

Paid Family and Medical Leave in the United States

Updated June 13, 2022

Congressional Research Service

<https://crsreports.congress.gov>

R44835



R44835

June 13, 2022

Sarah A. Donovan
Specialist in Labor Policy

Paid Family and Medical Leave in the United States

Paid family and medical leave (PFML) refers to partially or fully compensated time away from work for specific and generally significant family caregiving needs, such as the arrival of a new child or serious illness of a close family member, or an employee's own serious medical needs. In general, day-to-day needs for leave to attend to family matters (e.g., a school conference or lapse in child care coverage), a minor illness, and preventive care are not included among family and medical leave categories.

Although the Family and Medical Leave Act of 1993 (FMLA; P.L. 103-3) provides eligible workers with a federal entitlement to *unpaid* leave for a limited set of family caregiving and medical needs, federal law does not require private-sector employers to provide *paid* leave of any kind. Currently, employees may access paid family or medical leave if it is offered by an employer or they may use leave insurance benefits (such as temporary disability insurance or, less commonly, family leave insurance) to finance unpaid medical leave or family caregiving leave. In addition, workers in certain states may be eligible for state family and medical leave insurance benefits that can provide some income support during periods of leave.

Employer provision of PFML in the private sector is voluntary, although some states and localities require employers to allow employees to accrue paid sick leave or paid time off that may, in some cases, be used for short family and medical absences. According to a national survey of employers conducted by the Bureau of Labor Statistics, 23% of private-industry employees had access to paid family leave (i.e., parental leave and family caregiving leave) through their employers in March 2021, and 42% had access to employer-supported short-term disability insurance policies. The availability of these benefits was more prevalent among professional and technical occupations and industries, high-paying occupations, full-time workers, and workers in large companies (as measured by number of employees). Announcements by several large companies in recent years indicate that access may be increasing among certain groups of workers.

In addition, 12 states (including the District of Columbia) have enacted legislation to create state paid family and medical leave insurance programs, which provide cash benefits to eligible workers who engage in certain caregiving activities or for whom a serious medical issue interferes with their regular work duties. As of May 2022, eight states operate such programs, which offer 8 to 52 weeks of total benefits to eligible workers in a benefit year (in those states, total family leave insurance benefits are limited to 5 to 12 weeks). Four other states have enacted laws creating such programs, but they are not yet implemented and paying benefits.

Many advanced-economy countries entitle workers to some form of compensated family and medical leave. Whereas some provide for leave to employees engaged in family caregiving (e.g., of parents, spouses, and other family members), many emphasize leave for new parents, mothers in particular. As of 2020, the United States is the only Organisation for Economic Co-operation and Development (OECD) member country to not provide for paid leave to new mothers employed in the private sector. A smaller majority of member countries provides benefits to fathers and other non-birth parents. Caregiving benefits of some type are provided in nearly 75% of OECD countries. Few OECD member countries do not provide a medical leave benefit (either through social insurance, an employer mandate, or both) for absences resulting from workers' serious medical needs.

There is currently a tax incentive in the United States for employers that provide qualifying paid family and medical leave to certain employees. This incentive is temporary, and is scheduled to expire at the end of 2025. Proposals to expand national access to paid family and medical leave have been introduced in the 117th Congress. For example, the Build Back Better Act (H.R. 5376) proposed, among other things, a new federal cash benefit for eligible individuals engaged in certain types of family and medical caregiving. Using a different approach, the Expanding Small Employer Pooling Options for Paid Family Leave Act of 2021 (H.R. 5161) proposed to allow multiple employer welfare arrangements that may potentially create additional opportunities for certain employers to pool risk and affect the costs of providing such benefits.

This report provides an overview of PFML in the United States, summarizes state-level family and medical leave insurance program provisions, reviews PFML policies in other advanced-economy countries, and describes recent federal legislative action to increase access to paid family leave.

Contents

Introduction	1
Paid Family and Medical Leave in the United States.....	2
Employer-Provided Paid Family Leave and Short-Term Disability Insurance	3
State-Run Family Leave, Medical Leave, and Temporary Disability Insurance Programs	7
Research on Paid Family and Medical Leave	12
Research on Paid Parental Leave in California.....	13
Research on Paid Family Caregiving and Medical Leave	14
Family and Medical Leave Benefits in OECD Countries	16
Parental Leave Benefits.....	16
Other Family Caregiving Benefits	18
Medical Leave Benefits.....	19
Recent Federal PFML Legislation and Proposals	19

Figures

Figure 1. Weeks of Total Benefits Available in a Benefit Year under State Leave Insurance Programs, May 2022.....	8
Figure 2. State Leave Insurance Programs, Selected Benefit Information as of May 2022	11
Figure 3. Average Full-Wage Equivalent Weeks of Paid Leave Available to Mothers.....	17
Figure 4. Average Full-Wage Equivalent Weeks of Paid Leave Available to Fathers	18

Tables

Table 1. Private Sector Workers with Access to Employer-Provided Paid Family Leave and Employer-Supported Short-Term Disability Insurance, March 2021	5
Table A-1. State Family and Medical Leave Insurance Program Provisions, as of May 2022.....	20
Table A-2. Job Protection for State Leave Insurance Program Beneficiaries.....	29
Table B-1. Paid Family Caregiving Leave Policies in Selected OECD Countries as of January 2020	34
Table B-2. Medical Leave Benefits in OECD Member Countries	37

Appendixes

Appendix A. State Leave Insurance Programs, Selected Provisions as of May 2022	20
Appendix B. Caregiving Leave and Medical Leave Benefits in OECD Countries	33

Contacts

Author Information.....	42
-------------------------	----

Introduction

Paid family and medical leave (PFML) refers to partially or fully compensated time away from work for specific and generally significant family caregiving needs (*paid family leave*) or for the employee's own serious medical condition (*paid medical leave*). Family caregiving needs include those such as the arrival of a new child or serious illness of a close family member. Medical conditions that may qualify for medical leave generally must be severe enough to require medical intervention and interfere with a worker's performance of key job responsibilities. Although the Family and Medical Leave Act of 1993 (FMLA; P.L. 103-3, as amended) provides eligible workers with a federal entitlement to unpaid leave for a limited set of family caregiving needs, federal law does not require private-sector employers to provide *paid leave* of any kind.¹

Currently, employees may access PFML if offered by an employer.² Employers that provide PFML may qualify for a federal tax credit (the Employer Credit for Paid Family and Medical Leave). The tax credit is up to 25% of paid leave wages paid to qualifying employees, and is designed to encourage employers to provide PFML to their employees by reducing the cost to employers of providing such leave.³ Qualifying employees include those whose earnings do not exceed 60% of a "highly compensated employee" threshold (the tax credit earnings threshold is 60% x \$135,000 = \$81,000 in 2022). The tax credit is available through December 2025.

Some workers may use leave insurance benefits (such as temporary disability insurance or, less commonly, family leave insurance⁴) to finance unpaid medical leave or family caregiving leave. In addition, some states have created family and medical leave insurance programs, which provide cash benefits to eligible workers who engage in certain (state-identified) family caregiving activities or who must be absent from work as a result of the worker's own significant medical needs.⁵ In these states, workers can mitigate lost earnings during periods of unpaid

¹ The Family and Medical Leave Act of 1993 (FMLA) allows employees to use *employer-provided paid leave* during periods of unpaid FMLA-entitled leave. An overview of FMLA is in CRS Report R44274, *The Family and Medical Leave Act: An Overview of Title I*, by Sarah A. Donovan. Workers who are covered by the Americans with Disabilities Act (ADA) may also qualify for unpaid leave in certain cases, and employers cannot apply separate rules governing paid leave for workers with and without disabilities. For more information see Equal Employment Opportunity Commission, *Employer-Provided Leave and the Americans with Disabilities Act*, May 9, 2016, <https://www.eeoc.gov/eeoc/publications/ada-leave.cfm>.

² The federal government, for example, became one such employer in December 2019 with the enactment of the FY2020 National Defense Authorization Act (FY2020 NDAA, P.L. 116-92). The FY2020 NDAA created a new paid parental leave benefit (i.e., leave for the arrival of a new child and for bonding with that child) for most federal civil service employees. The paid leave must be taken together with the federal employee's FMLA entitlement. An overview of the FY2020 NDAA, including information on the paid parental leave benefit is in CRS Report R46144, *FY2020 National Defense Authorization Act: P.L. 116-92 (H.R. 2500, S. 1790)*, by Pat Towell.

³ For more information see CRS In Focus IF11141, *Employer Tax Credit for Paid Family and Medical Leave*, by Molly F. Sherlock.

⁴ For example, certain employees in New Hampshire will soon be able to opt in to a family leave insurance program operated by a commercial insurance carrier that is to cover New Hampshire state employees. Governor Chris Sununu, "Full Steam Ahead: NH Releases Paid Family Medical Leave Request for Proposal (RFP)," press release, March 2022, <https://www.governor.nh.gov/news-and-media/full-steam-ahead-nh-releases-paid-family-medical-leave-rfp>. In April 2022, Virginia law established family leave insurance as a class of insurance in the state. The law defines family leave insurance as an insurance policy issued to an employer and related to an employee benefit program to cover a portion of earnings lost due to specified family care reasons. It provides that policies may be included in a short-term disability policy (including as an amendment or rider to such a policy), or written as a separate group insurance policy purchased by an employer. Virginia General Assembly, Acts of Assembly, Ch. 131, approved April 7, 2022.

⁵ In some states, medical leave is financed through state *short-term disability insurance* programs (sometimes called temporary disability insurance (TDI), in this context).

family and medical leave by combining an entitlement to unpaid leave with state-provided insurance benefits.

Some congressional proposals introduced in the 117th Congress seek to enhance national access to paid family and medical leave by expanding upon existing mechanisms (i.e., voluntary employer provision or financing of leave through social insurance). For example, the Expanding Small Employer Pooling Options for Paid Family Leave Act of 2021 (H.R. 5161, 117th Congress) proposes to allow multiple employer welfare arrangements (MEWAs), as covered by the Employee Retirement Income Security Act (ERISA; P.L. 93-406), to include family and medical leave benefits, which may potentially create additional opportunities for certain employers to pool risk and affect the costs of providing such benefits. Similar to the state leave insurance approach, the Family and Medical Insurance Leave Act (FAMILY Act; H.R. 804 and S. 248, 117th Congress) proposes to create a national wage insurance program for persons engaged in family caregiving activities or who are unable to work as a result of their own serious health condition.

Members of Congress who support increased access to paid leave generally cite as their motivation the significant and growing difficulties some workers face when balancing work and family responsibilities, and the financial challenges faced by many working families that put unpaid leave out of reach. Expected benefits of expanded access to PFML include stronger labor force attachment for family caregivers and workers experiencing serious medical issues, and greater income stability for their families; and improvements to worker morale, job tenure, and other productivity-related factors. Some studies identify a relationship between paid leave and family well-being as measured by a range of outcomes (e.g., child health, mothers' mental well-being).⁶ Some Members have expressed concerns about new policies to expand access to paid family and medical leave citing the potentially high costs of such policies. Potential costs include the financing of payments made to workers on leave, other expenses related to periods of leave (e.g., hiring a temporary replacement or productivity losses related to an absence), and administrative costs. In the case of tax incentives, there is a cost in terms of forgone federal tax revenue.⁷ The magnitude and distributions of costs and benefits would depend on how the policy is implemented, including the size and duration of benefits, how benefits are financed, and other policy factors.

This report provides an overview of PFML in the United States, summarizes state-level family and medical leave insurance program provisions, reviews PFML policies in other advanced-economy countries, and describes recent federal legislative action to increase access to paid family and medical leave.

Paid Family and Medical Leave in the United States

Throughout their careers, many workers encounter a variety of medical needs and family caregiving obligations that conflict with work time. Some of these are broadly experienced by working families but tend to be short in duration, such as episodic child care conflicts, school meetings and events, routine medical appointments, and minor illnesses experienced by the employee or an immediate family member. Others are more significant in terms of their impact on families and the amount of leave needed, but occur less frequently in the general worker population, such as the arrival of a new child or a serious medical condition that requires inpatient

⁶ For a discussion see the "Research on Paid Family and Medical Leave" section of this report.

⁷ The tax credit for employer provided paid family and medical leave was estimated to reduce federal income tax revenue by \$4.3 billion when it was first enacted for 2018 and 2019 as part of P.L. 115-97. The 10-year budget window estimate of the two-year tax credit can be found in Joint Committee on Taxation, *Estimated Budget Effects Of The Conference Agreement For H.R.1, The "Tax Cuts And Jobs Act,"* JCX-67-17, December 18, 2017.

care or continuing treatment. Although all these needs for leave may be consequential for working families, the term *family and medical leave* is generally used to describe the latter, more significant and disruptive group of needs that can require longer periods of time away from work.

As defined in recent federal proposals, family caregiving and medical needs that would be eligible for leave generally include the following:

- the arrival and care of a newborn child or a newly-placed adopted or fostered child (i.e., a “newly-arrived child”),
- the serious medical needs of certain close family members, and
- the employee’s own serious medical needs that interfere with the performance of his or her job duties.⁸

In practice, day-to-day needs for leave to attend to family matters (e.g., a school conference or lapse in child care coverage), minor illness (e.g., common cold), or preventive care are not generally included among family and medical leave categories.⁹

Employer-Provided Paid Family Leave and Short-Term Disability Insurance

Although federal law does not require private sector employers to provide paid family or medical leave to their employees, some employers offer such paid leave to their employees as a voluntary benefit.¹⁰ Employers can provide the paid leave directly (i.e., by continuing to pay employees during period of leave), but financing potentially-long periods of leave can be cost prohibitive in some cases. As an alternative, some employers offer short-term disability insurance (STDI) to employees to reduce wage-loss during periods of unpaid medical leave (i.e., when employees are unable to work due to a non-work-related injury or illness).¹¹ Such policies can be purchased from commercial insurance companies, which pay cash benefits to covered employees when certain conditions are met.

STDI reduces wage-loss (during periods of unpaid leave) related to a covered employee’s own medical needs, but does not pay benefits when an employee’s absence is related to caregiving, bonding with a new child, or the family military needs that are included in some definitions of *family leave*. STDI benefits may be claimed for pregnancy- or childbirth-related disabilities, and

⁸ Some recent federal proposals would also provide paid leave or cash benefits to workers with certain military family needs (e.g., the FAMILY Act) or for needs related to the death of a family member (e.g., the Build Back Better Act, as introduced in H.R. 5376 [117th Congress] on September 27, 2021).

⁹ Some federal proposals would increase access to other types of paid leave, such as paid sick leave that could be used for absences related to minor illness, routine care, and other needs. Proposed paid sick leave entitlements are often relatively short in duration. For example, the Healthy Families Act (H.R. 2465 and S. 1195, 117th Congress) would require certain employers to allow their employees to earn 1 hour of leave per 30 hours of work, up to a maximum of 56 hours per year. The bill would allow employees to use such leave to attend to medical needs (including routine medical appointments), to attend a child’s school meeting, and for certain medical, legal or other needs related to domestic violence, sexual assault, or stalking, among other uses.

¹⁰ In some states, an employer’s provision of or contributions to *short-term disability insurance* (or *temporary disability insurance*)—one mechanism workers can use to finance unpaid medical leave—is not voluntary. See the “State-Run Family Leave, Medical Leave, and Temporary Disability Insurance Programs” section of this report for a discussion.

¹¹ Workers’ compensation provides cash and medical benefits to workers who suffer a work-related injury or illness, and benefits to the survivors of workers killed on the job. For discussion see CRS Report R44580, *Workers’ Compensation: Overview and Issues*, by Scott D. Szymendera.

as such may be used to finance a portion of maternity leave in some circumstances.¹² Family leave insurance (FLI), a newer concept, provides cash benefits to workers engaged in certain caregiving activities. Currently, FLI is not broadly available from private insurance companies.¹³ As a result, many employers seeking to provide leave for family caregiving must provide the leave benefit directly (i.e., offer paid family leave).

According to a national survey of employers conducted by the Bureau of Labor Statistics (BLS), 23% of private-industry employees had access to paid family leave (separate from other leave categories) through their employer in March 2021.¹⁴ The BLS survey defines paid family leave as leave provided specifically to care for a family member, parental leave (i.e., for a new child's arrival), and maternity leave that is granted in addition to any sick leave, annual leave, vacation, personal leave, or short-term disability leave that is available to the employee. BLS does not collect information on employer-provided *paid medical leave*, but does estimate access to employer-supported STDI.¹⁵ In March 2021, 42% of private sector employees had access to STDI policies that were financed fully or in-part by their employers. STDI benefits often replace a set percentage of an employee's earnings, sometimes up to a maximum weekly benefit amount (e.g., a policy might replace 50% of earnings lost while the employee is unable to work up to \$600 per week); in other cases the wage replacement rate may vary by workers' annual earnings or workers may receive a flat dollar amount (e.g., \$200 per week). BLS reports that among workers who receive a fixed percentage of lost earnings (72% of those private industry workers with STDI coverage), the median fixed percentage was 60%. Of those subject to a maximum weekly benefit, the median maximum benefit was \$881 per week. The median number of benefit weeks available to employees with access to STDI plans was 26 weeks.¹⁶

¹² This is because maternity leave generally describes time off work for a combination of needs: (1) leave for a mother's physical recovery from childbirth, and (2) time to care for and bond with a new child. The first is technically medical or disability-related leave, as it is leave from work for the mother's own incapacitation. STDI benefits may be paid to a pregnant woman or new mother under these circumstances, but are not available to non-birth parents (e.g., fathers, parents of adopted children). The second component of maternity leave is considered family or caregiving leave, taken to care for or bond with the newly-arrived child, and is not covered by STDI.

¹³ Some states with leave insurance programs allow employers to purchase private leave insurance plans—including plans that cover family leave insurance claims—and New York state *requires* that employers purchase such privately-insured coverage. If interest from employers in private plans is sufficiently large, the availability of private FLI policies may increase (i.e., such that employers in states without leave insurance programs may purchase FLI policies). See footnote 4 for information on a change in Virginia law that may increase employers' access to commercial FLI policies in that state. As of 2022, the market is too small to be reported as a separate line of insurance (i.e., it is subsumed in other lines of insurance) when reported to insurance regulators.

¹⁴ The BLS-measure is inclusive of paid maternity- or paternity- only plans (i.e., it may be the case the share of private sector workers with access to employer-provided paid leave to care for a seriously-ill spouse was less than 23% in March 2021). An employer that makes a full or partial payment towards an insurance plan (including a state leave insurance plan covering family leave) is considered by BLS to provide paid family leave. If there is no employer contribution to the plan (employee-paid only), then such an insurance plan is not considered to be an employer-provided benefit.

¹⁵ BLS also collects information on employer-provided *paid sick leave*, which may be used for needs that would qualify for medical leave (e.g., an overnight hospital stay) and for a broader set of needs as well (e.g., minor ailments, annual physical). Whereas federal proposals seek to provide several weeks or months of paid medical leave, employer-provided sick leave tends to be one week or less per year. BLS estimates that 77% of private sector workers had access to employer-provided paid sick leave in March 2021; the median number of days that could be earned in a given year was six (among those limited to a fixed number of sick days per year). BLS, *National Compensation Survey: Employee Benefits in the United States, March 2021*, September 2021.

¹⁶ The 90th percentile value was also 26 weeks, suggesting that STDI plans offering more than 26 weeks of benefits were relatively rare. Ninety percent of workers with access to plans had at least 12 weeks of benefits and 75% had at least 13 weeks of benefits.

As shown in **Table 1**, employee access to employer-provided paid family leave and employer-supported STDI is not uniform across occupations and industries, and varies widely across wage groups. In particular, access was more prevalent among managerial and professional occupations; information, financial, and professional and technical service industries; high-paying occupations; full-time workers; and workers in relatively large companies (as measured by number of employees). Announcements by several large companies suggest that access to related types of paid leave may be increasing among certain groups of workers.¹⁷ This may be partially-reflected in BLS statistics which indicate a 5 percentage point increase in private sector workers' access to paid family leave between March 2019 (18%) and March 2021 (23%).¹⁸ However, access rates did not increase for all groups over this period (e.g., the share of private sector workers in the leisure and hospitality industry with access to employer-provided paid family leave fell from 11% in March 2019 to 9% in March 2021; trend not shown in **Table 1**). The share of all private sector employees with access to employer-supported STDI did not increase over that time period; it was 42% in March 2019 and March 2021.

Table 1. Private Sector Workers with Access to Employer-Provided Paid Family Leave and Employer-Supported Short-Term Disability Insurance, March 2021

Category	Employer-Provided Paid Family Leave (% of workers)	Employer-Supported Short-Term Disability Insurance (% of workers)
All Workers	23%	42%
By Occupation		
Management, professional, and related	37%	57%
Service	13%	22%
Sales and office	25%	41%

¹⁷ Among new company policies announced in recent years, some emphasize parental leave (i.e., leave taken by mothers and fathers in connection with the arrival of a new child), and others offer broader uses of leave. Examples of companies that offer paid leave benefits for broader purposes include Google, which recently increased the number of weeks of leave available to employees who give birth from 18 to 24, the number of weeks of parental leave for non-birthing parents from 12 to 18, and the number of weeks for caregiver leave from 4 to 8; Goldman Sachs, which, in addition to preexisting family leave policies, now offers 5 days of paid bereavement leave for a non-immediate family member, 20 days of paid leave for the loss of an immediate family member, and 20 days of paid leave if the employee, employee's spouse, or surrogate experiences a miscarriage or stillbirth; Levi Strauss & Co.'s, which offers employees 8 weeks of paid family leave to care for family members with serious health conditions in addition to 8 weeks of paid leave to care for a new child; the U.S. Steel Corporation, which offers non-union ("non-represented") employees 8 weeks of paid time off for a new child (in addition to 6-8 weeks of short-term disability for birth mothers), extended bereavement leave (up to 15 days) for the death of an immediate family member, and the ability to purchase additional vacation days. Google's policy change announcement was reported in several newspapers, including at <https://www.businessinsider.com/google-increases-vacation-days-and-parental-leave-for-employees-benefits-2022-1>; Goldman Sachs's policy change was reported at <https://www.wsj.com/articles/goldman-sachs-rolls-out-new-worker-benefits-to-combat-employee-burnout-11638210617>; Levi Strauss & Co. announced its new policy at <https://www.levistrauss.com/2020/02/27/levi-strauss-co-introduces-paid-family-leave/>; U.S. Steel Corporation announced its new policy on March 21, 2019 at <https://www.ussteel.com/media/newsroom/-/blogs/u-s-steel-announces-enhanced-benefits-for-workforce>.

¹⁸ The increase in access to paid family leave between March 2019 and March 2021 may also reflect a compositional change in the employment, resulting from the disproportionate impacts of the COVID-19 pandemic on certain groups of workers, such as those employed in the leisure and hospitality sector, who tend to have relatively low access to paid leave. Disproportionate job loss among such groups can raise the share of workers with access to paid leave even if employer policies do not change (i.e., because a portion of workers without such access to the benefit are no longer included among employed workers).

Category	Employer-Provided Paid Family Leave (% of workers)	Employer-Supported Short-Term Disability Insurance (% of workers)
Natural resources, construction, and maintenance	15%	36%
Production, transportation, and material moving	13%	48%
By Industry		
Construction	12%	28%
Manufacturing	21%	64%
Trade, Transportation, and Utilities	21%	42%
Information	45%	71%
Financial Activities	41%	67%
Professional and Technical Services	37%	61%
Administrative and Waste Services	9%	20%
Education and Health Services	28%	35%
Leisure and Hospitality	9%	18%
Other Services	15%	29%
By Average Occupational-Wage Distribution		
Bottom 25%	12%	19%
Second 25%	21%	42%
Third 25%	25%	48%
Top 25%	37%	64%
By Hours of Work Status		
Full-time	27%	50%
Part-time	11%	18%
By Establishment Size		
1 to 99 employees	17%	31%
100 to 499 employees	28%	51%
500 or more employees	35%	64%

Source: Bureau of Labor Statistics (BLS), *2021 Employee Benefits Survey*, September 2021, Table 17 (insurance) and Table 33 (paid leave).

Notes: The BLS survey defines paid family leave as leave “granted to an employee to care for a family member and includes paid maternity and paternity leave. The leave may be available to care for a newborn child, an adopted child, a sick child, or a sick adult relative. Paid family leave is given in addition to any sick leave, vacation, personal leave, or short-term disability leave that is available to the employee.” The BLS survey defines short-term disability plans as those that “provide benefits for non-work-related illnesses or accidents on a per-disability basis, typically for a 6-month to 12-month period. Benefits are paid as a percentage of employee earnings or as a flat dollar amount. Short-term disability insurance (STDI) benefits vary with the amount of pre-disability earnings, length of service with the establishment, or length of disability.” An employer that makes a full or partial payment towards a STDI plan is considered by BLS to provide employer-supported STDI. If there is no employer contribution to the plan (i.e., if it is entirely employee-financed), then such an insurance plan is not considered to be employer-supported STDI. Employees may also be able to use other forms of paid leave not shown in this table (e.g., vacation time), or a combination of them, to provide care to a family member or for their own medical needs.

A 2017 study by the Pew Research Center (Pew) examined U.S. perceptions of and experiences with paid family and medical leave and provides insights into the need for such leave among U.S. workers and its availability for those who need it.¹⁹ Pew reports, for example, that 27% of persons who were employed for pay between November 2014 and November 2016 took leave (paid and unpaid) for family caregiving reasons or their own serious health condition over that time period, and another 16% had a need for such leave but were not able to take it.²⁰ Among workers who were able to use leave, 47% received full pay, 36% received no pay, and 16% received partial pay. Consistent with BLS data, the Pew study indicates that lower-paid workers have less access to paid leave; among leave takers, 62% of workers in households with less than \$30,000 in total annual earnings reported they received no pay during leave, whereas this figure was 26% among those with total annual household incomes at or above \$75,000.

The Pew survey reveals differences in access to family and medical leave across demographic groups. For example, 26% of Black workers and 23% of Hispanic workers indicated that there was a time in the two years before the interview they needed or wanted time off (paid or unpaid) for family or medical reasons and were not able to take it; by contrast 13% of White workers reported they were unable to take such leave. Relatedly, among those who did take leave, Hispanic leave-takers were more likely than Black or White workers to report they took leave with no pay.²¹

State-Run Family Leave, Medical Leave, and Temporary Disability Insurance Programs

Some states have enacted legislation to create state leave insurance programs, which provide cash benefits to eligible workers who take time away from work to engage in certain caregiving activities and for qualifying medical reasons. As of May 2022, eight states (including the District of Columbia [DC])—California, Connecticut, DC, Massachusetts, New Jersey, New York, Rhode

¹⁹ Juliana Horowitz, Kim Parker, Nikki Graf, and Gretchen Livingston, *Americans Widely Support Paid Family and Medical Leave, but Differ Over Specific Policies*, Pew Research Center, March 2017, <http://pewresearch.org>; hereinafter “Horowitz et al., 2017.” Pew’s findings are based on two large-scale, nationally representative surveys. The first survey collected data from the general population, and is used to measure U.S. attitudes toward and perceptions of paid family leave, as well as the availability of leave for those who had a recent (i.e., within the last two years) need for family or medical leave. The second survey collected information from individuals who had a recent need for family or medical leave, and is used to study leave-taking in detail (e.g., economic and demographic characteristics of workers who were able and unable to meet their needs for leave, reasons the workers needed leave, duration of leave when taken, and the percentage of pay provided to those who were able to take leave).

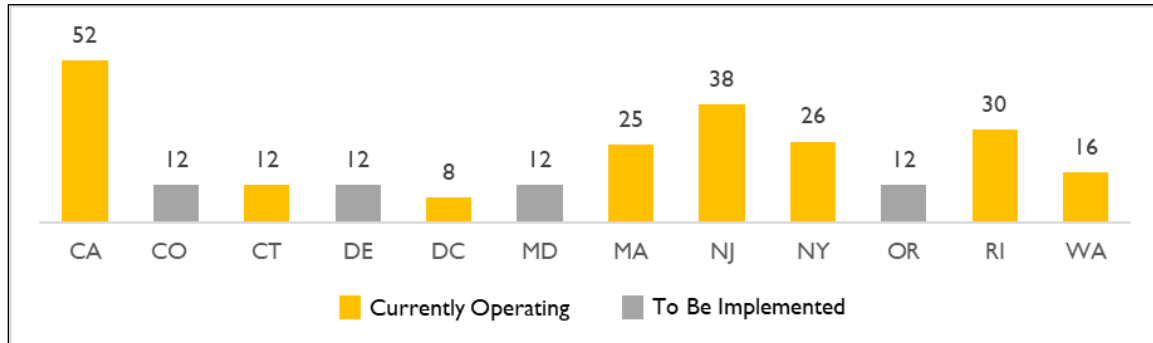
²⁰ These survey results are summarized on page 52 of Horowitz et al., 2017. For workers who took family and medical leave and those who had such a need but were unable to take leave, the areas of greatest demand were for leave to care for the worker’s own serious health condition and for leave to care for a family member with a serious health condition. The survey questionnaire defines a *serious health condition* as “a condition or illness that lasted at least a week and required treatment by a health care provider ... required an overnight hospital stay ... [or] was long-lasting, requiring treatment by a health care provider at least twice a year.” See <https://www.pewsocialtrends.org/dataset/family-and-medical-leave-study/>.

²¹ This finding is consistent with research by Ann Bartel et al., (2019), who also find that “Hispanic workers have lower rates of paid-leave access and use than their White non-Hispanic counterparts.” Ann Bartel, Soohyun Kim, Jaehyun Nam, Maya Rossin-Slater, Christopher Ruhm, and Jane Waldfogel, “Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets,” *Monthly Labor Review*, January 2019, <https://www.bls.gov/opub/mlr/2019/article/pdf/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.pdf>.

Island, and Washington—have active programs.²² Four additional programs—those in Colorado, Delaware, Maryland, and Oregon—await implementation.²³

In May 2022, total benefits available in a benefit year (typically a 12-month period) under the state leave insurance program to eligible claimants ranged from 8 to 52 (**Figure 1**). Selected information on state leave insurance benefits is displayed in **Figure 2** and **Table A-1** provides a summary of key provisions of state leave insurance laws.

Figure 1. Weeks of Total Benefits Available in a Benefit Year under State Leave Insurance Programs, May 2022



Source: CRS based on information in **Table A-1** on state leave insurance laws.

Notes: The figure provides total weeks of benefits available in a benefit year (typically a 12-month period) to eligible claimants covered by a state leave insurance program. In some cases, states limit the number of weeks that may be claimed during a benefit year for particular family or medical leave events, and those limits may be less than the total amount shown in this figure. For example California limits claims for family leave events to 8 weeks in a benefit year. Benefits are subject to eligibility conditions, and are calculated using state-specific benefit formulae. Some states provide additional weeks of benefits if certain conditions are met.

The first four states to offer family leave insurance (FLI)—California, New Jersey, New York, and Rhode Island—did so by building upon existing state temporary disability insurance (TDI) programs (i.e., that provide benefits to workers absence from work due to a significant medical condition).²⁴ As a result, these programs tend to offer separate entitlements to FLI benefits and TDI benefits. (To simplify the discussion, the terms TDI and *medical leave insurance* (MLI) benefits are used interchangeably in this section.²⁵) For example, eligible California workers may

²² Hawaii and Puerto Rico require employers to provide short-term disability insurance but not family leave insurance to their employees, and as such are not included in this discussion. New Hampshire is to allow private sector employers with more than 50 employees and certain individuals to opt in to its leave insurance program for state employees. Because participation is voluntary for all private sector employers, the program is not included in this discussion. See footnote 4 for more information on the NH program.

²³ Benefit payments for the Oregon program are to start in September 2023; benefits payments for the Colorado program are to start in January 2024; benefits for the Maryland program are to start in January 2025; and benefits for the Delaware program are to start in January 2026.

²⁴ California was the first state to provide family leave insurance (FLI) benefits; the program took effect (FLI benefits became payable) on July 1, 2004. FLI benefits became payable in New Jersey on July 1, 2009, in Rhode Island on January 1, 2014, and in New York on January 1, 2018.

²⁵ Whereas these four states provide for TDI benefits for serious health-related absences, the newer programs use the term *medical leave* insurance benefits. Broadly speaking, the terms temporary disability absence and medical leave both describe a workplace absence due to a significant health condition that prevents a worker from performing his or her regular work duties. Definitions vary from state to state, but they are broadly similar. These types of leave differ from *sick leave*, which can be used for more minor ailments and for routine medical care. In addition, paid sick leave tends to be compensated at regular rates of pay, whereas state TDI and MLI benefits are generally paid at less than the

take up to 52 weeks of MLI and up to 8 weeks FLI. By contrast, newer programs tend to offer a total amount of annual benefit weeks to workers, who may allocate them across the various needs categories (e.g., caregiving needs, medical needs) with some states capping the maximum amount that can be allocated to a single category. For example, Washington provides a total of 16 benefit weeks per year that may be used for a variety of family or medical needs, but limits FLI claims to 12 weeks and MLI claims to 12 weeks.²⁶ All states included in **Table A-1** offer (or will offer) FLI benefits through their programs to eligible individuals who take leave from work for the arrival of a new child by birth or placement, and to care for close family members with a serious health condition; some states provide family leave insurance in other circumstances.²⁷

Table A-1 shows the following:²⁸

- **Benefit Duration:** The maximum weeks of insurance benefits available to workers vary across states. Longer-running state programs offer between 26 weeks (New York) and 52 weeks (California) in 2022, but most weeks of benefits are set aside for MLI in these states. Newer programs (i.e., those that implemented their programs in 2020 or later) tend to offer fewer total weeks of benefits—the range is 8 total (DC) to 25 total (Massachusetts); generally this is because newer programs offer fewer weeks of medical leave than longer-running programs.
- **Benefit Amount:** Weekly benefits amounts range from 50% to 100% of an employee’s average weekly earnings and all states cap benefits at a maximum weekly amount (\$170 per week for MLI benefits in New York to \$1,540 per week for FLI or MLI benefits in California). Most states with leave insurance programs have or plan to have a progressive benefit formula.
- **Eligibility:** Program eligibility typically involves in-state employment of a minimum duration, minimum earnings in covered employment, or contributions to the insurance funds. Delaware’s program further conditions benefit eligibility on a worker’s tenure with the current employer.
- **Financing:** All programs are financed through payroll taxes, with some variation in how taxes are allocated between employers and employees.

Some state leave insurance programs provide job protection directly to workers who receive insurance benefits, meaning that employers must allow such a worker to return to her or his job after leave (for which the employee has claimed insurance benefits) has ended. For example, Oregon is to provide job protection to leave insurance claimants who worked at least 90 days with their current employer before taking leave. Workers may otherwise receive job protection if they are entitled to leave under (the federal) FMLA or state family and medical leave laws, and coordinate such job-protected leave with the receipt of state insurance benefits. (See **Table A-2** for a summary of relevant state laws). For example, job protection does not accompany leave

worker’s regular rate of pay (an exception is lower wage workers in Oregon). A waiting period is often required before the payment of TDI or MLI benefits; such a waiting period is generally not required for sick leave pay. Finally, paid sick leave benefits are generally available for shorter total durations than TDI or MLI benefits, see footnote 15 for additional discussion.

²⁶ Washington provides 2 additional weeks of benefits for a serious health condition if an employee’s pregnancy results in incapacitation, raising the limit on MLI benefits to 14 weeks and bringing total benefits to 18 weeks in such cases.

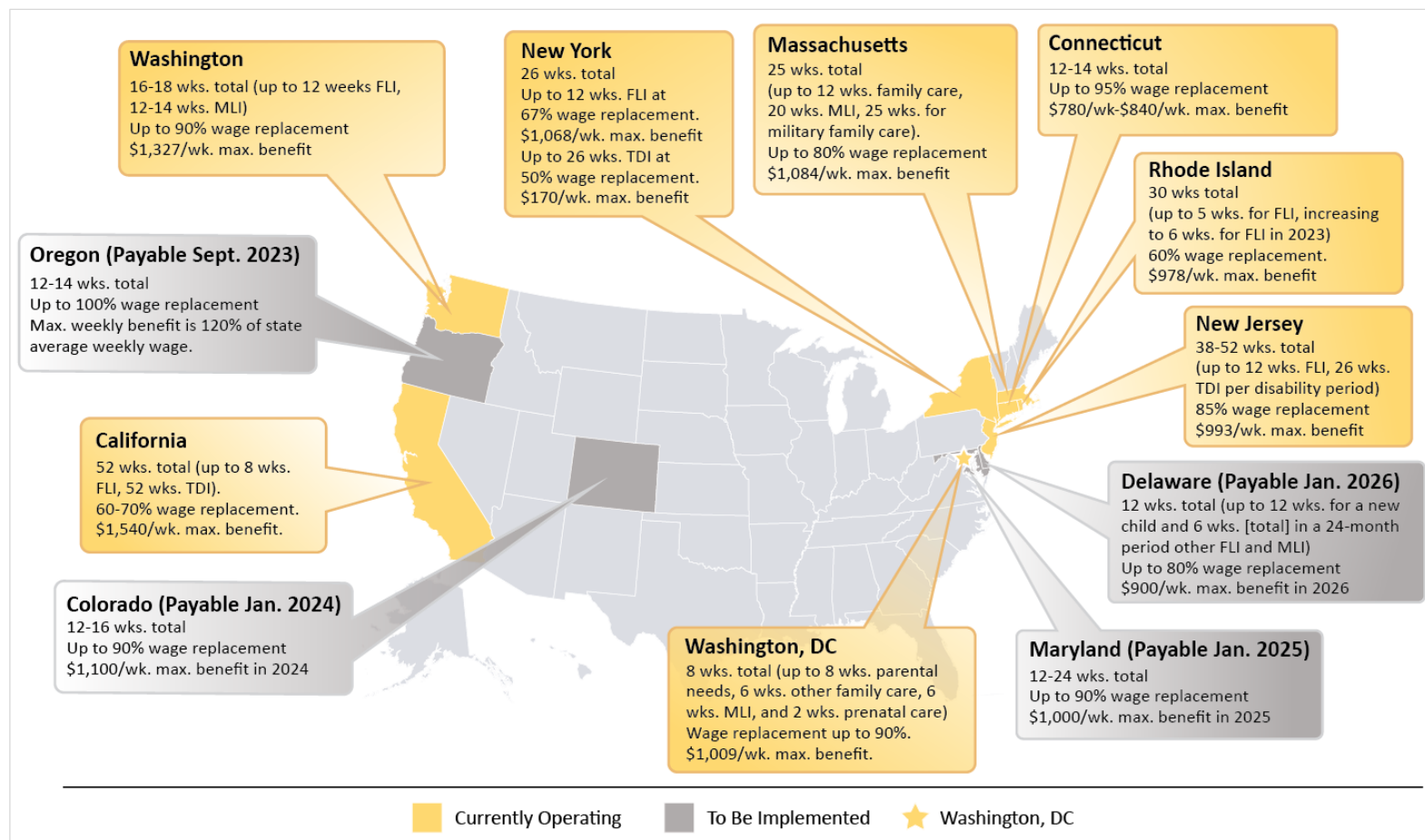
²⁷ For example, some states provide family leave insurance for certain military family needs, for time away from work to address needs related to sexual or domestic violence (i.e., *safe leave*).

²⁸ For reasons noted in footnote 22, Hawaii, New Hampshire, and Puerto Rico are not included in the table.

insurance benefits in California. However, California employees claiming FLI benefits may be eligible for job protection under the FMLA (federal protections) or the California Family Rights Act; California workers claiming MLI for pregnancy or childbirth-related disabilities may be eligible for job protection under FMLA or the California Fair Employment and Housing Act. A California worker otherwise claiming benefits for a serious health condition that makes her or him unable to perform his or her job functions may be eligible for job protection under FMLA for up to 12 weeks.²⁹

²⁹ Although California workers may qualify for up to 52 weeks of temporary disability insurance under the state program, FMLA provides only 12 weeks of job-protected leave (for workers meeting eligibility conditions).

Figure 2. State Leave Insurance Programs, Selected Benefit Information as of May 2022



Source: CRS, based on information in **Table A-I** on state leave insurance laws.

Notes: This graphic summarizes program information for states that provide for a family leave insurance benefit. “FLI” indicates family leave insurance, “MLI” indicates medical leave insurance, and “TDI” indicates temporary disability insurance. “Total” weeks of benefits indicates the maximum number of combined benefit weeks available in a state benefit period (generally a 12-month period). Where states limit the category of leave insurance benefits (e.g., FLI, MLI) that may be counted toward that total, these limits are noted in parentheses. Benefit durations for the DC program are scheduled to increase in 2022.

Research on Paid Family and Medical Leave

A relatively small literature examines relationships between U.S. workers' access to and use of paid family and medical leave and related labor market and social outcomes. Much of this research emphasizes experiences and outcomes related to *parental leave* (i.e., leave related to the birth and care of new children), which is a subset of the broader family caregiving category. The focus on parental leave is driven in part by data availability, as the arrival of a new child is somewhat easier to observe in large-scale survey data than other family and medical events.³⁰ Parental leave—and maternity leave in particular—is also a more prevalent and better understood workplace benefit than family caregiving or medical leave. For this reason survey respondents may be more likely to identify a reported workplace absence as maternity or paternity leave than they are to specify their use of medical leave or caregiving leave with great precision.³¹

Survey data generally allow a period of leave to be observed (and therefore studied) if the worker is taking leave at the time of the interview, or if the survey asks for information on past leave-taking. That is, information on leave is generally available conditional on the worker's use of such leave. Some workers may have access to workplace leave, but not take it for a variety of reasons. Information on workplace access to paid family and medical leave, including parental leave, in survey data is comparatively scarce, as are details of parental leave benefits (e.g., duration, eligibility conditions, and wage replacement) offered by employers.³² For these reasons studies of the state leave insurance programs (see the “State-Run Family Leave, Medical Leave, and Temporary Disability Insurance Programs” section of this report) form an important branch of research on U.S. workers. The parameters of these programs are clearly established in state laws. In addition, the broad coverage of these programs and, in some cases, the availability of

³⁰ Many household surveys ask participants directly about births or researchers can infer the arrival of a new child in the demographic information collected from family members; for example, from birth dates or new names added to the family rosters. By contrast, detailed information on the incidence, timing, duration, and severity of a medical condition or family caregiving arrangement, as defined in federal policy or proposals, is less visible outside of surveys designed to collect those particular data; for example, the National Study of Caregiving (NCOS) collects information on caregiving as well as labor earnings, health status, and to some extent workplace leave. A helpful discussion of data availability and the limitations of commonly-used surveys is in Amy Batchelor, *Paid Family and Medical Leave in the United States: A Data Agenda*, Washington Center for Equitable Growth, March 2019, <https://equitablegrowth.org/wp-content/uploads/2019/03/030719-paid-leave-data-report-1.pdf>.

³¹ For example the Current Population Survey (CPS) asks a worker who reports that she or he is absent from work during the survey reference week to indicate the main reason for the absence. “Maternity/Paternity leave” is among the 14 options (including “other”) provided to the respondent to characterize the main reason for the absence, which allows for a parental leave absence to be observed. The survey also asks if the worker is being paid by her or his employer during the time off, allowing for the leave to be characterized as paid or unpaid. Respondents who are away from work for needs related to a serious health condition could select the response “own illness/injury/medical problems” but this category would also capture those on leave for minor issues or preventive care. Similarly, a worker who takes leave to care for seriously ill close family member could indicate the leave was for “other family/personal obligation[s],” but again this category would include a range of family and personal needs that are not strictly considered to be family leave. See <https://www.census.gov/programs-surveys/cps/technical-documentation/questionnaires.html>.

³² Some researchers have worked to fill gaps in this area by collecting their own data. For example Claudia Goldin, Sari Pekkala Kerr, and Claudia Olivetti compiled data on a sample of private sector firms (1,135 firms) from multiple sources, including through direct contact with some firms, to learn the details of employers' paid parental leave policies. They describe these policies as complex and sometimes opaque: “Firms do not always clearly state whether their short-term (or temporary) disability program is included in the number of [paid parental leave (PPL)] weeks they claim to offer and whether workers who take PPL are first required to exhaust their vacation, and sick days. Even more difficult is figuring whether all workers at the firm are covered.” Claudia Goldin, Sari Pekkala Kerr, and Claudia Olivetti, *Why Firms Offer Paid Parental Leave: an Exploratory Study*, NBER Working Paper 26617, January 2020, <https://www.nber.org/papers/w26617>.

administrative data provide methodological advantages over studies of workers with employer-provided leave.³³

Research on Paid Parental Leave in California

In 2004, California was the first state to launch a family leave insurance program, building upon its existing temporary disability insurance program, and currently is the most studied.³⁴ Research findings indicate that greater access to paid family leave (i.e., through the California program) resulted in greater leave-taking among workers with new children, with some evidence that the increase in leave-taking was particularly pronounced among women who are less educated, unmarried, or nonwhite.³⁵ Although the program has been associated with greater leave-taking—in terms of incidence and duration of leave—for mothers and fathers, there is some indication that some workers are not availing themselves of the full six-week entitlement offered by the California program, suggesting that barriers to leave-taking remain (e.g., financial constraints, work pressures, concerns about employer retaliation).³⁶ One study observes that employer characteristics appear to matter to workers' use of the California leave insurance benefits, raising the possibility that workplace culture plays a role in workers' leave-taking decisions.³⁷

Some studies of the California program have considered the relationship between paid parental leave and parents' (mothers especially) attachment to the labor market. In theory, the availability of such a benefit may encourage parents to stay in work prior to the birth or arrival of a child (e.g., to qualify for benefits) and, because a full separation has not occurred, facilitate the return to work. Further, if the job held prior to leave sufficiently accommodates the needs of a working parent of a young child (e.g., if work hours align with traditional child care facility hours), a parent may be more likely to return to his or her same employer, which can benefit both the

³³ As noted in the "Employer-Provided Paid Family Leave" section of this report, employer-provided leave is concentrated among higher-paying occupations, larger firms, and certain industries. This lack of broad coverage creates challenges for researchers trying to disentangle, for example, the effects of leave-taking on employment and earnings outcomes from the effects of holding a high-paying professional job on the same outcomes. On the other hand, broad program coverage can complicate the identification of a meaningful comparison group in studies that seek to contrast outcomes for workers with access to paid leave to those otherwise similar workers without access to paid leave.

³⁴ A smaller body of research studies has considered the social and economic effects of state leave insurance program in New Jersey and Rhode Island. For example, Tanya Byker examines the impacts of state leave insurance in California and New Jersey on mothers' labor force attachment. Tanya Byker, "Paid Parental Leave Laws in the United States: Does Short-Duration Leave Affect Women's Labor-Force Attachment?" *American Economic Review: Papers and Proceedings*, vol. 106, no. 5 (2016), pp. 242-246 hereinafter "Byker, 2016." It is worth noting that the California legislature has amended the program several times since it took effect in 2004—for example, in 2018 the state changed the benefit formula from a flat 55% of usual wages to a progressive formula that replaces 60%-70% of usual wages—and for this reason the findings of earlier studies may not hold for the current program. This change was made by California Assembly Bill No. 908, which was signed into law on April 11, 2016; see https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB908.

³⁵ Maya Rossin-Slater, Christopher Ruhm, and Jane Waldfogel, "The Effect of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes," *Journal of Policy Analysis and Management*, vol. 32, no. 2 (2013), pp. 224-245.

³⁶ Charles Baum and Christopher Ruhm, *The Effects of Paid Leave in California on Labor Market Outcomes*, NBER Working Paper 19741, 2013, <http://www.nber.org/papers/w19741>; Ann Bartel, Maya Rossin-Slater, Christopher Ruhm, Jenna Stearns, and Jane Waldfogel, *Paid Family Leave, Fathers' Leave-Taking, and Leave-Sharing in Dual-Earner Households*, NBER Working Paper no. 21747, 2015, <http://www.nber.org/papers/w21747>.

³⁷ In particular, program claims are higher among workers employed in higher-paying firms; this relationship is particularly strong among lower-paid workers in such firms. See Sarah Bana, Kelly Bedard, Maya Rossin-Slater, and Jenna Stearns, *Unequal Use of Social Insurance Benefits: The Role of Employers*, NBER Working Paper no. 25163, October 2018, <http://www.nber.org/papers/w25163>.

worker (e.g., who avoids costly job search, and the loss of job-specific skills and benefits of company tenure) and employers (e.g., who avoid the costs of finding a replacement worker). Empirical findings are mixed, with some studies observing a positive relationship between paid parental leave and mothers' labor force attachment, and others finding little evidence of such a connection.³⁸ Another branch of research examines linkages between paid parental leave and family well-being. These generally find positive relationships along a variety of measures (e.g., timing of children's immunizations, mothers' mental health, and breastfeeding duration).³⁹

Economist Maya Rossin-Slater reviews the broader literature on the impacts of maternity and paid parental leave in the United States, Europe, and other high-income countries.⁴⁰ She notes the wide variation in paid leave policies across countries (see "Family and Medical Leave Benefits in OECD Countries" section of this report), but nonetheless offers four general observations: (1) greater access to paid leave for new parents increases leave-taking; (2) access to leave can improve labor force attachment among new mothers, but leave entitlements in excess of one year can have the opposite effect (i.e., long separations can weaken labor force attachment among mothers); (3) access to leave can improve children's well-being, but extending the length of existing entitlements does not appear to further improve child outcomes; and (4) a limited literature on U.S. state-level leave insurance programs does not reveal notable impacts (positive or negative) of these programs on employers, but further research on employers' experiences is needed.

Research on Paid Family Caregiving and Medical Leave

A smaller but growing number of studies examine the social and economic impacts of paid family caregiving leave more generally (i.e., to care for a seriously ill or injured family member) or paid medical leave, despite the prevalence of such leave among U.S. workers.⁴¹ In addition to data

³⁸ A summary of earlier studies' findings for labor market outcomes is in Maya Rossin-Slater, "Maternity and Family Leave Policy," in *The Oxford Handbook of Women and the Economy*, ed. Susan L. Averett, Laura M. Argys, and Saul D. Hoffman (New York: Oxford University Press, 2018); hereinafter "Rossin-Slater 2018." More recently, Tanya Byker finds a positive association between state leave insurance benefits in California and New Jersey and women's labor force attachment in the months before and after a birth; see Byker, 2016. By contrast, one study considered the labor market outcomes of first-time mothers who claimed California's paid family leave insurance benefits just as the program launched (i.e., in the months around July 2004). The results indicate a decrease in employment and earnings for this group in both the short-run (1-5 years later) and long-run (6-11 years later). See Martha Bailey, Tanya Byker, Elena Patel, and Shanthi Ramnath, *The Long-Term Effects of California's 2004 Paid Family Leave Act on Women's Careers: Evidence from U.S. Tax Data*, NBER Working Paper no. 26416, October 2019, <http://www.nber.org/papers/w26416>.

³⁹ For example, Choudhury and Polacek found that the rate of late infant immunizations fell by about five percentage points for children born in California after the implementation of the California Paid Family Leave Program in 2004. Improvements in on-time immunization rates were greater for poor children relative to non-poor children. See Agnitra Roy Choudhury and Solomon Polachek, *The Impact of Paid Family Leave on the Timing of Infant Vaccinations*, IZA Discussion Papers, No. 12483, Institute of Labor Economics (IZA), Bonn, 2019. Another team of researchers observed positive relationships between the implementation of the California program and breastfeeding duration, with larger effects for some disadvantaged mothers (e.g., mothers with less than a high school education, mothers with family incomes below the federal poverty line). See Jessica E. Pac, Ann P. Bartel, Christopher J. Ruhm, Jane Waldfogel, *Paid Family Leave and Breastfeeding: Evidence from California*, NBER Working Paper No. 25784, Issued in April 2019.

⁴⁰ Rossin-Slater 2018.

⁴¹ Among workers reporting they took leave for an FMLA-qualifying reasons (even if they were not eligible for FMLA-protected leave) in 2018, most (50.5%) reported that leave was taken for the worker's own illness; about 18.6% reported leave to care for a child, spouse, or parent with a serious medical need (and other 5.3% report taking leave to care for a non-FMLA covered individual). Scott Brown, Jane Herr, Radha Roy, and Jacob Alex Klerman, *Employee and Worksite Perspectives of the Family and Medical Leave Act: Supplemental Results from the 2018 Surveys*, Appendix Exhibit B4-3, Abt Associates Inc. (Prepared for the Dept. of Labor), July 2020, <https://www.dol.gov/>

availability issues noted earlier in this section, the wide variety of needs encompassed by these types of leave create methodological hurdles. For example, the impacts of medical leave (or caregiving leave) for workers and for their employers may differ if leave is used rarely (e.g., to recover from a one-off surgical procedure) than for a chronic ailment. Medical leave needs can also vary in terms of duration, further complicating efforts to establish generalizable findings.

Nonetheless, the introduction of broad-coverage state leave insurance programs creates the potential for additional research in these areas. For example, one recent study asks whether greater access to paid caregiving leave through the California and New Jersey state programs helped workers remain attached to the labor market when their spouse became disabled or otherwise experienced a serious health shock. They find some evidence that access to paid caregiving leave reduces the likelihood that such workers decrease their work hours due to providing care, but did not find similar effects for other measures of labor supply (such as employment or full-time status). They suggest that the lack of broader labor supply impacts may be influenced by the relatively short period of caregiving leave (6 weeks in each state during the study time period), which may be insufficient in some cases (e.g., severe chronic illness or extended recovery periods), or because caregivers were unaware that the state programs offer benefits for spousal care. Lack of program awareness was identified in another study of the California and New Jersey programs as a potential reason that the programs had not been associated with an increase in leave taking among those likely to provide elder care.⁴² The study also considered that the structure of the state leave insurance benefits (e.g., definition of caregiving, timing and duration of leave, employer notice requirements, lack of job protection) do not meet the needs of caregivers in those states.

Some studies examine employers' experiences with the increased access to paid leave through the state programs. One study compares employer outcomes in New York, following the state's adoption of a family leave insurance program, to those of similar employers in Pennsylvania, a neighboring state that does not have a leave insurance program.⁴³ The study focused on employers with 10-99 employees. They found that in the first year of implementation, employers with 50-99 employees reported an increase in the ease of dealing with employee absences (statistically significant results were not observed for employers with 10-49 employees). At the same time, however, they found that the albeit-small share of employers who report opposition to the state program has increased from 4.1% in 2016 to 9.5%.⁴⁴ (A subsequent study by the same research team found that employers' support for state programs increased during the COVID-19 pandemic).⁴⁵ Another study looked at the relationship between the establishment of state programs and firm-level performance (as measured by firms' return on assets and other financial

agencies/oasp/evaluation/fmla2018.

⁴² See Brant Morefield, Abby Hoffman, Jeremy Bray, and Nicholas Byrd, *Leaving it to the Family: the Effects of Paid Leave on Adult Child Caregivers*, L&M Policy Research (Prepared for the Dept. of Labor), July 2016, https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/Paid_Leave_Leaving_it_to_the_family_Report.pdf.

⁴³ The research team collected information from employers in both states before and after the implementation of the New York program, allowing them to assess how the new policy may have changed employer views and outcomes. Ann P. Bartel, Maya Rossin-Slater, Christopher J. Ruhm, Meredith Slopen, and Jane Waldfogel, *The Impact of Paid Family Leave on Employers: Evidence from New York*, NBER Working Paper 28672, April 2021, <https://www.nber.org/papers/w28672>.

⁴⁴ The authors note that opposition appears pronounced among smaller employers.

⁴⁵ The research team re-contacted as many employers from the original study sample as possible. Ann P. Bartel, Maya Rossin-Slater, Christopher J. Ruhm, Meredith Slopen, and Jane Waldfogel, *Support for Paid Family Leave among Small Employers Increases during the COVID-19 Pandemic*, NBER Working Paper 29486, December 2021, <https://www.nber.org/papers/w29486>.

measures).⁴⁶ It found evidence of improved firm-level performance after the establishment of state programs for firms headquartered in states with leave insurance laws; the study's authors attribute improvements to greater employee retention and the nomination of women to executive positions.⁴⁷

Some additional insights to the potential impacts of paid medical leave, as defined in federal proposals, can be gained from research on the social and economic impacts of paid sick leave.⁴⁸ For example, one study found that access to paid sick leave is associated with lower (involuntary) job separation rates.⁴⁹ By extension, one might speculate that access to paid medical leave may have similar impacts on job stability. Some caution is warranted however, in directly applying the results of paid sick leave studies to medical leave. Research on paid sick leave will likely capture the impacts of relatively short period of leave (e.g., less than one week), as well as the effects of preventive care and absences for minor illness and injury. Paid *medical leave*, by definition, does not include preventive care, and tends to allow for several weeks of leave.

Family and Medical Leave Benefits in OECD Countries

Many advanced-economy countries entitle workers to family leave benefits and medical leave benefits (sometimes referred to as *sickness benefits* outside the United States), which are often provided—at least in part—through social insurance. Whereas some countries provide family leave benefits to employees engaged in family caregiving (e.g., of parents, spouse, and other family members), many emphasize leave for new parents, and mothers in particular. Where broader family caregiving benefits are provided, such benefits are most commonly available to parents caring for a seriously ill, injured or disabled child. Medical leave (or sickness) benefits are provided in most OECD countries through a combination of employer-provided paid leave and social insurance benefits that replace a portion of a worker's lost earnings.

Parental Leave Benefits

As of April 2020, The Organisation for Economic Co-operation and Development (OECD) Family Database counts 37 of its 38 members as providing for some paid parental leave (i.e., to care for children) and maternity leave, with wide variation in the number of weeks and rate of wage replacement across countries. This is shown in **Figure 3**, which plots the OECD's estimates of weeks of full-wage equivalent leave available to mothers. The benefits summarized in this figure includes maternity leave benefits and other leave benefits provided to mothers to care for children. Weeks of full-wage equivalent leave are calculated as the number of weeks of leave available multiplied by the average wage payment rate. For example, a country that offers 12

⁴⁶ Benjamin Bennett, Isil Erel, Léa Stern, and Zexi Wang, *Paid Leave Pays Off: The Effects of Paid Family Leave on Firm Performance*, NBER Working Paper 27788, December 2020, <https://www.nber.org/papers/w27788>.

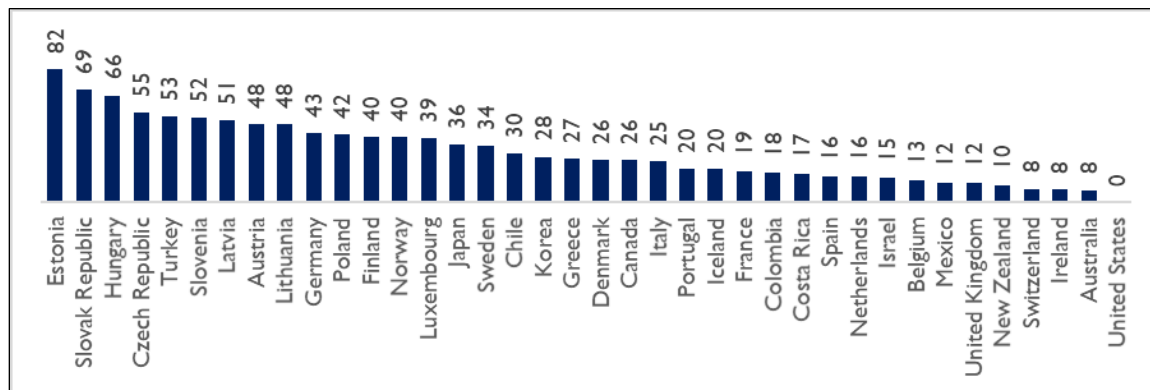
⁴⁷ The study presents some evidence that leave insurance programs are associated with an increase in the share of female executive officers who are below the age of 51 (the median age for female executives), and that firms in states with leave insurance programs had lower rates of employee turnover.

⁴⁸ BLS estimates that 77% of private sector workers had access to employer-provided paid sick leave in March 2021; the median number of days that could be earned in a given year was six (among those limited to a fixed number of sick days per year). BLS 2021 *Employee Benefits Survey*, Table 33 (access) and Table 36 (median sick leave days), September 2021, <https://www.bls.gov/ncs/ebs/>.

⁴⁹ Heather D. Hill, "Paid Sick Leave and Job Stability," *Work and Occupations*, vol. 40, no. 2 (May 2013).

weeks of leave at 50% pay would be said to offer 6 full-wage equivalent weeks of leave (i.e., 12 weeks x 50% = 6 weeks).

Figure 3. Average Full-Wage Equivalent Weeks of Paid Leave Available to Mothers
OECD Member Countries' Leave Benefit Provisions as of April 2020



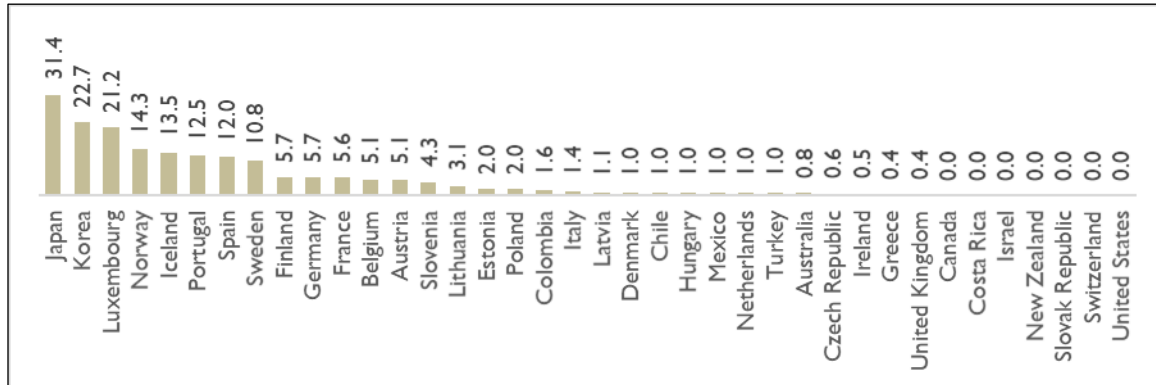
Source: OECD, Family Database, Indicator Table PF2.I.A, <http://www.oecd.org/els/family/database.htm>.

Notes: Leave available to mothers includes maternity leave and leave provided to care for children. Average full-wage equivalent weeks are calculated by the OECD as the product of the number of weeks of leave and “average payment rate,” which describes the share of previous earnings replaced over the period of paid leave for “a person earning 100% of average national full-time earnings.” Leave benefits are subject to country-specific eligibility requirements, which may limit benefit to workers in certain types of employment relationships, who have been employed for a particular duration, or who have made contributions at a certain level to a social insurance program.

A smaller majority (31 of 38) of OECD countries provided leave benefits to new fathers in 2020.⁵⁰ In some cases, fathers were entitled to a week (e.g., Mexico) or less (Greece) at full pay, whereas other countries provided several weeks of full or partial pay (e.g., Spain provided 12 weeks at full pay, and the United Kingdom provided 2 weeks at an average payment rate of 18.8%). Some countries provide a separate entitlement to fathers for child caregiving purposes. This type of parental leave can be an individual entitlement for fathers or a family entitlement that can be drawn from by both parents. **Figure 4** summarizes paid leave benefits reserved for fathers in OECD countries in 2020; it plots the OECD’s estimates of weeks of full-wage equivalent of combined paternity leave and parental leave reserved for fathers.

⁵⁰ This section reports OECD data on fathers’ parental leave benefits in 2020 because it is the most current year of data available from the OECD Family Database. However, in June 2019 the European Parliament and the Council of the European Union issued Directive 2019/1158 on Work-life Balance for Parents and Carers (and Repealing Council Directive 2010/18/EU), which among other things directed EU Member States to “take the necessary measures to ensure that fathers or, where and insofar as recognised by national law, equivalent second parents, have the right to paternity leave of 10 working days that is to be taken on the occasion of the birth of the worker’s child.” The Directive allowed provided that Member State are “to ensure that each worker has an individual right to parental leave of four months that is to be taken before the child reaches a specified age, up to the age of eight, to be specified by each Member State or by collective agreement. That age shall be determined with a view to ensuring that each parent is able to exercise their right to parental leave effectively and on an equal basis” and that “two months of parental leave cannot be transferred.” In light of this directive, some EU member countries may have changed their policies in ways that are not reflected in **Figure 2**. The directive is at <https://eur-lex.europa.eu/eli/dir/2019/1158/oj>.

Figure 4. Average Full-Wage Equivalent Weeks of Paid Leave Available to Fathers
OECD Member Countries' Leave Benefit Provisions as of April 2020



Source: OECD, Family Database, Indicator Table PF2.I.B, <http://www.oecd.org/els/family/database.htm>.

Notes: Leave available to fathers includes paternity leave and leave reserved for fathers to care for children. Average full-wage equivalent weeks are calculated by the OECD as the product of the number of weeks of leave and “average payment rate,” which describes the share of previous earnings replaced over the period of paid leave for “a person earning 100% of average national full-time earnings.” Leave benefits are subject to country-specific eligibility requirements, which may limit benefit to workers in certain types of employment relationships, who have been employed for a particular duration, or who have made contributions at a certain level to a social insurance program.

Other Family Caregiving Benefits

Most OECD countries provide for paid caregiving leave, but qualifying needs for leave, leave entitlement durations, benefit amounts, and other program features vary across the member countries. (See summary information in **Table B-1**.⁵¹) For example, in some OECD countries, parents may access paid leave to care for a child below a certain age (e.g., Estonia), and in others paid caregiving leave may be used to care for a family member who is not (necessarily) a child.⁵² In some countries employees are fully compensated during leave (e.g., Australia), whereas in others employees receive partial wage replacement (e.g., in Canada employees on leave receive 55% of lost earnings up to a maximum weekly amount). According to a 2018 report by the World Policy Analysis Center, OECD caregiving benefits are often financed through national social insurance programs.⁵³

⁵¹ The table is based on information published by the Organisation for Economic Cooperation and Development (OECD) and includes only those OECD countries for whom such policies were identified. OECD member countries, like the United States, that provide an entitlement to eligible employees to *unpaid* leave are not included. See OECD Family Database, Indicator PF2.3 Additional Leave Entitlements of Working Parents, Table PF2.3.B, updated June 12, 2016; available from http://www.oecd.org/els/soc/PF2_3_Additional_leave_entitlements_of_working_parents.pdf.

⁵² In most cases, the family member concept is restricted to a child, parent, and spouse; but this is not always the case. For example, in 2015 the Netherlands expanded its concept of family member to include extended family (e.g., a grandparent) and non-family members with whom the employee has a close relationship. This change was made in accordance with the Dutch Modernizing Leave Arrangements and Working Times Act (*Wet moderniserende regelingen voor verlof en arbeidstijden*), which took effect on January 1, 2015.

⁵³ Amy Raub, Alison Earle, and Paul Chung et al., *Paid Leave for Family Illness: A Detailed Look at Approaches Across OECD Countries*, WORLD Policy Analysis Center, 2018, https://www.worldpolicycenter.org/sites/default/files/WORLD%20Report%20-%20Parental%20Leave%20OECD%20Country%20Approaches_0.pdf.

Medical Leave Benefits

Table B-2 provides summary information on OECD country medical leave benefits. Most countries provide for several months of leave benefits that compensate workers for a portion of earnings lost while absent from work. In the majority of OECD member countries, medical leave is provided through a combination of employer-provided paid leave and social insurance benefits (usually with an employer providing benefits for a certain number of days or weeks, after which benefits are paid by through a social insurance program).⁵⁴

Recent Federal PFML Legislation and Proposals

The overarching goal of PFML legislative activity in the 117th Congress has been to increase access to family and medical leave by reducing the costs incurred by employers and workers associated with providing or taking leave.⁵⁵ For example, the Expanding Small Employer Pooling Options for Paid Family Leave Act of 2021 (H.R. 5161) proposes to allow multiple employer welfare arrangements, as covered by the Employee Retirement Income Security Act (ERISA; P.L. 93-406), to include family and medical leave benefits.⁵⁶ Such a change may potentially create additional opportunities for certain employers to pool risk and affect the costs of providing such benefits.

Other proposals aimed to make leave more accessible to workers by providing a cash benefit to workers on leave. The Build Back Better Act (BBBA, H.R. 5376) proposed, among other things, a new federal cash benefit for eligible individuals engaged in certain types of family caregiving, including self-care for serious medical conditions.⁵⁷ Similarly, the establishment of a national family and medical leave insurance program, such as that proposed in the Family and Medical Insurance Leave Act (FAMILY Act; H.R. 804/S. 248) would provide cash benefits to eligible individuals who are engaged in certain caregiving activities (including self-care).⁵⁸ The New Parents Act (S. 2764) would allow eligible new parents to temporarily access (borrow) up to 3 months of Social Security benefits before the current-law retirement benefit eligibility age. In return, eligible parents would need to repay benefits by either accepting an increase in their Social Security retirement age or accepting a temporary reduction in future Social Security old-age benefits by an amount determined by the Social Security Administration. Cash benefits proposed by the BBBA and FAMILY Act and temporary access to Social Security benefits proposed by the New Parents Act could potentially make the use of unpaid leave (e.g., as provided by FMLA or voluntarily by employers) affordable for some workers.

⁵⁴ Information on how this is done in some OECD countries is in Table 4 of Amy Raub, Paul Chung, and Priya Batra, et al., *Paid Leave for Personal Illness: A Detailed Look at Approaches in OECD Countries*, World Policy Analysis Center, 2018, [https://www.worldpolicycenter.org/sites/default/files/WORLD Report - Personal Medical Leave OECD Country Approaches_0.pdf](https://www.worldpolicycenter.org/sites/default/files/WORLD%20Report%20-%20Personal%20Medical%20Leave%20OECD%20Country%20Approaches_0.pdf).

⁵⁵ This section provides examples of proposed legislation, introduced as of May 2022, to illustrate the types of approaches considered in the current Congress.

⁵⁶ A discussion of multiple employer welfare arrangements is in Department of Labor, Multiple Employer Arrangements under the Employee Retirement Income Security Act (ERISA)“ A guide to Federal and State Regulation, Employee Benefits Security Administration, August 2013, <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/mewa-under-erisa-a-guide-to-federal-and-state-regulation.pdf>.

⁵⁷ An overview of the cash benefit proposed in the BBBA is in CRS In Focus IF11994, *Build Back Better Act: Universal Comprehensive Paid Leave*, by Sarah A. Donovan and Barry F. Huston

⁵⁸ The FAMILY Act, as introduced in the 116th Congress, is described in CRS Report R46390, *Paid Family and Medical Leave: Current Policy and Legislative Proposals in the 116th Congress*, by Molly F. Sherlock, Barry F. Huston, and Sarah A. Donovan.

Appendix A. State Leave Insurance Programs, Selected Provisions as of May 2022

Table A-1. State Family and Medical Leave Insurance Program Provisions, as of May 2022

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) ^a	Benefit Formula and Maximum Weekly Benefit ^b	Earnings and Employment Requirements ^c	Financing
California	<p>52 weeks total, of which up to 8 weeks of family leave insurance (FLI) may be claimed for</p> <ul style="list-style-type: none"> The care of a new child by birth, adoption, or foster care, A serious health condition of a qualified family member, and Certain needs related to the military deployment of a qualified family member. <p>Up to 52 weeks of temporary disability insurance (TDI) benefits may be claimed for the employee's own temporary disability.</p>	<p>For workers with an average weekly wage (AWW) less than one-third of the state AWW, FLI and TDI benefits are 70% of the worker's AWW. In general, when a worker's AWW are one-third of the state AWW or more, benefits are calculated as 60% of the worker's AWW, up to a maximum amount (\$1,540 per week in 2022).^d</p>	<p>The worker must have earned \$300 in wages in California that were subject to the state TDI/FLI payroll tax over the worker's base period.^e</p>	<p>Payroll tax on employees.</p>
Colorado (Benefits payable January 2024)	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> The care of a new child by birth, adoption, or foster care, A serious health condition of a qualified family member, Needs related to the stalking of the employee or a qualified family member, or sexual assault or abuse, or domestic violence to the employee or a qualified family member, Certain needs related to the military deployment of a qualified family member, and The employee's own serious health condition. <p>4 weeks of additional medical leave benefits may be claimed for a serious health condition related to pregnancy complications or childbirth complications, bringing total benefits to 16 weeks in such cases.</p>	<p>Workers receive 90% of the portion of their AWW that is 50% or less of the state AWW, and they receive 50% of the portion of their AWW that is above 50% of the state AWW, up to a maximum amount (\$1,100 in 2024). In each year after 2024, the maximum weekly benefit is 90% of the state AWW.</p>	<p>The worker must have earned at least \$2,500 in wages that were subject to the paid family and medical leave insurance payroll tax over the worker's base period.^e</p>	<p>Payroll tax on employers and employees.</p> <p>Employers with nine or fewer employees are exempt from the employer portion of payroll tax contributions.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) ^a	Benefit Formula and Maximum Weekly Benefit ^b	Earnings and Employment Requirements ^c	Financing
Connecticut	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> • The care of a new child by birth, adoption, or foster care, • A serious health condition of a qualified family member, • Certain needs related to the military deployment of a qualified family member, • The care of a qualified military family member with a serious illness or injury, • Up to 12 days for needs related to domestic violence (for employee or a qualified family member), • To serve as an organ or bone marrow donor, and • An employee's own serious health condition. <p>2 additional weeks of benefits may be claimed for a serious health condition if an employee's pregnancy results in incapacitation, bringing total benefits to 14 weeks in such cases.</p>	<p>Workers receive 95% of the portion of their AWW that is less than or equal to the earnings from a 40 hour workweek compensated at the CT minimum hourly wage^f plus 60% of the portion of their AWW that is above this threshold, up to a maximum amount. The maximum weekly benefit is set at 60 times the CT minimum wage. (\$780 weekly as of January 1, 2022, increasing to \$840 on July 1, 2022, and \$900 on June 1, 2023.)</p>	<p>Benefit recipients must have earnings of at least \$2,325 in the highest earning quarter within the base period.^e</p> <p>They must also be currently or recently employed (i.e., employed in the last 12 weeks).</p>	<p>Payroll tax on employees.</p>
Delaware (Benefits payable in January 2026)	<p>In general, 12 weeks total of family and medical leave benefits may be claimed in a benefit year.</p> <p>In general, 12 weeks of benefits may be claimed in a benefit year for the care of a new child by birth, adoption, or foster care; however, employers with fewer than 25 employees may elect to limit parental leave benefits to 6-12 weeks in a benefit year from January 2026 through December 2030.</p> <p>Up to 6 weeks of benefits may be claimed once^g in a 24-month periods for the following family and medical leave events:</p> <ul style="list-style-type: none"> • A serious health condition of a qualified family member, • Certain needs related to the military deployment of a qualified family member, and • An employee's own serious health condition. 	<p>Workers receive 80% of their AWW, up to a maximum amount (\$900 per week in 2026 and 2027).^h</p>	<p>Workers must be employed by their current employer for 12 months and have worked for the current employer for at least 1,250 hours in the 12-months preceding leave.ⁱ</p>	<p>Payroll tax on covered employers, who may opt to share costs (up to 50%) with covered employees.</p> <p>Employees and employers may opt out of contributions if the employee is not expected to meet eligibility conditions.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) ^a	Benefit Formula and Maximum Weekly Benefit ^b	Earnings and Employment Requirements ^c	Financing
District of Columbia	<p>Through September 2022,ⁱ 8 weeks total, of which up to</p> <ul style="list-style-type: none"> 8 weeks of benefits may be claimed for the care of a new child by birth, adoption, or foster care, 6 weeks for a serious health condition of a qualified family member, and 6 weeks for the employee's own serious health condition. <p>In addition, a worker is entitled to 2 weeks of benefits for prenatal care (i.e., potentially increasing the entitlement to 10 total weeks of benefits for some workers), as long as the duration of benefits claimed for prenatal care and for the employee's own serious health condition do not exceed 6 weeks.</p> <p>Due to a surplus in the DC Universal Paid Leave Fund, starting between July 1, 2022-October 1, 2022,^k 12 weeks total, of which up</p> <ul style="list-style-type: none"> 12 weeks of benefits may be claimed for the care of a new child by birth, adoption, or foster care, 12 weeks for a serious health condition of a qualified family member, and 12 weeks for the employee's own serious health condition <p>In addition, 2 weeks may be claimed for prenatal care (i.e., potentially increasing the entitlement to 14 total weeks of benefits for some workers), as long as the duration of benefits claimed for prenatal care, and for the employee's own serious health condition do not exceed 12 weeks.</p>	<p>Benefits are 90% of the portion of a worker's AWW that is 150% or less of 40 hours compensated at the DC minimum wage (i.e., "150% of the DC minimum weekly wage"), plus 50% of average earnings above 150% of the DC minimum weekly wage, up to a maximum weekly amount (\$1,009 per week in 2022).</p>	<p>The worker must have worked for at least one week in the 52 calendar weeks preceding the qualifying event for leave for a covered DC-based employer, and at least 50% of that work must occur in DC for such a DC-based employer.</p>	<p>Payroll tax on covered employers.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period)^a	Benefit Formula and Maximum Weekly Benefit^b	Earnings and Employment Requirements^c	Financing
Maryland (Benefits payable in January 2025)	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> the care of a new child by birth, adoption, or foster care, a serious health condition of a qualified family member, certain needs related to the military deployment of a qualified family member, the care of a military family member, who is the claimant's next of kin, with a serious health condition resulting from military service, and an employee's own serious health condition. <p>12 additional weeks of benefits may be claimed for a serious health condition if the individual previously claimed benefits for the care of a new child (or vice versa), bringing total benefits to 24 weeks in such cases.</p>	Workers receive 90% of the portion of their AWW that is 65% or less of the state AWW; they receive 50% of the portion of their AWW that is above 65% of the state AWW, up to a maximum amount (\$1,000 per week in 2025). ^l	The worker must have worked 680 hours or more in the 12-month period immediately preceding the first day of benefits. ^m	Payroll tax on employees and on employers with 15 or more employees.
Massachusetts	<p>25 weeks total,ⁿ of which up to 12 weeks of FLI benefits may be claimed for</p> <ul style="list-style-type: none"> the care of a new child by birth, adoption, or foster care, a serious health condition of a qualified family member, and certain needs related to the military deployment of a qualified family member; <p>and up to 25 weeks of FLI benefits may be claimed for the care of a military family member with a serious illness or injury.</p> <p>Up to 20 weeks of medical leave insurance (MLI) may be claimed for the employee's own serious health condition.</p>	Workers receive 80% of the portion of their AWW that is 50% or less of the state AWW; they receive 50% of the portion of their AWW that is above 50% of the state AWW, up to a maximum amount (\$1,084.31 per week in 2022).	The worker meets the financial eligibility requirements for receiving unemployment insurance (i.e., in 2022, the worker would have had to have earned at least \$5,700 in the last 4 completed calendar quarters).	<p>FLI is financed through a payroll tax on employees.</p> <p>MLI is financed through a payroll tax on employers and employees. Employers with fewer than 25 employees are exempt from the employer portion of the MLI payroll tax contributions.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) ^a	Benefit Formula and Maximum Weekly Benefit ^b	Earnings and Employment Requirements ^c	Financing
New Jersey	<p>38-52 weeks total,^o of which up to 12 weeks (or 56 intermittent days) may be claimed for the FLI events:</p> <ul style="list-style-type: none"> the care of a new child by birth, adoption, or foster care, a serious health condition^p of a qualified family member, and needs related to domestic or sexual violence to the employee or a qualified family member. <p>Up to 26 weeks of TDI benefits may be claimed for an employee's own temporary disability, for a single period of disability.</p>	Workers receive 85% of their AWW, up to a maximum amount equal to 70% of the statewide AWW (\$993 per week in 2022).	The worker meets the financial eligibility requirements for unemployment insurance. In 2022, these are 20 or more calendar weeks with earnings of \$240 in each week in the base period, or at least \$12,000 in earnings during the base period. ^e	<p>FLI is financed through a payroll tax on employees.</p> <p>TDI is financed through a payroll tax on employers and employees.</p>
New York ^q	<p>26 weeks total, of which up to 12 weeks of FLI benefits may be claimed for</p> <ul style="list-style-type: none"> the care of a new child by birth, adoption, or foster care, a serious health condition of a qualified family member, and certain needs related to the military deployment of a qualified family member, <p>and up to 26 weeks of TDI benefits may be claimed for an employee's own temporary disability.</p> <p>In some cases, TDI or FLI benefits may be claimed for the employee's or the employee's child's mandatory or precautionary order of quarantine or isolation due to COVID-19.^r</p>	<p>For FLI benefits, 67% of the employee's AWW, up to a maximum amount (\$1,068.36 per week in 2022).</p> <p>For TDI benefits, 50% of the employee's AWW, up to a maximum amount (\$170 per week in 2022).</p> <p>A separate formula is used to calculate COVID-19-related FLI and TDI benefits.^s</p>	<p>For FLI benefits, workers must have full-time employment (20 or more hours per week) for 26 consecutive weeks or 175 days (which need not be consecutive) of part-time employment.</p> <p>For TDI benefits, workers must have worked for a covered employer for at least 4 consecutive weeks.</p>	<p>FLI is financed through a payroll tax on employees.</p> <p>TDI is financed through a payroll tax on employees and contributions by employers. Employers finance all insurance policy costs beyond what they are permitted by law to collect from employees.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period)^a	Benefit Formula and Maximum Weekly Benefit^b	Earnings and Employment Requirements^c	Financing
Oregon (Benefits payable in September 2023)	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> the care of a new child by birth, adoption, or foster care, a serious health condition of a qualified family member, needs related to domestic or sex violence to the employee or a qualified family member, and the employee's own serious health condition. <p>2 additional weeks of benefits may be claimed for certain medical conditions related to pregnancy, childbirth, and recovery (including lactation), bringing total benefits to 14 weeks in such cases.</p>	Starting in September 2023, workers receive 100% of the portion of their AWW that is 65% or less of the state AWW; they receive 50% of the portion of their AWW that is above 65% of the state AWW, up to a maximum amount. The maximum benefit formula is 120% of the state AWW.	\$1,000 in earnings during the base period. ^e	<p>Payroll tax on employers and employees.</p> <p>Employers with fewer than 25 employees are not required to contribute, but may do so voluntarily and by doing so may qualify for state assistance.</p>
Rhode Island	<p>30 weeks total, of which up to 5 weeks may be claimed for the FLI events:</p> <ul style="list-style-type: none"> the care of a new child by birth, adoption, or foster care, and a serious health condition of a qualified family member, <p>and up to 30 weeks of TDI benefits may be claimed for the employee's own temporary disability.</p> <p>Starting January 1, 2023, workers may claim up to 6 weeks (of the total 30 weeks) of benefits for FLI events.</p>	4.62% of wages received in the highest quarter of the worker's base period (i.e., approximately 60% of weekly earnings), up to a maximum weekly amount (\$978 per week in 2022).	The worker must have earned wages in Rhode Island, paid into the insurance fund, and for claims filed in 2022, received at least \$14,700 in the base period; ^e a separate set of criteria may be applied to persons earning less than \$14,700.	Payroll tax on employees.

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) ^a	Benefit Formula and Maximum Weekly Benefit ^b	Earnings and Employment Requirements ^c	Financing
Washington	<p>16 weeks total, of which up to 12 weeks of FLI benefits may be claimed for</p> <ul style="list-style-type: none"> the care of a new child by birth, adoption, or foster care, a serious health condition of a qualified family member, and certain needs related to the military deployment of a qualified family member; and the death of a qualified family member (effective June 9, 2022, benefits limited to 7 days). <p>and up to 12 weeks of MLI benefits for an employee's own serious health condition.</p> <p>2 additional weeks of MLI benefits may be claimed if an employee's pregnancy results in incapacitation, bringing total benefits to 18 weeks in such cases.</p>	Workers whose AWW is 50% or less than the state AWW receive 90% of their AWW. Otherwise, workers receive approximately 20% of the state average weekly rate plus 50% of their AWW, up to a maximum amount (\$1,327 per week in 2022).	The worker must have worked 820 hours or more in the qualifying period. ^e	<p>FLI is financed through a payroll tax on employees.</p> <p>MLI is financed through a payroll tax on employers and employees. Employers with fewer than 50 employees are not required to contribute, but may do so voluntarily and by doing so may qualify for state assistance.</p>

Source: CRS based on the following sources: *California:* California Unemployment Insurance Code §§2601-3307 and program information from <http://www.edd.ca.gov/Disability/>. *Colorado:* Colo. Rev. Stat. §8-13.3-501-524 and program information from <https://famli.colorado.gov/>. *Connecticut:* General Statutes of Connecticut sections 31-49e to 31-49t, and 31-51ss, and program information from <https://ctpaidleave.org/>. *Delaware:* Laws of Delaware, Volume 83, Chapter 301 (151st General Assembly), available from <https://legis.delaware.gov/SessionLaws/Chapter?id=41361>. *District of Columbia:* D.C. Official Code §§32-541.01 et seq. and program information from <https://dcpaidfamilyleave.dc.gov/>. *Maryland:* Enrolled Senate Bill 0275, Maryland General Assembly, 2021 Regular Session, available from <https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0275?ys=2022RS> (Md. Code Ann. §§8.3-101 to 8.3-1001; effective June 1, 2022 and January 1, 2023); Md. Code Ann. §§3-1201 to 3-1211. *Massachusetts:* MGL c. 175M and program information from <https://www.mass.gov/orgs/departments-of-family-and-medical-leave>. *New Jersey:* N.J. Stat. Ann. §43:21-25 and program information from <https://myleavebenefits.nj.gov/>. *New York:* New York Workers' Compensation Law §§200-242 and program information from <http://www.wcb.ny.gov/content/main/DisabilityBenefits/employer-disability-benefits.jsp> and <https://paidfamilyleave.ny.gov/>. *Oregon:* Oregon Rev. Stat. 657B and program information from <https://www.oregon.gov/employ/PFMLI/Pages/default.aspx>. *Rhode Island:* Rhode Island General Laws §§28-39-1 to 28-41-42 and program information from <https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance>. *Washington:* Rev. Code Washington, Chapter 50A.05 and program information from <https://paidleave.wa.gov/>.

Notes: This table provides information on state programs that provide for family leave insurance in addition to medical leave insurance or temporary disability insurance. Hawaii and Puerto Rico require employers to provide temporary disability insurance but not family leave insurance to their employees, and as such are not included. New Hampshire allows private sector employers to opt in to its leave insurance program for state employees; because participation is voluntary for all private sector employers, the program is not included in the table.

- All states included in this table provide FLI benefits to eligible workers who provide care to a family member with a serious health condition. The set of family members generally includes a child, parent, spouse or domestic partner, and grandparent; some states provide benefits for the care of other relatives such as grandchildren and siblings.
- In general, individuals cannot claim TDI or medical leave insurance benefits and family leave insurance benefits for the same week.

- c. In general, workers must meet earnings and employment requirements while employed by a “covered employer” or while in “covered employment.” Rules vary from state to state, but these terms generally capture employment and earnings for which state TDI/FMLI program contributions were collected.
- d. Starting January 1, 2023, the California program will provide up to 55% of an employee’s AWW up to a statutory maximum.
- e. For California, Colorado, Connecticut, New Jersey, Oregon, and Rhode Island the “base period” or “qualifying period” is typically the first four of the last five completed quarters that precede the insurance claim. For example, a claim filed on February 6, 2017, is within the calendar quarter that begins on January 1, 2017 (i.e., the first calendar quarter). The base period for that claim is the four-quarter period (i.e., 12-month period) that starts on October 1, 2015. In Massachusetts, the base period is the last four completed quarters preceding the benefit claim. In Washington, the base period is either the first four of the last five completed quarters or the last four completed quarters that precede the insurance claim.
- f. As of January 2022, 40 times the CT minimum wage is \$520. The product increases to \$560 on July 1, 2022, and \$600 on June 1, 2023
- g. Delaware law provides that a covered worker is eligible for family and medical leave benefits “not more than once in a 24-month period.” However, if certain conditions are met, a worker may use benefits intermittently. Further clarification on use of benefits is expected to be included in regulations governing the Delaware leave insurance program.
- h. In each year after 2027, the maximum weekly benefit is increased in proportion to the annual average increase, if any, in the Consumer Price Index for All Urban Consumers, for the Philadelphia-Camden-Wilmington Metropolitan area (as published by the Bureau of Labor Statistics [BLS]).
- i. Delaware employers with 10-24 employees are only covered by the parental leave provisions, but may opt-in to the medical leave benefit provisions or other family leave benefit provisions. Employers with fewer than 10 employees are not covered by any leave benefit provisions, but may opt-in to the program.
- j. DC law provides that projected program costs and revenues are to be evaluated each year and, if sufficient funds are available, the leave entitlement is to be expanded according to a schedule provided at D.C. Official Code §32-541.01.04a. Expansions are to take effect at the start of the next fiscal year. If projected funds do not support an expansion, benefits would be reduced to a minimum of 8 weeks, of which 8 weeks of benefits may be claimed for the arrival of a new child by birth, adoption, or foster care, 6 weeks for a serious health condition of a qualified family member, and 2 weeks for the employee’s own serious health condition.
- k. The DC Acting Chief Financial Officer certified on March 1, 2022 that sufficient funds are available for the increase in paid leave benefits to take effect on July 1, 2022. Mayor Muriel Bowser’s 2023 budget proposal (published March 16, 2022) would delay implementation of the expansion of paid leave benefits until October 1, 2022. As of May 24, 2022, the DC Council has not voted on the mayor’s 2023 budget proposal.
- l. In each year after 2025, the maximum weekly benefit is increased in proportion to the annual average increase, if any, in the Consumer Price Index for All Urban Consumers, for the Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan area (as published by BLS).
- m. In addition, a claimant must exhaust all employer-provided leave that is not required by law before claiming the leave insurance benefit.
- n. Massachusetts law provides for up to 20 weeks of medical leave in a benefit year and 12 weeks of family leave in a benefit year, except that a covered individual taking family leave in order to provide care for a covered military family member with a serious illness or injury may use up to 26 weeks of family leave (MGL c. 175M as added by St. 2018, c. 121., Section 2(c)(1)). It provides family and medical leave benefits for those periods of leave, with the exception of the first 7 calendar days of such leave; consequently, while up to 26 weeks of leave are provided, workers may receive only 25 weeks of benefits. This interpretation is supported by regulations for the Massachusetts program at 458 CMR 2.12 Weekly Benefit Amount (7) which notes “[n]o family or medical leave benefits are payable during the first seven calendar days of an approved initial claim for benefits. The initial seven day waiting period for paid leave benefits will count against the total available period of leave in a benefit year.”
- o. Assuming eligibility conditions are met, 52 weeks of TDI benefits may be used for two separate but consecutive periods of disability.
- p. On March 25, 2020, NJ expanded the definitions of a serious health condition and compensable disability as applied to the NJ state leave insurance program to include, during a state of emergency, “an illness caused by an epidemic of a communicable disease, a known or suspected exposure to a communicable disease, or efforts to prevent spread of a communicable disease, which requires in-home care or treatment” of the employee or family member of the employee. The same law

modified the NJ leave insurance program to waive the waiting period for benefits if, during a state of emergency, the employee's disability results from an "illness caused by an epidemic of a communicable disease, a known or suspected exposure to the disease, or efforts to prevent the spread of the disease requiring in-home care or treatment." See NJ P.L. 2020, Ch. 17.

- q. New York differs from other states with leave insurance programs in that it provides temporary disability and family leave insurance to employees largely through a collection of private plans purchased by employers, rather than a centralized state plan. Employers also have the option of obtaining insurance through the NY State Insurance Fund, which was created by Article 6 of New York's Workers' Compensation Law, and serves to "to compete with other carriers to ensure a fair market place and to be a guaranteed source of coverage for employers who cannot secure coverage elsewhere." Additional information is at <https://ww3.nysif.com/>.
- r. NY Governor Cuomo signed NY state bill S. 8091 into law on March 18, 2020. In addition to creating an entitlement to paid sick leave in some instances, the new law provides that workers employed by certain small businesses who are subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19 may qualify for NY state paid family leave benefits and enhanced temporary disability benefits, and claim these benefits concurrently. Additional information is at <https://www.nysenate.gov/legislation/bills/2019/s8091> and <https://paidfamilyleave.ny.gov/COVID19>.
- s. An enhanced TDI benefit is available to certain employees who are subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19, and this benefit is claimed concurrently with FLI benefits. The enhanced TDI benefit is calculated as the difference between the employee's AWW and amount of the FLI benefit, up to a maximum weekly TDI benefit of \$2,043.92. The FLI benefit is capped at \$840.70 per week for claims related to a quarantine or isolation order.

Table A-2. Job Protection for State Leave Insurance Program Beneficiaries

State	Is Job Protection Provided for In Acts Authorizing State Leave Insurance Benefits? ^a	Job Protection Provided by Other State Leave Laws
California	No	<p>California Family Rights Act: Provides an eligible employee up to 12 workweeks of unpaid job-protected leave during any 12-month period to care for and bond with a newly-arrived child, care for a family member who has a serious health condition or for needs related to the employee's own serious health condition (except for conditions covered by the California Fair Employment and Housing Act), and for certain military family needs. Eligibility conditions are similar to the federal FMLA. The California Family Rights Act applies to employers with 5 or more employees (a lower threshold than the federal FMLA).</p> <p>California Fair Employment and Housing Act: Allows an employee incapacitated by pregnancy, childbirth, or a related medical condition to take up to 4 months of unpaid job-protected leave.</p>
Colorado	Yes, covered employees that have been employed with their current employer for at least 180 days before the start of leave are entitled to job protection.	N/A
Connecticut	No	<p>Connecticut Family and Medical Leave Act: Provides up to 12 workweeks of unpaid job-protected leave during any 12-month period for the care of newly-arrived child, care of a family member with a serious health condition, needs related to the employee's own serious health condition, certain military family needs, and to serve as an organ or bone marrow donor. Provides up to 2 additional workweeks of job-protected leave during the 12-month period for a serious health condition that occurs during pregnancy and results in incapacitation. Workers may also use 26 additional workweeks of job-protected leave in a single 12-month period to care for a family member who is a member of the U.S. armed forces, if the member incurred a serious injury or illness in the line of duty. An employee is eligible for such leave after completing 90 days of employment with the current employer.</p> <p>Connecticut Pregnancy Disability Leave: Requires that employers (and their agents) with 3 or more employees, employment agencies, and labor organizations provide a "reasonable amount" of unpaid job-protected leave for pregnancy-related disabilities.</p>
Delaware	Yes ^b	N/A

State	Is Job Protection Provided for In Acts Authorizing State Leave Insurance Benefits? ^a	Job Protection Provided by Other State Leave Laws
District of Columbia	No	<p>District of Columbia Family and Medical Leave Act: Provides up to 16 weeks of unpaid job-protected leave during any 24-month period for the care of newly-arrived child, or the care of a family member with a serious health condition, and 16 weeks in any 24-month period for needs related to the employee's own serious health condition. To be eligible, an employee must have been employed by the same employer for 1 year without a break in service and have worked at least 1,000 hours during the 12-month period preceding the leave request.</p> <p>District of Columbia Pregnancy Disability Leave: Employers must make "reasonable accommodations" for pregnant employees with pre-birth complications or employees recovering from childbirth. Such accommodations can include unpaid job-protected leave.</p>
Maryland	No	<p>Maryland Parental Leave Act: Provides 6 weeks of unpaid job-protected leave for the care of a newly-arrived child. To be eligible, an employee must have worked for the employer for 12 months and for 1,250 hours in the 12-months that precede leave, and be employed at a worksite for which the employer employs at least 15 workers within 75 miles of the site. The law applies to employers with 15-49 employees.</p>
Massachusetts	Yes	<p>Massachusetts Parental Leave Act: Provides 8 weeks of unpaid job-protected leave for the care of a newly-arrived child. To be eligible, an employee must have completed his or her probationary period (as set by the employer), which cannot exceed 3 months. The law applies to employers with a least 6 employees.</p>
New Jersey	No	<p>New Jersey Family Leave Act: Provides eligible employees unpaid job-protected leave (12 weeks in a 24-month period) to care for a newly-arrived child, or to care for a family member with a serious health condition. The law applies to all New Jersey employers with 30 or more employees (worldwide). To be eligible, an employee must have been employed for at least 12 months by the employer, and must have worked at least 1,000 hours in the 12 months preceding leave.</p> <p>New Jersey Security and Financial Empowerment Act: Provides up to 20 days of unpaid job-protected leave in a 12-month periods for certain needs, if the employee or the employee's family member has been the victim of a domestic or sexual violence offence. The law applies to all employers with 25 or more employees. To be eligible, an employee must have been employed for at least 12 months for the employer, and must have worked at least 1,000 hours in the 12 months preceding leave.</p>
New York	<p>Yes, for family leave insurance recipients.</p> <p>No, for disability insurance recipients.</p>	N/A

State	Is Job Protection Provided for In Acts Authorizing State Leave Insurance Benefits? ^a	Job Protection Provided by Other State Leave Laws
Oregon	Yes, if employed by the current employer for at least 90 days before taking leave.	<p>Oregon Family Leave Act: Provides 12 weeks of unpaid job-protected leave within any 12-month period for specific family caregiving needs, including bereavement (additional leave may be available if certain conditions are met)^c. Leave for bereavement is limited to 2 weeks (of the 12 week total) per death of a family member. The law applies to employers with at least 25 employees. To be eligible, an employee must have been employed by the current employer for at least 180 days prior to leave; with the exception of leave to care for a new child, the employee must have worked at least 25 hours per week during the 180-day period.</p> <p>Oregon Military Family Leave Act: Provides 14 days of unpaid job-protected leave per deployment to an employee whose spouse is a military member called to active duty during a period of military conflict. The law applies to employers with at least 25 employees. To be eligible, an employee must work at least 20 hours per week for the employer, on average.</p>
Rhode Island	Yes, for family leave insurance recipients. No, for disability insurance recipients.	<p>Rhode Island Parental and Family Medical Leave Act: Provides 13 consecutive weeks of unpaid job-protected leave in a 2-year period for the care of a newly-arrived child or a family member with a serious health condition. The act applies to private sector employers with at least 50 employees, state government employers, and local government employers with at least 30 employees. Employees must have worked for their current employer for 12 consecutive months before using leave.</p>
Washington	Yes, if employed by an employer with 50 or more employees, and has worked for the employer for at least 12 months and worked at least 1,250 hours in last 12 months. ^d	N/A ^e

Source: CRS, based on the following sources: *California:* California Unemployment Insurance Code §§2601-3307, California Government Code §12945 and §12945.2. *Colorado:* Colo. Rev. Stat. §8-13.3-509. *Connecticut:* Conn. Gen. Stat. §§31-49e-31-49t, §31-51nn, and §46a-60. *Delaware:* Laws of Delaware, Volume 83, Chapter 301 (151st General Assembly), available from <https://legis.delaware.gov/SessionLaws/Chapter?id=41361>. *District of Columbia:* D.C. Official Code §§32-541.01 et seq., §§32-501 et seq., §32-1231.01, and §32-1231.03. *Maryland:* Enrolled Senate Bill 0275, Maryland General Assembly, 2021 Regular Session, available from <https://mgaleg.maryland.gov/mgaweb/Legislation/Details/SB0275?ys=2022RS> (Md. Code Ann. §§8.3-101 to 8.3-1001; effective June 1, 2022 and January 1, 2023); Md. Code Ann. §§3-1201 to 3-1211. *Massachusetts:* MGL c. 175M and MGL c. 149, §105D. *New Jersey:* N.J. Stat. Ann. §§43:21-25 et seq., §34:11B1-16, and §34:11C1-5. *New York:* New York Workers' Compensation Law §§200-242. *Oregon:* Oregon Rev. Stat. 657B.060, 659A.171, and 659A.093. *Rhode Island:* Rhode Island General Laws §§28-41 et seq. and §§28-48 et seq. *Washington:* Rev. Code Washington §50A.35.010 and §50A.30.010.

- This column indicates whether temporary disability insurance (TDI) or family and medical leave insurance (FMLI) benefit receipt confers job protection to benefit recipients, meaning a recipient must be returned to the job held at the time of benefit application or receipt. This column does not include information on job protection provided under the Family and Medical Leave Act (FMLA; P.L. 103-3) for employees who meet FMLA eligibility criteria, or under similar state laws.
- Delaware differs from other states in that it conditions eligibility for the benefit on an employee's tenure with her or his employer. To be eligible for the benefit and job-protected leave, the employee must have worked for at least 12-months with the current employer and worked at least 1,250 hours for the current employer in the 12-months that precede leave.

- c. Female employees are entitled to an additional 12 weeks of job-protected leave (in the same 12-month period) for a pregnancy- or childbirth-related disability that prevents the employee from performing any available job duties offered by her employer. Employees that take 12 weeks of leave to care for a newly arrived child may take an additional 12 weeks (in the same 12 months) for the care of a child who does not have a serious health condition but requires home care.
- d. Like most states listed in this table, Washington State provides employers the option of providing leave insurance benefits to their employees through a private (or voluntary) plan. In Washington State, employees receiving leave insurance benefits through a private plan receive job protection during periods of family and medical leave if they have worked for the employer for at least nine months and 965 hours during the 12 months immediately preceding the leave.
- e. Washington State requires employers with at least 8 employees to provide leave to women with pregnancy-related disabilities. However, CRS could not determine the extent to which such leave is job-protected.

Appendix B. Caregiving Leave and Medical Leave Benefits in OECD Countries

This appendix provides information on caregiving leave benefits and medical leave benefits available in OECD countries. The level of detail provided on such benefit programs is determined by the availability of reliable information from public sources located through various searches. For this reason, some programs are described in considerably more detail than others. While this appendix aims to provide useful descriptions of benefit programs across OECD countries, it should not be viewed as an exhaustive compilation of benefit program information. Relatedly, when a particular benefit program feature is not described for a given country, it should not necessarily be interpreted as evidence that the feature is lacking.

Table B-1. Paid Family Caregiving Leave Policies in Selected OECD Countries as of January 2020

Country	Paid Caregiving Leave
Australia	Up to 10 days of leave per year to care for a sick family or household member.
Austria	Up to 2 weeks of leave per year to care for a child under the age of 12 years; up to 1 week to care for an immediate family or household member.
Belgium	Up to 12 months per episode of illness to care for a seriously ill family member; leave must be taken in blocks of 1 to 3 months. Two months of leave per episode to provide palliative care to a terminally ill family member; leave must be taken in 1-month blocks.
Canada ^a	Up to 35 weeks per year to care for a critically ill child under the age of 18 years, and up to 15 weeks to care for a critically ill adult family member. Up to 26 weeks to care for a person of any age who requires end-of-life care. In all cases, the individual receiving care need not be a family or household member, but the caregiver must be considered “like family” to the person receiving support.
Chile	Up to 10 days per family, per year to care for a child at serious risk of death. Additional paid leave may be available for a seriously ill child under one age 1.
Czech Republic	In general, up to 9 consecutive days per episode to care for a seriously ill household family member, or a sick (need not be seriously ill) child under the age of 10 years.
Estonia	Up to 14 days per family, per episode to care for a child under the age of 12 years. Up to 7 days per episode to care for an adult family member. Up to 5 working days per year to care for a family member with a severe disability.
Finland	Up to 4 days per episode to care for a child under the age of 10 years; benefit levels are determined by collective agreement.
France	Up to 3 years per episode to care for a child under the age of 20 years with a serious illness or disability. Up to 3 months of leave (with a possible extension to 6 months) to care for a close family member who is terminally ill.
Germany	Up to 10 days per child, per year (maximum of 25 days in a year, per parent) to care for a child under the age of 12 years. Up to 10 days (total per dependent family member) to care for a dependent family member with an unexpected illness.
Greece	Up to 22 days per year to care for a child who is under age 18 or a spouse with certain serious illnesses. Up to 4 days (per parent, per year for each child under age 16) to visit a child’s school. Up to 1 hour per day to care for a child or spouse with a disability.

Country	Paid Caregiving Leave
Hungary	Up to 14 days per year, per family to care for a child who is 6-12 years old; up to 42 days per year, per family to care for a child who is age 3-5 years; up to 84 days per year, per family to care for a child who is age 1-2 years; and unlimited days for a child under the age of 1 year.
Ireland	Up to 3 days in a 12-month period, with a maximum of 5 days in a 36-month period to care for a close family member.
Israel	Workers may deduct the following from their own sick leave entitlement: up to 8 days per year to care for a child under the age of 16 years (16 days may be used if the parent is a single parent); 18 days per year (36 for a single parent) to care for a child with special needs; 7 days per episode to attend a spouse's medical appointments and for treatments related to pregnancy; and 6 days per year to care for a spouse or parent over age 65.
Italy	Up to 2 years over the course of the employee's career to care for a seriously ill or disabled family member. Family members cannot use such caregiving leave concurrently.
Japan	Up to 93 days (total per dependent family member) to provide care to a seriously ill dependent family member who requires constant care for at least 2 weeks.
Latvia	Up to 14 days per episode to care for a child under the age of 14 at home. Up to 21 days per episode to care for a child under the age of 14 who is hospitalized.
Luxembourg	Up to 12 days to care for a child under age 4 and up to 18 days to care for a child ages 4-12 years. Up to 5 days to care for a child ages 13-18 who is hospitalized. Care days are doubled for a disabled child. Up to 52 weeks in a 104-week period to care for a child under the age of 18 years who is seriously or terminally ill.
Netherlands	Up to 10 days of leave to care for a sick family (including certain friends) or household member.
New Zealand	Up to 5 days per year may be used from the employee's sick leave entitlement to care for a partner or dependent family member.
Norway	Up to 10-15 days per year, depending on family composition, (20-30 days for a single parent) to care for a child under the age of 12 years; additional days may be provided for the care of child with a severe illness. Up to 5 working years (1300 work days) per episode to care for a child under age 18 who requires continuous care due to illness, injury, or disability. Up to 60 days per episode to care for a terminally-ill family member (including an unrelated person with a family-like relationships).

Country	Paid Caregiving Leave
Poland	Up to 14 days per year to care for a family member. Up to 60 days to care for a child under age 8 (age 14 if the child is disabled or chronically ill) in exceptional circumstances (e.g., school closure).
Portugal	For families with one child, up to 30 days per year (per family) to care for a child under the age of 12 years and up to 15 days to care for a child over the age of 12 years. In both cases, families may claim one additional day per year for each additional child in the family. Up to 6 months per episode (per family), with the possibility of an extension, to care for a chronically-ill child.
Slovak Republic Slovenia	Up to 10 days per year to care for a family member. Up to 15 days per episode, per family to care for a child under the age of 8 years. Up to 7 days to provide care to a co-resident family member; up to 6 additional months per family may be granted for severe illness.
Spain	Up to 2 days per episode to provide care to an ill family member. Unlimited paid leave is provided to care for a seriously ill child under the age of 18 years; in such cases, parents may not use leave concurrently.
Sweden	Up to 120 days per child, per year to care for a child under the age of 12 years (15 years in some cases). Up to 100 days per episode to provide care to a seriously ill family member (including certain unrelated persons with a family-like relationship).
Switzerland	Up to 3 days per episode, per family to care for a child. At least 3 weeks to care for a seriously-ill child for workers in their first year of service; thereafter paid leave is provided in accordance with the customary practice of the canton or collective agreement.

Source: Organisation for Economic Co-operation and Development (OECD), OECD Family Database, Indicator PF2.3 Additional Leave Entitlements of Working Parents, Table PF2.3.B, updated January 2020; available from http://www.oecd.org/els/soc/PF2_3_Additional_leave_entitlements_of_working_parents.pdf.

Notes: Leave benefits are subject to country-specific eligibility requirements, which may limit benefits to workers in certain types of employment relationships, who have been employed for a particular duration, or who have made contributions at a certain level to a social insurance program.

- a. Information for Canada is from the official Government of Canada information web page on Employment Insurance Caregiving Benefits at <https://www.canada.ca/en/services/benefits/ei/caregiving.html>.

Table B-2. Medical Leave Benefits in OECD Member Countries

As of July 2021 (unless otherwise noted)

Country	Benefits
Australia ^a	Employers provide benefits at full pay rates for up to 10 days per year (part-time workers' days are pro-rated). In 2020, Australia replaced a set of social insurance benefits, including a sickness allowance for workers' extended medical needs, with a single benefit called the <i>job seeker payment</i> . Workers who are temporarily unable to work due to health conditions may be eligible for the job seeker payment, if certain conditions are met.
Austria	Employers provide benefits at full pay rates for up to 6 to 12 weeks (depending on employee tenure), after which employers provide up to 4 weeks of benefits, compensated at 50% of pay. Social insurance benefits are available to employees who do not receive their full rate of pay from an employer after a 3-day waiting period. Recently insured workers may claim up to 26 weeks of benefits. Up to 52 weeks of benefits are available to workers who were insured for at least 6 of the last 12 months. Benefits may be extended in some cases. Social insurance benefits are paid at a rate of 50% of gross wages or salary, up to a maximum amount; the rate rises to 60% from 43 rd day of illness.
Belgium	Belgium provides separate medical leave benefit entitlements to hourly-paid workers and salaried workers. Employers of <i>hourly-paid workers</i> provide benefits at full pay rates for the first 7 days of sickness, followed by another 7 days, compensated at 85.88% of pay. For the 15 th to 30 th day of sickness, employers provide 25.88% of the portion of the employee's regular earnings that are used to calculate the medical leave benefit. Employers of <i>salaried workers</i> provide benefits at full pay rates for 1 month. Social insurance benefits are available after two weeks for hourly-paid workers and one month for salaried workers. Social insurance benefits are paid at a rate of 60% of lost earnings, up to a maximum amount, and are available for one year.
Canada ^b	Employers provide 3 days of benefits at full pay. ^c Workers in certain provinces may be entitled to additional days of employer-provided leave. Social insurance provides up to 15 weeks of benefits paid at 55% of average earnings, up to a maximum amount. Additional amounts may be available to some workers based on family composition and family income.
Chile ^b	Social insurance provide benefits paid at full-pay (based on recent earnings). A 3-day waiting period applies, but benefits from the first day of incapacity are provided if the sickness period is at least 11 days.
Colombia ^b	Employers provide two days of benefits at full-pay. Social insurance provides benefits for up to 180 days. Benefits are paid at 66.6% of average earnings after a 2-day waiting period for up to 90 days; the rate is reduced to 50% from the 91 st to the 180 th day of incapacity.
Costa Rica ^b	Social insurance provide benefits paid at a rate of 60% of average earnings after a 3-day waiting period. ^d
Czech Republic	Employers provide 14 days of benefits at 60% of an employee's <i>adjusted regular rate</i> (adjusted regular earnings are calculated by applying a progressive formula to the employee's average hourly earnings) for their usual work hours. Social insurance benefits are available on the 15 th day of sickness. Benefits are paid at 60% of a daily assessment base (calculated by applying a progressive formula to the worker's regular daily earnings, up to a maximum) from the 15 th to the 30 th calendar day of sickness. The rate rises to 66% on the 31 st day, and 72% on the 61 st calendar day of sickness. Benefits are available until the 380 th calendar day of sickness; in some cases, benefits may be extended.

Country	Benefits
Denmark	Employers provide benefits for 30 calendar days. Some must provide benefits the full rate of pay and others provide benefits at a lower rates of pay. Social insurance benefits are available for 22 weeks (in a 9-month period that starts on the first day of sickness). Benefits are calculated as the product of usual working hours and the employee's average hourly pay, capped at a maximum amount (approximately \$17.60 per hour in 2021).
Estonia	Employers provide benefits from the 4 th -8 th day of sickness. Medical leave benefits are paid from social insurance starting on the 9th day of sickness up to 182 consecutive calendar days (240 days for selected illnesses). Benefits are calculated as 70% of average pay (100% rate in some instances, such as for incapacity due to pregnancy or childbirth).
Finland	Employers provide benefits at the full rate of pay for the first 9 days of sickness (50% rate of pay for new employees). Social insurance benefits are available after 9 days of employer-provided benefits for up to 60 working days of benefits; in some cases, benefits may be extended. Benefits cannot exceed 300 working days in any 2-year period for the same illness. Benefits are calculated using a progressive formula.
France	Benefits are provided by social insurance, but some long-tenure employees may qualify for an employer-provided supplement to social insurance payments. Social insurance benefits are available for 12 months over a 3-year period, and may be extended in some instances. Benefits are calculated as 50% of an employee's basic daily earnings over the last 3 months, up to a maximum amount.
Germany	Employers provide benefits at the full rate of pay for up to 6 weeks. Social insurance benefits for the same illness are available for up to 78 weeks over a 3-year period. Benefits are calculated as 70% of usual earnings, up to a maximum amount.
Greece	Private sector employers pay benefits for 3 days at a rate of 50% of pay. From the 4 th to 15 th day of sickness, the employer pays the difference between the social insurance medical leave benefit and the employee's wage. Social insurance pays benefits from the 4 th to 15 th day of sickness at a rate of 50% of the pay typical insured worker with similar wages to the employee (an amount determined by the social insurance program), and at a rate of 100% for the remainder of the sickness period. (Public sector workers are paid their full wages throughout sickness periods.) The duration of benefits may be 182, 360, or 720 days, depending on how long an employee has contributed to the social insurance program.
Hungary	Employers provide benefits for up to 15 days (annually) at a rate of 70% of the daily gross earnings. Social insurance benefits may be claimed after 15 days of employer-provided benefits for up to 1 year. Benefits are paid monthly at a rate of 60% of recent average gross earnings (50% in some cases), up to a maximum amount.
Iceland ^e	Iceland provides a flat-rate medical leave benefit to eligible workers unable to work due to a non-work related illness or injury. The daily benefit amount in 2022 is ISK 2,029 (USD \$16.43), with an additional ISK 557 (USD \$4.51) per child in the home. Benefits are available for up to 52 weeks in any 2-year period. These benefits are generally claimed concurrently with union-provided benefits or benefits provided by an individual's local social services agency.
Ireland	Benefits are paid by social insurance. In 2022, workers with average weekly earnings of €300 or more can claim a €203 weekly benefit; a smaller benefit is available to workers with average weekly earnings below €300. Social insurance benefits may be claimed for up to one year by workers who have made at least two years of payments to social insurance, and up to two years by workers who have made at least five years of payments to social insurance.

Country	Benefits
Israel ^b	As of 2018, no statutory benefits are provided. Employees may receive benefits under collective agreements.
Italy	In general, employers pay benefits for the duration of the sickness period; benefit payments to employees are deducted from an employer's required contributions to the national social insurance program. (Some workers receive benefits directly from the social insurance program). Private sector employees receive 50.0%-66.7% of average pay, depending on benefit duration (rates increase with duration), for up to 6 months. Public sector employees receive 50%-100% of average pay, depending on benefit duration (rates decrease with duration), for up to 18 months.
Japan ^f	Social insurance benefits for at least 6 weeks. Benefits during the first week of sickness are paid at a rate that is below 60% (source did not provide an exact rate), thereafter benefits are paid at a higher rate that is between 60%-79% of earnings.
Korea ^b	As of 2018, no statutory benefits are provided.
Latvia	Employers provide leave benefits from the 2 nd to 10 th day of sickness. Employers must pay at least 75% of average earnings for the 2 nd and 3 rd day of sickness, followed by 80% of average earnings until the 10 th day of sickness. Social insurance benefits may be claimed after 10 days of employer-provided benefits for up to 26 weeks for a continuous absence or 52 weeks of intermittent benefits over a 3-year period, with some possibility of extended benefits. Benefits are calculated as 80% of earnings that are subject to social insurance contributions, up to a maximum amount.
Lithuania	Employers provide 2 days of leave benefits at 62.06% (or higher) of the employee's recent average earnings. Social insurance benefits may be claimed after 2 days of employer-provided benefits for up to 4 months for a continuous absence, with some possibility of extended benefits. Sickness benefits are paid at a rate of 62.06% of recent average earnings, up to a maximum amount.
Luxembourg	Employers provide leave benefits at the employee's regular rate of pay, up to a maximum amount (€11,009.65 per month in 2021) until the end of the month in which falls the 77 th day of incapacity for work during an 18-month period. (80% of wages paid during sickness are refunded to employers from a largely-mandatory mutual insurance scheme, <i>Mutualité des Employeurs</i>) Social insurance benefits may be claimed after employer-provided benefits are exhausted for the remainder of the sickness period. Benefits are limited to 78 weeks, including benefits provided by employers.
Mexico ^b	As of 2019, social insurance provides benefits paid at 60% of recent earnings for up to 52 weeks; benefit duration may be extended in some cases.
The Netherlands	Leave benefits are provided by the employer, who may use private insurance to provide benefits. Employer-provided benefits are paid at a rate of 70% of pay, up to a maximum amount, and cannot be less than the minimum daily wage in the first year of sickness. Benefits are available for up to 104 weeks.
New Zealand ^g	Employers provide 10 days paid sick leave per year, compensated at full pay. Employees may carry over up to 20 days of paid sick leave in each of these 12-month periods. Employees who have lost earnings due to a personal health condition may also qualify for a <i>jobseeker support benefit</i> , an income-tested benefit. Benefit amounts are determined by the individual's family composition (e.g. marital status, number of children) and conditional on earnings being below a threshold (that is specific to the individual's family situation).

Country	Benefits
Norway ^h	Employers provide 16 days of benefits at full pay. Social insurance provides medical leave benefits for the remainder of the sickness period (52 week total, including employer-provided benefits). To remain eligible, workers must demonstrate their intention to return to work as soon as possible, with the default objective of returning to work within eight weeks. Social insurance benefits are paid at 66% of average earnings, up to a maximum amount.
Poland	Employers provide 33 days (14 days for workers age 50 and older) of benefits at 80% of usual earnings (100% for occupational injuries or illnesses, and selected medical conditions). Social insurance provides medical leave benefits for up to 182 days (270 days for tuberculosis or pregnancy), following the 33 days of employer-provided benefits. In general, benefits are paid at 80% of usual earnings (70% in the case of hospitalization and 100% for selected medical conditions).
Portugal	Social insurance provides up to 3 years of benefits paid at 55% of recent average earnings for the first 30 days of sickness, after which the benefit rate is increased to 60% (31 st to 90 th day of sickness), 70% (11 th to 365 th day of sickness), and 75% (after 1 year).
Slovak Republic	Employers provide 10 days of benefits. The first 3 days of benefits are paid at 25% of average earnings, and 55% of average earnings thereafter. Social insurance benefits are paid starting at the 11 th day of sickness, for up to 52 weeks. In general, benefits are calculated at 55% of average earnings in the previous year, up to a maximum amount.
Slovenia	Employers provide 30 days of benefits, and social insurance provide benefits starting on the 31 st day of illness. The benefit payment rate ranges from 70%-90% for the first 90 days, depending on the cause of absence, and 80%-100% for the duration of the sickness period. The benefit duration period is determined by designated medical professionals.
Spain	Employers provide benefits from the 4 th to 20 th day of illness at a rate of 60% of recent average earnings (that are subject to social insurance contributions), and at a rate of 75% starting on the 21 st day of sickness. Employers are reimbursed by social insurance for benefits paid after the 15 th day of sickness. Benefits are paid for up to 365 days, and may be extended by 180 days if a cure is expected in that period.
Switzerland	<p>As of 2018, employers provide full-pay for “a limited period.” This period must be at least 3 weeks during the first year of employment, and a longer period thereafter. Alternatively, employers may provide sickness insurance policies for their employees, if they pay at least half of the insurance premiums, among other conditions.</p> <p>The insurance contract specifies the benefit rate (usually 80% of recent pay) and the maximum period for which medical leave benefits are payable. The minimum duration is 720 days within 900 days.</p>
Sweden	Employers provide benefits at 80% of pay for up to 14 days. Social insurance benefits may be claimed after 14 days of employer-provided benefits and for up to 90 days. Benefits may continue after 90 days, but are provided under different terms. In 2022, workers receive benefits paid at 76.5% of pay, up to a daily maximum.
Turkey ^b	As of 2018, social insurance provides benefits paid at 66.7% of average daily earnings (50% of average earnings if hospitalized), up to a maximum amount, after a two-day waiting period. There is no established limit on the duration of benefits.

Country	Benefits
United Kingdom ⁱ	Employers provide a benefits paid at a flat rate to certain employees working under an employment contract for up to 28 weeks of incapacity after a 3-day waiting period. After employer-provided benefits are exhausted, social insurance provides benefits paid at a flat rate after a seven-day waiting period. Benefits are generally available for up to 365 days; some workers have no time limits on benefits. Additional benefits may be available under certain circumstances.
United States	N/A

Source: CRS based on information in MISSOC database (European Union countries) at <https://www.missoc.org/>; International Social Security Association, Country Profiles (2018 and 2019), at <https://www.issa.int/country-profiles>; and program information provided on selected countries' official government websites.

Notes: Benefits are conditional on employees meeting eligibility requirements (e.g., social insurance payments, insured status, and tenure with employer) and program requirements (e.g., receipt of doctor's note confirming incapacity). Benefits may be different for certain groups of workers (e.g., self-employed workers, public sector workers). Benefits may be subjected to a waiting period. Other benefits may be available to workers who are unable to work due a serious medical condition.

- a. Australian Government information at "Who gets paid sick and carer's leave?" at <https://www.fairwork.gov.au/leave/sick-and-carers-leave/paid-sick-and-carers-leave>, and <https://www.servicesaustralia.gov.au/jobseeker-payment>.
- b. International Social Security Association, Country Profiles (2018 and 2019), at <https://www.issa.int/country-profiles>.
- c. Canada Labour Code (R.S.C., 1985, c. L-2), Section 206.6 Personal Leave, at <https://laws-lois.justice.gc.ca/eng/acts/L-2/>.
- d. Analysis by the World Policy Center indicates that employers are obligated to provide benefits for some period, but CRS could not locate additional details for this requirement. See <https://www.worldpolicycenter.org/data-tables>.
- e. Icelandic Health Insurance program page at <https://www.sjukra.is/english/social-insurance-in-iceland/cash-sickness-benefits/>.
- f. World Policy Center at <https://www.worldpolicycenter.org/data-tables>.
- g. New Zealand Ministry of Social Development, Job Seeker Support at <https://www.workandincome.govt.nz/products/a-z-benefits/jobseeker-support.html>. Benefit amounts as of April 2022 are at <https://www.workandincome.govt.nz/map/deskfile/main-benefits-cut-out-points/jobseeker-support-cut-out-points-current.html>.
- h. Norwegian Labor and Welfare Administration information at <https://www.nav.no/en/home/benefits-and-services/sickness-benefits> and <https://www.nav.no/en/home/rules-and-regulations/membership-of-the-national-insurance-scheme>. Within four weeks of claiming benefits, a worker and her or his employer must submit a plan (oppfølgingsplan) describing steps to be taken to return the worker to work as soon as possible.
- i. United Kingdom Government information on Statutory Sick Pay at <https://www.gov.uk/employers-sick-pay>, and the Employment and Support Allowance at <https://www.gov.uk/employment-support-allowance>.

Author Information

Sarah A. Donovan
Specialist in Labor Policy

Acknowledgments

Many thanks to CRS Research Assistant Isobel Sorenson, who provided research support for this report, and CRS Graphics Specialist Brion Long, who produced the state leave insurance program graphic.

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.