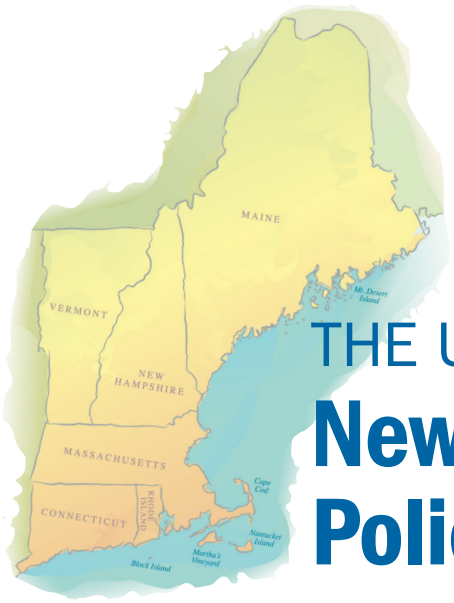
Advancing Women's Economic Security:

A REGIONAL SNAPSHOT OF KEY PUBLIC POLICY ISSUES



THE UNFINISHED AGENDA:

New England Women's Policy Conference

Center for Women in Politics and Public Policy
John W. McCormack Graduate School of Policy and Global Studies

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UMASS BOSTON

Introduction

The New England region of the United States is one that reflects tremendous socioeconomic differences both between states and among states in terms of the economic conditions of women and men who reside there.

The region has gone through many economic changes since World War II. What was once an economy dominated by factories – producing textiles and shoes – became a deindustrialized economy, a process that started at the turn of the century and culminated in the loss of millions of jobs in the region by the end of the 1970s.[1] After a significant economic downturn in the early 80s, the region is now known for high technology, and the manufacturing of pharmaceuticals, scientific instruments and medical devices, although these are concentrated mainly in the Greater Boston area. By the 21st century, the region had become a study in contrasts; on the one hand, it became known for its leadership in education, medicine and scientific research, biotechnology and finance;[2] and on the other hand, Massachusetts and Connecticut are in the top 10 states with the widest gap between rich and poor.[3] The region has three of the most prosperous states in the country – Massachusetts, Connecticut, and New Hampshire – in terms of per capita income.[4] On the other hand, Maine is one the poorest and hungriest states in New England and the nation,[5] and New Hampshire has a minimum wage of $7.25/hour leaving some working families living below the Federal Poverty Line.[6]

How are these realities reflected in the economic status of women in the region? Again we see stark contrasts. The region has many women with high levels of education who are advancing in professional and managerial careers.[7] These women have wages and salaries on the higher end of the income scale and there is a better earnings ratio generally between men and women in the region than many other regions in the United States.[8] There is a concentration of highly educated and skilled female workers, particularly in the education and health care sectors.[9]

At the same time, as is the case nationally, with the increase of jobs in the service sector in New England, the number of women in low wage jobs has increased dramatically in the last three decades.[10] They work as home health aides and childcare workers, clean office buildings, and engage in housekeeping and waitressing in the large hotel and restaurants that comprise the region's booming tourist industry. Certain subgroups of women are particularly vulnerable to economic insecurity, such as women who are first-generation immigrants who often can only find jobs in low-wage, gender-segregated occupations, older "retired" women living on Social Security who take on part-time work to make ends meet, and women of color who comprise a disproportionately high proportion of minimum wage and low-wage workers.

So while New England may be home to many women on the higher end of the earnings spectrum due to their access to post-secondary education and their resulting professional advancement and achievements, it is also home to many women who lack access to jobs that pay a living wage and are far from achieving anything close to economic security for themselves and their families.

Furthermore, the most recent recession has had a gendered effect on household incomes and the gender-based division of labor within families. As men lose the jobs that once provided a decent wage and benefits package, there is an increased burden on women to provide the majority of financial support to their families.[11] According to a July 2014 issue brief by K. Smith and A. Schaefer, in five of the six New England states, employed wives' contribution to family earnings began to increase in the pre-recession period, and, in all New England states, it continued to increase in the post-recession period.[12]

The Call to Action

The "Call to Action" proposed by the conveners of the New England Women's Policy Conference outlines four issue areas that need to be addressed and acted upon in order to promote women's economic security: wages and income security, health and family leave policies, childcare, and elder care. Taken as a whole, these issues represent the multidimensional aspects of economic security for women and their families. It will not be enough to achieve pay equity or jobs that pay a living wage – although that would certainly represent a great deal of progress. There are issues beyond incomer per se that have a tremendous economic impact on women's lives such as access to affordable, high-quality childcare and paid parental leave. Women's economic security requires action on many fronts and by many sectors – from public policy changes to public-private partnerships to innovative solutions by employers. It also requires a multi-issue agenda that addresses the many variables and factors that influence women's economic status, including age, parenting status, education, occupation, and racial and ethnic background, among others.

Increasing economic security has often been interpreted to mean a focus on wages and benefits with little attention to the costs women and men incur in caring for their children and older adult family members. We include childcare and elder care policies as key to the struggle for economic security, and underscore that these are not simply issues for poor and low-income families, but ones that deeply impact moderate and middle-income families. The United States has few universal social policies, with the exception of Social Security and Medicare, and this means that the majority of families pay for community-based services and family care programs out-of-pocket. Paying for programs for young children and for services needed by older adult family members makes it close to impossible for many working parents to put away savings for college for their children, no less money for their own retirement. It is time to focus public attention and policy on the multiple threats to women's economic security in addition to the equity of their pay.

We have highlighted childcare, elder care, and paid family and medical leave in the Call to Action for three reasons. First, women need these services to go to work and have peace of mind that their closest family members are safe and well cared for while they are at work. Second, the cost of these services currently comprise a sizeable percentage of women's wages, and it is not uncommon for women to decide to stay home and take care of young children until kindergarten because the jobs available to them will not cover the high cost of child care. It is not uncommon for women to leave the workforce to care for an ill spouse or elderly parent because the cost of hiring a home health aide would constitute a large portion of their pay. Third, those providing elder care and childcare services are mostly women workers. Despite the importance and value of this work to the wellbeing of older adults and young children, these jobs are typically low-wage positions with little in the way of career ladders or opportunities for advancement. The Call to Action urges us to consider policies that will not pit consumers of paid care against the workers who provide that care.

Policy Briefs

Each of the following policy briefs are divided into three sections: the rationale for policy change; a regional overview which provides current facts and figures broken down by state; and a brief discussion of progress on policy issues in each New England state that highlights the status of legislation, advocacy, coalition efforts, and other initiatives. The state-by-state data offer a snapshot of policy challenges and achievements in the region and illuminate how states differ from one another in terms of which states have made progress in certain policy areas and/or have achieved best practices that may be shared and can inform the efforts of others. Success in one state may serve as an example and inspiration for another state. It's important to note that, in some cases, the policy victories achieved have come after long-term struggles and hard-fought attempts to make progress on a particular issue. It is our hope that the newly formed New England Women's Policy Network will create a "learning community" to bring knowledge, lessons, and resources to all stakeholders about the state-level work being done to address women's economic security. It is also hoped that the Call to Action and related Policy Briefs will facilitate regionally coordinated activities and efforts.

Taken as a whole, the briefs show that there is no state that has in place the package of public policies needed for a vibrant economy and assurance of women's economic security. Yet, for every one of the policy issues outlined, there are states which stand out in the region due to their innovative advocacy efforts and/or substantial legislative victories. In some cases, one or several New England states have proven to be national leaders on a key issue related to women's economic security.

For instance, in 2014, Rhode Island became the third state in the country to offer wage replacement for family leave. Universal Pre-Kindergarten was first legislated between 2006 and 2007 by two New England states – Massachusetts and Vermont. In 2011, Connecticut was the first state to enact a paid sick days measure.[13] Yet there are other examples where New England states have lagged behind the region as a whole, such as New Hampshire where the minimum wage is only $7.25 per hour.

So while we recognize the New England states which have made progress as "firsts" in the nation or the region, we know that there is a great deal more to be done by all the states to move forward on key issues that affect the economic conditions of women's lives across age, race, ethnic, and socioeconomic differences.

Linking Women's Political Representation and Policy Leadership

New England is also a region of contrasts when we consider issues of women's political leadership from mayors to state legislators to members of Congress. Again we see the significance of "firsts" in the region. New Hampshire made history in 2012 with an all-women delegation in Congress. Maine's delegation is 50% women (in both the Senate and the House of Representatives). Like Maine, Massachusetts has one female Senator but a lower rate of women in the House (22.2%). Connecticut's Congressio-

nal delegation is comprised of 40% women in the House but Connecticut – like Rhode Island and Vermont – has no female U.S. Senators. Rhode Island and Vermont also have no women serving in the House of Representatives. This mixed record of women in Congress across the region is reflected in the policy making bodies in each state. Before the 2014 mid-term election, the percentage of state legislators in New England states who are women ranged from a low of 26% (Massachusetts) to a high of 40.6% (Vermont). The other New England states were a few percentage points above or below 30% (Rhode Island=26.5%, Connecticut=28.9%, Maine=29.6%, New Hampshire=33%).[14] Women's representation in state legislative chambers needs to be increased to achieve gender equity in political leadership and to move forward a policy agenda that prioritizes both a healthy economy and the needs of women and their families.

The advancement of a multi-issue agenda for gender equity and economic security for women will depend not only on the coordinated action and advocacy by nonprofit and private sector leaders and advocates, but also on elected leaders in each state – as well as Members of Congress. Female elected officials are more likely to initiate and champion measures that are family-friendly and/or of particular concern to women. There are, of course, male legislators who advocate for these issues as well and are crucial allies in this fight. However, it is unlikely that we will see major gains on the issues identified in the Call to Action and the following Policy Briefs without increased numbers of women serving in key policy making positions.

We hope that the coming years will not only bring more women into policy making roles in each state and in Congress, but will also bring major advances on the issues recommended to President Kennedy over 50 years ago by the Presidential Commission on the Status of Women. There is indeed "an unfinished agenda," but if we build on the policy advances made to date, perhaps we can make New England known as a region that treats women equally, values the care work on which our society so crucially depends, and brings economic security and justice to all.

Endnotes

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Policy Brief

CENTER FOR WOMEN IN POLITICS AND PUBLIC POLICY

Pay Equity

Why We Need Policy Change

Wage inequality is one of the most persistent forms of gender inequality that women face in the workplace. Full-time working women make 78 cents for every dollar a man makes.[1] They are still not paid equally in most occupations despite the fact that women are attaining Bachelor's degrees at a higher rate than men and have also made progress moving into some traditionally male-dominated professions.[2] This wage gap is significant not only for women and their families, but also for the economy as a whole. Eliminating the gender wage gap is critical for women's economic security and is a family issue given that almost 40% of women are the primary breadwinners for their families.[3] If women had equal annual earnings to men, this would not only impact their capacity to support themselves and their families, but also increase their ability to save for retirement and achieve some degree of economic security in their elder years.

Regional Overview

Four of the six New England states have a small gender wage gap than the national average of 78 cents. However, not a single state - in New England or anywhere else - has closed the wage gap. As indicated in Table 1, the average combined total loss is significant, totaling almost 24 billion dollars for all working women in New England. The dimensions of this loss impact the ability of women across occupations to meet the basic needs of their families and to pay for a variety of programs and services they need to care for children and elders in their families while they are at work.

The wage gap does not affect all women in the same way. According to the WAGE Project, the gap is considerably smaller for younger women aged 25-34 (83.8%) than older women aged 55-64 (59.6%).[4] As demonstrated in Table 2, the gap widens immensely for women of color.

Table 1. Wage Gap, Female Full-Time Workers, New England States

State	Women's Cents to Men's Dollar	Yearly Wage Gap*	Combined Yearly Loss
Connecticut	78¢	$13,197	$6,776,672,697
Maine	83¢	$7,223	$1,308,222,537
Massachusetts	79¢	$12,592	$12,239,814,352
New Hampshire	77¢	$12,362	$2,494,738,134
Rhode Island	81¢	$9,901	$1,497,645,062
Vermont	85¢	$6,759	$618,664,788
		New England Total	$24,935,757,570

*Based on the difference between yearly average salaries of men and women.

Source: National Partnership for Women and Families. (April 2014). Women and the Wage Gap Fact Sheets. www.nationalpartnership.org/issues/fairness/2014-wage-gap-map.html. Retrieved October 5, 2014.

Table 2. Wage Gap For African-American and Hispanic Women, New England States

State	African-American Women*	Hispanic Women*
Connecticut	59¢	48¢
Maine	58¢	83¢
Massachusetts	61¢	50¢
New Hampshire	61¢	64¢
Rhode Island	57¢	50¢
Vermont	78¢	70¢

*Cents earned to white, non-Hispanic men's dollar.

Source: National Women's Law Center (2014). Wage Gap by State for African-American Women and Latinas. www.nwlc.org/wage-gap-state-state. Retrieved November 1, 2014.

Policy Snapshot: Laws, Bills, and Advocacy Efforts

Federal

On the federal level, the Equal Pay Act of 1963 which was intended to eliminate the pay gap has failed to do so in part because of limited enforcement tools.[5] The Paycheck Fairness Act, which sought to update this law, has been struck down in Congress four times since 2012.[6] Pay discrimination complaints are handled by the U.S. Equal Employment Opportunity Commission but due to the lack of transparency regarding pay information, less than 10% of charges brought to the commission are related to pay inequity.[7]

New England

Vermont has been leading the way in pay equity when, in 2002, the state adopted an equal pay law and, in 2005, adopted a Wage Disclosure Law; both were strengthened by provisions in 2013.[8] And, in New Hampshire, Governor Hassan signed a bill in 2014 that increases transparency in wages and allows workers to gain access to information without fear of retaliation.[9]

In Massachusetts, there is legislation (An Act Further Defining Comparable Work) that would specify that jobs of equal skill, effort, responsibility, and working conditions shall be treated equitably.[10] Similar legislation has already passed in Maine and is now law.[11] Additionally, the Boston Women's Workforce Council, an innovative private-public partnership, is working to ensure wage equity for all women who work in Boston through voluntary employer participation.[12] In Rhode Island, the Women's Fund of Rhode Island has conducted research and called for the creation of laws that seek to eliminate statutory loopholes, strengthen penalties for employers who do not comply, and add family status to anti-discrimination laws.[13] In Connecticut, pay equity is on the 2014 policy agenda of the Connecticut Permanent Commission on the Status of Women.[14] Advocates and policy makers in New England continue to work toward the elimination of the wage gap for all women through legislative measures and/or public-private partnerships.

Endnotes

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Minimum Wage

Why We Need Policy Change

Currently, the federal minimum wage is $7.25 per hour. This is a minimum labor standard that must be met by all employers. At the current rate, a person working full-time earns just $14,500 a year ($1,208/month) which is more than $4,000 below the poverty line for a family of three.[1] Women are overrepresented in the minimum wage workforce as they make up approximately two-thirds of these workers and, like most minimum wage workers, many are adults supporting families. More than one in five (22%) of minimum wage workers are women of color.[2] Due to occupational segregation by gender, women are concentrated in low-wage jobs such as child-care workers, fast food workers, maids, and cashiers.[3]

Currently, 23 states and Washington D.C. have minimum wages above the federal level,[4] but this leaves more than half of the states with workers making only $7.25/hour. According to the National Women's Law Center, if all states raised the minimum wage to $10.10/hour, annual earnings for a full-time worker would increase by $5,700 to $20,200 a year.[5] This would positively affect 15.3 million women workers across the United States, elevate their yearly earnings, and raise their incomes above the poverty line for a family of three.[6]

Table 1. Minimum Wage Levels and Workers, New England, 2013

State	Current Minimum Wage[1]	Number and Percentage of Workers Paid Hourly Rates At or Below Minimum Wage[2]	Percentage of Minimum Wage Earners who are Women[2]
Connecticut	$8.70	22,000 (2.6%)	50%
Maine	$7.50	13,000 (3.3%)	60%
Massachusetts	$8.00	54,000 (3.4%)	60%
New Hampshire	repealed state minimum wage; default to federal wage $7.25	11,000 (3.0%)	70%
Rhode Island	$8.00	12,000 (4.2%)	66%
Vermont	$8.73	7,000 (3.8%)	66%

Sources

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Regional Overview

Women constitute 68.4% of the low-wage workforce in New England.[7] The low-wage workforce is defined as those in occupations with median wages of $10.10/hour or less.[8] Presently, five of the six New England states have a minimum wage that is higher than the federal rate, although the amounts are relatively small ranging from $.25/hour to $1.50/hour. (See Table 1) However, even in Vermont where the minimum wage is the highest in New England at $8.73/hour, annual earnings of a minimum wage worker are still approximately $1,000 below the federal poverty threshold for a family of three.

Policy Snapshot: Laws, Bills, and Advocacy Efforts

Federal

In early 2013, Senator Tom Harkin (D-IA) and Representative George Miller (D-CA) introduced the Fair Minimum Wage Act which would raise the federal minimum wage to $10.10/hour.[9] The minimum wage amendment failed with a 184 to 233 vote in the House.[10] In April 2014, Harkin and Miller introduced the Minimum Wage Fairness Act which has the same objectives of raising the federal minimum wage to $10.10/hour. This increase is supported by the Obama administration.[11]

New England

Policy progress on the minimum wage in New England is mixed. In 2014, four New England states enacted an increase in their minimum wage (Connecticut, Massachusetts, Rhode Island, and Vermont). Table 2 shows how these states plan to raise their minimum wage gradually over the next few years. Raising the minimum wages to the lowest increase to $9.00/hour would bring a family of three just below the federal poverty line (within $500). The planned increases of $9.60/hour and higher will put these families above the official poverty threshold.

Progress on the minimum wage is stalled in two states. In Maine, an increase in the minimum wage to $9.00 per hour with subsequent increases annually based on inflation passed the legislature in 2013 but was vetoed by the Governor.[12] In New Hampshire, a bill to set a state minimum hourly wage reflecting the cost of living passed in the House but failed in the Senate.[13]

Some other approaches to changing the policy on the minimum wage come from minimum wage workers themselves who work specific in industries. StrikeFast-Food, a coalition of fast food workers from different chains and restaurants, is calling for raising the minimum wage to $15.00/hour, and fast food workers in Boston, MA and Hartford, CT have joined this national movement.[14]

Table 2. Planned Increases in State Minimum Wage, New England

State	Planned Increases
Connecticut	$9.15 (Jan. 2015) $9.60 (Jan. 2016) $10.10 (Jan. 2017)
Maine	n/a
Massachusetts	$9.00 (Jan. 2015) $10.00 (Jan. 2016) $11.00 (Jan. 2017)
New Hampshire	n/a
Rhode Island	$9.00 (Jan. 2015)
Vermont	$9.15 (Jan. 2015) $9.60 (Jan. 2016) $10.00 (Jan. 2017) $10.50 (Jan. 2018)

Source:
National Conference of State Legislatures' State Minimum Wage Table.
www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx. Retrieved October 8, 2014.

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[1] National Women's Law Center. (2014). Fair pay for women requires increasing the minimum wage and tipped minimum wage. Retrieved October 1, 2014 from http://www.nwlc.org/resource/fair-pay-women-requires-increasing-minimum-wage-and-tipped-minimum-wage#one.

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Policy Brief

CENTER FOR WOMEN IN POLITICS AND PUBLIC POLICY

Earned Paid Sick Time

Why We Need Policy Change

In the United States, approximately 40 million private sector employees (almost 40% of all workers) do not have access to paid sick days.[1] The lack of paid sick days affects 22 million women employed in the private sector[2] (about 43% of all working women)[3] and the percentage is even higher for women of color who are working.[4] Of the workers who can least afford to lose a day's earnings – those in the bottom 25 percent of private sector wage earners – 70% do not have access to paid sick days from employers.[5] Many low-wage workers living paycheck to paycheck face the reality that taking a day off from work for even a minor illness could mean lost compensation. Mothers in the paid labor market may forgo taking care of themselves or their family members because taking a sick day from work might jeopardize their jobs. Further, if employees come to work sick their illness may become more serious – thus increasing health care costs – and/or they may infect their co-workers if the illness is contagious.[6]

Evidence from places in the United States where paid sick days are now required by law – including Connecticut, San Francisco, Seattle, and Washington, D.C. – demonstrates that paid sick days benefit employers as well as employees.[7] In these places, the morale of workers has increased and the spread of illness has decreased. In addition, profitability has not been negatively affected in the majority of private sector businesses.[8]

Regional Overview

As of 2010 – reflecting the most up-to-date data available – 37.5% of full-time private sector workers in New England did not have access to paid sick days.[9] As indicated in Table 1, the rate of private sector employee access is fairly consistent across the six states, ranging from 36%-39% of private sector workers. Some workers – such as low-wage workers and women of color – are disproportionately affected by the lack of access to paid sick days, and national patterns are reflected in the New England states. For example, in Massachusetts more than half (54%) of those earning less than $35,000 a year and more than half (52%) of workers in service jobs do not have earned paid sick time.[10] Additionally, in Massachusetts, Hispanic workers are affected disproportionately with 46% lacking access to paid sick days.[11]

Policy Snapshot: Laws, Bills, and Advocacy Efforts

Federal

There is no federal law in the United States requiring paid sick leave. Access to paid sick days is a benefit provided voluntarily by employers. The Family and Medical and Leave Act (FMLA) provides job-protected time off of work, but only for a *serious health condition*, so many illnesses are not covered and the leave is unpaid. Federal policy makers have filed legislation to expand access both to the FMLA and to paid sick days so that a majority of workers across the U.S. can take time off to address major and minor health concerns without fear of losing their jobs or their pay, but none of these bills have become law.

Table 1. Lack of Paid Sick Time, Full-Time Private Sector Employees, Men and Women

	Connecticut	Maine	Massachusetts	New Hampshire	Rhode Island	Vermont
Number of Employees in Private Sector	1,327,894	469,607	2,555,216	525,031	399,235	224,465
Percent of Employees Without Access to Paid Sick Days	37%	39%	36%	37%	38%	38%

Source: Institute for Women's Policy Research. (March 2011). Access to paid sick days in the states. 2010 Fact Sheet. www.iwpr.org/publications/pubs/access-to-paid-sick-days-in-the-states-2010. Retrieved September 18, 2014.

New England

Connecticut was the first state in the nation to pass a law (enacted in 2011) requiring paid sick days. It remains one of only two states to have such a law. The other state, California, will see its Healthy Workplace, Healthy Families Act become effective in July 2015.[12] In Connecticut, the law applies to private sector employees working for an organization with 50 or more employees. Each year, employees can earn up to 40 hours of paid sick time for themselves or to take care of a sick child or spouse.[13]

In New England, two states have active campaigns to secure paid sick days for employees. According to the Massachusetts Budget and Policy Center, in Massachusetts almost one million – or about one third of full-time workers – do not have access to paid sick days. In addition, approximately 54% of workers earning under $35,000 do not have earned paid sick time.[14] The Massachusetts Paid Leave Coalition has had bills filed every legislative cycle for the past 10 years.[15] However, the measures have failed to pass the legislature. The coalition has a question on the November 2014 general election ballot. The proposed measure would allow workers in organizations with more than 10 employees to earn one hour of paid sick time for every 30 hours worked (up to 56 hours annually). Employers with six to 10 employees would provide paid sick time at the same rate (up to 40 hours annually). This earned time could be used for a personal illness or to care for a family member (child, spouse, same-sex spouse, parent, or parent of a spouse).[16] If the majority of voters cast ballots in favor of the question in November, it will become law in July 2015.[17]

Voices for Vermont's Children has been leading the way on legislation that would allow workers in businesses with five or more employees to earn one hour for every 30 hours worked (up to 56 hours annually). This earned time could be used for personal illness or to care for a family member (child, parent or parent in-law, grandparent, grandparent-in-law, spouse, domestic partner, stepchild, foster child, or ward). The legislation would also allow people to use the paid time off to obtain medical care or counseling or to arrange for social or legal services when they or a family member are the victim of domestic violence, sexual assault, or stalking, or are relocating as a result of domestic violence, sexual assault, or stalking.[18]

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UMASS BOSTON

Policy Brief

CENTER FOR WOMEN IN POLITICS AND PUBLIC POLICY

Paid Family and Medical Leave

Why We Need Policy Change

Before the Family and Medical Leave Act (FMLA) was passed in 1993 there were three ways employees had access to job-protected leave for family caregiving and health-related purposes: their employer provided it voluntarily; their union won it in a collective bargaining agreement; or their state had a statute that mandated it for some sector of employees.[1] FMLA greatly expanded and standardized this type of leave; however, the leave is unpaid. It also has specific eligibility conditions that must be met, such as working for an employer with more than 50 employees and having worked 1,250 hours during the previous 12 months prior to leave. This leaves out many workers (about 40-45% of all workers in the U.S.[2]) and also disproportionately affects low-wage earners[3] – the majority of whom are women.[4] National surveys have found that some workers who needed leave did not take it – or cut their leave short – due to the fact that it was unpaid.[5] FMLA has thus proved to be a policy that is largely of use to moderate and middle-income workers with some savings. The United States is still the only industrialized country in the world without paid maternity leave, relegating it to outlier status in terms of basic family-friendly public policies – policies that much poorer countries have managed to provide.

For those who can afford it, there are many benefits of unpaid leave in order to care for a newborn child and/or take care of one's own serious health condition or a sick family member that have been documented in research studies by the U.S. Department of Labor and academic scholars.[6] However, the lack of wage replacement remains a problem for the majority of workers and there are recent data documenting the benefits of paid leave. They include improved employee retention, reduced public assistance, and improved family income.[7] Given that nearly half of the workforce is now female[8] – and that women continue to carry major responsibility for caregiving in their families while increasingly becoming primary breadwinners – the case for paid FMLA is building.

Regional Overview

In 2014, just 13% of private industry workers in New England have access to paid family leave,[9] largely through voluntary employer policy. Until very recently (see Rhode Island legislation in New England section of Policy Snapshot below) none of the successful efforts to expand FMLA have addressed the fact that there is no wage compensation given to those who take it. The efforts for state level expansion of provisions in the FMLA have related to four issues: 1) expanding access to the law by lowering the size of employers covered; 2) expanding access by lowering the length of job tenure and number of hours worked by employees; 3) expanding the length of time for unpaid leave; and 4) expanding the categories of family members covered. Table 1 summarizes these state level improvements to FMLA. (See page 13)

Policy Snapshot: Laws, Bills, and Advocacy Efforts

Federal

The issue of what funding mechanism is most appropriate or feasible for implementing paid FMLA has been debated at both the federal and state level since 1993. Some states have considered using the federal-state unemployment system, but the recent recession has shown that is not a reliable way to fund paid leave. In 2013, United States Senator Kirsten Gillibrand (D-NY) and Representative Rosa DeLauro (D-CT) introduced the Family and Medical Insurance Leave Act (S.1810/H.R.3712) which would create a national insurance program funded equally by employer and employee contributions. It provides up to 12 weeks of partially paid leave for employees to care for themselves during a serious illness, for seriously ill family members, for a newborn or newly adopted child, and for injuries or circumstances experienced by family members who are in the military.[10] This bill has been referred to committee in the 113th Congress.[11]

Table 1. State-Level Expansion of and/or Change to the Family and Medical Leave Act, New England States, 1993-2013

STATE	Eligibility Provision Change	Length of Leave Change	Additional Family Members as Care Recipients
Connecticut	If 75 or more public or private sector employees, then only 1,000 hours of service needed	16 weeks	Civil union partner, mother-in-law, father-in-law, or step-parent
Maine	If 15 or more private sector employees, then only twelve months tenure regardless of the number of hours worked	10 weeks	Sibling who lives with employee, civil union partner, child of civil union partner, or non-dependent adult child
Massachusetts[1]	If six or more private and public sector employees, then only three months tenure	8 weeks	None added
New Hampshire[2]	Six or more public or private employees, regardless of tenure or hours worked	Length specified by physician approval	None added
Rhode Island	Already had in place most eligibility requirements for FMLA since 1987	13 weeks	Parent-in-law
Vermont	Ten or more employees for new child or adoption; 15 or more employees for own serious medical condition or family member's; Worked an average of 30 hours per week for one year	12 weeks	Parent-in-law

[1] Refers to a maternity leave statute defined as leave for giving birth or leave to care for an adopted child; male workers not included.

[2] Refers to a pregnancy leave statute defined as disability leave for pregnancy, childbirth, or related medical conditions.

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Three states - California, New Jersey, and Rhode Island - have made progress in providing paid FMLA, although their new statutes focus only on paid family leave for care for an ill family member or a newborn or newly adopted child. Funding for these programs is provided via employee-paid payroll taxes and they are administered through temporary disability insurance programs (TDI)[12] which have been in place for many years; California (1946), New Jersey (1948), and Rhode Island (1942).[13] These states do not cover the medical leave aspect of FMLA because they are states with temporary disability programs, and TDI covers leave for pregnancy-related disability along with other serious medical conditions. The fact that these states all have pre-existing TDI programs that are already established and administered on the state level raises questions about whether this model is the right one for other states that want to have both paid family leave and paid medical leave.

New England

Rhode Island has been a leader in this area starting in 1987 with the Parental and Family Medical Leave Act (PFLMA) that provides private sector employees with 13 weeks of unpaid job protected leave to care for a seriously ill family member, a newborn, or a newly adopted child.[14] Then, in 2013, Rhode Island Governor Lincoln Chafee signed into law the Temporary Caregiver Insurance Program. This provides up to four weeks of partial wage replacement to care for a seriously ill child, spouse, domestic partner, parent, parent-in-law, grandparent, or to bond with a newborn child, newly adopted child or new foster-care child. It also provides job protected leave and return to the same or an equivalent job – a provision that is not currently a part of the paid family leave laws in California and New Jersey.[15]

There are a number of other states in New England that are trying to get partial wage replacement for both family and medical leave. In Connecticut, New Hampshire, and Vermont, formal task forces have been formed in their respective state legislatures to study options for paid family leave at the state level. Connecticut's task force released its recommendations in October 2014 and, to date, Connecticut has built a strong coalition of over 45 supporters for its Campaign for Paid Family Leave; New Hampshire's task force recommended an actuarial study; and Vermont's Study Committee created legislative principles.[16] In Vermont, two bills (one in the House and one in the Senate) relating to paid family leave have been referred to committee in the 2013-2014 legislative session.[17] The Vermont House bill was developed in response to, and using the model proposed in, the report from the Paid Family Leave Study Committee that was issued in January 2014.[18] In Massachusetts, there was a commission to study TDI as a mechanism for paid parental leave in 1988 and since then a number of bills have been introduced to fund some aspects of FMLA. For example, in 2000 there was a bill to fund parental leave through the unemployment system that passed the House and Senate and was vetoed by Governor Cellucci.[19] A new bill establishing paid family leave was introduced in 2013.[20] Tracking the progress of these legislative efforts will be important as it is possible that one or more states in New England – in addition to Rhode Island – will be able to provide some level of wage replacement for either or both family and medical leave.

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UMASS BOSTON

Policy Brief

CENTER FOR WOMEN IN POLITICS AND PUBLIC POLICY

Universal Pre-Kindergarten

Why We Need Policy Change

The most critical period for the development of key cognitive functions occurs during the first five years of a child's life.[1] Research indicates that one or more years of high-quality, developmentally appropriate early care and education (ECE) improves a range of children's outcomes, including language, literacy, and numeracy skills.[2] High-quality Pre-Kindergarten (Pre-K) programs yield a high return in long-term outcomes for adolescents such as greater school success, reduced crime and delinquency, and increased earnings when they become adults in the labor force.[3] The social benefits of Pre-K programs to the child, her/his family, and the broader society far outweigh the financial costs of delivering these programs.[4] However, Pre-K can cost more than a working parent's salary. According to the Center for American Progress, the cost of a full-time slot in a childcare center for two children exceeds the median annual rent in every state. Therefore, state funding is needed so that many moderate and low-income families can pay for these programs that are so essential to healthy child development.[5]

Regional Overview

In the United States, funding for Early Care Education (ECE) programs – a broad term for both center-based and home-based care for infants, toddlers, and preschoolers – comes from a complex mix of federal and state funds. There are several key federal revenue streams, such as the Child Care and Development Fund (CCDF) that gives block grants to the states; subsidized childcare for recipients of Transitional Assistance to Needy Families (TANF) and Head Start; and several state-level revenue streams for Pre-K programs generally, and for special populations, such as children of teen parents, disabled children, and homeless children. For many decades, funding for ECE has been provided only to poor or low-income parents who receive vouchers for subsidized slots; these are "targeted" programs with income eligibility guidelines and work requirements. It is only in the last decade that we have begun to see funding for "universal" programs with no income eligibility requirements and these have been largely for preschool programs serving three and four-year old children. This regional overview focuses on three questions: 1) What percentage of three- and four-year olds have access to publicly-funded Pre-K programs? 2) Are existing programs of high quality? 3) How affordable are Pre-K programs for parents who are not eligible for state funding and are paying out of pocket? Although several New England states were among the first in the nation to provide Universal Pre-K, there was a dramatic downturn in program funding nationally following the recession, with half a billion dollars in cuts in 2011-2012. Funds began to increase again in 2012-13 with a $30.6 million increase. Table 1 shows access to publicly funded Pre-K programs and quality ratings. The data and rankings in this table are taken from the National Institute of Early Education Research and the state ranking system goes from 1 (highest) to 50 (lowest).

While there are publicly funded state Pre-K programs in five out of the six New England States, the majority of families pay partly or fully for these programs in which their children are enrolled. Table 1 shows a complex and somewhat contradictory picture. Vermont ranks highest in terms of the percentage of three-and four-year olds served by publicly funded state programs, yet has the lowest quality scores. Connecticut ranks highest in terms of spending per child on Pre-K programs, but these dollar amounts must be understood in terms of how much childcare teachers are paid in that state. The low level of spending per child in Maine, for example, reflects the rural nature of the state and the low level of childcare worker wages.[6] Rhode Island is an interesting case with one of the lowest percentages of children served, while spending per child ranks very high. It is the only New England state that meets the quality score of 10. The reference to the percentage of children served in Table 1 is based on state Pre-K funds and state Special Education funds. If federal Head Start dollars are added, the percentage served jumps for each state (VT=79.6%; ME=51.8%; CT=25.9%; MA=25.3%: RI=18.4%; and NH=12.3%).[7] Overall, there are still many children across New England who lack the opportunity to attend preschool and thus lack appropriate preparation for suc-

Table 1. Access to Publicly Funded Pre-K Programs and Spending Per Child and Quality Scores, New England States

State	Total Number of 3-&4-Yr. Olds	Percentage of 3- & 4-Yr. Olds Served & the National Ranking of 3-/4- Yr. Olds	Spending Per Child by National Ranking & Funds for State Programs	Score on Quality Standards (Max.=10)
Connecticut	80,255	10% (11/29)	$9,810 (3)	6
Maine	27,559	18% (None served/13)	$2,296 (34)	6
Massachusetts	146,879	9% (17/28)	$3,966 (20)	6
New Hampshire	27,322	No program	No program	No program
Rhode Island	22,548	1% (none served/41)	$9,278 (4)	10
Vermont	12,636	46% (2/4)	$3,788 (22)	4

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cess in elementary school. Beyond the issue of access, there are issues of affordability. Some children being served are in publicly funded preschool programs, while others are in private fee-for-service programs.

As Table 2 demonstrates, preschool is costly, especially for a single parent which usually entails a female-headed household. Preschool tuition is about a third or more of a single parent's median income and ten percent or more of a two-parent household in every New England state. While there are ongoing debates about how to fund these programs and whether it should be parents, employers, or the government who should pay, it is clear that no one entity can bear the entire cost. Most working parents have difficulty paying out of pocket, thus making an increase in state investment the only way to for most parents to afford preschool programs.

Table 2. Pre-K Cost Per Child and Percentage of Median Income Spent on Preschool, New England States

State	Total Number of 4-Yr. Olds	Average Annual Cost of Care for 4-Year-Olds	Cost of Care as a Percentage of State Median Income (Single Mother Family)	Cost of Care as a Percentage of State Median Income (Two-Parent Family)
Connecticut	80,255	$10,530	34.2%	9.9%
Maine	27,559	$7,904	36.0%	10.9%
Massachusetts	146,879	$11,669	41.8%	11.1%
New Hampshire	27,322	$9,541	33.2%	10.3%
Rhode Island	22,548	$9,932	38.8%	10.9%
Vermont	12,636	$8,758	34.6%	11.4%

*Center-based care for 3 and 4-year olds.

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Policy Snapshot: Laws, Bills and Advocacy Efforts

Federal

To ensure that every child in the U.S has access to high quality early education, the federal government is proposing a new investment plan of a $75 billion+ commitment over a 10-year period. This will go into strengthening existing state preschool systems serving low- to moderate-income preschoolers. Currently, the President has proposed a $750 billion investment in Preschool Development Grants.[8] These funds will go toward the expansion of preschool systems and build fundamental components of high quality preschool educational system. This has been made possible through the Consolidated Appropriations Act of 2014.

Regional

In the New England region, Universal Pre-Kindergarten (UPK) was first legislated between 2006 and 2007 by only two states. Since then, nearly all the states have made significant steps towards the expansion of the provision of Pre-K.

Massachusetts passed legislation providing UPK in 2006. However access to Pre-K remains a challenge. The combination of UPK funds and other state and federal ECE funds, gets only 18.4% of 3- and 4-year olds in Massachusetts enrolled in publicly funded Pre-K and special education programs, leaving many families struggling to pay for preschool programs.[9] In December 2011, Massachusetts was one of nine states awarded an Early Learning Challenge Grant of $50 million to expand early education services. The FY 2014 budget included $7.5 million for UPK programs, and the FY 2015 budget included a $1 million Pre-K grant to expand pre-school access in high-need communities and get more three and four-year old children off the waitlists and into the classroom.

Another leading state in the movement for state-funded UPK is Vermont which approved Act 62 in 2007 for publicly-funded Pre-K education for three- to five-year old children in schools and private programs.[10] In September 2014, the Vermont State Board of Education adopted a Provider Cost of Quality Calculator (PCQC) to determine how much funding is needed to establish and maintain the quality standards required by the National Association for the Education of Young Children (NAEYC).[11] In 2014, Vermont won a $39.6 million Race to the Top-Early Learning Challenge grant from the Department of Education, Health and Human Services to expand Pre-K and reach out to more preschoolers in Vermont.[12] Through Act 166, approved in March 2014, every school district in Vermont has been required to provide access to at least 10 hours of learning instructions to all three and four-year olds.[13]

In 1997, Connecticut founded the School Readiness Program to improve access to quality Pre-K education. Through Public Act 14-39, Connecticut approved measures to ensure additional funding of UPK for FY 2015.[14] This will provide 1,020 more low-income children with School Readiness opportunities in 46 towns and cities in 2015. The bill also approved the provision of UPK to an additional 4,010 preschoolers over the next five years at a cost of $51 million a year.[15] Through the "Smart Start" program, Connecticut will be expanding public preschool throughout the state providing $300,000 grants to public preschools.

The Maine Department of Education and the Department of Health and Human Services has laid the groundwork for coordinated management of early learning programs through the State Agency Interdepartmental Early Learning team (SAIEL).[16] In April 2014, the Maine House approved LD1530 which will allow the use of Casino Revenue for the expansion of Pre-K programs. This bill will allow Pre-K access to three and four-year olds who don't qualify for Head Start and cannot afford the high cost of Pre-K.

In 2008, the Rhode Island General Assembly enacted legislation directing the Department of Education to begin planning for an initial pilot Pre-K program that meets the NAEYC quality standards. Rhode Island continues to provide high quality Pre-K programs to a small number of children. For FY 2015, Rhode Island will expand the Pre-K programs in seventeen learning centers and will admit a total of 306 children.[17] Even though New England has made strides towards to provision of UPK, there is still more to be done to ensure the preschoolers in the New England region start school prepared to learn. This can be made possible with additional funding for existing Pre-K programs and subsequent expansion of programs. This issue of affordability is being addressed through the introduction of universal programs, but at this time they still serve a small percentage of the three and four-year olds.

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UMASS BOSTON
Policy Brief
CENTER FOR WOMEN IN POLITICS AND PUBLIC POLICY

Elder Care Programs

Why We Need Policy Change

The aging of the population in the United States has been well-documented, and the aging of the baby boomers in particular signals the need for increased home-based supports and services for older adults. At the same time, state and federal budgets are tight following the recession of 2008, and expanded funding for long term care, especially home and community-based services, has not progressed at the rate that is needed. Older adults themselves (roughly 90%)[1] have expressed their preference to stay in their homes and communities rather than receive care in institutional settings, and there is growing consensus among policy makers that it is better to keep older adults in their homes, rather than relying on very expensive skilled nursing facilities. Many older adults, and the families caring for them, are not in a position to hire home health aides or pay for adult day programs, when they are even available. Such programs are subsidized only for the poor, and moderate or middle income working families are not in a position to pay for these services out of pocket. In some more rural areas, even people with resources to pay cannot find the services they need because of a fragmented system of care. This creates unsafe and isolating conditions for many older adults who are stuck at home without the services and supports they need. Some family caregivers try to care for elderly relatives while they are working, but this often results in emotional stress at work and financial stress when they have to pay for services because their jobs do not provide any kind of paid leave or benefits. Too many caregivers in this situation end up needing to choose between leaving the workforce and institutionalizing their loved ones. These caregivers save our country $522 billion in care that would otherwise be required, yet there are very few subsidies available to them to provide this care.

Regional Overview

Funding for long term care services for older adults comes from a complex mix of federal and state funding and includes institutional care (such as a nursing home) as well as home and community-based services. Medicaid Long Term Services and Supports funding provides services to adults 65 years old and older, as well as adults with disabilities. States and the federal government jointly fund these Medicaid services. The federal government contributes at least $1 in matching funds for every $1 a state spends on its Medicaid program. In three New England states (Connecticut, Massachusetts, and New Hampshire) the state and federal share of Medicaid spending is matching, while the other three states receive more than $1 from the federal government for each dollar they spend.[2] States have broad discretion to determine who is eligible, what services they will cover, and what they will pay for covered services.

Table 1 presents states' expenditures on institutional care (skilled nursing and assisted living costs) and home care services, known as Home and Community Based Services (HCBS) in 2012. One of the services shown under HCBS is the state specific 1915(c) Medicaid Waivers.[3] These waivers provide the majority of funding for home care and, unlike Medicaid nursing home care, are not entitlements. These programs do, however, have enrollment caps and some states have waiting lists. Home care is needed when older adults are not able to perform one or more of their "activities of daily living" (ADLs), such as bathing, toileting, dressing, housecleaning, food preparation and cooking. This is the type of care most needed to keep older adults at home and in their communities. Table 1 shows there are only two New England states – Massachusetts and Vermont – that have allocated significant public funds in these kinds of services, and no state is allocating the majority of its funding to community care.

There are two related issues that are important to track including the annual cost of institutional care versus home care, and the relationship between what these services cost and whether older adults can afford to pay for them. As Table 2 shows, there is a dramatic gap between cost and income for both kinds of long term care, and most older adults simply do not have the income to pay for either kind of care. Therefore public funds are essential for the delivery of these services.pen

Policy Snapshot: Laws, Bills and Advocacy Efforts

Many states are trying to increase funding for home and community-based services, but progress has been mixed, with some governors and state legislatures supporting this investment and others opposing it, without proposing alternative programs or seeming to understand the demographic trends every state is facing. For example, in Rhode Island, the 2010 U.S. Census showed that this state has the highest percent of seniors over 85 years old in the country. Yet state funds to support services that will allow seniors to age in place, like Meals on Wheels, and caregiver support programs, like respite care, decreased by 63% from 2003-2014. In 2014, The Aging In Community Act, was proposed that would support lawmakers to engage in a statewide, multi-issue planning process to address the needs of the aging population. Even though this bill simply calls for planning and not funded programs, it was not passed and referred to the Senate Finance Committee.

Massachusetts has for many years had a good track record on spending for home and community-based services (HCBS) compared to institutional long term care (55% compared to 45%). In the last two years, state funding on HCBS has increased. In FY 2014, there was a $13 million increase in elder care funding in the state budget. Leaders of the Mass Home Care Program have stated that the FY 2015 budget is one of the best budgets for elder care in many years with an addition of $23 million in state funding.[4] The increases include more funding for the state's basic Home Care Program, as well as for the Enhanced Community Options (ECOP) for frailer older adults that provides a higher level of personal care and supportive services, basically eliminating previous waiting lists for these services.[5] The FY 2015 budget also includes funds for raising the wages of home health aides, providing enhanced nutrition programs, and increased support for the SHINE program which helps older adults with health insurance related issues.

Table 1. Long Term Care Services and Supports: Expenditures by Amount and Percent and Distribution by Service, 2012

	CT	ME	MA	NH	RI	VT
			Amount in Millions			
Total LTSS Expenditures	**$1,695**	**$332**	**$3,293**	**$400**	**$398**	**$213**
Skilled Nursing & Assisted Living	$1,257	$225	$1,821	$325	$323	$117
Home & Community Based Services*	$438	$107	$1,472	$75	$75	$96
Personal care	n/a	$63	$843	$7	n/a	$29
Home health care	$253	$8	$340	$11	$2	$7
1915(c) waivers	$184	$21	$97	$50	n/a	n/a
			Percent Distribution			
Total LTSS Expenditures	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Skilled Nursing & Assisted Living	74.2%	67.8%	55.3%	81.3%	81.2%	54.9%
Home & Community Based Services*	25.8%	32.2%	44.7%	18.7%	18.8%	45.1%
Personal care	n/a	19.0%	25.6%	1.8%	n/a	13.6%
Home health care	14.9%	2.4%	10.3%	2.8%	0.5%	3.3%
1915(c) waivers	10.9%	6.3%	2.9%	12.5%	n/a	n/a

Note: Long term care includes expenditures on older people and adults with disabilities. Additional funding for HCBS comes from 1115 research and demonstration waivers, 1915(b) Managed Care waivers, and 1932(a) State Plan Amendment grants. Only Vermont and Massachusetts receive any funding from these additional sources.

Source: http://nasuad.org/sites/nasuad/files/LTSS_Expenditures_2012.pdf. Retrieved October 24, 2014

Maine has the distinction of being the oldest state in the country by median age. It also has the largest concentration of baby boomers, the lowest 0-18 population, and a very low in-migration rate. This means that Maine's workforce is declining rapidly at a time when its aging population is in more need of informal and formal supports. *MaineCare* (Medicaid) reimbursement rates for Personal Support Services and Adult Day Services have not been increased for more than 15 years. Because of a very competitive labor market, workers who formerly filled low-wage direct care jobs can now work in other industries for more pay and benefits. This has resulted in a crisis in Maine, where in some parts of the state, even if you can pay out-of-pocket, the wait for personal support services can be 4-6 weeks and thousands of fee-for-service hours are going unstaffed. Because of this funding situation, Adult Day programs have closed and are now only available in a handful of counties. Programs like Alzheimer's Respite, Homemaker and Home and Commu

support older adults thriving in place. Rate increases for Adult Day Services will take effect in November. There will be a major legislative initiative put forth next session to support older adults aging in place, including increased rates for direct care workers and a bond to build affordable housing for older adults.

Like Maine, Vermont is an "old" state and getting older. The AARP ranked Vermont #4 in terms of the percentage of the population age 65+ in 2012, with projected ranking of #1 in 2032.[6] The state has made some progress in increasing funding for home and community-based services. Through the Choices for Care 1115 waiver, begun in 2005, the goal of increasing consumer choice among different types of long term support services has facilitated an increasing shift from skilled nursing facilities (nursing homes) to Home and Community-Based Services, as well as investments of savings that come from the use of low cost services into improving access to the access to and

Table 2. Comparison of Median Household Income of Older Adults to the Average Annual Cost of Long Term Care Services by State, 2010

	CT	ME	MA	NH	RI	VT
Median Household Income (65+ population)	$39,235	$30,644	$35,683	$37,119	$33,192	$33,474
Nursing Home (semi-private)	$126,108	$92,206	$108,770	$92,710	$96,360	$88,330
Assisted Living (private 1BR)	$53,160	$52,200	$54,600	$43,200	$48,000	$36,360
Homemaker Services	$42,328	$45,480	$51,480	$49,764	$43,472	$45,160
Home Health Aide Services	$49,192	$52,624	$54,912	$53,768	$57,200	$48,048
Adult Day Health Services	$19,630	$24,960	$15,210	$15,600	$16,640	$31,200

Sources:

U.S. Department of Health and Human Services from Data compiled by the Genworth Cost of Care Study 2010. (2014). http://longtermcare.gov/costs-how-to-pay/costs-of-care-in-your-state. Retrieved November 2, 2014.

A. Houser, W. Fox-Grage, & K. Ujvari. (2012). Across the States 2012; Profiles of Long-Term Care and Independent Living, AARP Public Policy Institute. www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2012/across-the-states-2012-full-report-AARP-ppi-ltc.pdf. Retrieved November 2, 2014.

nity-Based Care have been flat funded, leaving long wait lists for many services. In the face of these challenges, the Governor proposed significant cuts to the Medicare Savings Program three years in a row that offers drug and health benefits to low-income older adults through *MaineCare*. Efforts to defeat these cuts were mostly successful, although one cut did result in a few thousand older adults losing their drug benefits. Things are turning around quickly in 2014, however, with the launch of the Maine Aging Initiative led by the Maine Council on Aging in partnership with the Speaker of the House. This initiative involves broad engagement from leaders across different segments of Maine's economy and is focused on building age-friendly communities and workplaces that

quality of services overall.[7] Despite this progress, there remain many challenges according to policy makers and advocates. Some of these include: building an elder care workforce that is adequately trained and compensated; affordable accessible housing; the high percent of older adults 75+ who are living alone; and transportation which is particularly challenging in a rural state.

In Connecticut, to increase consumer choice and control, the Governor is proposing that the state take advantage of the Community First Choice Option (CFC) under the Affordable Care Act, which offers states a 6% increase in the federal match rate on personal care assistance services if the program meets certain criteria. There is

currently a CFC Council that is developing a state plan amendment for this initiative. By providing access to self-directed personal care assistance as a Medicaid state plan service for individuals at nursing home level of care, beneficiaries will have access to the highest level of self-direction and the broadest range of services that can be assigned.[8] In addition, in the last budget, funding was allocated for additional slots on several types of home and community-based Medicaid waivers, as well as funding for one hundred people on the Department of Developmental Services waiting list that have been designated a priority due to aging caregivers.

In 2013, New Hampshire enacted a two-year budget for FY 2014 and FY 2015. The Governor stated her support for a recent Senate proposal to expand Medicaid that would expand coverage to low-income residents,[9] including home and community-based services.

Endnotes

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2 The breakdown of the share of State/Federal Medicaid Spending is: CT, MA, & NH – 50%/50%; ME – 37% state, 63% federal; RI – 48% state, 52% federal; and VT – 43% state, 57% federal.

3 Sometimes these waivers have different names, for example Vermont has 1115 R=D waivers, but they operate in the same way as other waivers of this kind.

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About This Publication

This publication was prepared for *The Unfinished Agenda: New England Women's Policy Conference* co-hosted by the center and the John F. Kennedy Presidential Library and Museum in November 2014. With the theme of "Ensuring Economic Security for All Women and Their Families," the conference aimed to develop a regional multi-issue policy agenda to coordinate the efforts of a diverse cross-section of stakeholders working to improve the economic status of all women. By regularly tracking key policy issues, initiatives, and advocacy efforts in each New England state, the center seeks to serve as an information resource about public policies and voluntary policies in the private sector that provide women equity in the workplace, support for family caregiving, and security as they grow older.

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