of a loved one, or get sick themselves? We are a generation already living paycheck to paycheck, barely able to save money between the cost of paying back student loans and the high living expenses here. We literally cannot afford to go a week or more without pay when something like an illness happens. That one week can easily spiral into missing a rent or loan payment, which can then go on to impact us for years to come.

I want more for us. I want to live in a state that has my back when things get hard. I want to know that I don't have to risk losing my job or not getting paid when I find out a family member needs me. I want New Hampshire to provide paid family and medical leave for every single person in this state because I want to be a state that provides for our people when things get hard. Please pass Paid Family & Medical leave, thank you.

Grace Landry
Nashua, NH

My name is Grace Landry and I grew up in Nashua, NH. I am asking you to vote yes for HB 712 for paid Family and Medical Leave for all working New Hampshire families. This bill is one that would impact many families so positively, including my own.

I am currently a college student studying in Philadelphia. This past year, I became extremely ill and was hospitalized for an extended period of time. My parents had to come down from NH to stay with me for help and support. This required them to take extended time off of work. Once I was finally discharged from the hospital my parents acted as my full-time caretakers for the first weeks of my recovery. I could not have managed without them. The only way they were able to make this work was through their flexible and understanding bosses. My mother's work was able to file her time off under short term disability, without this my situation would have been much worse. I am asking that you please pass this bill to help many families in New Hampshire, such as my own, support their loved ones through times of need. When medical situations arise, the worry should not be on whether they will be able pay their bills, it should be on how they can help their families recover.

Lex Duval

Manchester, New Hampshire

To the legislature and the public:

As a member of the LGBTQ community, I know that the need for paid family and medical leave is vital for the livelihood and wellbeing of Queer New Hampshire residents. As the law currently stands, employers are not required to give transgender and non-binary people paid medical leave after gender affirmation surgery. Statics show that trans and non-binary folk see a drastic improvement in mental health after undergoing gender affirmation surgery. One of the biggest barriers stopping trans and non-binary folk from getting gender affirmation surgery is the lack of income during the lengthy recovery process, which usually lasts 6 weeks to 12 weeks. The New Hampshire legislature has the opportunity to become a champion for LGBTQ people and working families. We as a state we must ask ourselves: do we accept this challenge and lead? Or fall behind?

If New Hampshire desires to progress with the United States and keep its youth and LGBTQ community, the I urge you to support HB 712.

Sincerely,

Lex Duval

Betsey Phillips
Bethlehem, NH

I am in favor of HB712.

It was about 2 years ago when I attended a hearing at the Littleton Regional HealthCare on paid family leave. I was struck by the testimony of several people whose livelihood was compromised because of family health problems. One man, a recovering addict, needed transportation to out of state recovery treatment. He had lost his license and needed transportation. Both he and a family member had to take time off from their jobs, without pay, for him to be able to get the treatment he needed. This is a double hardship that should not be put on people who need care.

The father-in-law of a woman employed locally was dying and needed 2 weeks of care. Her employer had provided paid time off so she was able to care for him without losing her wages.

Maternity leave should be covered with pay. A new parent should not have wages taken away for taking leave for 3 months to take care of a newborn baby.

This bill pays for itself out of premiums. SB730 is highly costly for the state and does not provide paid leave for an individual who needs it for his/her own recovery.

Please support HB712

Susan Ladmer
Peterborough, NH

Hello, my name is Susan. I am presently 72 years old, disabled, and living on minimum Social Security.

When I raised my son by myself years ago, I discovered that he had inherited his father's tendency to get Asthmatic Bronchitis every winter. He would be sick for about six weeks every winter, and sometimes the illness would turn into pneumonia.

In order to be able to care for him during the times of his illness, I had to turn down a full time job and work part time instead, so that I didn't need so many days off when my son would be sick.

Had there been paid leave, I could have worked full time. That would have not only increased my income, it would have increased my funds in my Social Security Account, increasing the amount I receive today.

Due to the problems lack of paid leave caused me, causing economic problems that persist to this very day, I urge you to support passing the bill for paid family & medical leave. Help at the right time supports the economy for a long time.

Thanks,
Susan Ladmer
Peterborough, NH

Abigail McHugh
New Hampshire

In 2012 with my first baby I was a stay at home step mom. My husband worked for a communications company and was only able to take one week of vacation.

Unfortunately, that week was mostly taken up in the hospital. He had to return to work one week after our son was born. I had to figure out how to get 2 kids to school while not being able to drive for 2 weeks due to a c-section. Then I had to do all the cooking on top of being exhausted and healing, as he didn't get home until after 6 every night.

Fast forward to 2018. I am now a teacher. In order for me to get close to the 12 weeks home with our daughter, I had to use all of my saved sick days to be able to be paid. My husband had to fight with his employer to get a week off. They didn't get that he couldn't give a specific time when he would take the vacation. Again, he had to use his vacation time. Now I have 4 kids to take care of. Fortunately this time it was summer.

If we had been able to have 12 weeks paid leave, we would've had more family bonding. I wouldn't have had to re-teach my children that daddy wasn't scary. If we had had 12 weeks paid leave, the house work wouldn't have fallen completely to me.

Kevin Plunkett
Atkinson, NH

Families do matter, so let's support the Paid Family and Medical Leave bill currently before the legislature. The majority of New Hampshire workers lack paid leave, and lower level workers are particularly vulnerable. It is long past time for the state to support such an initiative. It's an insurance plan. Let me point out a few of its benefits:

The average cost per worker is approximately five dollars a week, providing those who qualify up to 12 weeks of leave at a maximum of 60% of one's regular salary. Such a plan can contribute to quality of life within the family, allowing care giving without a loss of money or even job and enhance the quality of the workforce within New Hampshire businesses.

It also can be an incentive for families to move to New Hampshire and those born in New Hampshire to pursue their careers in the state they love. These are family values we should all choose to promote.

Jackie Wood
Auburn, NH

There are so many positive aspects of HB712, besides the fact that it would be self-funded through premiums. We need to attract young families to stay in NH, and by providing Medical leave insurance this will hopefully be an incentive to stay and raise a family. It would give parents an opportunity to bond with their biological, adopted or foster children. It is essential to keep families in the workforce, while at the same time providing families with paid time off to care for aging family members who need the care of their loved ones. What I would have given to be able to spend time with my parents at the end of their life, but not being able to take time off made it very difficult. It would have been so beneficial to have been able to explore additional options, to say nothing of being covered as I recovered from my own illness. I strongly support HB 712, and appreciate your time and consideration

March 3rd, 2020
Senate Finance Committee
Testimony in support of HB 712
Shae Glidden, Exeter NH

My name is Shae Glidden, I currently live in Exeter NH, and not only do I have Crohn's, a chronic autoimmune disease, but I also suffered from a blood clot in my brain-- leading me into a stroke, and seizures. My experiences would have been so much easier if I had better access to paid family and medical leave, which is why I'm supporting this legislation.

Before I was initially diagnosed with Crohn's, my employer didn't believe that I was as ill as I was stating. I was frequently having to sit because my body was so sick that I didn't have the strength to remain upright, and my position was put on the line. I was making minimum wage, and not working meant no pay. I couldn't take the time to get well, or even diagnosed. I had no options but to work up until the point I was hospitalized. For 10 days I was in the hospital, and had I waited any longer, over half of my intestines would have been lost.

Years later, I was working full time and had severe head pain for several days. While I could take a day or two for a "migraine", it meant I had used all my accrued sick time and had to return to my job or lose it. I was on the phone with a customer when the words on my screen began to swim, and my speech began to slur. I was rushed by ambulance to a hospital that was equipped to deal with a stroke patient.

I couldn't afford to take the time I needed after my stroke, and not even a month later I was returning to work but at a different company. I was and am still beyond grateful for this company-- they had unlimited sick/vacation time, and a phenomenal crew who supported me the whole way through. I needed to use it sooner than I realized, as I began to have seizures a couple months in. My mental health rapidly declined to the point of being suicidal, but I was able to take short term disability, and eventually chose to leave to take care of myself but with the support of an entire company behind me.

HB712 gives everyone the time they need to take care of not only themselves but their family, and choosing to do so shouldn't put your position on the line. It's your basic human right, one that everyone should have, not just those who can "afford" it.

I want my future to be in NH, and I want the opportunity to start a family here. I don't want to leave just to make sure my partner and I can keep our jobs and have a family. HB712 gives me hope that NH can be my forever home.

Bernie Cameron
Deerfield, NH

On October 20, 2006, my husband and I received the phone call that all parents dread...it was the emergency room at St. Vincent Hospital in Manhattan – our 23-yr daughter, Molly, had been hit by a car. A firetruck responding to a call had collided with a Chevy Suburban, pushing the large SUV onto the sidewalk and into Molly where she had been walking.

When we arrived at the hospital, we found Molly in the Intensive Care Unit. She had a broken jaw, 2 broken legs, a fractured pelvis, and her right arm had multiple fractures that would require immediate surgery to install a metal rod. She was unable to move her right hand due to nerve damage.

I stayed with Molly for the week she was at St. Vincent's; my husband had to return to work after 4 days. After that week she was transferred to HealthSouth here in Concord for rehab. When she arrived, it was discovered that what was originally thought to be a bad "road rash" on her lower right leg was actually a 3rd degree burn and she was transferred to Concord Hospital for debridement and skin grafting.

Molly stayed at Concord Hospital for a week and at HealthSouth for 6 weeks, receiving intensive physical and occupational therapy. After that, she moved home to Deerfield for another 3 months, going back and forth to Concord for regular doctor visits and to continue her therapy. She returned to NY in April 2007. Today, Molly is a healthy 35-yr. She still lives in NY where she bikes, runs and has regained the use of her right hand.

But this is an important thing that happened during this 5 month period - while I was at the hospital in NY with Molly, I received a call from my boss telling me to take as much time as I needed to be with Molly. At the organization where I worked, the staff of 20 were each donating some of their earned-time so that I wouldn't lose pay while I was out. So even though my husband and I were trying to take turns as much as possible to be with Molly, this provided the extra time to be with her during the skin grafting, as well as driving her to her multiple medical appointments while she was home.

Many times I have reflected on how fortunate we were. Molly had no internal injuries, no brain damage. She was 23, not 13 or 3. She could understand what was happening and did not need us with her constantly. She was able to be home alone as she recovered. My husband and I both had professional jobs with supportive staff. Many families have not been as lucky as we were. Their injuries have been worse and their supports have been fewer. Families should not have to depend on luck during these times.

Events happen in our lives that we have no control over. One thing we can do as a state this year is to at least relieve families as much as possible of the financial burden that comes with a family emergency. Paid family medical leave would do that. I ask you to support this bill.

Matthew Winders
Rochester, NH

To whom this may concern,

My name is Matthew Winders and I live in Rochester, NH, where I plan to spend most of my life. I am writing to ask you to VOTE YES ON HB 712. This bill will not just help current Granite Staters, but it will make our state more attractive to young people looking to settle down and stay in our workforce. As I am sure you are aware, New Hampshire has been struggling to retain its youth. Stay Work Play conducted a survey that targeted 20-40 year olds. Up to 30% of this sample said that they were likely to leave NH. If NH passes this bill we will be following the lead of several other states. This includes our neighbors to the south in Massachusetts. If New Hampshire fails to implement practical choices for young people and young families, then we will not attract or retain our talented young people we need for the future of New Hampshire's workforce.

When I was 9 my grandmother was very sick. My mom had to take care of her. As a public school teacher my mother would go over to Grandmother's house after work and even sometimes before work. Gram's wishes were to remain in her home, a difficult task for any family to accomplish. Because of the time that my mom spent with Gram and her work in public schools my time was limited with my mom. She was always really tired after a long day of work and from tending to Grandmother. If my mom was able to take time off from work and get paid for it, it would have made our lives a lot easier and she would have been able to spend more time with me. The time that I was not able to spend with my mom is time I will never be able to get back.

My generation is not staying in NH because they can go to other states which have policies in place that make it easier for young people to start their lives. If HB 712 is passed then that will give my generation more incentive to stay in New Hampshire. I urge you to do what is best for New Hampshire and vote yes!

Sincerely,
Matthew winders

Sheila Sewell
Nashua, NH

My name is Sheila and I encourage you to vote yes on HB 712. I received a call on the morning of January 15, 2019 in which I felt my entire body go numb and my mind was unable to clearly process the devastating news I was just told. My beautiful healthy niece was in a deadly van accident with her college crew team in Vero Beach Florida and the only news my sister was given was that she was alive but in critical condition. My sister has not been back to work since that call as she has been living in the hospital alongside my niece as she slowly tries to come back to us from the traumatic brain injury she sustained that day. When life throws us tragic curveballs we shouldn't need to make choices based on finances. The passing of HB 712 would alleviate some of this worry and allow people to freely be where they need to be in tragic circumstances.

During the past 7 weeks, it has become more acutely clear to me that life's curveballs can be thrown anytime to anyone whether we are prepared or not. I have seen the revolving door within the hospital walls. I have spoken to the young woman who had her life turned upside down the day her husband went skiing. I ate lunch with the gentleman who went to work only to return later to find his wife had suffered a stroke and finds himself on the TBI floor with us. Since there are no guarantees in life this bill is protection in which we should all hope and pray would be available if we or our families would need it. Chances are life will throw you a curveball one day so do the right thing and pass this HB 712 so when it's your turn to live within the walls of a hospital you and your loved ones will have one less worry.

Sarah Gannon-Weston
Danville, NH

For seven years I have been chronically ill with a condition. After an initial emergency surgery in 2013 for a twisted intestine, three further abdominal surgeries, dozens of specialists and dozens of medications, the part of my brain that translates normal digestive function perceives all digestive function as extreme pain. All activity like walking a few steps is painful.

This has impacted all areas of my life including family and social interaction, work, and the many volunteer efforts in which I used to participate.

I used to be an active artist. I used to exhibit. I used to work in my studio, used to tend a large vegetable garden and the many perennial flower gardens around our house that my mother-in-law started in 1962. I used to cook and loved exploring recipes in the kitchen.

I can no longer be active in many meaningful aspects of my life.

All this said, my husband was able to take a three month Family and Medical Leave in 2019 (unpaid.) His Massachusetts employer guaranteed his unpaid position for three months which preserved our much needed health insurance and held his employment. He was able to drive me to doctor appointments, do grocery shopping, pick up medications. He prepared meals and made sure I ate. I am severely underweight at 90 pounds and it is hard to prepare meals for myself and my family. He kept our family together and functioning. My health has not improved but having him home kept me alive.

I am currently working about 4 and a half hours a week, mostly from home and even that is difficult. I am good at what I do but even simple tasks are hard and bursts of effort mean a day or two of recuperation.

Because I oversee payroll, I navigated the Massachusetts payroll Paid Family and Medical Leave transition for my employer. Massachusetts has implemented a thoughtful and very well-crafted program which costs employees a modest investment. The model for Paid Family and Medical Leave Act is in place in Massachusetts and I ask that the New Hampshire look at it as a way to keep as many families as functional as they can. Having a partner at home to provide basic needs keeps children fed and basic needs met, and keeps people like me out of the ER and the hospital.

The effort of trying to explain our family's situation and my health situation is exhausting.

Joan Stevens
New Hampshire

My husband was diagnosed in the fall of 2001 with stage 2 tongue base squamous cell cancer. He was told by his oncology team that he would be cured but that the treatment is one of the worst prescribed for cancer patients. Though we were overjoyed hearing those words, little did we know how true they were. He has survived but the damage caused by 36 radiation treatments totaling 7200 rads continues to this day. He hasn't been able to eat much solid food in two years but he has never complained.

As with most people the first few rounds of radiation and chemo passed uneventfully but by Thanksgiving he couldn't eat, could barely drink and was burned from front to back. His ears looked like cauliflowers. He became so weak that I had all I could do to get him dressed for his next treatment. One day he wrote: "I am too weak to go" on a piece of paper. I had to encourage him to go. It broke my heart.'

For the 8 weeks of his treatments and many weeks to follow I juggled my job as director of community health and wellness for a community hospital with caring for him. My job suffered as did the care I was giving him even with family and friends helping. Then things got easier for a bit. Jeff gained back some of the weight he lost by consuming smoothies and protein drinks until he could tolerate mildly flavored soft foods and finally worked his way back to more normal but still mildly flavored foods. The inside of his mouth and oral cavity had been burned so badly by the radiation that it grew new tissue much like a baby's mouth.

A few years later osteoradionecrosis, in the form of dead jaw bone, set in. By 2006 he had a pathological fracture and infection set in. I had to administer IV antibiotics four times a day: 6am, noon, 6 pm and midnight every day for 12 weeks. Each administration took 2 hrs. I was unable to work even 40 hrs a week of a job that took more like 50-60 hrs a week. Jeff had an upcoming 16 hr surgery to remove an 8" section of jaw bone and replace it with a similar section of his fibula and along with it an artery and tissue. He was hospitalized for 11 days and came home to VNA, PT and me.

At this point I had to decide between work or my husband and I chose the latter. Though I was able to negotiate an early retirement with my hospital, I left much earlier than I planned which has affected our earning power over the ensuing years.

No one should have to decide between a family member and their job. I was fortunate that I wasn't fired but still, if a paid family and medical leave law had been in effect, our outcome might have been different. I urge you to make this happen so others can take care of their loved ones and continue part-time or return to their jobs when and if they can.

Beth Crooker

Temple, NH

As a young working mom, I struggled with childcare for my two children. I could not afford a full-time day care as it would have left eaten almost all of my paycheck. I was fortunate to have had family close by who would help – my mother-in-law looking after my kids one day a week and a cousin watching them another. But the thing about depending on family and friends is sometimes their plans change or they get sick. I spent many sleepless nights wondering if I would be able to go to work in the morning. My productivity suffered. I went part-time to cut down on the amount of time I would need childcare. It was the right choice for my family, but not one all families are in a position to make. We need laws that will make it easier for working families. We need laws that allow working parents to WORK. My heart goes out to today's young families. Raising children is the toughest job anyone will ever have. Our laws should reflect this. They should help working families.

Support HB 712.

Testimony for Paid Family and Medical Leave

My name is Theresa Peck and I am a resident of Plymouth NH and a state employee with DHHS. I am lucky to have great benefits with my job and ample paid sick leave, however it isn't enough to really help families who have to care for a sick family member.

In June of 2018 my husband was diagnosed with cancer. It was very early, hadn't spread, and was very treatable. He was relieved to know that I was going to be able to take him to all his appointments and my job was not something he had to worry about. I applied for, and was granted, FMLA to care for him during his treatment. I was surprised to learn I was only afforded 150 hours (4 weeks) of the 12 weeks to use sick leave. After using my sick leave I would need to use any other available time on the books such as floating holidays, annual leave, and comp time. I would not be able to draw off the hundreds of hours of accrued sick leave I had. But, we thought this would be something we had to deal with over the summer and some follow up appointments so we would be ok.

In the fall of 2018 at one of those follow up appointments we learned this cancer had metastasized to his liver and by January it was in his lungs as well. I applied for more FMLA, as my request had expired, and was given the remainder of the 150 hour I hadn't used. As the spring approached, my husband ended up in the hospital multiple times through May and June and passed away at the end of June, just as my 150 hours was expiring. Had I needed to take more time off I would have had the FMLA protections but eventually would have run out of other paid leave (like vacation time) and been unpaid while leaving earned sick time on the books that would more than cover the time I needed.

I know that my being there for his appointments was meaningful to my husband. All doctors notes would start, "patient arrived today with his very supportive wife." Had things gone on longer and I'd gone through my other leave balances I would have a protected job but no pay. Social Security doesn't cover disability until the patient has been out of work for 6 months. Having job protections for 12 weeks doesn't cover the logistics of lost wages for not only the patient but the caregiver. With the cost of care, time required, and travel involved caring for an ill family member is no "vacation" as Governor Sununu has suggested. I am at peace with my husband's passing know that I was there every moment I could be and helped him with decision making as we worked together as a team who promised each other to be there in sickness and in health. How many people are robbed of this by the stress of going to work and how clearheaded are the employees who are at work in body but their mind and heart is with their family member who needs them? It is time for New Hampshire to step up and support the workforce and find benefits that encourage people to stay here or move here and not to our neighboring states who have the benefits we lack. Governor Sununu doesn't even understand he could change the way FMLA for family members is managed within his own state employees and start there with a change.

I support HB712 because of my own experiences needing a paid medical leave policy for both myself and my family. In recent years, I received medical attention that required extensive recovery and time out of work. My ability to receive proper care during my recovery required me to relocate to be near family with unpaid leave. Despite my move, I was unable to receive extensive support from my family as I was not covered under their own leave policy and they could not afford to miss work. Under HB712, I would have been able to explore additional options to having consistent support during this time. Not only is this essential to keeping employees and families in the workforce, but also provides an incentive for families to live in NH over other neighboring states that provide additional support.

-Bridget Sakowski

Good morning,

This is for any and all it may concern or care to be noted with from the personal experience of myself and my spouse.

In 2014 my spouse and I welcomed our son into this world. Not only did we have to go through great expense for having to use I.V.F., but much time and effort to deal with all the appointments and tests involved as well was a balancing act with our work. Both my spouse and I work for the State of New Hampshire and have done so for years. When it came time to give birth to our son, we were only allowed 12 weeks of time off to "share." We had to make the decision how we were going to use the time as we did not have a full 12 weeks to use each. My spouse went back to work after just a few weeks and I stayed home the remainder of the time so as to take care of our son.

The time off that we were allotted also came as an expense. The 12 weeks could only be financially compensated by the time we had "earned" from our work benefits. Within our job as full time employees we were compensated 10 hours average paid a month to use towards time off that would be paid. For us to financially be covered for 12 weeks we would have to have had 480 hours saved up. That is 48 months worth of time minimum. Thankfully between the both us and at the time, our department allowed us to share our saved up/banked time. That policy has since changed. We are no longer allowed to share time.

Financially it was tight but we made it work. It would have been nice and less stressful had it not been something to worry over besides all the new parent trials. Paid family leave/maternity is a standard of living component in other countries and children/families are put first allowing for there to be better work quality and productivity. When you have an employee that is not having to be preoccupied by how and what with things that are the norm everywhere else, you have more productive workers, happier and healthier, less "call outs, sick days," and a better bottom line to what a company may need. If the bill comes down to money, cost and investment, then invest in your employees. Invest in the people that are there and will continue to be there knowing that you have their best interest in mind. If you have a person that feels valued to include knowing that you will take care of the basic needs life swings at them, then you will have a dedicated employee for a very long time.

Thank you for your time.

Victoria Lamontagne
New Hampshire State Prison For Men

My name is Nicole Fordey. I live in Litchfield, NH. I am a licensed independent clinical social worker and masters licensed alcohol and drug counselor. I am also a person living with a disability and chronic illness.

It started with a pain in my shoulder blade. Deep. Throbbing. The first three doctors blamed a pulled muscle. Over a period of two months I saw multiple specialists trying to find the appropriate diagnosis and treatment. The pain continued, spreading, down my arm, shooting, shocking, tingling, pins and needles agony. I tried to work but the pain was so distracting. I couldn't focus on my patients. They were supposed to be getting guidance and comfort from me, their therapist, and instead they saw me with a neck brace and shoulder sling, cringing, so close to tears. It was the fourth doctor that finally ordered an MRI after I failed to feel him stabbing my hand with a broken toothpick. A dulling sensation had started to creep up my right side, into my neck and face. The images revealed I needed emergency spine surgery. Two discs in my cervical spine were pressing on my spinal cord and multiple nerve roots.

Nine hours. I was on the table for nine hours as the surgeons removed the splintered discs and diseased vertebrae piece by piece. I was in the hospital for a week afterwards. I couldn't speak above a whisper. I couldn't get out of bed unassisted. My husband struggled to be there for me physically and emotionally while he was now the sole source of income for our family. He visited when he could, but he had to go to work. We needed the money to stay afloat. I had no paid leave at my job left, used up all of my sick and vacation time when I was going to multiple doctors' appointments trying to figure out what was wrong in the first place.

I was in a hard collar for nearly three months. I could only take it off to shower, which required help of at least two other people so I wouldn't misstep and risk permanent spine damage. I had to keep my neck completely immobilized so the levels above and below the surgery would be able to fuse together. I was very fragile. My husband had to work and I suffered being at home alone, afraid to move the wrong way and do permanent damage.

I lost my job as soon as my company learned that I was not going to be able to return to full-time status after my FMLA unpaid leave ran out. I had wanted to return but they refused to hold my position. I became depressed. The loss was immeasurable. While I should have been concentrating on my recovery, I was devastated at being forced to leave my patients. My husband took on more shifts at work to continue to support us both. I was fortunate that we could survive on his income alone. I honestly do not know what I would have done if I'd been single when this all occurred. In total I was out of work for six months, and when I did get back to work it was at a lower position in a different company making a lower salary. It took years to get back to the same status in my field.

I feel very fortunate that my marriage survived this experience and has continued to endure multiple challenges I have faced with my health. Paid Family Medical Leave would have helped my husband and I before, during, and after my spine surgery - he could have spent time with me

in the hospital and helped me in my recovery and I could have maintained an income while I was learning how to manage a chronic pain that will follow me for the rest of my life.

In my work at a community mental health center now (to be clear, not the agency that let me go due to my surgical recovery needs) I work with clients that would benefit from Paid Family Medical Leave, caregivers that are going to food banks and cancer patients setting up gofundme pages when they should be focused on one thing - recovery. New Hampshire has the ability to improve the quality of life for its residents by passing this bill. We deserve a society where someone does not have to choose between caring for a new or ill family member and losing their job for having to take time off. Moreover, I have dealt with multiple cases where people in need of inpatient substance use disorder treatment (detox, residential treatment etc.) have been prevented from accessing care because their families cannot afford to go weeks without that person's paycheck. People are literally dying because they are not able to get into treatment because doing so risks their employment, and ultimately their family's financial survival. This bill would be an absolute game changer when we are working with people that meet and exceed criteria for an inpatient standard of care, for mental health symptoms, substance-related issues, or (more commonly) both.

All of us could wake up one day needing time off from work to care for our own or a family member's illness/injury. The federal law for unpaid leave does not help people put food on the table and maintain a roof over their family's heads. Granite Staters are suffering without access to paid family medical leave. You have the power to change that. Use it.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



To: Members, NH Senate Finance Committee
March 3rd, 2020

Re: HB712 Establish a system of Paid Family and Medical Leave Insurance

Dear committee members,

Working in pediatrics, we see families faced with untenable situations- choosing between their livelihoods and income and the need to heed my advice for their children's well-being.

As a state we can't afford to ignore the needs of families with young children. Family and medical leave insurance is critical to the health of newborns, young children, and families both in the short and long term.

Newborns greatly benefit from opportunity for parent to stay home with them:

- Paid parental leave can have a significant positive effect on the health of children and mothers.
- When a caregiver consistently responds to an infant's needs, a trusting relationship and lifelong attachment develops. This sets the stage for the growing child to enter healthy relationships with other people throughout life and to appropriately experience and express a full range of emotions.
- 85% of brain development happens within the first five years of life. Creating conditions for young people that promote building strong brain architecture in the first five years will be more effective and cost-saving than trying to fix problems caused by poor development later in life.
- Paid parental leave can reduce infant mortality by as much as 10%, according to a 2011 study of 141 countries with paid leave policies.

Throughout childhood when children are seriously ill or suffer from chronic illness, having a parent by their side makes a significant difference to their recovery. At the same time, paid leave reduces parents' stress levels in these difficult circumstances. Yet, lacking paid leave, many parents must make the heart wrenching decision to leave their sick children alone in the hospital in order to preserve their family's economic security.

Both scientific research and my clinical experience tell us that children need their parents at critical times in their lives, whether in the important weeks following birth or when recovering from serious illness. Too many parents simply can't afford to lose wages to care for their children's health.

Enacting a policy like family and medical leave insurance is a smart proactive step the state can take to safeguard our children and their families which is good for our state now and into the future. I encourage you to vote "ought to pass" on HB712.

*Dr.
Faith
Gvarardo*

Sincerely,

Steve Chapman, M.D.

General Academic Pediatrics
Director, Boyle Community Pediatrics Program
Dartmouth Hitchcock Medical Center
President, NH Chapter American Academy of Pediatrics

Tessa LaFortune Greenberg, M.D., FAAP

CHaD General Pediatrician
Chair, Department of Pediatrics
Dartmouth-Hitchcock Concord

Gwendolyn Gladstone, M.D., FAAP, CAP

Child Advocacy and Protection Program
Children's Hospital at Dartmouth

Ashley Lamb, M.D. MPH

Internist and Pediatrician
Physician at UNH Health and Wellness
Secretary, NH Chapter of the American Academy of Pediatrics

Skip M. Small, M.D.

Member At Large, NH Chapter American Academy of Pediatrics

Hello,

My name is Anne Grassie and I live in Rochester NH. As a lifelong childcare professional and early learning advocate, I'm here to urge you to support ~~SB~~ ^{4. HB 712}

I work at a childcare center in Rochester. I serve as the Family Services Coordinator, but as is typical in this profession, my colleagues and I wear many more hats than our job titles imply. We work long hours, receive minimum compensation, and take on impossible work loads in order to ensure we are providing the safest and most consistent learning environment for our young children that we possibly can. For so many of the children we've seen come through our center, the few hours we spend with them are the most stable part of their day.

While most childcare professionals are in this line of work because of our intense passion for learning and children, it's not easy. The turnover rate in childcare nationally is around 30%. The cost of childcare is astronomical, and in districts like ours, many families rely on scholarships in order to send their children into our care. Because of this, compensation for employees is low, and benefits are hard to come by.

In order to maintain a stable learning environment despite these challenges, we get creative. For example, one of my colleague's parents recently passed away. My colleague wanted to provide end-of-life care for them, but did not have paid leave beyond her allotment of sick and vacation days. We'd love to provide that benefit, but we can't afford it. Instead, our staff covered her shifts after her sick days were used, working overtime so that she would, at the very least, have a job to come back to after suffering a terrible loss.

We did this voluntarily, but it shouldn't come to this. If my colleague had Paid Family Medical Leave, she would have been able to care for her parent without foregoing an entire paycheck or risking her position. No family or individual should have to choose between caring for a sick loved one, putting food on the table, or keeping their job. Our working families need this, and we have to pass it now.

TESTIMONY IN FAVOR OF HB 712 ON PAID FAMILY AND MEDICAL LEAVE
BEFORE THE NH SENATE FINANCE COMMITTEE, 3/3/2020

My name is Randy Hayes and I am a retired family doctor and geriatrician who practiced in Concord for 35 years. I speak in favor of HB 712. I would like to make three points about PFML from the perspective of a health professional who spent much of his caring for frail elders and their families.

First, I believe Paid Family Medical Leave is not a superfluous insurance that citizens could purchase from a for-profit insurance company if they wanted the coverage and could afford the premium cost. Rather, I view PFML as a vital necessary addition to our basic health insurance coverage. And I think PFML can only be available and affordable to those who need this additional coverage most - the working poor, the uninsured and the underinsured - if it is provided by a non-profit entity and required for all members of our work force. In support of this claim I would point out that nationally 25% of workers in the top wage quartile have private PFML insurance vs. 6% of workers in the lowest wage quartile.

Second, given our ageing population in New Hampshire, PFML will allow more families to care for ageing loved ones at home. Demographic projections for New Hampshire predict the population of persons over 65 will more than double in the next 20 years and the number of persons under age 15 will decline by 10 %. Today in New Hampshire 173,000 persons, primarily women, act as care givers for loved ones. Most of these caregivers are also employed outside the home. The care needs of frail elders are often unpredictable, and at times overwhelming. Paid professional home care providers are difficult to find in this economy. Family care givers often face emotional and financial stress that can lead to loss of their job and their financial

security. A recent study in California found that their PFML program was associated with a significant decrease in nursing home admissions for elders cared for at home. No one will argue that having a family member available to help with an elder's care and accompany them to doctors appointments can be a great help to the elder and the family.

Finally, I would confess that it is difficult for me, and I imagine for most of us in this room, to understand the suffering and human need so many of our fellow citizens experience who are poor and underinsured, and are faced with a personal or family illness. For many, missing a single day's pay would be a significant hardship. It is my understanding that 39% of New Hampshire's work force is not allowed a single paid sick day. And only 42% of working adults in our state are eligible to use and can afford to take unpaid FML. Please give serious thought to approving HB 712, an essential and desperately needed form of health insurance for New Hampshire residents.

Randy Hayes, MD (ret.)

Canterbury NH

Thank you to the Finance Committee for allowing me to testify today. My name is MK Kilcoyne, I am from Dover NH and I'm testifying on behalf of myself and how having Paid Family and Medical Leave would impact me.

In June of 2014, I was 22 years old, I moved out of my parents house, got a full time job as a prep chef, and even figured out the budgeting I would have to do to be able to live comfortably and pay my bills. I was so proud and felt like such an adult. Then in August my doctor found enlarged lymphnodes on either side of my neck and I was diagnosed with stage III Hodgkins Lymphoma, which is a form of blood cancer. By the end of August I had my first chemo session and would be getting chemo every other week. I realized very quickly that I wouldn't be able to work the 40 hours to afford the lifestyle that I had just curated for myself. I made the decision to not only move back in with my parents but also to leave my job because of concern of the side effects of chemotherapy and how that would affect my ability to work.

Still I was one of the lucky ones, since I was only 22 I could still be on my mother's health insurance so that was one less thing I had to worry about. My parents came to every one of my chemo treatments. They'd take sick days to be able to stay with me during my chemo or drive to and from Boston after a long day of work just to see me for a couple hours. About halfway through my treatment they decided to downsize and move into a smaller house that they would rent. I remember hearing them talk about who would be able to take time off to make sure I wasn't alone during my chemo session.

In April of 2015 I received a stem cell transplant. My father had used up his FMLA during my previous treatments and ended up using his vacation time to stay with me while my stem cells were harvested. For the stem cell transplant they used an intense chemotherapy that destroyed my immune system. Then I was given my own stem cells back to start rebuilding my immune system. In layman's terms, I had the immune system of a newborn. I would have restrictions for the next year, including being in a strict quarantine for the next 3 months. My parents had used up much if not all of their sick days and FMLA so most of the time it was aunts and neighbors taking care of me.

After 6 months I was able to work again, I got involved in electoral politics but eventually went back to working in culinary. Working in kitchens has never been the healthiest field and with my compromised immune system I would get sick more often than most and would have to choose between taking a sick day to get better (and not

infect the rest of the staff) or be able to pay my rent. I was let go from many jobs due to "being unreliable" losing what little health insurance and financial stability I had.

Since then I have remained financially unstable and stayed sick for longer than necessary so that I could try to be financially independent. With Paid Family and Medical Leave not only would I have been more financially stable but, my parents could have supported me without sacrificing their own sick days and other benefits. New Hampshire needs Paid Family and Medical Leave for those who weren't as lucky as I was at the time and those who struggle like I do now. Please vote in support of HB 712.

My name is Margaret Kilcoyne and I am speaking on the importance of paid family & medical leave.

Twenty-seven years ago I was a fairly new pregnant teacher at Kensington Elementary School. At that time I was able to turn in my accumulated sick days to spend 8 weeks at home with my newborn twins. Eight weeks. I don't even remember the first four months! Ultimately, I took a 5 month leave without pay in order to spend more time with my young family.

Fast forward twenty-two years, to the year 2014, the Kilcoyne family still lived in Kensington, and I had been a teacher at Kensington Elementary for 30 years. That summer our 22 year old child was diagnosed with stage 3 Hodgkins Lymphoma - aka the "good one". At that time I was the primary medical insurance carrier for our family. Fortunately for us, MK was able to be on my medical insurance and could receive treatment at Dana-Farber Cancer Institute.

Thus began our journey, as a family, travelling to Boston for bi-weekly chemotherapy appointments, port implants, biopsies which involved hospital stays, two more types of chemo treatment (which doesn't mean two visits, but rather several appointments for each type of chemo), a week of stem cell harvesting, and two stem cell replacement transplants with a three week hospital stay.

After my husband's FMLA benefits had been exhausted, he was able to take one week of accrued vacation, to stay overnight in a hotel with MK as stem cells were being harvested. I, on the other hand, had to use my accrued sick days to take time off for our trips to Boston. My friend & co-worker said I should consider taking the year off from teaching, to be with my child. I certainly wish I could have done that! But, of course, I could not, as we needed the medical coverage and my income.

Having taught for so many years, I had accumulated many, many sick days, which I was permitted to use during this time. I found myself having to medically support my child and again using accumulated sick days to do so.

My message today is when your child is ill the LAST thing you want on your mind is, "Do I have enough medical coverage, will I lose my job if I take days off to stay with my child, or how will I pay my bills?"

Our story was different from most - we were the fortunate ones.

MK is four years cancer free and is able to enjoy a healthy and happy life. Now that my husband and I are retired, we would not be able to support - financially or medically - either of our children Thank you for your time. if the need for care arose.

Margaret Kilgore

To Chairman Lou D'Allesandro and the Senate Finance Committee

RE: Support HB 712-FN, relative to a family and medical leave insurance program

I was eligible for family medical leave when my three year old had a major stroke. Ethan was hospitalized for six weeks. However, I simply could not afford to go six weeks without a paycheck. So I returned to work long before Ethan left the hospital. It was an incredibly stressful time for our family. I spent my days leaning over a hospital bed and my nights sorting mail for the US Postal Service. I felt like a failure as both a mom and an employee because I could not give either my son or my job the attention they deserved. Paid family medical leave would have made such a difference to me.

Ethan died suddenly, soon after his eighth birthday. The shock and horror of losing our little boy, who was the heart of our family, was unbearable. There were three adults in our household who were employed. But none of us had paid family medical leave. During those first terrible weeks, there was no money coming in to our house at all. We survived because of a Go Fund Me and the generosity of our family. We were lucky. Many families have to return to work immediately in order to keep food on the table. When taking time off after a child's death is a luxury, there is something dreadfully wrong with our priorities.

My story is only one of many. Every day, thousands of New Hampshire residents find themselves stretched to the breaking point by a temporary medical crisis. There are lots of families who crumble under the pressure. Passing HB-712-FN, and instituting a comprehensive family medical leave insurance program in our state will help to keep our families strong. That should be a priority for every one of us.

Sincerely,
Regan Burke Lamphier
21 Spit Brook Rd
Nashua, NH 03060
603 264-9391
ReganBurkeLamphier@gmail.com

Eric Low
Manchester, NH

My name is Eric Low and I am a political independent living in Manchester. I write today in protest of Governor Sununu's policy of opposing real paid family leave for all Granite Staters. As a devout Catholic and strongly pro-life voter, I find this policy morally bankrupt. As Molly Kelly backed direct funding for abortion, I held my nose and voted for Sununu last year, along with a mostly Republican ticket. Betraying his campaign promise by vetoing a real paid leave bill (SB1), and his approval of a budget greatly increasing funding for Planned Parenthood, has me at the end of my rope. Being pro-life is not just about opposing abortion, it is about creating a life affirming economy, an economy which values families. This distortion of conservative values, defending life and upholding the family, into the "values" of greed and selfishness is a major problem we face today. Governor Sununu is not behaving like a conservative, and if we cannot get what good the Republican Party is supposed to provide, then what is the point of supporting it? Governor Sununu should reconsider his opposition to universal paid family leave, which is both morally right and is supported by 82% of Granite Staters. I know little about his challengers, Feltes and Volinsky, but I might have to consider them. Maybe Edelblut or another conservative might save us from a choice of lesser evils. But this rings true from Pittsburgh to Portsmouth; if Governor Sununu won't support our families, we deserve a Governor who will.

For Life,
Eric Low

NFIB – New Hampshire

National Federation of Independent Business

March 3, 2020

Dear Mr. Chairman and Members of the Senate Finance Committee:

Please accept this letter as testimony at today's hearing on House Bill 712.

This testimony is on behalf of my firm's client, the National Federation of Independent Business (NFIB).

The NFIB, which has over 1100 small business members in New Hampshire, is opposed to HB 712. While this issue has clearly had a lot of debate over the last several years, it still has unresolved concerns for small businesses in New Hampshire.

NFIB applauds the advocates of this bill for their efforts but it unfortunately injects too much of state government into the relationships between employers and employees, and in some cases puts an employer into an untenable situation of being between the employee and their paycheck.

The primary flaw with HB 712 is the fact that it tells the small business person in NH how to operate their business. There are already many state government mandates that businesses must comply with in law and there are more proposed mandates this legislative session and when they are coupled with the intent of HB 712, small business operations in NH will be squeezed.

Beyond this new mandate and administrative requirement for small business in HB 712, there are concerns about employer/employee relations and the negative impact this bill will have on those relations. Today, employer/employee relations are good but the enactment of HB 712 could lead to an erosion of those relationships.

The first concern is the opt out/opt in process for the employer. The bill says an employer may opt in or opt out of the FMLI program when it begins. This allows the employer to provide a comparable or "equivalent" plan to the State's plan if it is certified by the Commissioner of Employment Security. But nowhere in the bill does it specifically define what is an equivalent plan. This omission will lead to disputes as to what is equivalent with both Employment Security and the employee.

Next, the small business community, as represented here by over 1100 NFIB members, is very concerned with the wide variation in cost estimates to implement, establish and operate the dictates of this bill. Original estimates suggest that the program will require \$15-18 million to establish the program and those dollars will be "borrowed" from the general fund and paid back over time. What happens when those dollars cannot be repaid? Who does the State turn to, to make up that shortfall? The small business community? Mr. Chairman, where will the money come from? There is no federal funding or matching federal dollars available for this expense.

Sustainability is another significant concern.

During the development of this legislation over the last several years, proposals included increasing the amount an employee would pay into the program by 34% while decreasing the benefit by 50%. Given those two potential dramatic changes, NFIB members are even more concerned that this bill is creating an unstable program. If this program fails, who will be responsible to pay for its collapse? There are only two sources to pay such a shortfall: one is the employee; and one is the employer.

Well, imagine if the employee is asked to make up the shortfall through a higher premium or a shorter benefit. This produces two concerns regarding employee/employer relations. First, if the employee is asked to pay more or get less in their pay check, they say to their employer, "that's not what I signed up for, I want out". But under HB 712, there is no opt out. And second, never in the history of New Hampshire has an employee been asked or required to make up a state government shortfall. Why? Because we do not have a state income tax.

Now imagine if the employer is asked to make-up the shortfall. What are the consequences? No raises for employees? Fewer hours for employees? No additional hire(s) that had been planned? These are the types of impacts that can occur when government starts mandating businesses to do certain things within the relationships employers have with their employees.

This issue is just not ready to be legislated in NH. While NFIB-NH is not prepared today to endorse any alternatives to HB 712, if this benefit is to be available in NH, then the appropriate mechanism would be through some form of a voluntary program. This will allow employers and employees to make choices, compete and to do so based upon their collective resources and needs.

NH has an unemployment rate less than 2.5%. There is competition in the job market for employees; therefore employers need to make their job offers attractive for employees. What individual employers choose to offer as a benefits package is the free market, driving an employer's and employee's decision.

Thank you for your consideration and NFIB's hundreds of NH members urge you to find House Bill 712, as presented today, inexpedient to legislate.

Sincerely,

Bruce Berke
NFIB-NH State Director

March 3, 2020

The Honorable Lou D'Allesandro
Senate Finance Committee
State House, Room 103
107 North Main Street
Concord, NH 03301

Re: New Futures Support for HB 712-FN (relative to a family and medical leave insurance program),

Dear Senator D'Allesandro and Honorable Members of the Committee:

New Futures appreciates the opportunity to provide testimony in support of HB 712-FN, relative to family and medical leave. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, service providers and families afflicted by substance misuse and mental illness to prevent, address and reduce behavioral health issues in our state. As New Hampshire's authorized Kids Count organization, New Futures advocates for data-based policies that support Granite State families.

New Futures Kids Count stands strongly in support of HB 712-FN as it aims to establish a system of paid family and medical leave insurance for all Granite State families. Through employee payroll deductions, this bill would allow workers partial, temporary wage replacement following the birth or adoption of a child, and in the event of a personal or family illness.

HB 712-FN promotes the health and wellness of our state's children, and our population overall. Research shows that children suffer exponentially when their parents lose financial stability. Toxic stress can result from continual exposure to adverse childhood experiences, including poverty and parental substance use¹. This stress can impair a child's developing brain and have life-long negative impacts.

Interventions that support family stability, like paid family leave, can help deter the impacts of toxic stress. Access to a paid leave program would promote family financial stability, reducing the potential of toxic stress, and thus improving the lives of our children now and into the future.

Paid leave could be an especially stabilizing force for Granite State families impacted by the ongoing addiction epidemic. A recent study by the Carsey School of Public Policy at the University of New Hampshire shows that the number of Granite State children placed in the care of a relative increased by 10 percent between 2012-2016². Paid leave would not only provide greater economic and job security for those individuals seeking treatment for substance use disorder, but would ensure greater

¹ Adverse Childhood Experiences, Centers for Disease Control and Prevention, Division of Violence Prevention, http://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

² Parental Substance Use in New Hampshire, University of New Hampshire, <https://scholars.unh.edu/cgi/viewcontent.cgi?article=1341&context=carsey>

support for and from family members who are left to care for those in treatment, and their children, throughout the treatment process.

In short, access to a temporary, partial leave insurance program would enhance the overall well-being of New Hampshire children and families, including those impacted by substance use disorder. For this reason and many others, New Futures Kids Count believes that HB 712-FN represents an important investment in our children and our state, and we urge the Committee to recommend this bill Ought to Pass.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Jake Berry', with a long, sweeping horizontal stroke extending to the right.

Jake Berry
Vice President of Policy
New Futures

Michael Padmore

New Hampshire

MEDICAL SOCIETY

ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

Senate Finance Committee

March 3rd, 2020

Re: HB 712 – relative to a Family & Medical Leave Insurance Program

Mr. Chairman and Members of the Committee,

As physicians, we see families faced with untenable situations, choosing between their livelihoods and income and the need to heed our medical advice for their family's well-being. House Bill 712 aims to create a paid family and medical leave program for New Hampshire. This program is critical to the health of families both in the short and long term, allowing them to take paid time off to care for themselves and family members. The New Hampshire Medical Society, the New Hampshire Chapter of the American Academy of Pediatrics, the New Hampshire Academy of Family Physicians, the New Hampshire Psychiatric Society, and the New Hampshire Chapter of the American College of Obstetricians and Gynecologists urge the New Hampshire Senate Finance Committee to vote ought to pass on House Bill 712.

As a society, we encourage patients to listen to their physicians, but we don't give them adequate resources to be able to do so. Adults responsible for their aging parents struggle to balance between their work life and caregiving. People of all ages with serious illnesses who had to work through treatments because they couldn't afford to miss work. Parents who could not stay home with their infants, to the detriment of both parents and infant. These are the times when life is most stressful and having the ability to take paid leave from work to take appropriate care of oneself or family can make all the difference in the world.

We see too many parents who must make the heart wrenching decision to leave their newborns or sick children alone in the hospital in order to preserve their family's economic security. Newborns greatly benefit from having a parent with them at home and we encourage parents to do so when they can. Of course, we know that not everyone can take this advice. Both scientific research and our clinical experience tell us that children need their parents at critical times in their lives, whether in the important weeks following birth or when recovering from serious illness.

Enacting policies like paid family and medical leave is a smart proactive step we can take to safeguard our families and children. We urge you to vote ought to pass on House Bill 712.

L. John Klunk, President, New Hampshire Medical Society

Steve Chapman, President, New Hampshire Chapter of the American Academy of Pediatrics

Melissa Duxbury, President, New Hampshire Academy of Family Physicians

Patrick Ho, President, New Hampshire Psychiatric Society

Ellen Joyce, Chair, New Hampshire American College of Obstetricians and Gynecologists

Dr. John Klunk, MD
Writing in supporting of House Bill 712
March 3rd, 2020

Dear Senate Finance Committee Members,

I am a dual trained, double boarded internal medicine-pediatrics physician and have been practicing primary care internal medicine and pediatrics in Raymond, NH since 2001.

Over my years in practice, I have seen the lack of access to paid family & medical leave affect the full spectrum of my patients from birth to the end of life. Young parents who could not stay home with their infants, to the detriment of both parents and infant. Young mothers who had to discontinue breast feeding earlier than needed, simply because they had to return to work and had no place to pump breast milk while at work. Middle aged adults who needed to take time off to help failing parents, but could not do so because they could not afford the time out of work. Working adults of all ages with serious illnesses who had to work through chemotherapy and other treatments because they couldn't afford to miss work. At these times when our fellow Granite Staters need the most support—financial, emotional, medical—they have to continue working without the time they need to heal or to support their families.

A New York times article from 2015 looked at the results of implementing paid family & medical leave policies in three states—California, Rhode Island, and New Jersey. According to the article, “Economists found that with family leave, more people take time off, particularly low-income parents who may have taken no leave or dropped out of the workforce after birth. Paid leave raises the probability that mothers return to employment later, and then work more hours and earn higher wages.” In states with paid family and medical leave insurance programs, employers have reported that the program has had a positive impact on productivity, morale, and retention of employees, and has not negatively affected their bottom line.

Paid family & medical leave is overwhelmingly supported by New Hampshire residents because it makes sense for employers and employees alike. Current federal law allows for an employee working for an employer with more than 50 employees to take up to 12 weeks of medical leave for his or herself or care for a family member or a new infant without the fear of losing their job. However, under that federal program, employees are not entitled to wage replacement during that leave time, creating a barrier for low income families who cannot afford to take any time off.

The paid family & medical leave program created by House Bill 712 fills a gap for those people who couldn't afford to take time off before. Funded by a small employee payroll deduction, workers will be able to receive 60% wage replacement during their leave, giving them some financial security through this time of need.

Paid family & medical leave is good for employers, employees, infants, and our aging NH population. Whether the leave is required for the employee themselves or a family member, it allows us to support our workforce and their loved ones in their times of greatest need.

I urge you to vote "ought to pass" on House Bill 712 into law, giving New Hampshire families access to this critical program.

Respectfully,

L. John Klunk, MD
President, New Hampshire Medical Society

March 2, 2020

To Whom it May Concern

I am writing in support of HB712 from my perspective as an addiction medicine physician.

As New Hampshire has struggled over the past decade with the consequences of widespread substance use disorders, including rising drug-related deaths and increased demand for treatment of addictions, the value of strong families in nurturing healthy, resilient children has become increasingly apparent as antidote to reliance on drug use.

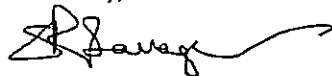
Paid family and medical leave will allow parents to care for both themselves and for their children in times of illness or distress; this is critical in order to grow healthy, thriving families in our state. When families thrive, rates of substance use and substance use disorders go down, both in children as they develop and in the parents who raise them.

Some specific benefits of paid family leave in meeting the challenge of substance use disorders include:

- Helps those with substance use disorder get into and stay in treatment by making it more economically feasible to take time off to get care.
 - Many people with substance use disorder have to choose between getting treatment or receiving a paycheck. This program makes that decision easier by providing 60% wage replacement during their leave.
- Allows family members to take time to participate in a loved one's treatment and support the individual with substance use disorder in their recovery.
- Allows parents to take time to care for their children when they are sick or challenged; this helps build healthy, resilient children who are less likely to harbor feelings of trauma or neglect and are less likely therefore to develop drug and alcohol use disorders as teens or adults.
- With NH's workforce shortage, we can't afford to leave anyone behind. Taking time to get treatment, helps workers with substance use disorders get into recovery and continue in the workforce and as productive members of their communities.

Passing HB712 will make our state stronger and more economically vibrant. I share these thoughts as an individual physician, not on behalf of any entities in which I have a work or professional service role. Please feel free to contact me with questions.

Sincerely,



Seddon R. Savage MD, MS, FASAM (Fellow of the American Society of Addiction Medicine)
Advisor, Dartmouth-Hitchcock Substance Use & Mental Health Initiative
Current Chair, Opioid & Co-Chair Healthcare Task Force, NH Governor's Commission on AOD
Past President, NH Medical Society, 2007



New Hampshire Psychiatric Society

7 N. State St., Concord, NH 03301

Patrick Ho, MD
President

Catrina Watson
Executive Director

To: NH Senate Finance Committee

From: Patrick Ho, MD, President, New Hampshire Psychiatric Society

Re: HB 712 - Relative to a family and medical leave insurance program

Date: March 3, 2020

The New Hampshire Psychiatric Society fully supports this bill. As psychiatrists responsible for the treatment of patients suffering from mental health disorders, we often see patients who suffer from debilitating conditions. When our patients suffer from so much due to psychiatric illness (often with other comorbid medical conditions), medical treatment becomes nearly impossible if there is no recourse to also address socioeconomic concerns.

Additionally, a lack of paid family and medical leave is often either a precipitating or exacerbating psychosocial factor when patients need emergency and/or inpatient psychiatric care. In a state where access to mental health care is already so difficult to obtain, we must do all we can to place supports around our patients. This could in turn prevent some need for mental health care services and thus avert more unnecessary health care cost.

When our citizens are in a position where it is necessary to make the impossible choice between their respective livelihoods and their mental health, the consequences of this choice often impact both mental and physical health. Not only do our patients suffer, but the long term and short term implications of no paid leave can extoll an even greater human cost.

Enacting a paid family and medical leave insurance could protect the citizens and families of our state. I and the New Hampshire Psychiatric Society respectfully encourage you to consider voting "ought to pass" for HB712.

Sincerely,
Patrick Ho, MD

To: NH Senate Finance Committee
February 27, 2020

Re: HB712 Establish a system of Paid Family and Medical Leave Insurance

Dear committee members,

In my work as a (recently retired) primary care internist with specialization in geriatrics, I provided medical care to adults of all ages, but particularly the elderly – the fastest growing sector of the New Hampshire population. This work also involves daily conversations with family members of these patients, many of whom are providing some degree of assistance to their loved ones while supporting themselves and their families in the workplace. This help may be needed only intermittently, or daily. The stress of balancing work demands with this needed help to beloved parents often becomes overwhelming, and family caregivers develop burnout, depression and medical illnesses at a higher rate than average, resulting in significantly higher medical costs for caregivers. The need for paid family medical leave, at best a partial answer to these unmet needs, was evident to me every day in my practice.

As we age, we commonly develop some degree of dependence on others for activities formerly carried out independently. This is particularly true for the 26,000 persons over age 65 in New Hampshire who have Alzheimer's disease, 30% of whom live alone. The Alzheimer Association estimates that 68,000 New Hampshire citizens provide unpaid care to these individuals. Memory and cognitive impairment also complicate the management of other chronic illnesses such as heart disease and diabetes, which require adherence to complicated medicine regimens, diets and serial doctor visits. Even in the absence of cognitive impairment, increasing frailty leads to the risk of falls and injury, malnutrition, and vulnerability to infection. Family members step in to protect their loved ones as best they can, giving their time and energy willingly, but they cannot afford to also sacrifice their income.

Here is a sampling of the tasks commonly assumed by family members of aging New Hampshire residents during episodes of illness:

- Spending the night in order to provide safety and relief of anxiety
- Organizing medications, providing reminders & securing refills
- Attending medical appointments to provide information, assist in medical decision-making, and encourage adherence to recommended therapies
- Grocery shopping, meal preparation, housework

- Personal care such as assistance with bathing, dressing and toileting.
- Managing finances, such as bill-paying, tax preparation, and audit of bank statements
- Responding to emergencies caused by falls, exacerbations of chronic illness, and mental health crises

There are few viable alternatives available to family caregivers. Even for families who can afford to pay for some assistance, the N.H. home health workforce is inadequate. In 2016, the Governor's Commission on New Hampshire Healthcare Workforce Shortages documented 9-10% vacancies in home nursing and licensed nursing assistant (LNA) positions, as well as shortages of many other professionals. Thousands of needed visits per week are missed due to sheer lack of workforce, and this situation is worsening as our numbers of elderly citizens grows.

For this reason, too many elderly New Hampshire residents do not receive the care they need in the home, resulting in preventable injuries and costly exacerbations of chronic illness. At the same time, those many family caregivers who do provide unpaid care experience untenable loss of income, with resulting severe financial and health-related impacts. Ensuring access to paid family medical leave will make a critical difference for these New Hampshire families!

Please vote "ought to pass" on HB712.

Sincerely,



Lyn S. Lindpaintner, MD
39 Via Tranquilla
Concord, NH 03301

To: Members, NH Senate Finance Committee
March 3, 2020

Re: HB712 Establish a system of Paid Family and Medical Leave Insurance

Dear Honorable Members of the Committee,

Thank you for your attention. My name is Ken Dolkart and I have practiced Primary Care Internal Medicine and Geriatrics in NH for these past 36 years, in Nashua NH and Lebanon NH. I am also a semi-retired Assistant Professor of Medicine at Geisel School of Medicine.

Like many of you in this room, I have personally needed to attend to the care of a parent whose health may be punctuated by sudden crisis. In a time when we are lucky enough to have our loved ones remain in their own homes into advanced years, it has become increasingly common that working sons and daughters are called upon to attend to their parents needs when medical issue arises. Both as a physician who cares for the old and their families, and as a baby boomer, I can attest how emotionally and financially stressful it is for many working people to grapple with the sudden needs of a spouse or aging loved one.

Employees are called upon when a spouse or parent suddenly can no longer manage unassisted in their home –more monumental tasks arise with the care necessities of a family member with serious illness. A hip fracture, a pneumonia complicated by delirium, a stroke, a cancer diagnosis and treatment, a surgical procedure or other acute illness often results in things falling apart. Once someone returns home from a hospital or facility, visiting nurses or hospice nurses can only provide so much, and grasping new care responsibilities, filling a pill planner, arranging therapy and new living arrangements are often required. Aides may be expensive, limited in hours and often difficult to locate in many communities. Apart from the emotional stress in the setting of hospice care is added the financial stress related to unpaid absence from work to devote the time to doctor's visits and care at the end of a loved one's life. Financial worries often compound the family worries.

Life expectancy has gradually increased in the US, and we in NH have the 2nd highest median age in the Union. The many New Hampshire residents with limited means do not have the choice of residing in assisted living settings, and it often necessitates children to suspend their work duties to care for their parents or relatives. It would be a great comfort for many who are already stressed to know that their own families will be financially supported during such an emergency leave. It would also be an example of the New Hampshire advantage to implement a design that is self-funding, flexible, neutral or positive in it's effects on business, geared towards working aged residents, and not dependent on additional public revenues.

For all these reasons, I support the passage of House Bill 712.

Sincerely,

Ken Dolkart, MD

Testimony in Support of HB712

I am a retired Family Physician in Concord, where I practiced the full spectrum of Family Medicine for 32 years. During those decades of practice, I tried my best to be an advocate for my patients, often fighting uphill battles against insurance companies and other heartless organizations which placed profit over the welfare of individuals and families. Too often, my patients were unable to take time off from work in order to extend care for a newborn, take care of a loved one in the midst of cancer therapy, or attend to the basic daily needs of a parent with dementia. If one needs to continue working, when faced with the prospects of losing a job in order to care for a loved one, those precious moments and connections are lost forever.

The stress, and sense of powerlessness incurred by my patients through the years compels me to write in support of Family and Medical Leave. The burden of caretaking can become unbearable without some sort of break from work, leading to illness in the caretaker as well as the one being cared for. Paid Family and Medical Leave will contribute to the health and well being of all New Hampshire citizens.

It also should make sense to the business community, given that New Hampshire needs a competitive workforce. The passage of this bill will attract individuals to the State, knowing that they will be insured for up to 12 weeks of paid leave for anticipated, and unanticipated family issues.

There are those who might characterize Paid Family and Medical Leave as another step down the road towards "socialism". Rather, having this benefit in place is a hallmark of a civilized and compassionate society. Ladies and Gentlemen, please work diligently to pass this bill.

Respectfully,

Robert S. Kiefner, MD

rskiefner@gmail.com

Concord, NH 03301

3 March 2020

To: NH Senate Finance Committee

From: Rep. Skip Berrien, MD

Re: HB712 relative to family and medical leave

Date: March 3rd, 2020

I fully support HB712 1 because (1) as a pediatrician, this insurance plan addresses the needs of families I encountered during my career working with middle and lower income families and (2) as a member of the NH House, it contributes to the general welfare of New Hampshire.

- A Healthier Population
 - HB712 provides families with income protection when illness or family changing events occur requiring temporarily stepping back from income producing work. With this protection sick employees will take the time to get well, properly care for ill children and family members and be present for the essential needs of a newborn.
- Improved Work Environment
 - HB712 helps employers by alleviating them of the cost of sick leave costs, provides a more productive, long term work force and this legislation makes NH more attractive to a quality workforce.
- Economic Stability
 - HB712 makes planning for the future a predictable and painless practice for all families. The vast majority of families understand the need to dedicate at least a small amount of money for the expected and unexpected loss of income. But, for families living at the margins of our economy that is a difficult practice to follow when daily demands of normal living eat up each paycheck. This insurance plan meets this need and ultimately contributes to families' long term economic stability and decreases dependency on public services

To: Members, NH Senate Finance Committee
March 3, 2020

Re: HB712 - Establish a system of Paid Family and Medical Leave Insurance

Dear Honorable Members of the Committee,

I am a Family Physician who has practiced in New Hampshire since 1980. Although my practice has changed over the decades – I no longer deliver babies, and my practice is almost entirely in the office rather than the hospital – my certainty that NH families need time to take care of their loved ones has grown.

There are a number of medically-stressful situations where full-time care-taking of a family member is essential:

- End-stage cancer
- End-stage heart failure
- Arrival of a new baby, whether adopted or delivered
- Periods of intense medical treatment, such as transplantation, care of premature infants, and chemotherapy

I have seen parents forced to return to work after the delivery of a premature baby, leaving them bereft and racked with guilt. I have seen terminally ill elders left alone because their children cannot leave work to provide care and comfort.

Although the Federal “Family and Medical Leave Act” shows how labor policy and compassion work together in a fashion that makes us proud of the humanity of our nation, the FMLA has grave limitations. Most notably, it is only relevant for large employers, and the leave is usually unpaid. Our NH workers deserve better. The financial benefits provided by HB712 are modest, but enough for workers with limited resources to take time from work to care for a loved one or new baby. Further, the funding plan for HB712 is fiscally sound, with modest costs to employers for development, implementation, and benefits.

Numerous studies in states which have compensated leave programs demonstrate that paid leave provides benefits for both employers and workers. Paid leave is associated with improved productivity, reduced employee turnover, improved morale, and increased employee loyalty and retention. Not having to replace workers reduces the excess costs of training and hiring new employees. For workers, paid leave correlates with greater economic security, long-term loyalty, and significantly less use of food stamps and other forms of public assistance.

Paid leave is good for employers, good for employees, good for babies and good for our aging and elderly citizens. It is affordable and fiscally prudent. I urge you to vote in favor of passing HB712.

Donald Kollisch, MD
Associate Professor of Community and Family Medicine
Geisel School of Medicine at Dartmouth

To: Members, NH Senate Finance Committee
March 3rd, 2020

From: Marie-Elizabeth Ramas, MD, FAAFP

Re: HB712 Establish a system of Paid Family and Medical Leave Insurance

Dear committee members,

As a practicing family physician who takes care of working class families, I write to extend my perspective on the benefits of paid family leave. We live in a time that almost half of Americans cannot afford an unexpected emergency \$400 expense without going deeper into debt: <https://www.federalreserve.gov/publications/files/2017-report-economic-well-being-us-households-201805.pdf>

Couple this effect with the growth in our aging population, more and more New Hampshire residents have caregiver responsibilities beyond the needs of dependent minors. This bipartisan bill is cost-effective way to alleviate financial strain on hardworking families and recognizes the importance of their various roles outside of work that ultimately affect their ability to be productive and loyal employees.

I cannot tell you how many of my patients who have been threatened to lose their jobs due to their own unforeseen illness or that of a loved one. One of my patients, who is a single mother in her mid-twenties, slipped on ice while walking into the building of her establishment of work. After suffering from neck injuries and subsequent physical therapy and specialist visits, her job limited her scope at work and whittled down her responsibilities. My patient who was once going to school to further her education, saving to buy a home and providing for her family was now living off of the kindness of friends and family.

Paid family leave could also benefit those suffering from substance use disorder. At this time, there is limited insurance coverage for those who seek inpatient or intensive treatment. In intense periods of transition, these people require support and access. If there were a means to recoup a portion of lost income, then one more barrier would be lifted.

For what it is worth, paid family leave is a cost effective, logical means to promote a healthy workforce and create stability in vital streams of income.

Most sincerely,

Marie-E. Ramas, MD FAAFP



To: NH Senate Finance Committee

From: Linda Martino, Board Member, New Hampshire Society of Physician Assistants

Re: HB 712 - Relative to a family and medical leave insurance program

Date: March 3, 2020

The New Hampshire Society of Physician Assistants supports HB 712. There are over 900 PAs in New Hampshire. As PAs we witness the struggles families experience when a family member has a debilitating illness or injury. Finding care for a sick or injured family member in order for a family member to continue to work is a terrible stress compounding an already heavy burden. Family members need support to care for their family in times of significant medical problems and a family and medical leave insurance program is the answer to fill this need.

Families should not have to decide between continuing to work when they are still vitally needed at home. Yet this is the current problem. Families indeed may find themselves with the loss of two incomes to care for their family. This creates further issues financially. It threatens their ability to afford food, housing, medications and transportation. This puts the whole family in jeopardy of living healthy lives.

HB 712 has the ability to fill the gap that the people of New Hampshire need to take care of their families. The New Hampshire Society of Physician Assistants respectfully requests your vote of "ought to pass" for HB 712.

Sincerely,

Linda Martino, PA-C

NHSPA PO Box 10743, Bedford, NH, 03110

nhspa.admin@gmail.com

To the members of the Senate Finance Committee,

My name is Christine Arsnow. I am a pediatrician in Concord, NH. I am writing to ask you to support HB 712 regarding a paid family and medical leave insurance program.

I am not able to be present today because it is my first week back at work after maternity leave. My maternity leave was mostly unpaid, but my husband has a good salary so we were able to afford this. I know others, for example, some of the nurses I have worked with in the past, who are not able to afford this. Having just experienced this important time to bond with and care for my newborn, I have great empathy for people who are unable to afford time off to care for a sick or vulnerable relative.

Depriving others of the ability to care for their sick or vulnerable relatives not only causes extreme stress for those individuals, it is also dangerous and expensive in the long term. I have a patient whose family owns their own business, so his mother could not afford to be away from work for a prolonged period. When her child was born, she was eager for discharge as soon as possible. She and her baby were discharged slightly early, and they both wound up with minor complications (the infant with jaundice and she with a blood clot) necessitating readmission to the hospital. These complications and readmissions were expensive and potentially dangerous, and may have been prevented if this mother was allowed to take adequate time to heal and care for her newborn.

This logic also applies to fragile relatives who are not newborns. I have a friend whose elderly father was admitted to the ICU with a stroke and discharged with home physical therapy. Now, a few weeks later, my friend's father is having trouble complying with his physical therapy and his health is deteriorating. My friend visits when he can, but he works full time and lives in a different state, so cannot dedicate the time necessary to help his father heal. In all likelihood, his father will end up admitted to the hospital again.

When considering what I should advise for my patients or the members of my community, I often think of my own family and what I would want for them. If one of our children, parents, or spouses needed us to help them heal from an illness, we would want to be by their side. Everyone should have that right, not just those of us who can afford to take unpaid time. In the long run, this will save money from expensive complications and readmissions. Thank you for supporting this bill.



new hampshire
WOMEN'S FOUNDATION

To: Chairman Lou D'Allesandro, Senate Finance Committee

Re: House Bill 712

Date: March 3, 2020

Position: OUGHT TO PASS

The New Hampshire Women's Foundation invests in equality and opportunity for women and girls through research, education, advocacy, and philanthropy. The establishment of a New Hampshire paid family and medical leave program with the features included in House Bill 712 is one of our top policy priorities. Passing this bill into law will improve the economic security, health and well-being of New Hampshire families, strengthen the state's workforce and enhance caregiving support as an essential employee benefit.

While cultural and workplace attitudes and practices regarding gender roles and caregiving are evolving toward a more equitable balance, recent data show that across the lifespan women are still twice as likely as men to take time away from work to address medical needs or care for family membersⁱ. That includes recovering from pregnancy and childbirth, caring for a newborn or a child with serious illness, and assisting an aging parent or an injured spouse. When women shoulder significant caregiving responsibilities for their children and elderly relatives, they also experience heavier burdens of work and family conflict when no paid leave is available.

A 2016 studyⁱⁱ from the UNH Carsey Institute documented that women in New Hampshire are less likely than men to have access to paid leave benefits across three different leave types: 1) paid leave to tend to their own illness, 2) parental leave to care for a new child through birth, adoption or foster care and 3) paid leave to care for an ill family member. The lack of paid family and medical leave forces many women to choose between caregiving responsibilities and contributing to their family's economic survival. For women who are single parents or their family's sole source of income, a caregiving crisis without short-term financial support and the ability to take paid time off can begin a downward spiral of unemployment into poverty.

Since women disproportionately bear the costs of caregiving in New Hampshire, they more acutely experience the negatively ramifications of not having a statewide family and medical leave insurance program: lost earnings, poorer health outcomes, family instability and economic insecurity.

Under HB 712 New Hampshire has the opportunity to build a strong, sustainable paid family and medical leave program that will help hardworking Granite Staters bridge the financial gap when they need time away from work. The program will also increase the economic and health security of the workforce while building more capacity to deal with our aging population. Quite significantly, it will help close the gender gap in access to paid leave.

The New Hampshire Women's Foundation encourages bi-partisan support for this bill and will be pleased to work further with legislators toward its enactment. We thank you for the opportunity to provide testimony and urge you to vote favorably on this proposal.

Respectfully Submitted



Jennifer Frizzell

Director of Policy

jennifer@nhwomensfoundation.org

603.340.1593

¹ National Center of Caregiving, *Women and Caregiving: Facts and Figures*, February 2015

² Smith, Kristin and Adams, Nicholas, Paid Family and Medical Leave in New Hampshire, *Who Has It? Who Takes it?* UNH Carsey School of Public Policy, National Issue Brief #105, Summer 2016

Lynnette Stebbins
1 Meeting Place Dive #410
Exeter, NH 03833
603-401-1450
nhedsyou@yahoo.com

Good Afternoon,

My name is Lynnette Stebbins. I am 39 and I live in Exeter, NH with my teenage daughter. I am here today in support of HB712. Family and medical leave insurance is critical for everyone but especially for those that suffer from chronic medical conditions. Both my daughter and I suffer from an array of medical conditions and both suffer from chronic pain. We both have a rare genetic condition called Ehlers-Danlos syndrome. It's a connective tissue disorder that affects the production of collagen in our bodies. To date I have had 27 surgeries and my 28th is already scheduled. I am not always able to care for myself after having surgery and with little family this falls on my daughter. Passing this will ensure that she will be able to take time to help me recover. The medical leave part will also benefit her if she was to fall sick or injured. This doesn't just help those that already have chronic medical conditions but it can help those that get injured from a car accident. It can help those that slip on ice in the winter and get hurt. It can help those that have to have emergency surgery. Most of us live paycheck to paycheck and are one accident or illness away from losing everything we have worked so hard for. This bill can help to ease that stress and burden if something happens to them or a household family member. I thank you for taking your time here today to hear my story.



WHITE BIRCH CENTER

March 3 Testimony from Marc McMurphy to NH Senate regarding hearing on SB730

My name is Marc McMurphy and I am the Executive Director of White Birch Center. White Birch is a 501c3 nonprofit that provides child care, before and after school, and senior programming in Henniker. I would love for my employees to have Paid Family and Medical Leave but not as it is written in SB730.

Why the individual person is not included in the definition of Family Member in SB730 makes no sense. Who is included? Children, children's spouses, parents, grandparents, legal guardians, stepparents, foster parents, foster grandparents, step grandparents, domestic partners of parents and grandparents are covered but not the person who is, or may be, paying the premium.

If an employee has an addiction, and is a parent, they cannot qualify for SB730 leave. So, the family that person must help support while the parent is getting treatment will suffer, and perhaps fall, then becoming a burden in other ways on our state and fellow citizens. If a working mother has a difficult pregnancy and must have bedrest 3 months prior to her child's birth, she would not be covered. This makes no sense. That is why before every flight we are told to put the oxygen mask on ourselves first, and then on others. What is the point of this exclusion?

There can be no doubt of the popularity and need of Paid Family and Medical Leave Insurance. Why else would be here to discuss ways to address this need? SB730 is needlessly complicated. State employees get a benefit based on a negotiated rate with a private insurer and then employers get a different rate based on various rating factors derived from the state rate that can be actuarially verified, and then employees whose employers choose not to participate can get the Leave insurance based on their pool and that money is collected by a state agency, the Department of Employment Security. Some employees have this benefit premium covered by employers and others do not. The results are inconsistent and needlessly complicated.

This is not a market solution. This does not pool resources for their efficient use, and it is not fair across the board. SB730 offers multiple rates for different workers (even though they have the same needs), and still ends up with a public option because SB730 acknowledges that "the market" is not going to cover everyone.

Additionally, SB730, for what would likely be the same cost to the employee as HB712, offers less benefit in that the individual employee is not included among the people that can be considered as needing care, is covered only 6 weeks versus 12 weeks, and has a one week exemption period before the benefit can be used. Some are also required to take extra steps to get their benefit if their employers do not participate. Finally, the employers themselves who chose not to participate, must, in fact, participate if the employee qualifies, by providing payroll deduction for employee premium payments.

Working people make choices. We want to preserve those choices and give options. I understand this conservative concept. But when we are talking about Paid Family and Medical Leave, the people who need it and use it are not given choices. They are responding to often unpredictable circumstance or, even if predictable, circumstances that require an absence from work. Child birth, for example is major event for the mom, dad, and especially the baby. A 12-week period away from work with a reduced income benefit is not a crazy or unreasonable idea. We want families to get off to a good start, don't we?

If the Senate doesn't want HB712 then come up with something better, not something more complicated and inconsistent.

Sincerely,

Marc McMurphy

Testimony in support: HB712
Tuesday March 3, 2020

Thank you for allowing me to speak in support of HB712. I am Dr. Oge Young, a longtime Concord Obstetrician/Gynecologist and past president of the NH Medical Society. I continue to represent NH Obstetricians on our General Council. I have been a professor at Dartmouth Medical School for almost 40 years. My testimony is not only on behalf of the NHMS, but also for the NH Academy of Family Physicians, the NH Chapter of the American Academy of Pediatrics, the NH Section of the American College of Obstetricians and Gynecologists and the NH Psychiatric Society, all of whom strongly support this bill.

As physicians we know the value of a patient having time from work to care for themselves before a medical illness becomes a costly crisis, occasionally even costing them their life. As physicians we understand the merit of our patient taking time from work to be with a parent who is dying or with a child who is critically ill. As physicians we appreciate how vital is the attachment between a parent and baby in the first few months of life. Every day we see patients who are making heart wrenching decision to leave their dying parent, sick child or newborn, in order to preserve their family's economic security.

In my 35 years as an obstetrician, I routinely saw women six weeks following the birth of their babies for their postpartum visit. They were still healing, nursing and often just starting to learn how to parent. They were torn between leaving their infants or returning to work to preserve their job.

Out of 41 developed countries in the world studied by the Pew Research Center, the U.S. is the only nation without a mandated paid family leave system. China requires 14 weeks of paid family leave for new mothers. Russia provides 10 weeks before and 10 weeks after the birth of a baby at 100% of the employees salary. Sweden pays 80% of salaries for 16 months of leave and Bulgaria provides 90% of wages for new moms on leave for a full year.

Generous leave times of 9-12 months and wages have been awarded an entire generation of western Europeans. It should be no surprise those people are healthier than us, live longer than us, experience less crime than us, while their health care costs are half of what we pay for health care in our country. A colleague once said, "We can invest in society now, or we can build more hospitals and prisons 20 years later."

Our governor has proposed a Paid Family Leave Program that unfortunately would not cover most people requiring an opt in, that would not allow a working person to take time for their own illness, that would allow only 6 weeks of leave and would cost the state general fund \$30 million per biennium. HB712 is for all workers, provides 12 weeks of leave and is not a tax on the general fund.

New Jersey is one of a handful of states that has mandated family leave. Their program is similar to HB712, paid for by a small deduction from their wages (0.08%). It has been on the books for 10 years. The Commissioner of the New Jersey Department of Labor and Workforce Development, Rob Asaro-Angelo, recently said, "Employers and employees love it. It has been solvent for a decade- so much so that we are expanding the program from covering 67% of workers wages to 85% for 12 weeks of leave starting in July."

Paid family leave just makes common sense. It is the humane thing to do. It is fundamental to a healthy society. It is the foundation and framework on which healthy caring adults grow. For legislators who believe we cannot afford paid family leave, we, the physicians of NH, argue that we cannot afford not to have paid family leave. The future health of our society rests on this investment.

Debra Martone

From: Marcella Termini <marcellatermini@gmail.com>
Sent: Tuesday, March 03, 2020 1:20 PM
To: Lou D'Allesandro; Dan Feltes; Jay Kahn; Cindy Rosenwald; John Reagan; Bob Giuda; Debra Martone
Subject: HB 712-FN

March 3, 2020

Good afternoon Chairman D'Allesandro, Vice Chair Feltes and members of the Senate Finance Committee,

My name is Marcella Termini and I live in Manchester with my husband and three children-twin eleven year old boys and an eight year old daughter. I had planned to attend today's hearing to give verbal testimony but am unable due to a chronic migraine flare up.

I am writing today to ask that you support HB 712. I want to share my families experience with the lack of a paid family and medical leave program.

At age 2.5 my twins were diagnosed with Autism Spectrum Disorder approximately three months before my daughter was born. To balance the influx of new therapies and doctors appointments for the boys and my own prenatal care, my husband and I worked out a system of making appointments based on days when a coworker would be willing to swap shifts with my husband because I could not manage both of the highly mobile twins at the same time whilst also being six months pregnant .

When my daughter was born, my husband's employer did not offer any paid leave despite his fifty plus hour work weeks at a management level. FMLA was also not an option because taking FMLA in 2008 when the twins were born premature resulted in both a demotion and a cut in pay. The result of the lack of options was using his five paid vacation days for the time spent in the hospital after the delivery of our daughter.

Because of their intense needs at that time, we needed to rely on my mother to care for the twins while we were hospital after the delivery of my daughter which meant that she also needed to utilize her vacation time from work to help us. I was in the hospital for five days following the cesarean delivery.

A day after being discharged from the hospital, my husband and mother returned to work. I was unable to recover fully from a painful cesarean delivery. I was the sole caretaker from 7am to 8pm of not only a newborn, but twin three year old autistic boys who needed more than I could physically and mentally give due to the trauma my body took on during the birthing process.

A paid family and medical leave program during this intense time in my families life would have not only benefited myself and my husband but my mother as well.

Accrued personal time and paid vacation time are not a substitute for family and medical leave program.

Again, I ask sincerely that you support this paid family and medical leave program so that my family and the many others in our state do not have to go through this unnecessary and traumatic balancing act.

Thank you for your time and consideration today,

Marcella Termini

Marcella Termini
Manchester/NH Advocate
(she/her/hers)
603.767.0115
marcellatermini@gmail.com

Debra Martone

From: Christine Arsnow <christine.arsnow@gmail.com>
Sent: Monday, March 02, 2020 5:53 AM
To: Debra Martone
Subject: HB 712

Dear Senator Martone,

My name is Christine Arsnow. I am a pediatrician in Concord, NH. I am writing to ask you to support HB 712 regarding a paid family and medical leave insurance program.

I am not able to be present today because it is my first week back at work after maternity leave. My maternity leave was mostly unpaid, but my husband has a good salary so we were able to afford this. I know others, for example, some of the nurses I have worked with in the past, who are not able to afford this. Having just experienced this important time to bond with and care for my newborn, I have great empathy for people who are unable to afford time off to care for a sick or vulnerable relative.

Depriving others of the ability to care for their sick or vulnerable relatives not only causes extreme stress for those individuals, it is also dangerous and expensive in the long term. I have a patient whose family owns their own business, so his mother could not afford to be away from work for a prolonged period. When her child was born, she was eager for discharge as soon as possible. She and her baby were discharged slightly early, and they both wound up with minor complications (the infant with jaundice and she with a blood clot) necessitating readmission to the hospital. These complications and readmissions were expensive and potentially dangerous, and may have been prevented if this mother was allowed to take adequate time to heal and care for her newborn.

This logic also applies to fragile relatives who are not newborns. I have a friend whose elderly father was admitted to the ICU with a stroke and discharged with home physical therapy. Now, a few weeks later, my friend's father is having trouble complying with his physical therapy and his health is deteriorating. My friend visits when he can, but he works full time and lives in a different state, so cannot dedicate the time necessary to help his father heal. In all likelihood, his father will end up admitted to the hospital again.

When considering what I should advise for my patients or the members of my community, I often think of my own family and what I would want for them. If one of our children, parents, or spouses needed us to help them heal from an illness, we would want to be by their side. Everyone should have that right, not just those of us who can afford to take unpaid time. In the long run, this will save money from expensive complications and readmissions. Thank you for supporting this bill.

Sincerely,
Christine

--

Christine Arsnow

781.864.6525

Voting Sheets

Senate Finance Committee

EXECUTIVE SESSION

Bill # HB 712-FN

Hearing date: 03/03/20

Executive session date: 03/03/20

Motion of: OTF

VOTE: 4-1 Reagan

Made by Kahn <input type="checkbox"/> Senator: Reagan <input type="checkbox"/> Giuda <input type="checkbox"/> Rosenwald <input type="checkbox"/> D'Allesandro <input type="checkbox"/> Feltes <input checked="" type="checkbox"/>	Seconded Kahn <input type="checkbox"/> by Senator: Reagan <input type="checkbox"/> Giuda <input type="checkbox"/> Rosenwald <input checked="" type="checkbox"/> D'Allesandro <input type="checkbox"/> Feltes <input type="checkbox"/>	Reported Kahn <input type="checkbox"/> by Senator: Reagan <input type="checkbox"/> Giuda <input type="checkbox"/> Rosenwald <input type="checkbox"/> D'Allesandro <input type="checkbox"/> Feltes <input type="checkbox"/>
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Motion of: _____ VOTE: _____

Made by Kahn <input type="checkbox"/> Senator: Reagan <input type="checkbox"/> Giuda <input type="checkbox"/> Rosenwald <input type="checkbox"/> D'Allesandro <input type="checkbox"/> Feltes <input type="checkbox"/>	Seconded Kahn <input type="checkbox"/> by Senator: Reagan <input type="checkbox"/> Giuda <input type="checkbox"/> Rosenwald <input type="checkbox"/> D'Allesandro <input type="checkbox"/> Feltes <input type="checkbox"/>	Reported Kahn <input type="checkbox"/> by Senator: Reagan <input type="checkbox"/> Giuda <input type="checkbox"/> Rosenwald <input type="checkbox"/> D'Allesandro <input type="checkbox"/> Feltes <input type="checkbox"/>
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<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator D'Allesandro, Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Feltes, Vice-Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Senator Giuda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Reagan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senator Rosenwald	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Kahn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Amendments: _____

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE
SENATE
REPORT OF THE COMMITTEE

Wednesday, March 4, 2020

THE COMMITTEE ON Finance

to which was referred **HB 712-FN**

AN ACT

relative to a family and medical leave insurance
program.

Having considered the same, the committee recommends that the Bill

ought to pass

BY A VOTE OF: 4-1

Senator Dan Feltes
For the Committee

Deb Martone 271-4980

General Court of New Hampshire - Bill Status System

Docket of HB712

Docket Abbreviations

Bill Title: relative to a family and medical leave insurance program.**Official Docket of HB712.:**

Date	Body	Description
1/18/2019	H	Introduced 01/03/2019 and referred to Labor, Industrial and Rehabilitative Services HJ 3 P. 27
1/29/2019	H	Public Hearing: 02/06/2019 01:00 pm LOB 305-307
2/11/2019	H	Subcommittee Work Session: 02/12/2019 10:00 am LOB 201
2/5/2019	H	Executive Session: 02/13/2019 01:30 pm LOB 307
2/20/2019	H	Majority Committee Report: Ought to Pass with Amendment #2019-0418h for 02/27/2019 (Vote 12-6; RC) HC 13 P. 21
2/20/2019	H	Minority Committee Report: Inexpedient to Legislate
2/27/2019	H	Amendment #2019-0418h : AA VV 02/27/2019 HJ 6 P. 95
2/27/2019	H	Ought to Pass with Amendment 2019-0418h: MA RC 199-133 02/27/2019 HJ 6 P. 95
2/27/2019	H	Referred to Finance 02/27/2019 HJ 6 P. 99
2/28/2019	H	Finance Division I Work Session: 03/06/2019 01:00 pm LOB 212
3/7/2019	H	Finance Division I Work Session: 03/13/2019 01:30 pm LOB 212
3/22/2019	H	Executive Session: 03/27/2019 10:00 am LOB 210-211
3/27/2019	H	Retained in Committee
10/2/2019	H	Division I Work Session: 10/22/2019 10:00 am LOB 212
10/2/2019	H	Executive Session: 11/12/2019 10:00 am LOB 210-211
11/14/2019	H	Committee Report: Ought to Pass with Amendment #2019-2786h (Vote 13-7; RC) HC 50 P. 24
1/8/2020	H	Amendment #2019-2786h : AA VV 01/08/2020 HJ 1 P. 123
1/8/2020	H	Ought to Pass with Amendment 2019-2786h: MA RC 215-141 01/08/2020 HJ 1 P. 123
1/29/2020	S	Introduced 01/08/2020 and Referred to Finance; SJ 2
2/27/2020	S	Hearing: 03/03/2020, Room 100, SH, 01:00 pm; SC 9
3/4/2020	S	Committee Report: Ought to Pass, 03/11/2020; SC 10
3/11/2020	S	Special Order to 03/12/2020, Without Objection, MA; 03/11/2020 SJ 6
3/12/2020	S	Sen. Bradley Offered Floor Amendment #2020-1197s ; 03/12/2020; SJ 7
3/12/2020	S	Without Objection, Sen. Morgan Moved the Question, MA; 03/12/2020; SJ 7
3/12/2020	S	Sen. Bradley Floor Amendment #2020-1197s , RC 10Y-14N , AF; 03/12/2020; SJ 7
3/12/2020	S	Sen. Bradley Moved Laid on Table, RC 10Y-14N , MF; 03/12/2020; SJ 7
3/12/2020	S	Ought to Pass: RC 14Y-10N , MA; OT3rdg; 03/12/2020; SJ 7
6/17/2020	S	Enrolled Bill Amendment #2020-1503e Adopted, VV, (In recess of 06/16/2020); SJ 9
6/18/2020	H	Enrolled Bill Amendment #2020-1503e : AA VV 06/11/2020
7/6/2020	S	Enrolled (In recess 06/29/2020); SJ 9

7/6/2020	H	Enrolled 06/30/2020
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NH House	NH Senate
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Other Referrals

June 15, 2020
2020-1503-EBA
11/04

Enrolled Bill Amendment to HB 712-FN

The Committee on Enrolled Bills to which was referred HB 712-FN

AN ACT relative to a family and medical leave insurance program.

Having considered the same, report the same with the following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

Explanation to Enrolled Bill Amendment to HB 712-FN

This enrolled bill amendment makes technical corrections.

Enrolled Bill Amendment to HB 712-FN

Amend RSA 282-B:2, X as inserted by section 1 of the bill by replacing line 2 with the following:

Act of 1993, 29 U.S.C. chapter 28.

Amend RSA 282-B:6, I as inserted by section 1 of the bill by replacing line 1 with the following:

I. An employee shall be limited to up to 12 weeks of FMLI in any benefit year. An employee

Amend RSA 282-B:6, II as inserted by section 1 of the bill by replacing line 2 with the following:

282-B:2, VIII.

Senate Inventory Checklist for Archives

Bill Number: HB 712 - Fr

Senate Committee: FINANCE

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

- Bill version as it came to the committee
- All Calendar Notices
- Hearing Sign-up sheet(s)
- Prepared testimony, presentations, & other submissions handed in at the public hearing
- Hearing Report
- Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- ___ - amendment # _____
- ___ - amendment # _____
- Executive Session Sheet
- Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- ___ - amendment # _____
- ___ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

- ___ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
- Enrolled Bill Amendment(s) 1503 EBA
- Governor's Veto Message

All available versions of the bill: {Clerk's Office}

- ___ as amended by the senate
- ___ as amended by the house
- final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Deb Martone
Committee Aide

07/08/20
Date

Senate Clerk's Office _____



**STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR**

CHRISTOPHER T. SUNUNU
Governor

July 10, 2020

Governor's Veto Message Regarding House Bill 712

By the authority vested in me, pursuant to part II, Article 44 of the New Hampshire Constitution, on July 10, 2020, I have vetoed House Bill 712.

For the second time in as many years, the Democrats have put this legislation, which would establish a state income tax, on my desk. Proponents have dug deep into their thesauruses to engage in linguistic gymnastics to characterize the income tax contained in this program as something other than what everyone clearly recognizes it to be. Whether one chooses to characterize it as a "premium on wages" or a "payroll deduction," the reality remains that if it looks like an income tax, functions like an income tax, and takes more money out of the paychecks of hard working taxpayers like an income tax, then it is an income tax.

Paid family medical leave is important to me, which is why I have presented multiple plans to the Legislature. Unlike the Democrats legislation, my bills were:

- Voluntary, affordable, sustainable, and income tax free.
- Supported and endorsed by the NH Insurance Department and the NH Department of Employment Security.
- Amended to address concerns for a constructive resolution.

Sadly, Democratic leadership chose not to collaborate on a solution. When given a choice between paid family medical leave and an income tax, Democrats chose the income tax.

Rather than deliver an important opportunity for New Hampshire residents, the legislature has insisted on trying to once again to pass more taxes onto the citizens of our state. Neither I nor the people of New Hampshire will ever support an Income Tax.

For the reasons stated above, I have vetoed House Bill 712.

Respectfully submitted,

A handwritten signature in black ink that reads "Chris T. Sununu".

Christopher T. Sununu
Governor