



Paid Family Medical Leave in States: Progress and Considerations

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ZERO TO THREE
Early connections last a lifetime

The first 3 years of life are a critical time of development for babies and families. Early relationships nurture early brain connections that form the foundation for all learning and relationships that follow. Paid family and medical leave (PFML) policies allow individuals to take paid time off from work to care for a new child, themselves, or a seriously ill family member. Parents and caregivers need access to PFML so they are able to spend unhurried time bonding with and caring for a new child during these critical stages of development without compromising their economic stability. Unfortunately, the vast majority of workers do not have PFML.

PFML offers resiliency, especially to families who live at or near the poverty threshold. It is a relatively small investment in the first months of life that allows families to adjust to the vast changes a baby can bring. Research has shown that PFML supports babies' health and development and families' well-being. For example, families who utilize paid leave spend more time bonding with their child including reading, talking, and participating in caregiving routines;ⁱ are less likely to be pushed below the poverty threshold by the birth of a new child;ⁱⁱ and have reported health benefits for new mothers. This paper gives a point-in-time look at progress states have made in advancing PFML. Additional information about the research on PFML can be found [here](#).

STATES MAKING PROGRESS

A federal PFML option would be ideal and solve many of the issues states face in creating their own programs, including creating systems and gaining political acceptance. The lack of a national PFML plan leaves Americans at risk of economic insecurity and reduces participation in the labor market when people who would prefer to take leave and then return must instead quit jobs to spend time caring for a new baby or their own health.ⁱⁱⁱ

Currently only eleven states and the District of Columbia have guaranteed access to PFML. The state- and district-level programs vary in how generous the reimbursement rates are, ranging from 60–70% of the individual's average weekly wage (IAWW) in California, New York, and Rhode Island to 100% of the IAWW in Oregon. State

programs that do the most to advance equity offer higher reimbursement percentages to lower wage earners. Programs that offer close to 100% of an IAWW, up to a determined amount based on the state average weekly wage (SAWW), are more accessible to lower income earners. Individuals with higher incomes can more easily lose a percentage of their income without risking economic instability than their lower wage earning counterparts can. The maximum amount of paid leave also varies across states, from 6 to 12 weeks to care for an ill family member and 6 to 14 weeks inclusive of pregnancy leave to care for a new child. States like Oregon and Washington allow for an expansive definition of family to include an individual who is equivalent to a family member.

California offers 60–70% of an IAWW up to 100% of the SAWW for up to 8 weeks to care for a seriously ill family member or bond with a new child. California was the first state in the nation to create a paid leave program in 2002 and [SB-135](#) extended the time allowed from 6 weeks to 8 weeks in 2020. The program is paid for by worker contributions of 1.1% up to a maximum annual contribution to the State Disability Insurance program.

Colorado voters approved [Proposition 118](#) in 2020 which will provide up to 12 weeks of PFML beginning in 2024. Employees who have earned at least \$2,500 in wages subject to the premium payments to the PFML insurance program will be eligible to receive up to 90% of their IAWW with a maximum benefit of 90% of the SAWW. The program will be funded equally between employee and employer contributions of 0.9% of wages up to a maximum annual contribution. Local governments have the option to opt out of participation but employees would be permitted to opt in as individuals.

Connecticut began providing up to 12 weeks of PFML with an additional 2 weeks for pregnancy-related incapacitation in 2021. [The legislation](#) allows workers to be paid on a sliding scale with a maximum of 95% of weekly wages up to maximum based on the state minimum wage. The state insurance is paid for by an employee payroll tax of 0.5% – 1% up to a maximum annual contribution.

Delaware signed into law the Healthy Delaware Families Act in May 2022, which provides up to 12 weeks of leave and benefits to covered employees for certain parental, family caregiving and medical reasons. Contributions will begin in January 2025 and employees will be able to use the job-protected paid leave beginning in 2026. The new law provides benefits to replace up to 80 percent of a covered individual's average weekly wage and the maximum amount of leave benefits a covered individual may take is 12 weeks per year for parental leave and an aggregate

of six weeks in any 24-month period for other qualifying reasons, for a cumulative total of up to 12 weeks of benefits per year. The program will be financed through a 0.8% payroll tax that includes 0.4% for medical leave, 0.32% for parental leave, and 0.08% for family caregiving leave.

The District of Columbia (DC) provides up to 6 weeks of paid leave to care for an ill family member and 8 weeks paid leave to bond with a new child, with an additional 2 weeks for pregnancy care. There is no minimum income requirement, and those who work at least 50% in the city are eligible. Benefits include up to 90% of wages up to 1.5 times DC's minimum wage and 50% of wages above 1.5 times DC's minimum wage, up to a maximum of \$1000 a week. The program went into effect in 2022 and is administered under the [Universal Paid Leave Fund](#), funded by a 0.62% employer paid payroll tax with no maximum annual contribution.

Maryland recently passed the [Time to Care Act of 2022](#) that will go into effect in 2025. Employees can take up to 12 weeks of paid leave to care for seriously ill family members, address the impact of military deployment, or to welcome a new child. In certain circumstances an employee may take up to 24 weeks. Employees can receive up to 90% of their IAWW, up to a maximum of \$1000 a week. Benefits are available to almost all employees regardless of employer size, including part- and full-time workers, public and private sector workers, and those who are self-employed. The law will be funded by a payroll tax that will be split between employers (with more than 15 employees) and employees at a rate to be determined.

Massachusetts offers up to 12 weeks of paid leave to bond with a new child. Employees can receive up to 80% of their IAWW up to 50% of the SAWW, and 50% of their IAWW above that, up to 64% of the SAWW. [Bill H.4640](#) passed in 2018 and includes job protection and is funded by a 0.63% payroll tax split between employees and employers, up to an annual maximum.

New Jersey originally passed PFML in 2008. The 2019 [New Jersey Family Leave Act](#) expands the benefit from 6 to 12 weeks in a 24-month period, applies to a greater number of employees by including companies with as few as 30 employees (down from 50), expands the definition of family member, and now includes leave to bond with children placed by foster care or conceived using a gestational carrier agreement. Employees can receive up to 85% of their IAWW, up to 70% of the SAWW. The benefit is funded through an employee-paid payroll tax of 0.14% of the taxable wage base, up to a maximum amount.

New York passed [SB S2928A](#) 2021 to expand benefits from 10 to 12 weeks of paid family leave in a 52-week period and add siblings to the definition of family. Employees can receive 67% of their IAWW, up to a cap of 67% of the SAWW. The program is funded entirely by employee-paid payroll deductions of just over 0.5% of gross wages per pay period, up to a maximum annual contribution.

Oregon passed [HB 2005](#) in 2021. It will provide up to 12 weeks of family leave within a benefit year, with an additional 2 weeks for pregnancy and childbirth related health needs as well as to take care of family members. The bill has an inclusive definition of family. Benefits will be available beginning in September 2023. Launch of the program was delayed with passage of [HB 3398](#) to give the state more time to create systems for implementation. Employees will

receive 100% of their IAWW, up to an amount equal to 65% of the SAWW, and 50% of a worker's IAWW above an amount equal to 65% of the SAWW. The program is funded through a payroll contribution—employees can pay up to 60% of the cost to fund the program but no more than 1% of the employee's wages.

Rhode Island's law, originally passed in 2013, was expanded in 2021 through [S0688](#) to provide up to 6 weeks in 2022 and 8 weeks in 2023 of paid leave to care for a new child or an ill family member. Employees receive about 60% of their IAWW (4.62% of the worker's highest wages in the highest earning quarter of the base year), up to 85% of the SAWW to increase accessibility for lower income earners. The program is funded through employee payroll deductions of 1.1%, up to a maximum amount.

Washington provides up to 12 weeks of paid family leave with an additional 2 weeks for pregnancy-related health conditions under the 2017 [law](#). In 2021 [SB 5097](#) expanded the definition of family (and extended benefits to some who might not otherwise qualify for COVID-related leave). Employees receive 90% of their IAWW, up to an amount equal to 50% of the SAWW, and 50% of their IAWW above that, up to 90% of the SAWW. The family leave is funded through premiums of 0.6% of employee wages, up to a maximum amount paid 73.22% by employees with the balance paid by employers.



POLICY CONSIDERATIONS

As PFML gains momentum in states, there are key considerations to help ensure that policy development and implementation is inclusive of those who need paid leave the most. Pregnant people and families with new babies are already in a more economically vulnerable position. Leave policies should support ongoing economic stability. ZERO TO THREE encourages policy-makers and advocates to consider the following questions when designing or strengthening their systems:

- **How can we ensure the system is equitable?** Workers who earn high incomes are more likely to be able to take time off to care for a family member even if the wage replacement is not at 100% of their wages. Those who have lower paying jobs, work part time, work in the gig economy, have little or no benefits, or work for individuals are often overlooked in larger systems. Ensuring that all employees—no matter the size and type of employer—are covered increases accessibility.

Consider how policies might include employment protection so that people are able to stay engaged in the workforce.

- **How can we ensure that the amount of time is adequate for bonding with a new baby and healing medically from pregnancy?** Some states that started out with shorter leave policies have since expanded programs so that parents are able to spend the first important weeks and months of their child's life together. Most child care programs are legally unable to care for infants under the age of 6 weeks. Seek stakeholder recommendations for the amount of leave that is minimally adequate to care for a new baby and heal medically from pregnancy and birth.

People should not have to choose between caring for a loved one, including a new child, and economic stability. It is essential that all families have access to strong PFML to ensure that every child has the opportunity to succeed from the start.

RESOURCES FOR POLICY DEVELOPMENT

ZERO TO THREE Policy Center Paid Family and Medical Leave Suite of Resources

<https://www.zerotothree.org/policy-and-advocacy/paid-family-and-medical-leave> and <https://www.thinkbabies.org/policy-priorities-paid-leave>

The ZERO TO THREE Policy and Advocacy center offers many resources to use in policy development and advocacy for PFML with a focus on the benefits for families with very young children.

A Better Balance: The Work and Family Legal Center. (2021). *Key components: The essential elements of a strong paid family and medical leave law*

<https://www.abetterbalance.org/resources/key-components-the-essential-elements-of-strong-paid-family-and-medical-leave-law>

This resource offers specific recommendations for components of economically equitable PFML laws.

National Partnership for Women & Families. (2018). *Paid family and medical leave: A racial justice issue—and opportunity*

<https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>

This resource includes a robust discussion of multiple equity issues to consider and how to address them in PFML policy.

Romig, K., & Bryant, K. (2021). *A national paid leave program would help workers, families: Should prioritize works of color and those with low wages.* **Center on Budget and Policy Priorities**

<https://www.cbpp.org/research/economy/a-national-paid-leave-program-would-help-workers-families>

This resource discusses how the landscape of federal, state, and local PFML policies leaves many workers unable to access the benefits of PFML program. It goes on to discuss important considerations for equity and accessibility as states develop programs of their own.

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ENDNOTES

- i Trajkovski, S. (2019). *California paid family leave and parental time use*. Syracuse University. https://docs.wix-static.com/ugd/c6de6e_7fcc7bf2b2ff47eca9fe9c7a9659ff34.pdf
- ii Stanczyk, A. B. (2019). Does paid family leave improve household economic security following a birth? Evidence from California. *Social Service Review*, 93, 262–304. DOI:10.1086/703138
- iii Romig, K., & Bryant, K. (2021). *A national paid leave program would help workers, families: Should prioritize workers of color and those with low wages*. Center on Budget and Policy Priorities. www.cbpp.org/research/economy/a-national-paid-leave-program-would-help-workers-families