

Meeting of the Paid Family and Medical Leave Benefits Authority

Tuesday, June 9, 2026, 9:00am

Frances Perkins Room, 45 Commerce Drive, Augusta, ME

Authority members in attendance:

- Maria Fox (Chair)
- Samuel Hight (Vice-Chair)
- David Barber
- Sarah Conroy (remote)
- Michelle Corry
- Douglas Cotnoir
- Benjamin Grant (remote)
- Brianna Guitierrez (remote)
- Ranae L'Italien
- Jay Naliboff
- Jenni Tilton-Flood (remote)
- Christopher Washburn

Staff in attendance:

- Director Luke Monahan
- Deputy Director Reggie Parson
- Outreach & Policy Specialist Safiya Khalid
- Claims Administration Division Director Sarah Brydon
- AAG Nancy Maciowski
- OA II Heather Grout

Chair Fox welcomed attendees and opened the meeting with a membership update. Authority Member Kim Smith has left the Authority. Commissioner Laura Fortman will attend the next meeting in her place. Authority Member Bob Carey has retired. The Authority is waiting for someone to be designated by the Commissioner to fill his seat.

Chair Fox opened the review of the January 20, 2026, meeting minutes. Authority Member Naliboff made a motion to approve the minutes. Vice Chair Hight seconded the motion. The Authority voted unanimously to approve the minutes as distributed.

Claims Administration Division Director Sarah Brydon presented the results of the first month of benefits claims with Aflac. She reminded the Authority of the program timelines: March 30 was the first day pre-applications were open, May 1 was the first day someone could take leave covered by benefits, and May 8 marked the first batch of benefit payments. Payments are processed weekly.

- Authority Member Naliboff requested usage data on the prepaid Mastercard versus the direct deposit benefits claim payment option.

Certain leave scenarios may be overrepresented early in the program. For instance, new child bonding scenarios are over-represented. Duration metrics are being monitored, but the data is not yet mature. Not all the data points are available in real time. Aflac has received over 6,300 claims. About 40% are pending, 33% have been approved, 11% are erroneous applications for the public plan (applications to Aflac made by employees covered by a private plan). 9% of claims were denials for other reasons, and the remaining 7% of leaves were requested before the start of the program and/or were cancelled by the applicant. Director Monahan added that the 70-80% approvals over denials rate is on track with other states.

- A discussion occurred about how an employee would erroneously file for the public plan. An employee may apply without knowledge of plan coverage being shared by their employer. The employer is legally responsible for sharing plan coverage information.
- A conversation occurred on how many workers are in the state plan versus private plans. Director Monahan informed the Authority there are about 450K employees on the State plan, and roughly the remaining 1/3 of the state work force is covered by private plans.

The rate of claim applications submitted has levelled off to about 100 claims/day. Claims received by gender lean 58% female, with about 38% male, with 4% not disclosing or other. By leave reason, 45% of claims are for bonding with a new child or pregnancy and childbirth – here bonding includes a parent who doesn't give birth. 39% of claims are for personal medical leave, and 16% of claims are for the care of a family member, with less than 1% for safe leave or military qualifying leave.

- A discussion occurred regarding how claimants may split their maternity leave and bonding leave to fit the needs of their situation.
- A discussion occurred about how Worker's Comp is factored into a claim. PFML is offset by certain WC claims. WC is first payer, providing 2/3 of the employee's wages, and PFML may be used to supplement.
- A conversation occurred around when pregnancy leave ends and bonding begins, and that this decision of timing would be in the hands of the care provider and patient.

The total benefits paid through May 30, 2026, are \$2,864,115.

- Authority Member Cotnoir requested information on when the benefits paid statistic goes through – is it when the money is loaded to the card or when the money is used?
- Authority Member Washburn requested that staff provide a quarter over quarter comparison of what is brought in by premium payments versus what is paid out in benefits.

Aflac interaction and customer service metrics are strong. They excel with their application processing timeline and follow up with claimants. The average decision turnaround time is 2.11 business days (after all items received). Their abandoned call rate is less than 1% (0.65%).

- Authority Member Conroy inquired if anyone had used Undue Hardship. Aflac is working on a metric/data analysis for this. Some employers have already indicated in the portal that they will never use undue hardship.
- Authority Member Tilton-Flood requested a breakdown of sectors represented in claims.

Director Monahan reported that our revenue is strong, and the Actuary has received the first quarter revenue numbers, with wage reporting through April 30. At the end of Q1, we had \$49.7 million in quarterly revenue, with a current total of \$279 million in the bank and above what was forecast. The first next annual actuary report will be provided by October 1. When we set up allocations for trust funds, (the allocations for the previous budget were just for operating,) we need to put in financial

orders for spending authority to spend the money we already have for the payment of approved benefits. For FY27, we are looking at \$175 million, and for FY28, we will be asking for around \$230 million for spending authority annually.

- Authority Member Cotnoir informed the Authority that the State operates on a quarterly allotment system; so, PFML is asking permission from the State to use the money; this is not a legislative requirement.

Deputy Director Parson reported on the second phase of the Public Education Campaign. This phase is focused on benefits ads intended to reach people across media platforms. Our vendor, Ethos, has utilized streaming, radio, and social media advertisements. Commissioner Fortman, and Authority Members Naliboff and Fox represented the program on Maine Calling. And Director Monahan has participated in over a dozen interviews on radio stations across the state. The Campaign runs March – September, with their contract completing in October. We expect the campaign to be wrapped up on time and under budget.

- Authority Member Naliboff inquired about informational materials for OB-GYN offices. Deputy Director Parson noted there is a pre-natal conference in June and there will be a 1-pager created.

Deputy Director Parson distributed for the Authority's review H.P. 1348 – L.D. 2018 (which goes into effect on July 29). He notified the Authority of the Group Trust's impact on the law. This is a clarification bill for private plan self-insurance. The pending lawsuit was dismissed.

Chair Fox opened the discussion regarding future finance reports and claims tracking and what staff should include in these metrics. Authority Members noted undue hardship usage, reasons for claim denials, a breakdown on the sex of those requesting bonding claims, claim data by industry, and fraud data. Claims Administration Division Director Brydon noted that fraud identification is already part of our processes, and most of the fraud is committed by organized crime, not workers.

- PFML staff do not track what people are doing on leave, but people can report fraud when they see it. Aflac has a misrepresentation team that concerns can be filed to.
- Authority Member Washburn noted from experience that there will be spikes in summer leave applications and around holidays. This is more often for people to plan surgeries around more manageable times to be out, and this doesn't mean fraud or misuse.
- Authority Member Corry requested more information on private plan claims, and that this be included with the Aflac data. A discussion occurred around adjudications going through the State Plan. Director Monahan informed the Authority that with the State Plan, an annual claims report is required by Statute, but within the Rules, private plans administrators must track similar metrics and submit annual reports, due July 1 every year starting July 1, 2027. All carriers are asked to submit one report per carrier plan. Self-insured entities will have similar requirements. Staff have an ongoing collaboration with the American Coalition of Life Insurers around these requirements. The State program does provide an avenue of reconsideration through private plans. If the claimant is still unhappy, they can apply to appeal a denied reconsideration claim for a hearing with the State.

Regarding leave frequency, 85% of approved leaves are continuous, 12% are intermittent, and reduced leaves represent a tiny portion.

Chair Fox called for annual Election of Chair and Vice Chair. Authority Member Naliboff nominated Chair Fox to continue as Chair. Authority Member Barber seconded. The Authority unanimously approved Chair Fox to continue as Authority Chair. Authority Member Washburn nominated Vice Chair Hight to continue as Vice Chair. Authority Member Tilton-Flood seconded. The Authority unanimously approved Vice Chair Hight to continue as Authority Vice Chair.

The Authority will schedule the next public hearing meeting for September 2026. Direct Monahan reiterated that the Actuary annual report and statutory claims data report will both be available after October 1, 2026, for 4th Quarter meeting. Chair Fox will poll the Authority for scheduling the public hearing meeting in September and a financial review meeting in October.

Vice Chair Hight motioned to adjourn. Authority Member Naliboff second. All voted unanimously to adjourn at 10:40am.