

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

**Testimony Regarding the Family and Medical Leave Insurance Program—Time to Care  
Act of 2022 (S.B. 275)**

**Submitted to the record of the Senate Finance Committee Hearing on February 10, 2022 by  
Molly Weston Williamson, Director of Paid Leave and Future of Work, A Better Balance**

This testimony is submitted on behalf of A Better Balance, a legal advocacy organization whose mission is to fight for policies that will protect American workers from having to choose between caring for themselves and their families and maintaining their economic security. To that end, we have been working on paid family and medical leave issues in states throughout the country for over a decade. We are delighted that Maryland is considering this important issue and proud to support this critical legislation.

**I. Paid family and medical leave laws are working in other states.**

Since the middle of the last century, five states (California, New Jersey, Rhode Island, New York, and Hawaii) have provided a legal right to temporary disability insurance (TDI), which provides partial wage replacement to those unable to work due to an off-the-job illness or injury. In recent years, California, New Jersey, Rhode Island, and New York have expanded these programs to provide benefits to workers bonding with a new child or caring for a seriously ill loved one.<sup>1</sup> Washington State, Washington, D.C., Massachusetts, and Connecticut have created new insurance systems to provide similar benefits. In addition, Oregon and Colorado have passed laws to create new insurance systems to provide benefits in these same situations, which those states are currently working to implement. Though their exact structures vary, all existing comprehensive paid family and medical leave programs provide benefits through a social insurance model.

In each state with a paid family and medical leave law, almost all private sector (non-government) employees have an automatic legal right to coverage, including hourly, part-time, and subcontracted workers.<sup>2</sup> These laws cover employees regardless of the size of their employer, meaning that even those who work for an employer with just one employee have the right to coverage. Most programs also allow self-employed workers to opt in to coverage if they choose.

These laws provide benefits in a few types of situations. Workers can receive medical leave benefits (sometimes called TDI benefits) when they are unable to work due to a serious off-the-job illness or injury. In all programs, family leave benefits are available to those taking leave from work to bond with a new child (including children newly placed for foster care or adoption) or to care for a family member with a serious health condition. New York, Washington State, Massachusetts, California, Connecticut, and Colorado also provide (or will provide) paid family

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

leave benefits to workers dealing with certain needs in connection with a family member's military deployment. New Jersey, Oregon, Connecticut, and Colorado also provide (or will provide) benefits known as "safe time," which covers certain needs arising from domestic or sexual violence.

Programs vary in the number of weeks of benefits workers can receive. For their own medical needs, workers can receive benefits for fifty-two weeks in California, thirty weeks in Rhode Island, twenty-six weeks in New York and New Jersey, twenty weeks in Massachusetts, twelve weeks in Washington State and Connecticut (with an additional two weeks in each state for certain pregnancy-related health needs), and six weeks in Washington, D.C. Workers will be able to receive benefits for their own medical needs for twelve weeks in Oregon (with an additional two weeks for certain pregnancy-related health needs), and Colorado (with an additional four weeks for certain pregnancy-related health needs). For paid family leave, New York, New Jersey, Washington State, Connecticut, and Massachusetts<sup>3</sup> offer twelve weeks, California offers eight weeks, and Rhode Island offers five weeks; Washington, D.C. offers six weeks of benefits to care for a seriously ill or injured loved one and eight weeks of benefits to bond with a new child. Oregon and Colorado will each offer twelve weeks of paid family leave benefits. Programs vary in the extent to which workers can combine family and medical leave benefits sequentially.

Benefits are calculated as a percentage of workers' income. In some programs, this is a flat percentage of workers' own income. Workers receive a flat percentage of their average weekly wage in Rhode Island (approximately 60%) and New Jersey (85%). New York also uses a flat wage replacement rate, currently 50% for medical leave and 67% for family leave.

Other programs use what are called progressive wage replacement rates, where lower income workers receive a higher percentage of their income. California uses a progressive wage replacement rate ranging from 60% to 70% for most workers, with lower-income workers receiving a higher percentage of their income. Washington, D.C., Washington State, Massachusetts, Connecticut, Oregon, and Colorado use (or will use) progressive rates structured in a similar way. In these states, workers will receive a higher percentage of their income up to a threshold (ranging from 80% to 100%) and then a lower percentage of income (ranging from 50% to 65%) above that threshold. In effect, this will create a sliding scale of benefits. The exact thresholds vary from state to state, but are typically tied to a percentage of the state's average weekly wage or to the state's minimum wage.<sup>4</sup>

In every program, benefits are subject to a cap (a maximum weekly benefit). In many states, this cap is set as a percentage of the state's average weekly wage, so that it adjusts each year in response to growth in wages. Other programs use other mechanisms to ensure the benefit keeps

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

pace with growth; for example, D.C.'s program adjusts benefits each year in response to regional inflation.

Paid family and medical leave laws are social insurance systems. Though the mechanics vary by state, in all states the programs work by combining small contributions from employers, employees, or both into an insurance system. When workers need family or medical leave, the insurance system pays their benefits. This means that employers do not have to pay workers' wages out of pocket when they are out on leave, making providing paid leave inexpensive to the employer. This feature may be especially important for small employers, who often cannot afford to pay for paid leave out of pocket and therefore are at a competitive disadvantage in hiring the best employees as compared to larger employers who can afford to do so.

## **II. The need for Maryland to pass a paid family and medical leave law is overwhelming.**

Maryland needs paid family and medical leave now—for workers, businesses, families, and the economy. Families who have access to paid leave are healthier, more economically secure, and less likely to require taxpayer-funded public assistance resources. The lack of paid leave costs U.S. workers and their families \$22.5 billion each year in lost wages alone.<sup>5</sup>

This bill is especially timely now. Paid family and medical leave will be crucial as our nation recovers from the COVID-19 pandemic. States that had paid family and medical leave programs in place prior to the pandemic were better able to respond to workers' needs, while, even with emergency interventions, our lack of a national paid leave policy compromised the effectiveness of our pandemic response.<sup>6</sup> As we move forward, paid family and medical leave will ensure workers can take the time they need to address their own or a loved one's COVID-related needs in the years to come,<sup>7</sup> while also responding to longstanding existing needs.

Shockingly, the United States remains one of only two countries in the world, along with Papua New Guinea, with no national paid parental leave benefit of any kind.<sup>8</sup> Only 23% of civilian workers receive paid family leave through their employers to bond with a new child or care for a seriously ill or injured family member; among low-income workers, the number is even lower.<sup>9</sup>

This lack of access has predictable and devastating consequences for American families. Women without paid leave are more likely to be pushed into lower-paying jobs or to drop out of the work force entirely.<sup>10</sup> In contrast, women who take paid leave after a child's birth are more likely to be employed nine to twelve months after the child's birth than working women who take no leave and new mothers who take paid leave are also more likely to report wage increases in the year following the child's birth.<sup>11</sup> For working fathers, taking longer paid family leave means

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

increased satisfaction in their contact with their children<sup>12</sup> and greater engagement in their children's lives.<sup>13</sup>

Lack of paid leave also hurts children. When parents cannot take the leave they need, babies are less likely to get checkups and important vaccinations, less likely to breastfeed, and more likely to develop behavioral problems.<sup>14</sup> For foster children, the first few months are a critical adjustment period in the transition to a new placement,<sup>15</sup> during which children need time to bond with their foster parents. Seriously ill children benefit when their parents can afford time off to care for them. Research shows that ill children have better vital signs, faster recoveries, and reduced hospital stays when cared for by parents.<sup>16</sup>

Nor is the need for family leave limited to new parents: today, nearly one in three U.S. households provide care for an adult loved one with a serious illness or disability.<sup>17</sup> With an aging population, these numbers will only increase in the future. Family caregivers can help these individuals recover more quickly and spend less time in hospitals.<sup>18</sup> Policies that support family caregiving create savings that benefit all Maryland taxpayers. Unpaid family caregivers not only help to ease the burden on our crowded hospitals and long-term care facilities but also create enormous financial savings. For example, recipients of family caregiving are less likely to have nursing home care or home health care paid for by Medicare.<sup>19</sup> Because most caregivers providing care for adults are employed,<sup>20</sup> the demands of providing care are in constant tension with earning a much-needed income.

Workers also need time off to address their own serious health needs. Nationwide, about 3 in 5 civilian workers lack access to short-term disability insurance through their employers, leaving them vulnerable when they need time off from work to address their serious health needs.<sup>21</sup> Among low-income workers, these numbers are even more stark. Eighty percent of those in the bottom quarter of earners and 90% of those in the bottom tenth of earners lack access to short-term disability insurance through their employers.<sup>22</sup> When workers do not have the leave they need, they may defer or forego necessary medical treatment.<sup>23</sup> For example, paid medical leave helps cancer patients and survivors determine a course of treatment, follow through with and avoid that treatment, and manage side effects.<sup>24</sup>

Medical problems are a leading cause of personal bankruptcy in this country<sup>25</sup> and a frequent contributor to home foreclosures.<sup>26</sup> Without paid leave, those dealing with a disabling illness are often pushed onto public benefits.<sup>27</sup> Nearly 1 in 3 seriously ill workers either lose their jobs or have to change jobs as a result of their illness.<sup>28</sup> Paid medical leave can help workers balance their health needs with work and keep their jobs. Paid medical leave also helps keeps workers safe on the job, increasing productivity and decreasing employer costs. Workers with paid medical leave are significantly less likely to suffer dangerous injuries on the job<sup>29</sup> or deaths on

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

the job.<sup>30</sup> When workers must return to work before a chronic condition is stabilized or before they have healed from an injury, they are more likely to relapse or re-injure themselves while working.<sup>31</sup> Paid leave allows workers to recover and return to full productivity more quickly than they would by continuing to work.

Finally, military families lack the protections they need when their loved ones are called to active duty service of our country. In one national survey, the amount of time service members spend away from family was ranked as the top issue of concern for service members and military spouses.<sup>32</sup> Families that make these sacrifices deserve the paid time off they need to address the effects of deployment on their families and their lives. Moreover, due to the impacts of the military lifestyle, a shocking 30% of military spouses are unemployed, despite actively seeking employment, and many more are underemployed.<sup>33</sup> 52% of military spouses reported that unemployment and underemployment are the main obstacles to financial security.<sup>34</sup> Ensuring that these patriots can take the time away they need and then return ready to work can help them maintain employment and better support their loved ones serving abroad and those who remain at home.

### **The Business Case for Paid Leave**

Eight states, California, New Jersey, Rhode Island, New York, Washington State, Washington, D.C., Massachusetts, and Connecticut have already implemented paid family and medical leave programs, with programs in the works under laws passed in Oregon and Colorado.<sup>35</sup> The experiences of these states have shown that paid family and medical leave laws can provide critically needed benefits at an affordable cost and without burdening businesses.

Contrary to opponents' claims, paid leave does not hurt businesses and can even help. In California, 92.8% of employers reported that paid family leave had a positive or neutral effect on employee turnover,<sup>36</sup> saving employers the costly step of replacing an existing employee.<sup>37</sup> A majority of California employers also reported positive or neutral effects on productivity (88.5%), profitability/performance (91.0%), and employee morale (98.6%).<sup>38</sup> And the California Society for Human Resource Management, a group of human resources professionals that initially opposed the state's paid family leave law, declared that the law is less onerous than expected, and few businesses in their research reported challenges resulting from workers taking leave.<sup>39</sup>

Nor is it true that paid family and medical leave is bad for small businesses. Without a state program, small businesses that cannot afford to offer the same generous leave benefits as larger companies are at a competitive disadvantage in hiring.<sup>40</sup> Providing paid leave through a social insurance program levels the playing field for small businesses. That is why, for example, one



**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

year after Rhode Island's paid family leave law went into effect, a majority of small employers reported they were in favor of the program.<sup>41</sup>

## **The Health Case for Paid Leave**

A robust and growing body of research demonstrates the substantial health benefits of paid family and medical leave for working families. For example, paid leave is associated with better physical and mental health for mothers, including a lower risk of postpartum depression.<sup>42</sup> Moms who return to work within twelve weeks of giving birth are less likely to breastfeed and, when they do, breastfeed for less time than those who stay home longer.<sup>43</sup> In this context, it is unsurprising that access to paid leave has substantial positive effects on breastfeeding. For example, one leading study of California's paid family leave program found that use of paid family leave more than doubled the average number of weeks of breastfeeding and, among workers with low-quality jobs, notably increased the percentage of women who initiated breastfeeding at all.<sup>44</sup>

Paid leave is also tied to reduction in infant and child mortality. In one study of 141 countries, controlling for other factors, an increase of ten full-time-equivalent weeks of paid maternal leave reduced neonatal and infant mortality rates by 10% and the mortality rate of children younger than five by 9%.<sup>45</sup> Expanding paid leave may also help redress existing maternal health disparities. For example, one study found that the positive effects of increasing the length of paid maternity leave are especially pronounced for low-resource families.<sup>46</sup> Moreover, there are significant racial disparities in maternal health, especially for Black women who are significantly more likely to die in childbirth or experience serious complications than white women.<sup>47</sup> Greater access to paid leave can help bridge these gaps.

Family care leave also provides significant health benefits to both caregivers and care recipients. Ill children have better vital signs, faster recoveries, and reduced hospital stays when cared for by parents.<sup>48</sup> Paid leave is a crucial part of this equation, because parents with paid leave are more than five times more likely to care for their sick children than those without.<sup>49</sup> In one study, parents of children with special needs who received paid leave were more likely to report positive effects on their children's physical and mental health than those who took leave without pay.<sup>50</sup> Paid family care leave also has important health benefits for caregivers, who face many negative health repercussions from caregiving. Research shows that access to paid leave improves caregivers' mental and emotional health.<sup>51</sup>

Paid medical leave provides workers extended time off to deal with their own serious health need, including acute conditions like cancer, chronic conditions like diabetes or asthma, or recovery from an accident or serious injury. Paid leave allows workers to get the treatment they

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

need, when they need it. For example, paid medical leave helps cancer patients and survivors determine a course of treatment, follow through with that treatment, afford treatment, and manage side effects.<sup>52</sup> Paid leave also helps keep workers safe on the job, increasing productivity and decreasing employer costs. Workers with paid leave are significantly less likely to suffer dangerous injuries on the job<sup>53</sup> or deaths on the job (for example, from heart conditions).<sup>54</sup> When workers must return to work before a chronic condition is stabilized or before they have healed from an injury, they are more likely to relapse or re-injure themselves while working.<sup>55</sup> Nationally, one in three U.S. adults under 65 has at least one chronic health condition.<sup>56</sup> For workers who receive health insurance through their employers, taking needed leave can mean risking their coverage when they need it the most. Strong paid leave laws, like the bill before you today, protect workers' right to keep their employer-provided health insurance, ensuring that workers do not lose the coverage they need at these critical junctures.

Paid leave can help fight substance abuse, including the rising threat of opioid abuse, which costs our nation over \$740 billion each year.<sup>57</sup> Key treatment options, including both in-patient and outpatient care,<sup>58</sup> generally require time off work, which is why treatment of substance use disorders is covered under existing leave laws.<sup>59</sup> Family caregivers are critical in ensuring those with substance use disorders can get treatment,<sup>60</sup> but caregiving can come at a high mental, physical, and financial cost.<sup>61</sup> Paid leave can ensure they have the time away from work they need, along with easing the financial burdens of caregiving. Recovery benefits workers, their families, and their employers. Workers in recovery from substance use disorders have the lowest rates of turnover and absenteeism—lower, even, than the general workforce.<sup>62</sup>

While critics charge that employees will abuse the program, the evidence does not support that claim. Studies in California<sup>63</sup> and New Jersey<sup>64</sup> show little to no abuse of the programs by workers.

### **III. S.B. 275 would create a strong paid family and medical leave program.**

Key policy elements must be included for a strong paid family and medical leave program, building on lessons learned from successful programs in the states that have enacted paid family and medical leave. S.B. 275 would provide these crucial policy elements to offer strong protections to Maryland workers.

#### **12 weeks is a minimum length of leave time to serve the purposes of this legislation.**

S.B. 275 would provide at least twelve weeks of paid family and medical leave (with additional weeks in certain situations where workers have multiple needs). This minimum benchmark, which is also consistent with the FMLA, ensures that workers have the time they need to attend

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

to their own or a family member's serious health needs, address the impact of a family member's military deployment, or bond with a new child. Providing twelve weeks of coverage would also match the length of paid family leave coverage in New York, New Jersey, and Massachusetts and of paid family and medical leave coverage in Washington State, Connecticut, Oregon, and Colorado.

The health benefits of providing 12 weeks of leave for bonding are overwhelming for children, mothers, and fathers. Children whose mothers do not return to work full time in the first 12 weeks are more likely to receive medical checkups and critical vaccinations.<sup>65</sup> Mothers who take at least 12 weeks of leave are also more likely to breastfeed, with important lasting health benefits for their children.<sup>66</sup> Fathers who take longer leaves experience greater engagement in their children's lives;<sup>67</sup> greater paternal engagement has cognitive and developmental advantages for children.<sup>68</sup> For foster children, the first few months are a critical adjustment period in the transition to a new placement,<sup>69</sup> during which children need time to bond with their foster parents. Experts including the American Academy of Pediatrics recommend that healthy full-term infants should not be enrolled in child care until they are at least 12 weeks old due to rapid developmental changes and the risk of developing severe undetected illness.<sup>70</sup>

For new birth mothers, having less than 12 weeks of family leave is associated with increased symptoms of postpartum depression.<sup>71</sup> For working fathers, taking longer paid family leave means increased satisfaction in their contact with their children.<sup>72</sup>

**Job protection is critical to the ability of a worker to take this benefit for which the worker is paying.**

SB 275 protects the jobs of workers taking paid family and medical leave under the law. Job protection for all employees covered by the program is an essential element—without it, it's not leave. This is especially important for low-income workers, who change jobs more often than other workers<sup>73</sup> and are more likely to be working part time<sup>74</sup> (including many part-time workers who would prefer to be working full time).<sup>75</sup> Massachusetts provides job protection to all employees covered by its paid family and medical leave law, while Oregon, Connecticut, and Colorado provide (or will provide) job protection to nearly all employees covered by their paid family and medical leave laws and New York and Rhode Island provide job protection to all employees covered by their paid family leave laws.

The need for paid family and medical leave occurs at some of the most stressful times in a person's life: the arrival of a new child, a health crisis in the family, or a looming deployment. At these times, workers shouldn't have to worry whether they will have a job to return to after their leave. Without job protection, workers will pay for a program they can't use. Without a legal



**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

right to get their job back, many workers will be unable to take the leave they need—the risk to their long-term economic security will be too great. In one California study, fear of being fired was a commonly cited reason workers who were eligible for paid family leave under that state’s program did not take it.<sup>76</sup> In Rhode Island, 45% of workers who took leave under their state’s paid family leave law (which provides job protection) said that without the law they would not have taken leave for fear of losing their job.<sup>77</sup>

Job protection keeps workers attached to the workforce. When workers are unable to take short-term leave and then return to their job, they are often pushed out of the workforce altogether. One study estimated that men who leave the labor force early due to caring for an aging parent lose almost \$90,000 in wages, while women who do so lose over \$140,000 in wages.<sup>78</sup> Women who take paid leave after having a baby are more likely to be working 9 to 12 months after the birth than women who take no leave.<sup>79</sup> And keeping workers on the job saves taxpayers money. Both men and women who return to work after taking paid leave are much less likely to be receiving public assistance or food stamps in the year following their child’s birth than those who return to work without taking family leave.<sup>80</sup>

**Workers need a decent wage replacement in order to be able to take time off, especially workers at the bottom of the economic spectrum.**

SB 275 follows established best practices, providing a progressive wage replacement rate that will provide meaningful, accessible benefits to workers across the economic spectrum and ensure a benefit that low-income workers can afford to use. By adopting SB 275, Maryland would mirror the progressive wage replacement rates already in place California, Washington State, Massachusetts, the District of Columbia, and Connecticut and those that will be implemented in coming years in Oregon and Colorado.

Under progressive wage replacement systems like the one proposed here, lower-income workers, who need to use all of their income to meet their basic needs, receive a higher proportion of their income while they are on leave. This of this bill provides that workers will receive 90% of their wages up to 65% of the state average weekly wage (in current terms, this amount equals approximately \$870) and 50% of their wages above that amount. Benefits will initially be capped at \$1,000 per week, and will be adjusted in subsequent years based on inflation. Progressive wage replacement systems strike a reasonable balance between meeting the needs of low-wage workers and offering a reasonable maximum benefit to help protect the solvency of the fund.

The wage replacement rate (the percentage of their own income workers receive while on leave) is an extremely important element of a paid family and medical leave law: if the rate is too low,

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

workers will not be able to afford to take the leave they need. This problem can be especially acute for low-income workers living paycheck to paycheck, who need every dollar of their income to pay their bills. Moreover, for programs that are partially worker-funded, it is particularly essential to ensure that workers will not be required to pay for a program they cannot afford to use.

Though low-income workers are the most vulnerable, workers of any income level can find themselves unable to afford to take leave if the wage replacement rate is too low. In a major California study, workers across income levels reported that the 55% wage replacement level made it difficult to afford to use the program, potentially contributing to low rates of use.<sup>81</sup> For this reason, California amended their statute to raise the wage replacement rate, especially for low-wage workers. Maryland can learn from the experience of existing programs and create a benefit level that works for workers.

**For purposes of family care, all close family members should be covered.**

A strong bill includes the close family members for whom many workers will feel responsible and will therefore need leave to provide care should there be a serious illness. Here, SB 275 offers a strong foundation covering a range of loved ones, helping to reflect and protect the diversity of Maryland's families.

In today's families, many grandparents are raising grandchildren and both grandparents responsible for their grandchildren and grandchildren who owe their grandparents the care given them should be covered. Adult children with a serious illness are no less in need of care from their parents than any other adult to whom the worker is related. And many siblings look to their sisters or brothers as the first person to whom they would turn for care in the event of a serious illness. This bill would allow workers to take the time they need to care for these and other loved ones when they are seriously ill or injured.

**Self-employed workers deserve the opportunity to get coverage if they choose.**

Significantly, S.B. 275 would allow self-employed workers, including independent contractors and freelancers, to opt in to coverage. Eight states—California, New York, Washington, D.C., Washington State, Massachusetts, Connecticut, Oregon, and Colorado—have laws that allow or will allow such workers to opt in to coverage under their respective programs. By even conservative measures, more than one in ten American workers are self-employed (as of 2015),<sup>82</sup> though some counts place the number even higher.<sup>83</sup> A disproportionately high number of caregivers—in one study, as many as one in six—are self-employed.<sup>84</sup> Self-employment can be a double-edged sword for the ability to take leave, trading off (at least theoretically) greater control

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

of one's work schedule with less reliable income and fears of losing clients or work due to absence.

Recently, the rise of the so-called “gig economy” has placed increasing importance on ensuring basic protections for independent contractors and other self-employed workers, even as it raises significant questions regarding whether these workers are in fact employees who have been misclassified as contractors.<sup>85</sup> Despite their claims to provide flexibility, in practice platform companies like Uber often punish workers for not being available during profitable time slots, making it risky to take needed leave.<sup>86</sup> Moreover, as with other low-income workers, taking unpaid time away from work may be economically unfeasible for many gig economy workers who struggle to find enough hours of work.<sup>87</sup> For this reason, it is critically important that new laws, therefore, account for the needs of these workers and ensure that they can access the tools they need to take real leave regardless of whether they are considered traditional “employees”—as SB 275 would do.

**Portable benefits meet the needs of a changing workforce.**

S.B. 275 would provide the type of portable benefits—benefits that workers can take with them as they move from job to job or combine multiple sources of income—needed to fulfill the realities of today's workforce. As workers increasingly find themselves in nonstandard, precarious, and insecure jobs, portable benefits are increasingly essential. Low-income workers in particular may be more likely to change jobs than other workers more generally, even with employment that is not formally set up as temporary. Without needed protections, like eligibility standards that promote portability, a worker who happens to change jobs shortly before a life event requiring leave could be excluded, even if that worker had a long tenure and qualified in their prior position.

Additionally, a strong paid leave program should provide benefits to previously covered workers during unemployment. Many nonstandard employees may go through periods of unemployment between periods of employment. For example, temporary workers may have gaps between engagements or seasonal workers may struggle to find sufficient work in the off-season. For these workers, it is important that they can still access benefits they previously qualified for if the need arises during a period of unemployment—especially as the economic effects of the COVID pandemic continue to shape our economy, especially for women.

**Outreach and education are important.**

Especially in a program in which employees are paying in part for the benefit, it is very important that workers know about the benefit if there is a covered event in their lives. Strong



#### Headquarters

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

#### DC Office

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

#### Southern Office

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

#### Colorado Office

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

bills include provisions committing the state to providing outreach and education on the new program and require employers to provide their employees with notice of their rights.

Maryland has taken an important step forward today by examining paid family and medical leave. We thank you for the opportunity to submit this testimony and for all your efforts to enact the crucial protections working families need.

---

<sup>1</sup> Hawaii's law continues to provide for TDI benefits, but has not been expanded to provide paid family leave benefits. Under the law, workers can receive TDI benefits for up to twenty-six weeks. Workers receive 58% of their own income through TDI, up to a cap.

<sup>2</sup> Some state paid family and medical leave laws also cover state or local government employees, while others generally allow public sector employer to opt in to coverage or allow unionized public sector workers to negotiate for coverage through the bargaining process.

<sup>3</sup> For military caregivers, Massachusetts provides up to 26 weeks of benefits.

<sup>4</sup> For exact details by state, please see the attached chart.

<sup>5</sup> S. J. Glynn, *The Rising Cost of Inaction on Work-Family Policies*, Ctr. for Am. Progress (Jan. 21, 2020), <https://www.americanprogress.org/issues/women/news/2020/01/21/479555/rising-cost-inaction-work-family-policies/>.

<sup>6</sup> Chantel Boyens, *State Paid Family and Medical Leave Programs Helped a Surge of Workers Affected by the COVID-19 Pandemic*, Urban Institute (June 2020), [https://www.urban.org/sites/default/files/publication/102325/state-paid-family-and-medical-leave-programs-helped-a-surge-of-workers-affected-bythe-covid-19-pandemic\\_0.pdf](https://www.urban.org/sites/default/files/publication/102325/state-paid-family-and-medical-leave-programs-helped-a-surge-of-workers-affected-bythe-covid-19-pandemic_0.pdf); Jeffrey E. Stokes & Sarah E. Patterson, *Intergenerational Relationships, Family Caregiving Policy, and COVID-19 in the United States*, 32 *J. Aging & Social Pol'y* 416, 420 (June 3, 2020), available at <https://www.tandfonline.com/doi/pdf/10.1080/08959420.2020.1770031?needAccess=true>.

<sup>7</sup> Rebecca Rosenquist & Caroline La Rochelle, *Paid Leave: Will COVID-19 be a Catalyst for This Essential Policy?*, Children's Hospital of Philadelphia Policy Lab (Sept. 25, 2020), <https://policylab.chop.edu/blog/paid-leave-will-covid-19-be-catalyst-essential-policy>.

<sup>8</sup> INTERNATIONAL LABOUR ORGANIZATION, *MATERNITY AND PATERNITY AT WORK: LAW AND PRACTICE ACROSS THE WORLD* 16 (2014), available at [http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_242615.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf).

<sup>9</sup> *National Compensation Survey: Employee Benefits in the United States, Mar. 2021*, U.S. Bureau of Labor Statistics, Table 33 (2021), <https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf>.

<sup>10</sup> Sara Cohen, *Have Your Cake and Eat It Too: How Paid Maternity Leave in the United States Could End the Choice Between Career & Motherhood*, 36 *WOMEN'S RTS. L. REP.* 1, 9 (2014).

<sup>11</sup> Linda Houser & Thomas Vartanian, *Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public*, CENTER FOR WOMEN AND WORK (2012), p. 6-7, available at <http://www.nationalpartnership.org/research-library/work-family/other/pay-matters.pdf>.

<sup>12</sup> Linda Haas & C. Phillip Hwang, "The Impact of Taking Parental Leave on Fathers' Participation in Childcare and Relationships with Children: Lessons from Sweden," *Community, Work & Family*, 11:1, 85-104.

<sup>13</sup> Maria del Carmen Huerta *et al.*, *Fathers' Leave, Fathers' Involvement and Child Development Are They Related? Evidence from Four OECD Countries* (2013).

#### Headquarters

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

#### DC Office

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

#### Southern Office

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

#### Colorado Office

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

- <sup>14</sup> Lawrence M. Berger, Jennifer Lynn Hill, & Jane Waldfogel, *Maternity Leave, Early Maternal Employment and Child Health and Development in the US*, 115 THE ECON. J.L no. 501, F29, F45 (2005).
- <sup>15</sup> Annette Semanchin Jones & Susan J. Wells, *PATH/Wisconsin-Bremer Project: Preventing Disruptions in Foster Care* (2008).
- <sup>16</sup> See S. J. Heymann, A. Earle & B. Egleston, *Parental Availability for the Care of Sick Children*, Pediatrics, Vol. 98 No. 2 (Aug. 1996), p. 226-30; S.J. Heymann, THE WIDENING GAP: WHY AMERICA'S WORKING FAMILIES ARE IN JEOPARDY AND WHAT CAN BE DONE ABOUT IT (2000), p. 57.
- <sup>17</sup> Catherine Albiston & Lindsey Trimble O'Connor, *Just Leave*, 39 HARV. J. L. & GENDER 1, 16 (2016).
- <sup>18</sup> See, e.g., A. Houser & M.J. Gibson, *Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update*, AARP Public Policy Institute (Nov. 2008), pp. 1-2, 6; *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, AARP (June 2007), p. 6.
- <sup>19</sup> Houser & Gibson, *supra* note 15, at 6.
- <sup>20</sup> *Caregiving in the U.S.*, AARP & National Alliance for Caregiving (June 2015), p. 56, available at <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>.
- <sup>21</sup> U.S. Bureau of Labor Statistics, *Employee Benefits Survey: Mar. 2021*, Table 17 (2021), <https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf>.
- <sup>22</sup> *Id.*
- <sup>23</sup> See Abt Associates Inc., *Family and Medical Leave in 2012: Technical Report* 131 (Sep. 2012), <https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>.
- <sup>24</sup> Elizabeth Harrington & Bill McInturff, *Key Findings -- National Surveys of Cancer Patients, Survivors, and Caregivers*, American Cancer Society Cancer Action Network (2017), <https://www.acscan.org/sites/default/files/ACS%20CAN%20Paid%20Leave%20Surveys%20Key%20Findings%20Press%20Memo%20FINAL.pdf>. The results of this survey strongly suggest that other workers with chronic or serious illnesses will have better access to treatment and care when they are able to take paid time off from work.
- <sup>25</sup> See David U. Himmelstein, Deborah Thorne, Elizabeth Warren, Steffie Woolhandler, *Medical Bankruptcy in the United States, 2007: Results of a National Study*, 122 AM. J. OF MED. 742 (2009).
- <sup>26</sup> Christopher Tarver Robertson, Michael Hoke, & Richard Egelhof, *Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures*, 18 HEALTH MATRIX 65, 68 (2008).
- <sup>27</sup> See Anne L. Alstott, *Why the EITC Doesn't Make Work Pay*, LAW & CONTEMP. PROBS. 285, 311-12 (Winter 2010).
- <sup>28</sup> The Commonwealth Fund, The New York Times, & Harvard T.H. Chan School of Public Health, *Being Seriously Ill in America Today* 8 (Aug. 2018), <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2018/10/CMWF-NYT-HSPH-Seriously-Ill-Poll-Report.pdf>.
- <sup>29</sup> Abay Asfaw *et al.*, *Paid Sick Leave and Nonfatal Occupational Injuries*, 102.9 AMERICAN JOURNAL OF PUBLIC HEALTH e59-e64 (2012), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482022/>.
- <sup>30</sup> Daniel Kim, *Paid Sick Leave and Risks of All-Cause and Cause-Specific Mortality Among Adult Workers in the USA*, 14.10 Int. J. of Env. Research and Pub. Health 1247 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5664748/pdf/ijerph-14-01247.pdf>.
- <sup>31</sup> T.G. Hollo, *Evaluating family and medical leave insurance for Washington state*, 11 Economic Opportunity Institute (May 2012), <http://www.opportunityinstitute.org/wp-content/uploads/family-leave-insurance/EvaluatingFamilyandMedicalLeave-Jan13.pdf>.
- <sup>32</sup> *Military Family Lifestyle Survey: Comprehensive Report*, BLUE STAR FAMILIES, p. 20 (2018), available at <https://bluestarfam.org/wp-content/uploads/2019/03/2018MFLS-ComprehensiveReport-DIGITAL-FINAL.pdf>.
- <sup>33</sup> *Id.* at 10
- <sup>34</sup> *Id.*
- <sup>35</sup> Paid family and medical leave benefits will begin in Oregon in 2023 and Colorado in 2024.



#### Headquarters

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

#### DC Office

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

#### Southern Office

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

#### Colorado Office

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

<sup>36</sup> Eileen Appelbaum & Ruth Milkman, *Leaves That Pay: Employer and Worker Experience with Paid Family Leave in California* (2011), CENTER FOR ECONOMIC AND POLICY RESEARCH, p. 8, available at <https://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>.

<sup>37</sup> Replacing an employee costs 50-75% of an hourly employee's annual pay and up to 150% of a salaried employee's annual pay. Jodie Levin-Epstein, *Getting Punched: The Job and Family Clock* (2006), CENTER FOR LAW AND SOCIAL POLICY, p. 9, available at <http://www.clasp.org/resources-and-publications/files/0303.pdf>.

<sup>38</sup> Appelbaum & Milkman, *supra* note 33, at 8.

<sup>39</sup> Redmond, J., & Fkias, E. (2010, January). California's Paid Family Leave Act Is Less Onerous Than Predicted. Society for Human Resources Management Publication. Retrieved 27 August 2020, [https://www.sheppardmullin.com/media/article/809\\_CA%20Paid%20Family%20Leave%20Act%20Is%20Less%20Onerous%20Than%20Predicted.pdf](https://www.sheppardmullin.com/media/article/809_CA%20Paid%20Family%20Leave%20Act%20Is%20Less%20Onerous%20Than%20Predicted.pdf).

<sup>40</sup> Eileen Appelbaum & Ruth Milkman, *Achieving a Workable Balance*, CENTER FOR WOMEN AND WORK (2006), p. 23, available at <https://smlr.rutgers.edu/sites/default/files/images/achieving%20a%20workable%20balance%202006%20Appelbaum.pdf>.

<sup>41</sup> 56% of employers with 10-19 employees and 59% of employers with 20-49 employees were in favor of the program. Ann Bartel, Maya Rossin-Slate, Christopher Ruhm, & Jane Waldfogel, *Assessing Rhode Island's Temporary Caregiver Insurance Act: Insights from a Survey of Employers* (2016), p. 7, available at [https://www.dol.gov/asp/evaluation/completed-studies/AssessingRhodeIslandTemporaryCaregiverInsuranceAct\\_InsightsFromSurveyOfEmployers.pdf](https://www.dol.gov/asp/evaluation/completed-studies/AssessingRhodeIslandTemporaryCaregiverInsuranceAct_InsightsFromSurveyOfEmployers.pdf).

<sup>42</sup> Zoe Aitken et al., *The Maternal Health Outcomes of Paid Maternity Leave: A Systematic Review*, SOCIAL SCIENCE & MEDICINE 130 (2015) 32-41; Belinda Hewitt et al., *The Benefits of Paid Maternity Leave for Mothers' Post-Partum Health and Wellbeing: Evidence from an Australian Evaluation*, SOCIAL SCIENCE & MEDICINE 182 (2017) 97-105; Pinka Chatterji & Sara Markowitz, *Family Leave After Childbirth and the Mental Health of New Mothers*, THE JOURNAL OF MENTAL HEALTH POLICY AND ECONOMICS 15 (2012).

<sup>43</sup> Berger, Hill, & Waldfogel, *supra* note 11, at F29, F39-F40.

<sup>44</sup> Appelbaum & Milkman, *supra* note 33, at 25-26.

<sup>45</sup> Jody Heymann, Amy Raub, & Alison Earle, *Creating and Using New Data Sources to Analyze the Relationship Between Social Policy and Global Health: The Case of Maternal Leave*, PUBLIC HEALTH REP. 126 (Suppl 3): 127-134 (2011), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150137/>.

<sup>46</sup> Louise Voldby Beuchert et al., *The Length of Maternity Leave and Family Health*, 43 LABOUR ECONOMICS 55, 67 (2016).

<sup>47</sup> National Partnership for Women & Families, *Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities*, <http://www.nationalpartnership.org/research-library/maternal-health/black-womens-maternal-health-issue-brief.pdf> (April 2018).

<sup>48</sup> See Heymann, Earle & Egleston, *supra* note 13, at 226-30; Heymann, *supra* note 13.

<sup>49</sup> Jody Heymann, Sarah Toomey, & Frank Furstenberg, *Working Parents: What Factors Are Involved in Their Ability to Take Time Off from Work When Their Children Are Sick?* ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE, vol. 163, no. 8, fn 4-2 (Aug 1999).

<sup>50</sup> Mark A Schuster, et al., *Perceived Effects of Leave from Work and the Role of Paid Leave Among Parents of Children with Special Health Care Needs*. AMERICAN JOURNAL OF PUBLIC HEALTH, 99(4):698-705 (April 2009), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661484/>.

<sup>51</sup> Alison Earle & Jody Heymann, *Protecting the Health of Employees Caring for Family Members with Special Health Care Needs*, SOCIAL SCIENCE & MEDICINE, 73:68-78 (July 2011) <http://www.sciencedirect.com/science/article/pii/S0277953611002917?via%3Dihub>; Schuster, et al., *supra* note 46.

<sup>52</sup> Harrington & McInturff, *supra* note 21. The results of this survey strongly suggest that other workers with chronic or serious illnesses will have better access to treatment and care when they are able to take paid time off from work.

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

<sup>53</sup> Asfaw et al., *supra* note 26.

<sup>54</sup> Daniel Kim, *Paid Sick Leave and Risks of All-Cause and Cause-Specific Mortality Among Adult Workers in the USA*, 14.10 INT. J. OF ENV. RESEARCH AND PUB. HEALTH 1247 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5664748/pdf/ijerph-14-01247.pdf>.

<sup>55</sup> Hollo, *supra* note 28.

<sup>56</sup> *Workers Affected By Chronic Conditions: How Can Workplace Policies And Programs Help?*, GEORGETOWN UNIV. HEALTH POLICY INST., Issue Brief Number 7 (June 2004), <https://hpi.georgetown.edu/workplace/>.

<sup>57</sup> National Institute on Drug Abuse, Costs of Substance Abuse, <https://www.drugabuse.gov/drug-topics/trends-statistics/costs-substanceabuse#supplemental-references-for-economic-costs> (last accessed July 22, 2021).

<sup>58</sup> 5 National Institute on Drug Abuse, Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition) (January 2018), <https://www.drugabuse.gov/download/675/principles-drug-addiction-treatment-research-based-guide-thirdedition.pdf?v=74dad603627bab89b93193918330c223>.

<sup>59</sup> 29 C.F.R. § 825.119(b).

<sup>60</sup> Robin E. Clark, Ph.D., Family Support and Substance Use Outcomes for Persons With Mental Illness and Substance Use Disorders, *Schizophrenia Bulletin*, Volume 27, Issue 1, 2001, Pages 93–101, <https://doi.org/10.1093/oxfordjournals.schbul.a006862>.

<sup>61</sup> Mannelli P. (2013). The burden of caring: drug users & their families. *The Indian journal of medical research*, 137(4), 636–638.

<sup>62</sup> Eric Goplerud et al., A Substance Use Cost Calculator for U.S. Employers with an Emphasis on Prescription Pain Medication Misuse, 59 J. OCCUPATIONAL ENVIRONMENTAL MED. 1063, Table 4 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/>.

<sup>63</sup> California Employment Development Department’s Annual Report on Fraud, Deterrence and Detection Activities, A Report to the California Legislature. June 2018; [https://www.edd.ca.gov/About\\_EDD/pdf/Fraud\\_Deterrence\\_and\\_Detection\\_Activities\\_2018.pdf](https://www.edd.ca.gov/About_EDD/pdf/Fraud_Deterrence_and_Detection_Activities_2018.pdf).

<sup>64</sup> Sharon Lerner & Eileen Appelbaum, *Business As Usual: New Jersey Employers’ Experiences with Family Leave Insurance*, Center for Economic and Policy Research (June 2014), [www.cepr.net/documents/nj-fli-2014-06.pdf](http://www.cepr.net/documents/nj-fli-2014-06.pdf).

<sup>65</sup> Berger, Hill, & Waldfogel, *supra* note 11.

<sup>66</sup> *Id.*

<sup>67</sup> del Carmen Huerta et al., *Fathers’ Leave, Fathers’ Involvement and Child Development Are They Related?*

<sup>68</sup> Ann Sarkadi et al., “Fathers’ involvement and children’s developmental outcomes: a systematic review of longitudinal studies,” *Acta Paediatrica* 97: 153-158 (2008).

<sup>69</sup> Jones & Wells, *supra* note 12.

<sup>70</sup> American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education, *Caring for Our Children: National Health and Safety Performance Standards*, Third Edition (2011).

<sup>71</sup> Chatterji & Markowitz, *supra* note 38, at 61-76.

<sup>72</sup> Haas & Hwang, “The Impact of Taking Parental Leave on Fathers’ Participation in Childcare and Relationships with Children”, 85-104.

<sup>73</sup> Jacquelyn Anderson, Linda Yuriko Kato, & James A. Riccio, *A New Approach to Low-Wage Workers and Employers*, MDRC 5 (Mar. 2006), [https://www.mdrc.org/sites/default/files/full\\_9.pdf](https://www.mdrc.org/sites/default/files/full_9.pdf).

<sup>74</sup> *Who Are Low-Wage Workers?* Office of the Assistant Sec’y for Planning & Eval., U.S. Dep’t of Health & Human Servs. (Feb. 2009), <https://aspe.hhs.gov/system/files/pdf/180021/rb.pdf>.

<sup>75</sup> Lonnie Golden, *Still Falling Short on Hours and Pay: Part-time Work Becoming New Normal*, Econ. Policy Inst. (Dec. 5, 2016), <http://www.epi.org/publication/still-falling-short-on-hours-and-pay-part-time-work-becoming-new-normal/>.

<sup>76</sup> Appelbaum & Milkman, *supra* note 33.

**Headquarters**

5 Columbus Circle, 11<sup>th</sup> floor  
New York, NY 10019  
tel: 212.430.5982

**Southern Office**

2301 21<sup>st</sup> Ave. South, Suite 355  
Nashville, TN 37212  
tel: 615.915.2417

**DC Office**

815 16<sup>th</sup> Street NW, Suite 4162  
Washington, DC 20005

**Colorado Office**

303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203

[abetterbalance.org](http://abetterbalance.org) | [info@abetterbalance.org](mailto:info@abetterbalance.org)

---

<sup>77</sup> Barb Silver, Helen Mederer, & Emilija Djurdjevic, *Rhode Island's Temporary Caregiver Insurance Program: Findings from the First Year* (2015).

<sup>78</sup> MetLife Mature Market Institute, *The Metlife Study of Caregiving Costs to Working Caregivers* (2011).

<sup>79</sup> Houser & Vartanian, *supra* note 8.

<sup>80</sup> California State Office of Research, "California's Paid Family Leave Program," July 1, 2014, p.6, [http://sor.senate.ca.gov/sites/sor.senate.ca.gov/files/Paid\\_Family\\_Leave\\_FINAL\\_A1b.pdf](http://sor.senate.ca.gov/sites/sor.senate.ca.gov/files/Paid_Family_Leave_FINAL_A1b.pdf); Employment Development Department, "Paid Family Leave Market Research," July 13, 2015, p. 86, [https://www.edd.ca.gov/Disability/pdf/Paid\\_Family\\_Leave\\_Market\\_Research\\_Report\\_2015.pdf](https://www.edd.ca.gov/Disability/pdf/Paid_Family_Leave_Market_Research_Report_2015.pdf).

<sup>81</sup> *Paid Family Leave Market Research* (Dec. 2015), p. 70, CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT, available at [http://www.edd.ca.gov/Disability/pdf/Paid\\_Family\\_Leave\\_Market\\_Research\\_Report\\_2015.pdf](http://www.edd.ca.gov/Disability/pdf/Paid_Family_Leave_Market_Research_Report_2015.pdf).

<sup>82</sup> Steven F. Hipple & Laurel A. Hammond, *Self-employment In The United States*, U.S. Bureau of Labor Statistics (Mar. 2016), <https://www.bls.gov/spotlight/2016/self-employment-in-the-united-states/pdf/self-employment-in-the-united-states.pdf>.

<sup>83</sup> See Freelancer's Union & Upwork, *Freelancing in America* (Oct. 2018), <https://www.upwork.com/i/freelancing-in-america/2018/> (finding that more than one in three Americans freelanced in the past year); Shayna Strom & Mark Schmitt, *Protecting Workers in a Patchwork Economy*, The Century Found. (Apr. 7, 2016), <https://tcf.org/content/report/protecting-workers-patchwork-economy/>; Lawrence F. Katz & Alan B. Krueger, *The Rise and Nature of Alternative Work Arrangements in the United States, 1995–2015*, (Mar. 29, 2016), [http://scholar.harvard.edu/files/lkatz/files/katz\\_krueger\\_cws\\_v3.pdf?m=1459369766](http://scholar.harvard.edu/files/lkatz/files/katz_krueger_cws_v3.pdf?m=1459369766).

<sup>84</sup> AARP Pub. Policy Instit. & Nat'l Alliance for Caregiving, *Caregiving in the U.S.* 11 (June 2015), <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>.

<sup>85</sup> See, e.g., Rebecca Smith & Sarah Leberstein, *Rights On Demand: Ensuring Workplace Standards and Worker Security in the On-Demand Economy*, Nat'l Emp't Law Project (Sept. 2015), <https://www.nelp.org/wp-content/uploads/Rights-On-Demand-Report.pdf>.

<sup>86</sup> *Id.* at 6.

<sup>87</sup> See *id.* at 5-6.



the work and family legal center

## Overview of Paid Family & Medical Leave Laws in the United States

**Nine U.S. states and the District of Columbia have paid family and medical leave laws on the books. This document provides an overview of these laws.**

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
<b>What purposes can leave be used for?</b>	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury.  Temporary caregiver insurance (TCI) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; or (2) care for a family member with a serious health condition.	Disability insurance (DI) can be used for a worker's own serious off-the-job illness or injury.  Paid family leave (PFL) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; (3) address certain military family needs.	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury. <sup>11</sup>  Family leave insurance (FLI) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain non-medical needs arising from domestic or sexual violence, also known as "safe time."	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury.  Paid family leave (PFL) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain military family needs. <sup>12</sup>	Universal paid leave (UPL) can be used (1) for a worker's own serious health condition; <sup>13</sup> (2) to bond with a child within one year of the child's birth or placement for foster care or adoption; or (3) to care for a family member with a serious health condition.	Medical leave can be used for a worker's own serious health condition.  Family leave can be used to (1) bond with a child within one year of the child's birth or placement; (2) care for a family member with a serious health condition; or (3) address certain military family needs.	Medical leave can be used for a worker's own serious health condition.  Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain military family needs.	Medical leave can be used for a worker's own serious health condition. <sup>14</sup>  Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; (3) address certain military family needs; or (4) address certain medical and non-medical needs arising from domestic violence, also known as "safe time."	Medical leave can be used for a worker's own serious health condition.  Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; or (2) care for a family member with a serious health condition.  Safe leave can be taken to address certain medical and nonmedical needs arising from domestic violence, harassment, sexual assault or stalking.  <i>Benefits begin Sept. 3, 2023.</i>	Family and medical leave can be used: (1) for a worker's own serious health condition; (2) to bond with a child within one year of the child's birth, adoption, or placement for foster care; (3) to care for a family member with a serious health condition; (4) to address certain military family needs; or (5) to address certain medical and non-medical needs arising from domestic violence, stalking, or sexual assault or abuse, also known as "safe leave."  <i>Benefits begin Jan. 1, 2024.</i>

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
<b>Who is covered?</b> <sup>15</sup>	Employees covered by the state unemployment insurance law, except for public employees, are covered.	Employees covered by the state unemployment insurance law, except for most public employees, are covered.	Employees covered by the state unemployment insurance law are covered, with some exceptions for public sector employees.	Most private sector employees are covered. <sup>16</sup>	Most private sector employees are covered.	All employees are covered.	Employees covered by the state unemployment insurance law, except for some public employees, are covered.	Almost all private sector and many public sector employees are covered.	Almost all employees are covered.	Almost all employees are covered.
<b>Are public sector workers automatically covered?</b> <sup>17</sup>	No. Public employers can opt in to coverage, as can some unions covering public sector workers through the collective bargaining process.	No, with a few exceptions. Many public employers can opt in to coverage, but may need to do so through a negotiated agreement with an authorized bargaining unit.	Own health: No, with a few exceptions. Public employers can opt in to coverage.  Paid family leave: Yes.	No. Public employers can opt in to coverage and unions covering public sector workers can opt in to paid family leave through the collective bargaining process.	No.	Yes.	State employees are automatically covered. Local government employees are not automatically covered. Public sector employers not covered by the law can opt in to coverage.	State employees are covered if their collective bargaining unit has negotiated coverage or if they are not in a collective bargaining unit. Municipal employees and employees of a local or regional board of education are covered if their collective bargaining unit has negotiated coverage or if they are not in a collective bargaining unit and their employer has	Yes, except employees of federal and tribal governments. Tribal governments may opt in to coverage.	Yes. However, local government employers may decline coverage. Local government employees whose employers declined coverage can opt in to wage replacement benefits.



	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
								negotiated coverage for members of any collective bargaining unit.		
<b>Are domestic workers covered?</b>	Yes, subject to a low minimum payment requirement.	Yes, subject to a low minimum payment requirement.	Yes, subject to a low minimum payment requirement.	Domestic workers who work at least 20 hours per week for a single employer are covered.	Yes, subject to a low minimum payment requirement.	Yes.	Yes.	Yes.	Yes.	Yes.
<b>Can self-employed workers opt in to coverage?</b>	No.	Yes.	No.	Yes.	Yes.	Yes.	Yes. <i>Certain self-employed workers may be covered automatically.</i>	Yes.	Yes.	Yes.
<b>What are the requirements to qualify for benefits?</b>	Workers must have earned wages in 1 quarter of the base period of at least 200 times the minimum wage (currently, \$2,300), must have earned income across the base period of at least 1.5 times the worker's highest earning	Workers must have earned at least \$300 during the base period.  The base period is the first 4 of the 5 most recently completed quarters <i>or</i> may include earlier quarters if the worker was unemployed	Workers must have either earned at least 20 times the minimum wage (currently, \$240) in at least 20 weeks <i>or</i> earned at least 1,000 times the minimum wage (currently, \$12,000) during the base year.  The base year is the first 4 of the 5	Own health: Workers generally must have been employed for at least 4 consecutive weeks by a single employer; <sup>19</sup> previously qualified workers qualify immediately upon the start of employment with a new covered	Workers must have been employed by a covered employer in D.C. during at least some of the 52 weeks preceding the event that precipitated their need for leave. Workers who have worked for covered	Workers must have worked at least 820 hours in the qualifying period. <sup>20</sup>  The qualifying period means the first 4 of the 5 most recently completed quarters or the 4 most recent	Workers must have earned a minimum amount (currently, \$5,700) during the base period and must meet an earnings requirement tied to the worker's average earnings that, in effect, means the worker must have worked for	Workers must have earned at least \$2,325 during the highest earning quarter within the base period.  The base period is the first 4 of the 5 most recently completed quarters.  This can	Workers must have earned at least \$1,000 during the base year.  The base year is the first 4 of the last 5 completed quarters or the 4 most recently completed quarters.  This can combine income from	Workers must have earned at least \$2,500 during the base period.  The base period is the first 4 of the last 5 completed quarters or the 4 most recently completed quarters.  This can combine income from more than one employer. <sup>21</sup>

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
	<p>quarter, and must have earned at least 400 times the minimum wage (currently, \$4,600) over the entire base period.</p> <p>The base period is the first 4 of the 5 most recently completed quarters <i>or</i> the 4 most recent completed quarters.</p> <p>This can combine income from more than one employer.</p>	<p>during part of the base period.<sup>18</sup></p> <p>This can combine income from more than one employer.</p>	<p>most recently completed quarters <i>or</i> the 4 most recent completed quarters <i>or</i> the 3 most recent completed quarters and the portion of the current quarter that has already occurred.</p> <p>This can combine income from more than one employer.</p>	<p>employer.</p> <p>Paid family leave: Workers generally must have been employed by their current employer for at least 26 consecutive weeks; those who work less than 20 hours per week must have worked at least 175 days for their current employer.</p>	<p>D.C. employers for less than 1 year may receive a prorated benefit amount.</p>	<p>completed quarters.</p> <p>This can combine hours worked at more than one employer.</p>	<p>a certain number of weeks.</p> <p>The base period is the last 4 completed quarters.</p> <p>This can combine income from more than one employer.</p>	<p>combine income from more than one employer.</p>	<p>more than one employer.</p>	
<b>What family members are covered?</b>	A family member includes a worker's child, parent, parent-in-law or parent of the worker's registered domestic partner,	A family member includes a worker's child, parent, grandparent, grandchild, sibling, spouse, registered domestic	A family member includes a worker's child, parent, parent-in-law, sibling, grandparent, grandchild, spouse, registered domestic partner, civil union	A family member includes a worker's child, parent, parent-in-law, spouse, grandchild, grandparent, or domestic partner. <sup>23</sup> The law's definition	A family member includes a worker's child, parent, parent-in-law, spouse, grandparent, sibling, or registered	A family member includes a worker's child, child's spouse or domestic partner, grandchild, grandparent,	A family member includes a worker's spouse, domestic partner, child, parent, parent of a spouse or domestic partner, grandchild, grandparent, or	A family member includes a worker's spouse, sibling, son or daughter, grandparent, grandchild, parent, parent-	A family member includes a worker's spouse or registered domestic partner, sibling, child, child's spouse or domestic partner, grandparent, grandchild,	A family member includes a worker's child, parent, parent of a spouse or domestic partner, spouse, domestic partner, <sup>28</sup> grandparent, grandparent of a spouse or domestic

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
	grandparent, spouse, or registered domestic partner.	partner, or the parent of a worker's spouse or registered domestic partner. <sup>22</sup>	partner, any other person related to the worker by blood, and any other person that the worker shows to have a close association with the worker which is the equivalent of a family relationship.	of domestic partner is flexible and does not require registration. <sup>24</sup>  <i>Beginning January 1, 2023, a family member will also include siblings.</i>	domestic partner.	parent, parent-in-law or parent of the worker's registered domestic partner, sibling, spouse, registered domestic partner, any individual who regularly resides in a worker's home where there is an expectation that the worker care for the individual, or any individual where the relationship creates the expectation that the worker care for the individual and that individual depends on the worker for	sibling. The law's definition of domestic partner is flexible and does not require registration. <sup>25</sup>	in-law, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships. <sup>26</sup>	parent, parent-in-law or parent of the worker's registered domestic partner, or any individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship. <sup>27</sup>	partner, grandchild, grandchild of a spouse or domestic partner, sibling, sibling of a spouse or domestic partner, or as shown by the worker, any other individual with whom the worker has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship.

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
<b>How is the program funded?</b>	Workers cover the full cost of both TDI and TCI. Both programs are funded by a single payroll deduction, currently set at 1.1% of wages. This deduction does not apply to wages above \$81,500/year.	Workers cover the full cost of both DI and PFL. Both programs are funded by a single payroll deduction, currently set at 1.1% of wages. <sup>29</sup> This deduction does not apply to wages above \$145,600/year.	Workers and employers share the cost of TDI. Workers contribute 0.14% of their wages. Employers contribute a percentage of workers' wages ranging from 0.10% to 0.75%. The percentage contribution for employees does not apply to a worker's wages above \$151,900/year; the percentage contribution for employers does not apply to a worker's wages above \$39,800/year. Workers cover the full cost of FLI. The program is funded by a payroll deduction, currently set at 0.14% of wages. This deduction	Workers and employers share the cost of TDI. Employers can withhold 0.5% of workers' wages to pay for coverage, up to \$0.60/week; employers cover the remaining cost. <sup>31</sup> Workers cover the full cost of PFL. The program is funded by a payroll deduction, currently set at 0.511% of wages. This deduction does not apply to wages above an average of \$1,594.57/ week.	Employers cover the full cost of UPL. Employers contribute a percentage of workers' wages, currently set at 0.62%.	Workers and employers share the cost of medical leave. Employers can withhold up to 45% of the premium from workers' wages; employers cover the remaining cost. <sup>32</sup> Employers with fewer than 50 employees in Washington State are not required to pay the employer portion. <sup>33</sup> Currently, the <i>total</i> premium for medical leave is about 0.29% of wages. Workers cover the full cost of family	Workers and employers share the cost of medical leave. Employers can withhold up to 40% of the premium from workers' wages; employers cover the remaining cost. <sup>35</sup> Employers with fewer than 25 employees in Massachusetts are not required to pay the employer portion. <sup>36</sup> Currently, the <i>total</i> premium for medical leave is 0.56% of wages. Workers cover the full cost of family leave. Currently, the premium is 0.12% of wages. The <i>total</i> premium for	Workers cover the full cost of all leave. Workers contribute 0.5% of wages. <sup>37</sup> Contributions do not apply to wages above the Social Security contribution base.	Workers and employers share the costs of all leave. Employers can withhold up to 60% of the contribution from workers' wages; employers cover the remaining costs. Employers with fewer than 25 employees are not required to pay the employer contribution. <sup>38</sup> The total premium will not exceed 1% of wages. Premiums do not apply to wages above \$132,900/year. Contributions begin January 1, 2023.	Workers and employers share the cost of all leave. Employers can withhold up to 50% of the premium from workers' wages; employers cover the remaining cost. <sup>39</sup> Employers with fewer than 10 employees are not required to pay the employer portion. Initially, the total premium will be 0.9% of wages. <sup>40</sup> Premiums do not apply to wages above the Social Security contribution base. Premiums begin January 1, 2023.

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
			does not apply to wages above \$151,900/year. <sup>30</sup>			leave. Currently, the premium is about 0.31% of wages. <sup>34</sup>  Premiums do not apply to wages above the Social Security contribution base.	family and medical leave is 0.68% of wages.  Premiums do not apply to wages above the Social Security contribution base.			
<b>What percentage of wages do workers receive?</b>	About 60% of a worker's average weekly wage (formally, 4.62% of a worker's wages in the highest earning quarter of the base year) <sup>41</sup>	Between 60% and 70% of a worker's average weekly wage, depending on their income <sup>42</sup>	85% of a worker's average weekly wage	Own health: 50% of a worker's average weekly wage  Family leave: 67% of a worker's average weekly wage	90% of a worker's average weekly wage up to an amount equal to 40 times 150% of the D.C. minimum wage and 50% of a worker's average weekly wage above an amount equal to 40 times 150% of the D.C. minimum wage <sup>43</sup>	90% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage	80% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage	95% of a worker's average weekly wage up to an amount equal to 40 times the state minimum wage and 60% of a worker's average weekly wage above an amount equal to 40 times the state minimum wage	100% of a worker's average weekly wage up to an amount equal to 65% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 65% of the statewide average weekly wage	90% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage, and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage



	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
<b>What is the maximum weekly benefit?</b>	85% of the statewide average weekly wage  <i>Current: \$978/week</i>	About 100% of the statewide average weekly wage  <i>Current: \$1,540/week</i>	70% of the statewide average weekly wage  <i>Current: \$993/week</i>	Own health: \$170/week  Family leave: 67% of the statewide average weekly wage  <i>Current: \$1,068.36/week</i>	\$1,009 per week, adjusted annually based on inflation	90% of the statewide average weekly wage  <i>Current: \$1,327/week</i>	64% of the statewide average weekly wage  <i>Current: \$1,084.31/week</i>	60 times the state minimum wage  <i>Current: \$780/week</i>	120% of the statewide average weekly wage	\$1,100 per week initially, adjusted annually after the first year to 90% of the statewide average weekly wage
<b>For how long can a worker receive benefits?</b>	Own health: Up to 30 weeks in a 52-week period. <sup>44</sup>  Family leave: Up to 5 weeks in a 52-week period.  Total: Up to 30 weeks in a 52-week period.  <i>When the program is fully phased in in 2023, workers will be able to take up to 6 weeks of family leave.</i>	Own health: Up to 52 weeks for any period of disability. <sup>45</sup>  Family leave: Up to 8 weeks in a 12-month period.  <i>California does not specify a cumulative limit.</i>	Own health: Up to 26 weeks for any period of disability. <sup>46</sup>  Family leave: Up to 12 weeks in a 12-month period.  <i>New Jersey does not specify a cumulative limit.</i>	Own health: Up to 26 weeks for any period of disability or in any 52-week period.  Family leave: Up to 12 weeks in a 52-week period.  Total: Up to 26 weeks in a 52-week period.	Own health: Up to 6 weeks in a 52-week period. <sup>47</sup>  Caring for a seriously ill relative: Up to 6 weeks in a 52-week period.  Bonding with a new child: Up to 8 weeks in a 52-week period.  Total: Up to 8 weeks in a 52-week period.	Own health: Up to 12 weeks in a 52-week period. <sup>49</sup>  Family leave: Up to 12 weeks in a 52-week period. <sup>50</sup>  Total: Up to 16 weeks in a 52-week period. <sup>51</sup>  Bonding with a new child: Up to 8 weeks in a 52-week period.  Total: Up to 8 weeks in a 52-week period.	Own health: Up to 20 weeks in any benefit year.  Family leave: Up to 12 weeks in any benefit year.  Total: Up to 26 weeks in any benefit year.  <i>Military caregivers can receive up to 26 weeks of family leave in any benefit year.</i>	Own health: Up to 12 weeks in a 12-month period.  Family leave: Up to 12 weeks in a 12-month period.  Safe time: Up to 12 days in a 12-month period.  Total: Up to 12 weeks in a 12-month period.  <i>Workers with certain pregnancy-related health needs may receive up to an additional 2</i>	Own health: Up to 12 weeks in any benefit year.  Family leave: Up to 12 weeks in any benefit year.  Safe leave: Up to 12 weeks in any benefit year.  Total: Up to 12 weeks in any benefit year.  <i>Workers with certain pregnancy-and childbirth-related health needs (including lactation) may receive up to an additional 2</i>	Own health: Up to 12 weeks in an application year.  Family leave: Up to 12 weeks in an application year.  Safe leave: Up to 12 weeks in an application year.  Total: Up to 12 weeks in an application year.  <i>Workers with certain pregnancy-and childbirth-related health needs may receive up to an additional 4 weeks of benefits, which can be combined with</i>

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
					<p><i>Workers with certain pregnancy-related health needs may receive up to an additional 2 weeks of benefits, which can be combined with other uses up to a total of 10 weeks in a 52-week period.</i></p> <p><i>After October 1, 2022, the maximum leave duration may vary.<sup>48</sup></i></p>	<p><i>with other uses up to a total of 18 weeks in a 52-week period.</i></p>		<p><i>additional 2 weeks of benefits, which can be combined with other uses up to a total of 14 weeks in a 12-month period.</i></p>	<p><i>weeks of benefits, which can be combined with other uses up to a total of 14 weeks in any benefit year.</i></p>	<p><i>other uses up to a total of 16 weeks in a 12-month period.</i></p>
<b>Is there an unpaid waiting period?</b>	No.	<p>Own health: Yes—there is a 7-day unpaid waiting period.</p> <p>Family leave: No.</p>	<p>Own health: Yes—there is a 7-day unpaid waiting period.<sup>52</sup> However, if a worker is eligible for benefits during each of 3 consecutive weeks after the waiting period,</p>	<p>Own health: Yes—there is a 7-day unpaid waiting period.</p> <p>Family leave: No.</p>	<p>Typically, yes—there is a 1-week unpaid waiting period.</p> <p><i>Due to the public health emergency, the unpaid</i></p>	<p>Own health and family leave other than bonding leave: Yes—there is a 7-day unpaid waiting period.</p> <p>Bonding</p>	Yes—there is a 7-day unpaid waiting period.	No.	No.	No.

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
			that worker can also be paid benefits for the waiting period.  Family leave: No.		<i>waiting period is temporarily waived.</i> <sup>53</sup>	leave: No.				
<b>Are workers entitled to have their jobs back when they return?</b>	Own health: No.  Family leave: Yes. <sup>54</sup>  <i>Workers may have protections under other laws, such as the FMLA or the Rhode Island Parental and Family Medical Leave Act.</i>	No.  <i>Workers may have protections under other laws, such as the FMLA or the California Family Rights Act.</i>	<i>The law was amended to add additional anti-retaliation provisions, which may be clarified by regulation.</i> <sup>55</sup>  <i>Workers may have protections under other laws, such as the FMLA or the New Jersey Family Leave Act.</i>	Own health: No.  Family leave: Yes. <sup>56</sup>  <i>Workers may have protections under other laws, such as the FMLA.</i>	No.  <i>Workers may have protections under other laws, such as the FMLA or the D.C. Family &amp; Medical Leave Act.</i>	Yes, but only for workers who meet specific eligibility criteria similar to those for the FMLA. <sup>57</sup>  <i>Workers may have protections under other laws, such as the FMLA.</i>	Yes. <sup>58</sup>  <i>Workers may have protections under other laws, such as the FMLA or the Massachusetts Parental Leave Act.</i>	Yes, if they have been employed by their employer for at least 3 months before requesting leave, except for leaves taken for safe time. <sup>59</sup>  <i>Workers may also have protections under other laws, such as the FMLA or Connecticut's family violence leave law.</i>	Yes, if they have been employed by their employer for at least 90 days before taking leave. <sup>60</sup>  <i>Workers may also have protections under other laws, such as the FMLA or the Oregon Family Leave Act.</i>	Yes, if they have been employed by their employer for at least 180 days before taking leave. <sup>61</sup>  <i>Workers may also have protections under other laws, such as the FMLA or the Colorado Family Care Act.</i>
<b>How is the insurance provided?</b>	All covered workers are covered through the state fund.	By default, workers are covered through the state fund. Employers can apply for approval of a voluntary plan, which must	By default, workers are covered through the state fund. Employers can apply for approval of a private plan, which must provide benefits	Employers can provide coverage by purchasing insurance (either from the state fund or a private insurer) or by becoming an approved self-	All covered workers are covered through the district fund.	By default, workers are covered by the state fund. Employers can apply for approval of a voluntary plan, which	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must	By default, workers are covered by the state fund. Employers can apply for approval of an equivalent plan, which must	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those

	RI <sup>1</sup>	CA <sup>2</sup>	NJ <sup>3</sup>	NY <sup>4</sup>	D.C. <sup>5</sup>	WA <sup>6</sup>	MA <sup>7</sup>	CT <sup>8</sup>	OR <sup>9</sup>	CO <sup>10</sup>
		provide benefits greater than those available through the state.	at least equivalent to those available through the state.	insurer.		must provide benefits at least equivalent to those available through the state.	provide benefits at least equivalent to those available through the state.	provide benefits at least equivalent to those available through the state.	provide benefits at least equivalent to those available through the state.	available through the state.

**Hawaii** also has a temporary disability insurance (TDI) program, which provides benefits to most workers for up to 26 weeks (save for a 1-week waiting period) for any period of serious off-the-job illness or injury. To be eligible for benefits, workers must have been employed for at least 14 weeks, during each of which the worker worked at least 20 hours and earned at least \$400 in wages, during the 52 weeks immediately prior to the start of disability. This can combine income from more than one employer. Under the program, a worker receives 58% of a worker’s average weekly wage up to a cap of about 70% of the statewide average weekly wage. Hawaii does not provide paid family leave.<sup>62</sup>

<sup>1</sup> R.I. Gen. Laws § 28-39-1 *et seq.*

<sup>2</sup> Cal. Unemp. Ins. Code § 2601 *et seq.* San Francisco has enacted a municipal law that grants additional benefits for parental leave for many workers.

<sup>3</sup> N.J. Stat. Ann. § 43:21-25 *et seq.*

<sup>4</sup> N.Y. Workers’ Comp. Law § 200 *et seq.* For more information on New York’s paid family leave law, visit [FamilyLeaveWorks.org](https://www.familyleaveworks.org).

<sup>5</sup> D.C. Code Ann. § 32-541.01 *et seq.*

<sup>6</sup> Wash. Rev. Code *et seq.* 50A.05.005.

<sup>7</sup> Mass. Gen. Laws ch. 175M, § 1 *et seq.*

<sup>8</sup> Conn. Legis. Serv. P.A. 19-25 (S.B. 1). The law is only partially codified. For the full text of the law, see <https://www.cga.ct.gov/2019/lcoamd/pdf/2019LCO09302-R00-AMD.pdf>.

<sup>9</sup> See Or. Enrolled House Bill 2005 (HB 2005-B). The law is only partially codified. For the full text of the law, see <https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/HB2005/Enrolled>.

<sup>10</sup> The law is not yet codified. For the full text of the law, see <https://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/filings/2019-2020/283Final.pdf>.

<sup>11</sup> In 2020, New Jersey’s law was amended to specify that TDI and FLI can be used in the event of a state of emergency declared by the Governor (or when the Commissioner of Health or other public health authority has indicated that one is needed) when a worker or a family member has an illness caused by an epidemic of a communicable disease, has a known or suspected exposure to the communicable disease, or is taking efforts to prevent spread of the communicable disease, the worker or family member requires in-home care or treatment due to the issuance of a determination by a healthcare provider or a public health authority that the worker’s or family member’s presence in the community may jeopardize the health of others, and said healthcare provider or public health authority recommends or directs the worker or family member to isolate or quarantine as a result of suspected exposure to a communicable disease.

<sup>12</sup> Under an emergency law, special TDI and/or paid family leave benefits may be available to certain workers when they or their minor child is subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19. For more information, consult our fact sheet <https://www.abetterbalance.org/resources/fact-sheet-new-york-states-paid-sick-leave-legislation/>.

<sup>13</sup> The statute explicitly includes miscarriage and stillbirth as serious health conditions. In addition, the law provides specific protections for pre-natal medical care.

<sup>14</sup> Connecticut’s law also specifies that leave can be taken to be an organ or bone marrow donor. This purpose may also be covered under other paid family and medical leave laws.

<sup>15</sup> California, New Jersey, Rhode Island, Washington State, Massachusetts, and Connecticut also provide some coverage for previously covered workers who have a qualifying need for family or medical leave while they are unemployed, while New York and Hawaii also provide some coverage for previously covered workers who have a qualifying need related to the worker’s own health. Details vary by state. States that aren’t currently implementing their programs will also likely provide some coverage for previously covered workers during unemployment, though final regulations will be needed to specify details.

<sup>16</sup> For a list of exceptions, visit <http://www.wcb.ny.gov/content/main/coverage-requirements-db/db-coverage-required.jsp>.

<sup>17</sup> Note that no state law covers federal employees.

<sup>18</sup> If a worker was unemployed and actively seeking work for at least 60 days of a quarter or quarters during the base period, that quarter or quarters is excluded from the base period and an equal number of quarters from the period immediately prior to the base period are substituted.

<sup>19</sup> Employees who are regularly in the employment of a single employer on a work schedule that is less than the employer's normal work week become eligible for disability leave benefits on the 25<sup>th</sup> day of such employment.

<sup>20</sup> From August 1, 2021 through June 30, 2023, employees whose leave begins in 2021 through March 31, 2022 and who do not meet the hours worked requirement but are otherwise eligible for paid family and medical leave may be eligible for pandemic leave assistance employee grants; individuals who do not meet the hours worked requirement because of an employment separation due to misconduct or a voluntary separation (unrelated to COVID-19) are not eligible.

<sup>21</sup> Workers with multiple jobs may choose to take leave from one job or multiple jobs. However, if a worker chooses to continue working at an additional job or jobs during leave, wages earned from the additional job or jobs will not be considered when calculating the worker's weekly benefit.

<sup>22</sup> This list covers family members for whom a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, domestic partner, child, or parent.

<sup>23</sup> This list covers family members a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, domestic partner, child, or parent.

<sup>24</sup> The definition of domestic partner includes any person who is at least 18 years old and "is dependent upon the employee for support as shown by either unilateral dependence or mutual interdependence, as evidenced by a nexus of factors including, but not limited to, common ownership of real or personal property, common householding, children in common, signs of intent to marry, shared budgeting, and the length of the personal relationship with the employee . . . ."

<sup>25</sup> The definition of domestic partner includes any person who is at least 18 years old and "is dependent upon the covered individual for support as shown by either unilateral dependence or mutual interdependence that is evidenced by a nexus of factors including, but not limited to: (A) common ownership of real or personal property; (B) common householding; (C) children in common; (D) signs of intent to marry; (E) shared budgeting; and (F) the length of the personal relationship with the covered individual . . . ."

<sup>26</sup> This list covers family members a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, child, or parent. Note that safe time can only be used when the worker, not a family member, is a victim of domestic violence.

<sup>27</sup> Workers can also take leave to care for the spouse or registered domestic partner of the worker's parent, sibling, grandparent, and grandchild. This list covers family members a worker can take leave to care for when they are seriously ill. Paid leave under the law can also be used as safe leave to address certain medical and non-medical needs arising out of the worker or the worker's minor child or dependent being a victim of domestic violence, harassment, sexual assault, or stalking.

<sup>28</sup> The law's definition of domestic partner does not require registration. The definition of domestic partner includes any person who is at least 18 years old and "(a) who is of the same gender as the employee; (b) With whom the employee has shared an exclusive, committed relationship for at least one year with the intent for the relationship to last indefinitely; (c) Who is not related to the employee by blood to a degree that would prohibit marriage pursuant to section 14-2-110, C.R.S.; and (d) Who is not married to another person."

<sup>29</sup> The state sets the premium based on a formula set by statute and not to exceed 1.5% of wages (with premiums not applying to wages above an amount based on a formula set by statute).

<sup>30</sup> These percentages are based on participation in the state plan. If an employer chooses a private plan, employees can only be required to contribute as much as they would have contributed to the state plan; these employees can only be required to contribute if a majority of employees agree to the private plan before it goes into effect. See <https://myleavebenefits.nj.gov/labor/myleavebenefits/employer/index.shtml?open=PrivatePlan>.

<sup>31</sup> A self-employed individual who elects coverage is required to pay the full cost of TDI and PFL premiums. An employer not covered by the law who elects coverage is required to pay the portion of the premium not covered by wages withheld from workers.

<sup>32</sup> A self-employed individual who elects coverage is only required to pay the portion of the premium required from workers.

<sup>33</sup> Employers with 50-150 employees who must pay all of the premiums or employers with fewer than 50 employees who choose to cover the employee portion of the premium may apply to receive certain grants from the state. While funds are available and until June 30, 2023, employers with 150 or fewer employees who pay all premiums and have an employee who has received or will receive a pandemic leave assistance employee grant may apply for pandemic leave assistance grants.

<sup>34</sup> The initial total premium for both family and medical leave will be set at 0.4% of employees' wages, one third of which shall be associated with family leave and two thirds of which shall be associated with medical leave. The state will set the premium in subsequent years based on a formula set by statute. In addition, the state will set the maximum wages subject to premium contributions based on the maximum wages subject to social security taxation. Employers may choose to cover all or part of employees' share of the premium for family and/or medical leave.



<sup>35</sup> A self-employed individual who elects coverage is required to pay the full cost of family and medical leave premiums.

<sup>36</sup> For purposes of determining the number of employees, self-employed people who are part of the employer's workforce are considered employees if self-employed people make up more than fifty percent of the employer's workforce.

<sup>37</sup> The state will set the premium not to exceed 0.5% of wages (with premiums not applying to wages above the Social Security contribution base).

<sup>38</sup> Employers with less than 25 employees may apply to receive certain grants if they elect to pay the employer contribution.

<sup>39</sup> A self-employed individual or an employee of a local government who elects coverage is only required to pay 50% of the premium.

<sup>40</sup> For the calendar year of 2025 and each calendar year thereafter, the state will set the premium based on a formula set by statute and not to exceed 1.2% of wages (with premiums not applying to wages above the Social Security contribution base).

<sup>41</sup> In addition, workers may also be entitled to a dependency allowance for minor children or adult children who are incapacitated due to physical or mental illness.

<sup>42</sup> Very low-wage workers receive a fixed benefit amount set by statute, which may result in higher wage replacement rates.

<sup>43</sup> Workers with less than a year of total covered employment will receive a smaller benefit, pro-rated based on the numbers of weeks the worker has worked in covered employment.

<sup>44</sup> While technically there is no time limit on receiving benefits, workers cannot receive benefits worth more than 30 times their weekly benefit rate in a year, in effect limiting workers to 30 weeks per year.

<sup>45</sup> While technically there is no time limit on receiving benefits, workers cannot receive benefits worth more than 52 times their weekly benefit rate for any continuous period of disability, in effect limiting workers to 52 weeks per continuous period of disability.

<sup>46</sup> In addition, no worker can receive benefits worth more than 26 times their weekly benefit amount in a year.

<sup>47</sup> Between October 1, 2021 and September 30, 2022, workers may be able to receive benefits for up to 2 weeks for leave in relation to pre-natal medical care and for a combined total of up to 6 weeks for medical leave and leave in relation to pre-natal medical care.

<sup>48</sup> Starting October 1, 2022, the number of weeks of benefits available will depend on the amount of money available in the paid leave fund. As a baseline, the program will provide benefits for up to 2 weeks for workers' own health, up to 6 weeks to care for a seriously ill relative, and up to 8 weeks to bond with a new child, up to a combined total of 8 weeks for workers with more than one need for leave. If funds allow, the maximum weeks of benefits will increase in increments above this baseline according to a set formula, up to 12 weeks for each purpose and a combined total of 12 weeks for workers with more than one need for leave (or up to a combined total of 14 weeks of benefits for workers with certain pregnancy-related health needs who need leave for more than one purpose).

<sup>49</sup> Technically, workers are entitled to medical leave benefits for up to 12 times their typical workweek hours. As noted above, medical leave may be extended by an additional 2 weeks (2 times a worker's typical workweek hours) if the worker experiences a serious health condition with a pregnancy that results in incapacity.

<sup>50</sup> Technically, workers are entitled to family leave benefits for up to 12 times their typical workweek hours.

<sup>51</sup> Technically, workers are entitled to up to a cumulative 16 times the worker's typical workweek hours of family and medical leave in a 52-week period or up to a cumulative 18 times the worker's typical workweek hours of family and medical leave in a 52-week period if the worker experiences a serious health condition with a pregnancy that results in incapacity.

<sup>52</sup> The 7-day unpaid waiting period will not apply when a worker uses TDI in the event of a state of emergency declared by the Governor (or when the Commissioner of Health or other public health authority has indicated that one is needed) because the worker has an illness caused by an epidemic of a communicable disease, has a known or suspected exposure to the communicable disease, or is taking efforts to prevent spread of the communicable disease, the worker requires in-home care or treatment due to the issuance of a determination by a healthcare provider or a public health authority that the worker's presence in the community may jeopardize the health of others, and said healthcare provider or public health authority recommends or directs the worker to isolate or quarantine as a result of suspected exposure to a communicable disease. Additionally, the 7-day unpaid waiting period will not apply when a worker uses TDI in the event of organ or bone marrow donation.

<sup>53</sup> The unpaid waiting period is waived for claims filed between October 1, 2021 and July 25, 2022. The COVID-19 public health emergency was declared on March 11, 2020 pursuant to Mayor's Order 2020-046 and was rescinded on July 25, 2021. For the text of Mayor's Order 2020-046, see [https://mayor.dc.gov/sites/default/files/dc/sites/mayoromb/release\\_content/attachments/MO.DeclarationofPublicHealthEmergency03.11.20.pdf](https://mayor.dc.gov/sites/default/files/dc/sites/mayoromb/release_content/attachments/MO.DeclarationofPublicHealthEmergency03.11.20.pdf).

<sup>54</sup> A worker returning from TCI leave must be restored to the worker's prior position or "a position with equivalent seniority, status, employment benefits, pay, and other terms and conditions of employment including fringe benefits and service credits that the employee had been entitled to at the commencement of leave." Workers who receive health insurance through their employers are entitled to continuation of those benefits while on TCI.

<sup>55</sup> Additionally, the law specifies that job-protected leave can be taken to be an organ or bone marrow donor.

<sup>56</sup> A worker returning from PFL must be restored to the worker's prior position or "a comparable position with comparable employment benefits, pay and other terms and conditions of employment." Workers who receive health insurance through their employers are entitled to continuation of those benefits while on PFL.

<sup>57</sup> Workers are entitled to job protection under the state paid family and medical leave law only if they work for an employer with at least 50 employees, have been employed by that employer for at least 12 months, *and* have worked for that employer for at least 1,250 hours during the 12-month period immediately preceding leave. A worker entitled to job protection under the law must be restored to the worker’s prior position or “an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment.” Some highly paid employees may be subject to a very narrow exception. Workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave *if* their employers would be required to continue benefits under the Family and Medical Leave Act.

<sup>58</sup> A worker returning from paid family or medical leave must be restored to the worker’s prior position or “an equivalent position, with the same status, pay, employment benefits, length of service credit and seniority as of the date of leave.” Workers who receive health insurance through their employers are entitled to continuation of those benefits while on paid family and medical leave.

<sup>59</sup> Through the law creating its paid leave program, Connecticut amended the Connecticut Family and Medical Leave Act (CTFMLA), which provides job protection, to cover essentially all private sector and state employees entitled to paid leave benefits except those receiving benefits for safe time purposes. Note that CTFMLA does not protect workers’ health insurance. Workers receiving benefits for safe time purposes may have employment protections under Connecticut’s family violence leave law.

<sup>60</sup> A worker returning from leave under Oregon’s law must be restored to the worker’s prior position or “any available equivalent position with equivalent employment benefits, pay and other terms and conditions of employment.” If a worker’s employer has fewer than 25 employees and the worker’s prior position no longer exists, the worker’s “employer may, at the employer’s discretion based on business necessity, restore the eligible employee to a different position with similar job duties and with the same employment benefits and pay.” Workers who receive health insurance through their employers are entitled to continuation of those benefits while on paid family and medical leave.

<sup>61</sup> Note that workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave, regardless of how long they’ve worked for their employer. Additionally, workers who exercise their rights to paid family, medical and safe leave are protected against retaliation or discrimination. Workers receiving benefits may also have employment protections under Colorado’s domestic violence leave law.

<sup>62</sup> See Haw. Rev. Stat. § 392-1 *et seq.* For more information, visit <https://labor.hawaii.gov/dcd/home/about-tdi/>. For a list of exceptions to covered workers, visit [http://www.capitol.hawaii.gov/hrscurrent/Vol07\\_Ch0346-0398/HRS0392/HRS\\_0392-0005.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0392/HRS_0392-0005.htm).