Julie Squire Testimony on Paid Family Medical Leave to U.S. House Education and Workforce Subcommittee on Workforce Protections

February 24, 2026

Chairman Mackenzie, Ranking Member Omar, and Members of the Subcommittee, thank you for inviting me here today to testify on behalf of the National Association of State Workforce Agencies (NASWA). Thank you for hosting this hearing to discuss the current landscape of paid family and medical leave (PFML) across the country.

I. INTRODUCTION

I am Julie Squire, Vice President of Policy and General Counsel at NASWA. NASWA is the non-partisan and nonprofit national association of all 50 state workforce agencies, the District of Columbia, and U.S. territories. NASWA's Board of Directors is comprised of state workforce leaders from across the country. NASWA's mission is to enhance the state workforce agencies' ability to accomplish their goals, statutory roles, and responsibilities. Through our Board and national policy committees, NASWA members are given critical space to collaborate with one another and provide feedback to policy makers on the questions impacting their programs.

My testimony today provides an overview of NASWA's work in paid leave, a high-level overview of the state paid family and medical leave landscape, and NASWA's perspective on possible federal support.

II. AN OVERVIEW OF NASWA'S WORK IN PAID LEAVE

Over the past seven years, NASWA has expanded its involvement in paid leave in response to member needs. In 2021, NASWA launched a PFML Group for interested states, including those with Temporary Disability Insurance programs, and in 2024 strengthened this work by approving dedicated full-time staff and formalizing a revitalized PFML Workgroup. Last year NASWA

expressed interest in serving as the national intermediary for the proposed Interstate Paid Leave Action Network (I-PLAN) and elevated the Workgroup to a full NASWA Policy Committee.

NASWA's PFML Committee is composed of paid leave administrators and workforce leaders focused on addressing state priorities, sharing best practices, and engaging external partners. As of early 2026, the Committee includes representatives from 21 states and territories and meets regularly. This week, NASWA will convene an in-person meeting alongside its Winter Policy Forum, with 38 participants from 13 states discussing customer experience, claims adjudication, program integrity, and other issues of common interest.

As a result of the Committee's efforts, NASWA has created an internal dashboard called "The State Paid Leave Navigator," designed to help our members explore and compare paid family and medical leave programs across the country. The dashboard provides a centralized overview of states with mandatory paid leave programs, including direct links to program websites, legislative texts, and annual reports. It also provides information on program funding mechanisms, percentage of wages provided, qualifying reasons for leave, and other program details.

III. PAID LEAVE LANDSCAPE

With no federal standard for paid family and medical leave, states have passed their own programs that reflect their unique labor markets and policy priorities. Typically administered through the state workforce agency, these programs provide partial wage replacement for qualifying life events, such as the birth or adoption of a child, a serious illness, or caregiving for a family member.

Beginning with Rhode Island in 1942, five states and Puerto Rico passed Temporary Disability Insurance Programs (TDIs). These programs give workers access to partial pay if they are unable to work due to a non-work-related medical need. Rhode Island, California, New York, and New Jersey have expanded their programs to include parental and caregiving leave.

Currently, 13 states and the District of Columbia have passed mandatory paid family and medical leave programs. These states are: California, Colorado, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island, and Washington. Every program except for Connecticut and New York are part of a NASWA member agency. Connecticut Paid Leave is a quasi-governmental agency and participates fully with NASWA. New York paid family leave (PFL) and New York Disability benefits are administered through the NYS Workers' Compensation Board. The most recently implemented PFML programs are in Minnesota and Delaware, with both states launching programs on January 1, 2026. Maine will begin administering benefits later this year.

Funding for paid leave programs varies by state. Generally, they are funded by a tax on either the employer or employee, or a shared tax on both. Qualifying reasons to receive benefits also vary by state but in general can cover the need to address a serious health condition for themselves or a loved one, or bond with a newborn, newly adopted or newly placed foster child. Additionally, some states include leave related to military deployment and safe leave.

In addition to the state-run programs discussed above, other states across the country have adopted alternate models – the Public-private partnership model and the Voluntary insurance sale model.

Under a public-private partnership model, a state contracts with a private insurer to offer a standardized, opt-in paid leave product to employers and potentially individuals. New Hampshire and Vermont have followed this approach.

New Hampshire established its paid family and medical leave program in 2021 through the Granite State Paid Family Leave Act. The state contracts with a private insurer to provide a standardized, opt-in paid leave product. State employees, private employers, and individuals may choose to enroll. The program offers a tax incentive for businesses that participate, and coverage for private employers and individuals began on January 1, 2023. New Hampshire's program is voluntary for non-state employees and leverages private sector administration under terms set by the state.

Vermont followed a similar path with the creation of a public-private partnership like New Hampshire's using executive authority. Vermont implemented a phased rollout with state employee coverage starting in July 2023, employer purchase of coverage starting in July 2024, and individual purchase of coverage starting in July 2025.

Under a voluntary insurance sale model, a private insurance company sells a paid leave product to an employer, with some limited state regulation but without standardized pricing or coverage. In eight states – Alabama, Arkansas, Florida, Kentucky, South Carolina, Tennessee, Texas, and Virginia – lawmakers have passed laws authorizing the insurance commission to approve the sale of PFML products. In other states, insurers have used existing authorizations for the approval of other insurance products to ask for permission to sell PFML insurance policies.

IV. PROPOSALS CURRENTLY UNDER CONSIDERATION IN STATE LEGISLATURES

State-run paid family and medical leave legislation is currently under consideration in at least 11 states:

• Arizona H.B. 2945/S.B.1464 and S.B. 1465 proposes a statewide PFML program providing up to 26 weeks for employees' own condition and 24 weeks for bonding or caregiving.

• Hawaii H.B. 2360 would create a statewide PFML program providing up to 12 weeks for family leave and 26 weeks for medical leave.

• Indiana S.B. 198 and S.B. 186 proposes a statewide PFML program of up to 12 weeks beginning in July 2026.

• Iowa S.F. 2239 would create a statewide PFML program of up to 12 weeks, effective January 2031.

• Kansas H.B. 2598 proposes a statewide PFML program providing up to 12 weeks beginning in January 2028.

• Mississippi H.B. 1000 would establish a statewide PFML program providing 12 weeks of paid leave beginning in January 2029.

• New Hampshire H.B. 1781 would expand the voluntary Granite State Paid Family Leave Plan with a new publicly administered family and medical leave insurance program of up to 26 weeks beginning in January 2027.

• Pennsylvania H.B. 200 proposes a state program to provide12-20 weeks of partial wage replacement for new children, family members with serious health conditions, personal illness, and issues related to domestic violence.

• Virginia S.B. 2/H.B. 1207 would create a statewide PFML program of up to 12 weeks of leave, which would be implemented by 2029.

• West Virginia H.B. 5080 would create a statewide PFML program of up to 12 weeks.

• Wisconsin A.B. 1012 would create a statewide PFML program of up to 12 weeks, effective January 2028.

V. FEDERAL SUPPORT FOR STATES

In January 2024, the House bipartisan Paid Family Leave Working Group released a Policy Framework including four pillars of legislative action. The second pillar of the framework aimed to create “Coordination and Harmonization of Paid Leave Benefits Across States.” Our PFML Committee is a direct result of the need for increased communication, discussion, and collaboration among states. Because we recognize this need, NASWA has been supportive of the work of the Bipartisan Working Group’s efforts and the development of the I-PLAN Act.

The More Paid Leave for More Americans Act (HR 3089), led by Representative Bice (R-OK), and the I-PLAN Act of 2025 (HR 3090), led by Representative Houlahan (D-PA), are a result of this bipartisan group's efforts. The I-PLAN Act would provide support for an interstate agreement that facilitates the coordination and harmonization of State paid family and medical leave programs to benefit States, employers, and employees. NASWA has shared feedback on the legislation, facilitated conversations with our members on the legislation with congressional staff, and submitted a letter of support for the effort. NASWA continues to support the goals of the I-PLAN, and we have an interest in serving as the I-PLAN intermediary should the legislation pass.

We see first-hand, especially as the number of state paid leave programs grows, the need and desire for increased interstate coordination that could be facilitated with the federal funding the I-PLAN would provide. For example, states could work toward shared definitions and administrative processes to improve employer and employee experiences. Funding is also needed to support interstate fraud prevention measures. Through the I-PLAN states would have the ability to convene and focus together on addressing common challenges, sharing promising practices, and improving programs.

VI.CONCLUSION

Thank you for this opportunity to testify. NASWA appreciates the Subcommittee's interest in paid leave, and we are ready to serve as a resource as you consider policy options.

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