

**University of Vermont Larner College of
Medicine**

**A Comprehensive Assessment of Vermont's Paid
Family and Medical Leave Environment**

Final Report

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In partnership with the American Heart Association



Larner College of Medicine

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I. Executive Summary

In the state of Vermont, by and large, paid leave is not available. In recent years, however, there have been efforts made to change paid leave policy in favor of increasing access. Among these efforts have been Vermont's Parental and Family Leave Act (VPFLA) and Family & Medical Leave Insurance (FMLI) program administered by The Hartford. Both these policy changes provide employees of eligible employers the ability to utilize unpaid and paid leave for: personal illness/recovery, treatment of chronic health conditions, disability, severe injury, post-partum childcare, and caretaking for sick family members. Despite these recent policy changes, a deficit in the coverage of Vermonters remains.

II. Introduction

It is nearly universal across industrialized nations to have a paid family and medical leave program for workers. In the US, thirteen states and the District of Columbia have passed universal paid leave policies. Despite long-standing efforts to pass universal paid leave in the state of Vermont, this is not something currently available to the state's workforce. Vermont currently provides a private paid leave option which covers state employees and offers a voluntary opt-in to businesses and self-employed. The Vermont Paid Leave Coalition is currently promoting passage of a universal program in Vermont.

Paid leave is essential for economic security, health and equity. Without guaranteed income during critical life events—such as the birth of a child or debilitating illness—workers face impractical struggles between financial support and caregiving responsibilities. This lack of support predominantly affects low-income populations, communities of color, and women, further deepening systemic inequities. Several studies demonstrate that paid leave not only provides financial security, but also promotes better long-term health outcomes, decreases stress-related illnesses, and facilitates stronger family bonds. Given the US is one of the few industrialized nations without a national paid leave program, there is a pressing need for policy reform to ensure that all Vermont workers can access the time and resources necessary to care for themselves and their families.

This report, prepared by medical students at the University of Vermont, presents findings on the current state of paid family and medical leave in Vermont. By comparing national benchmarks with data collected from Vermont workers and employers, the report identifies key strengths and areas for improvement. The goal of this report is to inform evidence-based policymaking that supports equitable, sustainable leave policies for Vermont's workforce.

III. Background and Legal Framework

Federal FMLA and its limitations: The Family and Medical Leave Act (FMLA), enacted in 1993, requires covered employers to provide up to 12 weeks of unpaid, job-protected leave for specific family and medical reasons (e.g., birth or foster placement, an employee's or family member's serious health condition, pregnancy-related needs, and certain military-related reasons).

Eligibility is limited: The employer must have 50+ employees within 75 miles (or be a public employer), and the employee must have 12 months of employment and at least 1,250 hours worked in the year before use of leave. Because the leave is unpaid and many workers are ineligible, significant need goes unmet. A recent review showed greater than 2.7 million workers who lacked FMLA protection needed medical leave but didn't take it due to job-loss concerns. (*National Partnership, 2024*)

Vermont's Unpaid Leave Laws: Vermont has attempted to fill the gap provided by the FMLA by passing the Vermont's Parental and Family Leave Act (VPFLA). This act extends unpaid, job-protected leave beyond federal baseline. Coverage generally applies to employers with 10+ employees for an employee's own serious health condition and 15+ employees for family leave, with employee eligibility typically requiring an average of ≥ 30 hours per week over the prior year. VPFLA also provides up to 4 hours of unpaid leave per month for school or routine medical appointments. Act 32 (2025) further expands qualifying reasons and covered relationships. It also adds "safe leave" for survivors of domestic/sexual violence or stalking. The expansions of Act 32 also includes bereavement leave and qualifying exigencies tied to military service, while clarifying parental-leave situations (e.g., broader definitions around birth and placement). These protections remain unpaid, leaving many workers unable to take leave due to financial constraints. (*Vermont Dept. of Labor*)

Vermont's Voluntary Paid Leave Option via FMLI with The Hartford: To address this gap the legislature tried to pass legislation for paid leave, but this attempt was vetoed by the Governor's Office. Instead, the Governor's office offered voluntary, opt-in Family & Medical Leave Insurance (FMLI) program administered by The Hartford. The program provides income replacement for qualifying family and medical events. This replacement differs based on the plan and since this is not legislation may not be subject to all the protections under the VPFLA. Currently under the FMLI program, state employees are covered, and employers can choose to opt in. Individual enrollment has also been introduced, though eligibility and underwriting requirements can be stringent. Benefit levels and covered events depend on the specific plan design elected by the employer or individual. (*The Hartford*)

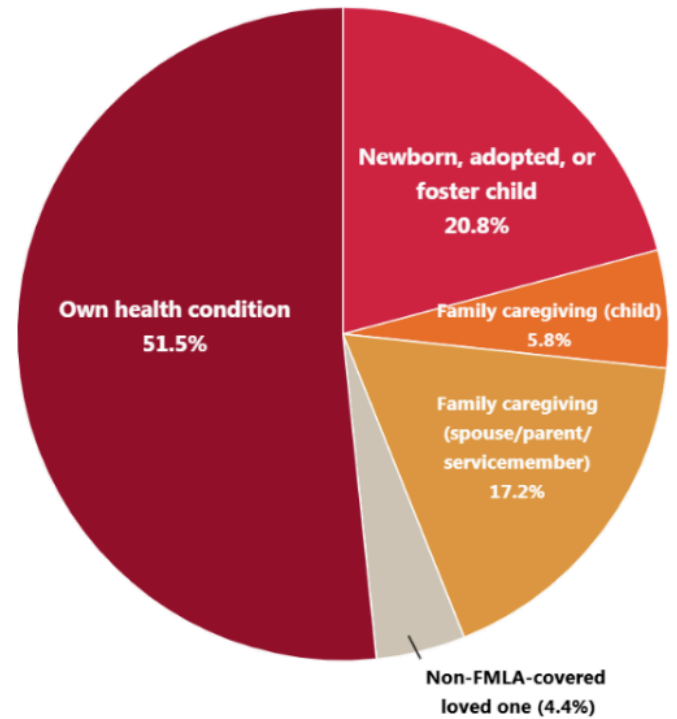
There are national disparities in access and usage: Prior review of paid leave under *Bartel et al.* (2019) shows substantial racial/ethnic disparities in access to and use of paid family and medical leave in the United States. Bartel specifically noted that Hispanic workers have lower access and lower usage than non-Hispanic White workers to paid leave, and these gaps persist even after accounting for job and demographic characteristics. This opt in system by Vermont

may exacerbate these conditions as few employers can opt-in. This may leave many underserved Vermonters without access to protected paid leave. (Bartel et al., 2019)

Workers Most Often Take FMLA Leave for Their Own

IV. Usage of Paid Leave in Vermont

Types of Paid Leave Utilized: The Family and Medical Leave Act was created 30 years ago to provide protected leave for workers with serious health conditions, temporary disabilities or injuries, or family members requiring full-time care. Since its creation, the National Partnership for Women & Families estimates that FMLA has been utilized over 500 million times. The majority of FMLA usage is for medical leave, which



Source: U.S. Department of Labor FMLA Survey, 2018

includes personal illness/recovery, treatment of chronic health conditions, disability, and severe injury. The remaining usage is for family leave, which most commonly includes care of a new child, but also includes care for sick, disabled, injured, or aging family member.

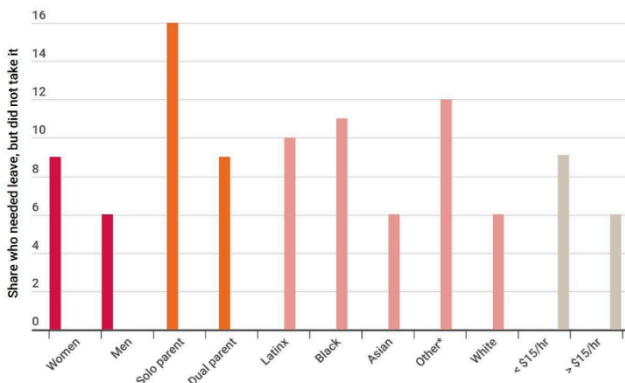
Who Uses Paid Leave Demographics (Gender, Race, Income, and Sector Differences)

Race/Ethnicity	Hispanic < White Non-Hispanic	Hispanic and Black groups slightly less likely to use leave (esp. for own illness & family care)	Gaps persist after controlling for job/education; Hispanic disadvantage most consistent
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Gender	Women slightly less access to paid sick/family care leave; much higher access to maternity leave	Women use more family leave (e.g. bonding/caregiving); Men use less even when eligible	Some evidence of lower access for women in general caregiving leave
Income/Education	Higher education -> more access. Full time > part-time work	Higher-income/educated workers more likely to use leave	Low-income and immigrant workers least access; much of Hispanic gap explained by these
Employment Sector/Industry	Public > Private Union > Non-union Large firms > small firms	Public sector and union workers use more leave	Job/industry sorting explains part of racial gap, but not all
Immigrant Status	Citizen > Foreign-born citizen > Non-citizens		Immigrant status independently reduces access

Overall, usage of paid family and medical leave in the US reflects inequalities across race,

Women, Workers of Color, Solo Parents More Likely to Be Unable to Take Needed FMLA Leave



* Includes workers identifying as Native American, Pacific Islander, and multi-racial.
Source: U.S. Department of Labor FMLA Survey, 2018

gender, income, and employment sectors. Hispanic workers consistently have lowest access to and use of paid leave, even after accounting for education, job type, and immigration status. Black workers experience smaller and less consistent disparities, with many differences explained by job and industry factors. Women are more likely than men to use paid leave – particularly for child bonding – but they still face slightly lower access to paid sick or general family caretaker leave

compared with men. Higher income, college educated, and full-time workers are more likely to have access and use paid leave than low income, part time, or immigrant workers. Public sector and unionized employees have significantly greater access than those in private or non-unionized sectors. Together, these findings show that access to paid leave is unevenly distributed across demographic and employment groups and demonstrate areas for further improvement.

Economic and Workplace Impacts: Companies that have adopted the FMLA have not experienced any adverse effects or difficulty accommodating workers' leave requests. In fact, more companies reported positive effects on worker morale, productivity, and retention. Furthermore, few companies required additional resources to accommodate workers' leave, and only 2% of companies reported suspected misuse of FMLA. Many companies found overall cost savings as a result of FMLA.

The benefits of FMLA extend beyond just the participating companies to include workers and their families, and the economy. FMLA reduces poverty rates and allows more parents to participate in the workforce. There have also been demonstrated improvements in health outcomes for both adult workers as well as their children and families. (JEC Fact Sheet, 2015)

V. Unmet Need for Paid Leave

While the state has a voluntary program in place, a substantial and quantifiable gap remains between the availability of paid leave and the needs of Vermont's workers, families, and economy. This gap has tangible costs measured in lost wages, strained family finances, compromised public health, and hindered economic growth. Analysis of qualitative workforce surveys reveals a widespread and urgent need to meet the paid leave gap amongst the Vermont workforce.

The most significant measure of the paid leave gap is the sheer number of workers left unprotected. According to a February 2025 fact sheet by the National Partnership for Women and Families, an estimated 76% of Vermont's private-sector workforce, approximately 247,000 workers, do not have access to paid family leave through their jobs. The same analysis found that unpaid leave under the Family and Medical Leave Act is inaccessible for 66% of Vermonters because they work for businesses with fewer than 50 employees.

This gap forces workers to make impossible choices between their health, their family, and their economic security. Lack of paid leave forces Vermonters to forgo an estimated 19,000 necessary leaves each year, resulting in \$85 million in annual lost wages. The burden of this wage loss is not distributed equally. Women, who disproportionately serve as caregivers, account for \$35 million of this annual loss.

The millions in lost wages represent a substantial withdrawal of consumer spending power from communities across the state. When a worker is forced to take unpaid leave, their household

income plummets, forcing them to cut back on spending for groceries, services, and local goods. This reduction in demand ripples through the state economy. It also represents a shrinking of Vermont's skilled labor pool, an erosion of the tax base, and hinders the state's long-term potential for economic growth.

Vermont's demographic landscape is characterized by an aging population — placing a growing responsibility on family caregivers. An estimated 70,000 Vermonters provide billions of dollars' worth on unpaid care to loved ones each year. Research by AARP Vermont in January 2024 shows that 37% of registered voters aged 40+ are either current or former family caregivers. 66% of these caregivers reported juggling their care responsibilities while working full-time or part-time. This has a heavy toll, with 74% of caregivers reporting that they feel emotionally stressed by their responsibilities and 34% reporting that they experience financial strain. This financial strain comes not just from lost wages, but also from direct expenses due to caregiving. 49% of caregivers reported paying for modifications to their or their loved one's home and 40% have purchased assistive technology like wheelchairs or hearing aids. Without paid leave, these costs are borne by families already stretched thin.

The challenges posed by the lack of paid leave are particularly acute in Vermont's rural communities. A study in the *Journal of Cancer Survivorship* noted that rural workers are less likely to access paid leave or job-protected leave, and more likely to exit the workforce early compared to their urban counterparts. In addition, rural Vermonters must contend with significantly greater travel distances (3.6x farther than urban Vermonters) to access specialized healthcare, as revealed in a 2025 study by New America's Better Life Lab. For example, the average distance to a rural pediatrics office is more than 30 miles for a rural resident compared to just 13 miles for an urban resident.

For a parent or caregiver in a rural area, a single trip to a specialist is a major logistical and financial challenge that can require time off from work. Without paid leave, this might mean a full day of lost wages and can serve as a deterrent to seeking timely and consistent medical care. This dynamic transforms paid leave from a financial issue to a critical public health issue. The financial barrier to taking time off can lead to delayed diagnoses, poorer management of chronic health illnesses, and worse health outcomes that ultimately translate into higher long-term costs for the state's healthcare system.

VI. Comparative Analysis of Social Programs and Public Investments

The proposed act H.66 relating to paid family and medical leave insurance aims to establish a state-wide program allowing Vermont workers to take up to twelve weeks of paid leave in a one-year period, at up to 100% of the average state worker's weekly wage. Eligible reasons for leave include: serious health condition of the employee or a family member that necessitates care from the employee, birth, adoption or foster care initial placement, disability, military exigencies

and care, safe leave, and up to two weeks of bereavement leave. Further qualifications include earning wages in Vermont at least two of the four most recent quarters, and falling under the categories of self-employed, federal, state, municipal, or private employees (*Joint Fiscal Office, 2023*).

Further details within act H.66 include establishing a Division of Family and Medical Leave in the Office of the Treasurer for program oversight. Financial support from the program would be collected by the Department of Taxes via a payroll tax. Within the first year of the program employers will be responsible for contributing to the program per employee an amount equal to 0.55% of that employees' wages, up to 200% of the federal social security maximum. The employer will cover 50% or greater of the contribution from the employee. This funding model is similar to the established Act 76, which relates to childcare and early education support (*Joint Fiscal Office Act 66, 2023*).

Establishing a state-wide paid family and medical leave necessitates weighing the initial and continual investments needed to create the program, with potential future returns. The estimated overall start-up costs for the program would be approximately \$47 million, prior to contributions from the payroll tax. Ongoing administrative tasks are predicted by the Joint Fiscal Office (JFO) to be \$13 million. It is also estimated by the JFO that yearly revenue from the payroll tax will be \$94.6 million annually. Outside of the immediate costs and revenues from the program, the National Bureau of Economic Research weighs in on additional benefits, "Using the most conservative estimates or the mean estimates from this literature, we estimate that every \$1,000 investment in paid parental leave would generate, respectively, \$7,275 or \$29,406 in present discounted net social benefits,". Taking this data further, on a national scale a 4-week paid family and medical leave program could generate \$13 billion conservatively, and \$55 billion on average, with a 12-week program generating 3.7 times that much (Wang et al., 2024). The results from policy proposal simulations as run by the NBER are worth considering for approximating future social benefit from implementation of a program such as act H.66.

With the knowledge that there is a financial consideration that comes with implementing a state-wide paid family and medical leave in Vermont, it is relevant to consider another similar public investment program. Act 76, an act relating to childcare, early education, worker's compensation, and unemployment insurance, was passed by the General Assembly in 2023, creating a Child Care Contribution Fund. The purpose of this fund is to support accessibility of high-quality early childhood education for all Vermont families. Like the proposed legislation surrounding paid family and medical leave, the financial support for the Child Care Contribution Fund is from a payroll tax of 0.44% on wage income, with employers responsible for contributing at least three quarters of the tax (*Joint Fiscal Office Act 76, 2023*). While it is too early to have data on childhood outcomes from Act 76, some notable statistics

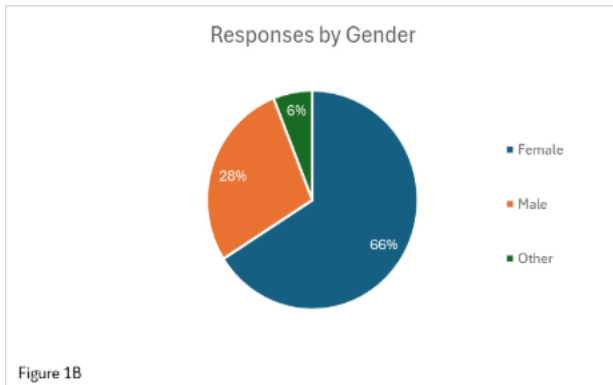
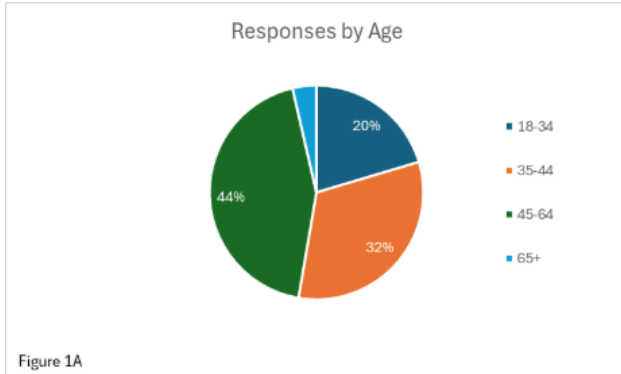
after its implementation include significantly fewer childcare businesses closed than projected, and more early childhood businesses have opened since 2018 (*Brouillette et al., 2025*). Both the fiscal plan and the goal of social support are shared between the passed Act 76 and the proposed act H. 66, so as Act 76 continues to produce results parallels can be drawn between the two, particularly with financial considerations and outcomes.

While comparison of Vermont to other successfully implemented social programs provides us information on the feasibility of administration and financing, it is information from other states that can allow us to assess the wider impacts of state-wide paid medical and family leave. In California, a similar program was implemented in 2002. The comprehensive Paid Family Leave (PFL) program in California has been extensively studied, with key findings that are relevant to speak on the many hopes and concerns surrounding broader paid family and medical leave legislation.

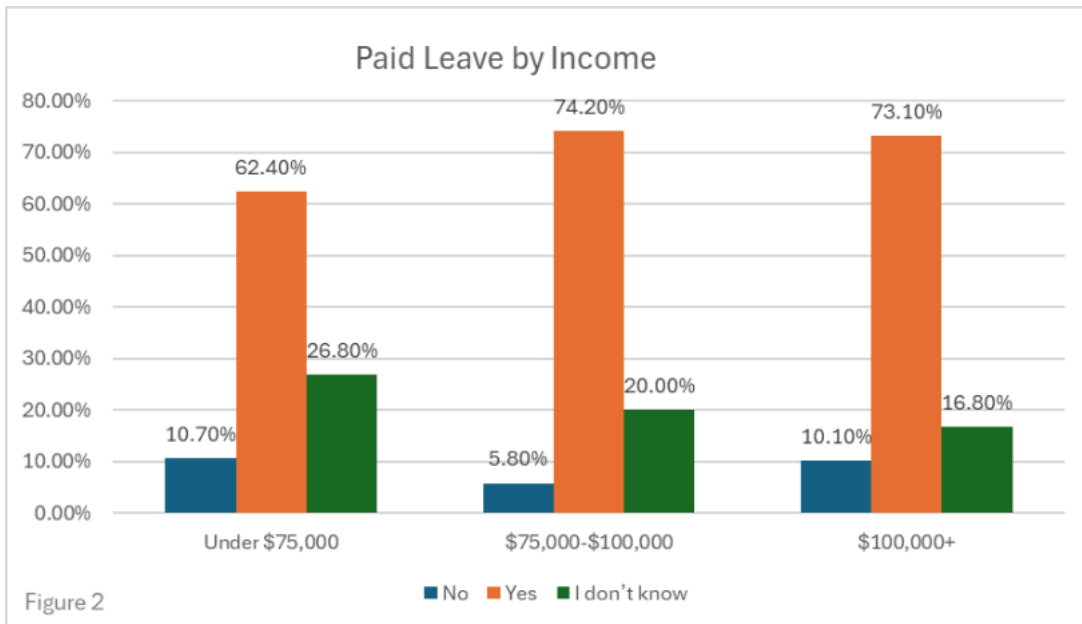
In terms of employers, after five years of its implementation most companies reported the PFL had minimal impact on business operations, either neutral or positive impacts on productivity, profitability, and morale, and that most businesses reported to knowledge of abuse of the program from employees. In addition to this, small businesses of less than 100 employees were less likely than larger ones to report negative impacts from PFL. With regard to the impact on employees, for workers with ‘low-quality jobs’ the use of PFL significantly increased wage replacement during needed family leave, and increased employee retention. The use of PFL also significantly improved workers’ ability to care for a new baby or adopted child (*Appelbaum et al., 2011*). In a study conducted by Oxford Economics, nearly every employer respondent reported that paid leave benefits were important to employees and gave them a competitive advantage in the hiring market (*Oxford Economics, 2023*). Information such as this taken from other entities having already implemented a broader paid leave program allows us to potentially answer many of the concerns surrounding this legislation.

VII. Research Survey Results

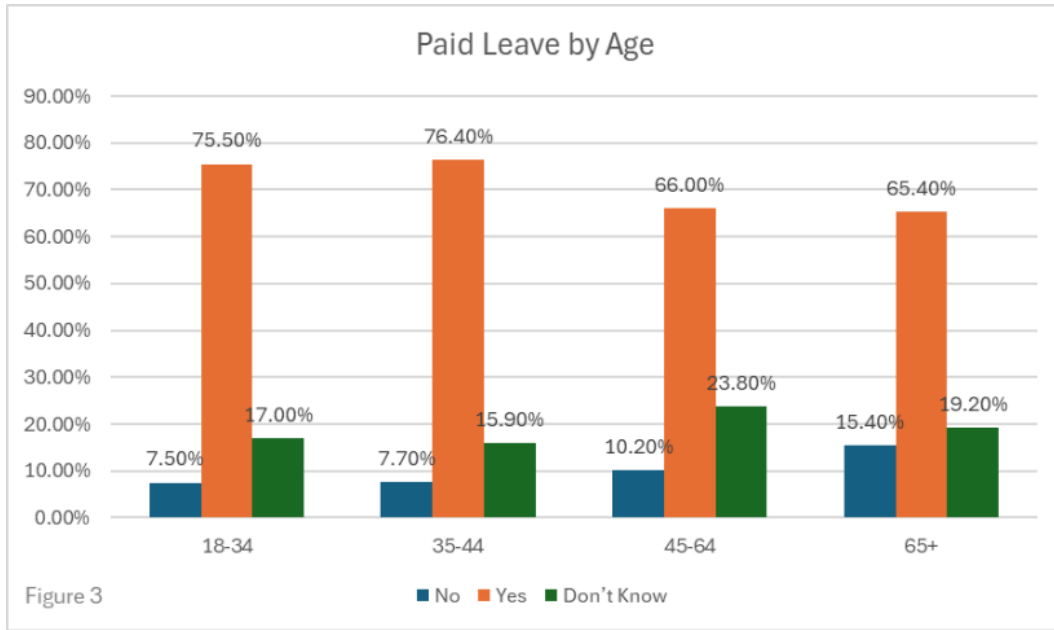
After reviewing the literature, a study was conducted by 2nd year medical students at the University of Vermont, Larner College of Medicine to re-assess and better understand the current landscape of who has paid leave, who is using paid leave, and what paid leave is being used for to find problems that future policies should address. We developed a survey, gathered data about paid leave in Vermont, and conducted statistical analyses to bring attention to the scope and details of the problem. The results from 723 respondents below summarize paid leave access and usage by age and gender among survey respondents.



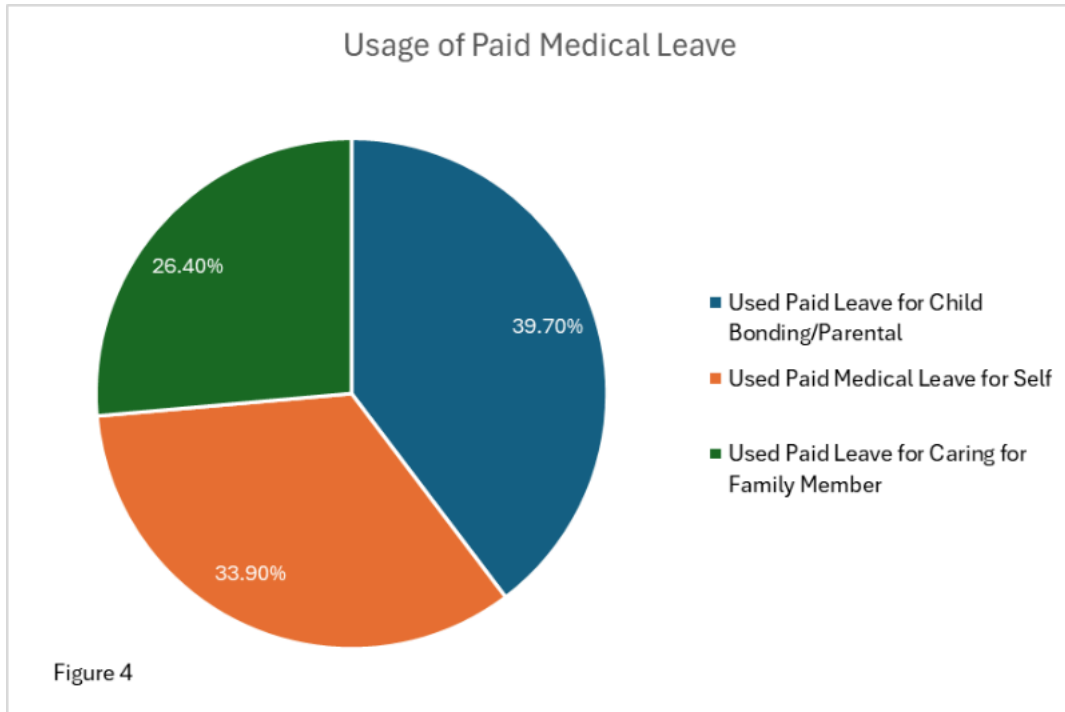
Based on the survey data we arrived at some of the following key findings:



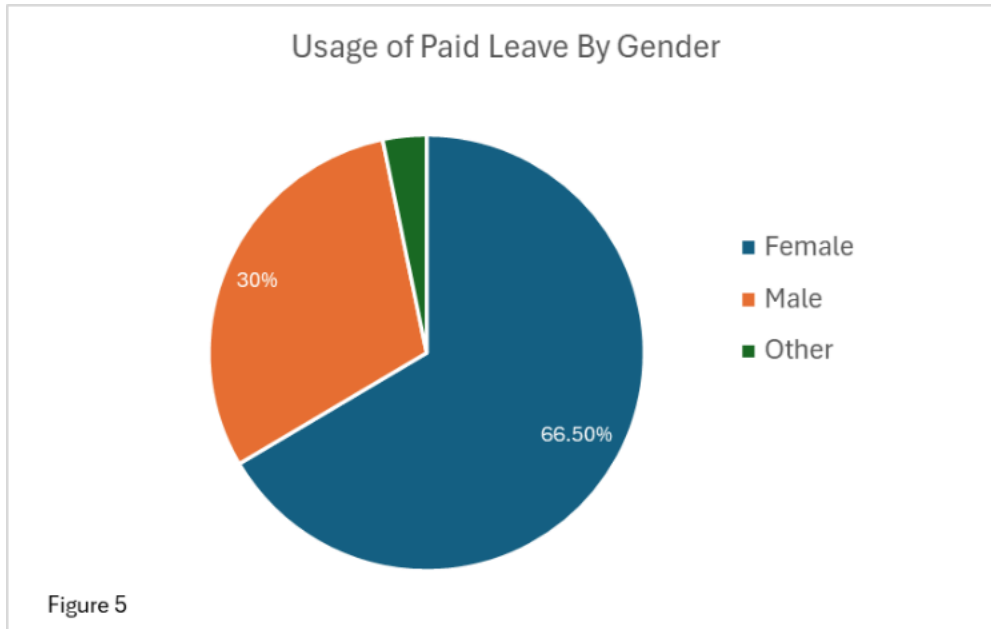
Access to paid family leave differed markedly by income level. Only 62% of respondents earning under \$75,000 reported having paid leave, compared with approximately 74–75% among those earning over \$75,000. Nearly four in ten lower-income respondents either lacked paid leave or were uncertain about their coverage, underscoring a substantial and persistent gap in access for lower-wage workers.



Our survey also identified an age-related gap in access to, or awareness of, paid leave benefits. As shown in the figure above, approximately 76% of respondents under age 44 reported having access to paid leave, whereas a substantially larger share of respondents over age 44 either lacked paid leave or were unsure of their coverage. This disparity is particularly concerning given Vermont’s aging workforce, as older workers are more likely to require time off for their own medical needs or to provide caregiving support to family members. Limited access to paid leave may therefore affect workforce retention and recruitment, placing Vermont at a competitive disadvantage relative to neighboring states that offer more comprehensive paid leave programs.



Our survey additionally assessed patterns of paid leave usage. As shown in the figure above, the most common use of paid leave among respondents was for parental leave and child bonding. This finding suggests that a comprehensive paid leave program could serve as a powerful tool for attracting and retaining working families in Vermont. The second most common use was for medical leave for the employee’s own health needs, highlighting the importance of paid leave in supporting workers during periods of illness or recovery. Access to paid leave can provide Vermont workers with greater financial stability and job security, which in turn supports workforce retention. This is particularly important as Vermont competes with other states that already offer universal or more comprehensive paid leave programs for both workers and employers.



Finally, our survey examined paid leave usage by gender and found that women were the most frequent users of paid leave. This suggests that comprehensive paid leave programs may be particularly important for attracting and retaining female workers in Vermont. Expanding access to paid leave could therefore support a more stable and inclusive workforce. Conversely, the absence of a comprehensive paid leave program may disproportionately disadvantage women, who more often assume caregiving responsibilities, and may contribute to ongoing gender-based inequities in workforce participation and economic security.

VIII. Additional Public Comments on the Current Landscape of Paid Leave

Further results of the survey included a collection of open-ended opinions from those who participated. We have incorporated some of many Vermonter’s personal stories below:

FMLI is inadequate at solving financial difficulties

- “I could have taken paid leave but cannot afford it. It only pays out 60% of my income so had to take my vacation time/sick leave instead. (31) “
- “I just took maternity leave and I was only able to fund it because I have saved my sick time for 11 years. Otherwise, I would have had to go back to work as soon as possible to afford my bills. Most people likely aren't in the position to pay for their time off. I know a mom who went back to work four weeks after her baby was born. (44)”
- “There is too much to discuss. The State of Vermont's "paid" family leave is really only 60% of your regular pay. I guess we should be grateful for that, but 60% of pay doesn't cover the bills and mortgage these days. Additionally, it only is offered

after one year on the job. That was very difficult when we found out my wife was pregnant after her first month as a state employee and did not qualify for the paid leave. She would never have accepted the State job knowing they were not going to pay for her leave (56)”

- “I have the VtFAMLI insurance, provided by the SOV. 60% wage reimbursement for 6 weeks is certainly better than nothing but is wholly inadequate. We had to significantly dip into savings and acquired new credit card debt to fund my leave and my husbands 6-week leave. He received 3 weeks of pay and took 3 weeks unpaid, but we couldn't afford for him to take more time off. I had a traumatic birth and my son had a birth injury - it was challenging for him to have to go back to work so soon. I'm pregnant again and expecting in February. I anticipate we'll need to take funds out of our retirement and savings accounts to fund the unpaid part of my leave, and we are struggling to figure out how we'll pay for our sons child care. (8)”
- “I am disappointed that these sorts of paid leave plans do not account for non-traditional relationships. For instance, I have a partner who does not live with me. We are not married. He has been in the ICU for 11 days now and his hospitalization will continue for at least another week before he transfers to rehab. I must use my annual leave to care for him now and after he returns to his home because we are not married and do not live together. I am so sad that Vermont is not more progressive about this. (140)”

FMLI is inadequate at addressing challenging life events (e.g. bereavement, caring for sick family members, etc.)

- “Paid leave should be provided for bereavement. Currently offered is 3 days. With the loss of a child, I needed far more than 3 days. (10)”
- “It was not enough to cover my expenses as it was my dying husband who was ill and he of course could not work. The paperwork was exhaustive as was the FMLA paperwork at a time that I needed to focus on our family. (58)”
- “I used all of my sick time when my son was very sick. He was a year old and had to be hospitalized and on aggressive medications for over a month. It was difficult, and once my sick time was used up, I had to return to work. I was worried my son would get sick again and I would have to take the time off unpaid. I may never use paid leave for having children or caring for children, but I think it is critical that we provide it to every citizen”

Lack of Transparency about Paid Leave

- “The first time I used it was after the birth of my first child and there was very little information about the nuances and implications of how to use it with existing leave. I hope that improves with future iterations. Despite that I was incredibly grateful to have it. My biggest wish is for it to be available to all people, at a greater percentage of pay, and for a longer period of time. (103)”

Organizations can be generous with their paid leave, even if they are small

- “My employer was incredibly generous with paid leave when I had my baby. I was paid my full pay for 3 months even though I am only part time and had only been working here for about 6 months. I work part time for a small non-profit with a small budget (Dad Guild). If they can do it, bigger orgs can do it too! It is so important to invest in your employees as whole people with real lives (12)”

IX. Conclusions & Policy Recommendations

The current Paid Leave Program in VT is utilized by individuals in various income brackets, diverse age groups, and among all genders. It is used for various life circumstances, including child bonding, personal health, and familial health. Narrative responses consistently showed dissatisfaction with the program, viewing the program as inadequate, demonstrating that people desire more equitable paid leave policies. Narrative responses additionally reported the desire for more transparency regarding the availability, practices and policies of the VT Paid Leave Program. Higher income individuals were more likely to express satisfaction with their paid leave policies, highlighting the impact of income disparities. Regarding some limitations, the collection of these responses was limited to a period of four weeks for data collection. Additionally, the majority of responses were collected from state employees, potentially impacting the generalizability of these results.

Individuals with access to the Paid Leave Program in VT benefit medically, financially and emotionally. Vermonters would benefit from increased access to paid leave as well as increased transparency regarding its availability. Based on narratives from respondents, access to the Paid Leave Program has reduced the burden of medical hardship on Vermonters caring for themselves and loved ones. Movement towards bold public investment in paid leave will benefit not only workers and their families, but also their broader community. This presents an opportunity for Vermont to take the lead on an issue of equity, and economic resilience, strengthening the state from the level of the individual.

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