



**Congressional  
Research Service**

Informing the legislative debate since 1914

---

# Paid Family and Medical Leave in the United States

Updated March 26, 2025

Congressional Research Service

<https://crsreports.congress.gov>

R44835

**CRS REPORT**

Prepared for Members and  
Committees of Congress

---



**R44835**

March 26, 2025

**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. Also, 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, 27% of private-industry employees had access to paid family leave (e.g., parental leave and family caregiving leave) through their employers in March 2023, and 45% had access to employer-supported short-term disability insurance policies in March 2024. 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.

Fourteen states (including the District of Columbia) have enacted legislation to create mandatory 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 March 2025, 10 states operate such programs, which offer 12 to 52 weeks of total benefits to eligible workers in a benefit year (in those states, family leave insurance benefits that may be used, for example, to care for a new child or for a family member with a serious health condition are limited to 7 to 12 weeks). Four states have enacted legislation creating such programs, but they are not yet implemented and paying benefits. New Hampshire enacted legislation to create a voluntary paid family and medical leave insurance plan.

Many advanced economies 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 2024, 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. (Most U.S. federal civilian employees are entitled to a paid parental leave benefit.) A smaller majority of member countries provides benefits to fathers and other non-birth parents. Paid 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 recent Congresses. For example, the Family and Medical Insurance Leave Act (FAMILY Act; H.R. 3481/S. 1714, 118<sup>th</sup> Congress) proposed to establish a national leave insurance program that would provide cash benefits to eligible individuals who are engaged in certain activities. Using a different approach, the Expanding Small Employer Pooling Options for Paid Family Leave Act of 2021 (H.R. 5161, 117<sup>th</sup> Congress) would have allowed 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 .....	6
Research on Paid Family and Medical Leave .....	11
Research on Paid Parental Leave .....	12
Research on Paid Family Caregiving for a Close Family Member .....	14
Research on Employer Impacts .....	15
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. Private Sector Employee Access to Employer-Provided Paid Family Leave and Short-Term Disability Insurance, by Selected Industry.....	5
Figure 2. Weeks of Total Benefits Available in a Benefit Year under State Leave Insurance Programs, March 2025.....	7
Figure 3. State Leave Insurance Programs, Selected Benefit Information as of February 2025 .....	10
Figure 4. Average Full-Wage Equivalent Weeks of Paid Leave Available to Mothers.....	17
Figure 5. Average Full-Wage Equivalent Weeks of Paid Leave Available to Fathers .....	18

## Tables

Table A-1. Private Sector Workers with Access to Employer-Provided Paid Family Leave (2023) and Employer-Provided Short-Term Disability Insurance (2024).....	21
Table B-1. State Family and Medical Leave Insurance Program Provisions, as of March 2025.....	23
Table B-2. Job Protection for State Leave Insurance Program Beneficiaries.....	33
Table C-1. Paid Family Caregiving Leave Policies in Selected OECD Countries as of January 2020 .....	38
Table C-2. Medical Leave Benefits in OECD Member Countries .....	41

## Appendices

Appendix A. Employer-Provided Paid Family Leave and Short-Term Disability Insurance.....	21
Appendix B. State Leave Insurance Programs, Selected Provisions as of March 2025 .....	23

Appendix C. Caregiving Leave and Medical Leave Benefits in OECD Countries ..... 37

## **Contacts**

Author Information ..... 46

## 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 job-protected leave for a limited set of family caregiving needs, federal law does not require private-sector employers to provide *paid leave* of any kind.<sup>1</sup>

Currently, employees may access PFML if offered by an employer.<sup>2</sup> 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.<sup>3</sup> Qualifying employees include those whose earnings in the year before the paid leave wages were paid do not exceed 60% of a "highly compensated employee" threshold (for paid leave wages paid in 2025, employee compensation in 2024 cannot have exceeded 60% x \$155,000 = \$93,000). 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 insurance<sup>4</sup>) 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.<sup>5</sup> In these states, workers can mitigate lost earnings during periods of unpaid family and medical leave by combining an entitlement to unpaid leave with state-provided insurance benefits.

Some congressional proposals have sought to enhance national access to paid family and medical leave by expanding upon existing mechanisms (i.e., voluntary employer provision or financing of

<sup>1</sup> The Family and Medical Leave Act of 1993 (FMLA) allows employees to use some types of *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. According to the Equal Employment Opportunity Commission, workers who are covered by the Americans with Disabilities Act (ADA) may also qualify for unpaid leave in certain cases, and "employees with disabilities must be provided with access to leave on the same basis as all other similarly-situated employees." 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>.

<sup>2</sup> 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. Additional information is in CRS In Focus IF12420, *The Federal Employee Paid Parental Leave Benefit*, by Sarah A. Donovan and Jon O. Shimabukuro.

<sup>3</sup> For more information see CRS In Focus IF11141, *Employer Tax Credit for Paid Family and Medical Leave*, by Anthony A. Cilluffo.

<sup>4</sup> Some states, such as Arkansas and Virginia, have enacted laws establishing family leave insurance as a class of insurance in their states.

<sup>5</sup> In some states, medical leave benefits are financed through state *short-term disability insurance* programs (sometimes called temporary disability insurance (TDI), in this context).

leave through social insurance). For example, in the 117<sup>th</sup> Congress, the Expanding Small Employer Pooling Options for Paid Family Leave Act of 2021 (H.R. 5161) would have allowed 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; potentially, such a change may have allowed 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. 3481/S. 1714, 118<sup>th</sup> Congress) proposed a national wage insurance program for persons who are engaged in family caregiving activities, who are unable to work as a result of their own serious health condition, or for needs related to domestic violence, sexual assault, or stalking.

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 workforce benefits of expanded access to PFML include stronger labor force attachment for family caregivers and workers experiencing serious medical issues, and greater earnings stability for their families; and improvements to worker morale, job tenure, and other productivity-related factors. Some studies also 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).<sup>6</sup> Some Members have expressed concerns about proposals 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.<sup>7</sup> The magnitude and distributions of costs and benefits of a given policy would depend on how the policy is implemented, the size and duration of benefits, how benefits are financed, and other 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 or 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 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.

---

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

<sup>7</sup> 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.

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.<sup>8</sup>

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

## 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.<sup>10</sup> 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).<sup>11</sup> Such policies can be purchased from commercial insurance companies, which pay cash benefits to covered employees when policy conditions are met.

STDI reduces wage-loss (during periods of unpaid leave) related to a covered employee's own medical needs, but generally 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 as such may be used to finance a portion of maternity leave in some circumstances.<sup>12</sup> Family leave insurance (FLI), a newer concept, provides cash benefits to

<sup>8</sup> Some recent federal proposals would also have provided cash benefits to workers with other caregiving needs. For example, the FAMILY Act (118<sup>th</sup> Congress) proposed to provide benefits to individuals with certain military family needs; the Build Back Better Act, as introduced in H.R. 5376 (117<sup>th</sup> Congress) on September 27, 2021 proposed benefits for needs related to the death of a family member.

<sup>9</sup> 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. 3409 /S. 1664, 118<sup>th</sup> Congress) proposed to require that certain employers 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 have allowed 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.

<sup>10</sup> In some states, an employer's provision of or contributions to leave insurance plans—one mechanism workers can use to finance unpaid family or 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.

<sup>11</sup> 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.

<sup>12</sup> 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 (continued...)

workers engaged in certain caregiving activities. Currently, FLI is not broadly available from private insurance companies.<sup>13</sup>

According to a national survey of employers conducted by the Bureau of Labor Statistics (BLS), 27% of private-industry employees had access to paid family leave (separate from other leave categories) through their employer in March 2023.<sup>14</sup> 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), or 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.<sup>15</sup> BLS does not collect information on employer-provided *paid medical leave*, but does estimate access to employer-provided STDI.<sup>16</sup> In March 2024, 45% 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 \$1,000 per week. The median number of benefit weeks available to employees with access to STDI plans was 26 weeks.<sup>17</sup>

Employee access to employer-provided paid family leave and STDI is not uniform across occupations and industries, and varies widely across wage groups (see **Table A-1**). In particular, access was more prevalent among managerial and professional occupations; information and financial activities industries; high-paying occupations; full-time workers; and workers in relatively large companies (as measured by number of employees).

---

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.

<sup>13</sup> 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). Currently, the FLI 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.

<sup>14</sup> Employer-provided paid family leave estimates for 2024 did not meet BLS' publication standards. For this reason, the most current year of data for employer-provided paid family leave published by BLS is 2023.

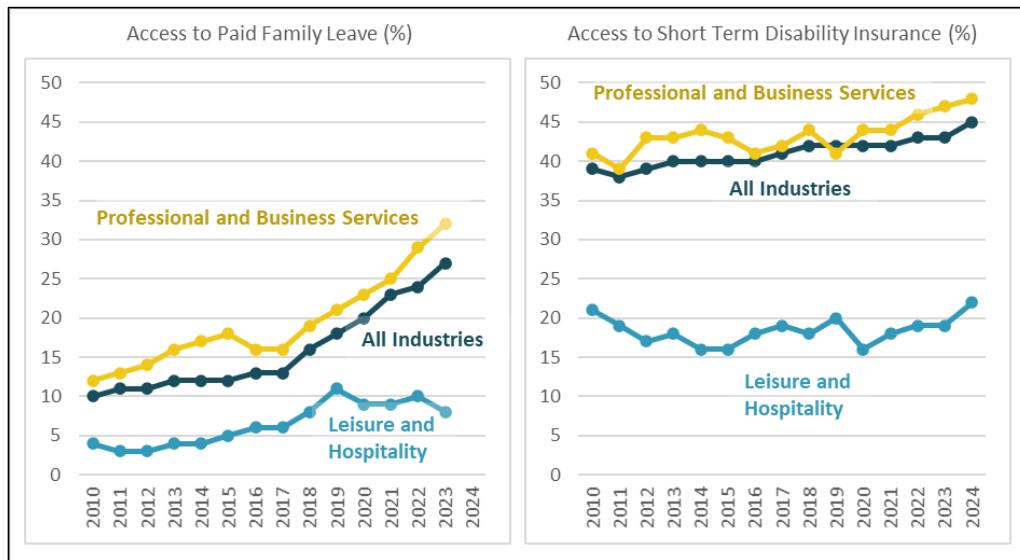
<sup>15</sup> The BLS-measure is inclusive of employer plans that only offer paid parental leave (i.e., it may be the case the share of private sector workers with access to employer-provided paid leave to care for a seriously ill spouse was less than 27% in March 2023). An employer that makes a full or partial payment towards an FLI 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 (i.e., a plan is financed entirely by employees), then such an insurance plan is not considered to be an employer-provided benefit.

<sup>16</sup> 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 79% of private sector workers had access to employer-provided paid sick leave in March 2024; the median number of days that could be earned in a given year was six for workers with at least one year of tenure. BLS, *National Compensation Survey: Employee Benefits in the United States, March 2024*, September 2024.

<sup>17</sup> The 90<sup>th</sup> percentile value was also 26 weeks, suggesting that STDI plans offering more than 26 weeks of benefits were relatively rare.

BLS estimates that private sector employees' access to paid family leave and STDI through their employers has increased since 2010, but growth rates varied across industries (**Figure 1**). Overall, access to employer-provided paid family leave increased by 17 percentage points between 2010 and 2023 and employer-provided STDI increased by 6 percentage points over the 2010-2024 period. For both benefits, access in the leisure and hospitality sector was below the average for all industries in each year and had lower growth over the period, whereas access rates in the professional and business services industry were above average in most years.<sup>18</sup>

**Figure 1. Private Sector Employee Access to Employer-Provided Paid Family Leave and Short-Term Disability Insurance, by Selected Industry**



**Source:** BLS, National Compensation Survey: Employee Benefits in the United States, 2010-2024 Historical Dataset, <https://www.bls.gov/ebs/publications/employee-benefits-in-the-united-states-march-2024.htm>.

**Notes:** Employer-provided paid leave and insurance benefits include those required under state law, as long as the employer finances part of the benefit (i.e., benefits financed entirely by employee contributions are not included by BLS). The most current year of data for employer-provided paid family leave published by BLS is 2023. See additional notes at **Table A-1**.

The BLS employee benefit data do not contain information on workers' need for or use of leave, but some researchers have estimated workers' experiences from other sources. A 2017 study by the Pew Research Center (Pew), for example, 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.<sup>19</sup> Pew reported, for example, that 27% of persons who were employed for pay between November 2014 and November 2016 took leave

<sup>18</sup> These industries were selected for analysis because they employed at least 10% of the private sector workforce in 2024 and had relatively high (professional and business services) and low (leisure and hospitality) benefit access rates.

<sup>19</sup> 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).

(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.<sup>20</sup> 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. This finding of gaps in access across demographic groups is consistent with the findings of other, more recent studies.<sup>21</sup>

## 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 March 2025, 10 states (including the District of Columbia [DC])—California, Colorado, Connecticut, DC, Massachusetts, New Jersey, New York, Oregon, Rhode Island, and Washington—have active programs.<sup>22</sup> Four additional programs—those in Delaware, Maine, Maryland, and Minnesota—await implementation.<sup>23</sup>

<sup>20</sup> 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/>.

<sup>21</sup> For example, in their analysis of four nationally representative datasets, Ann Bartel et al. (2019) find that "Hispanic workers have lower rates of paid-leave access and use than their White non-Hispanic counterparts." Ann Bartel et al., "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/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>. Boyens et al. (2022) study patterns of leave access in the December 2021 Well-Being and Basic Needs Survey, a nationally representative survey conducted by the Urban Institute, and find "41 percent of Hispanic/Latinx workers said they could take time off for the birth or adoption of a child and 40 percent for care of an ill family member compared to 57 percent of white workers who said they could take time off for both types of leave." The study reported that 51.5% of Black workers had such access. Chantel Boyens, Michael Karpman, and Jack Smalling, *Access to Paid Leave is Lowest among Workers with the Greatest Needs*, Urban Institute, July 2022, <https://www.urban.org/sites/default/files/2022-07/Access%20to%20Paid%20Leave%20Is%20Lowest%20among%20Workers%20with%20the%20Greatest%20Needs.pdf>.

<sup>22</sup> 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 (NH) allows 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.

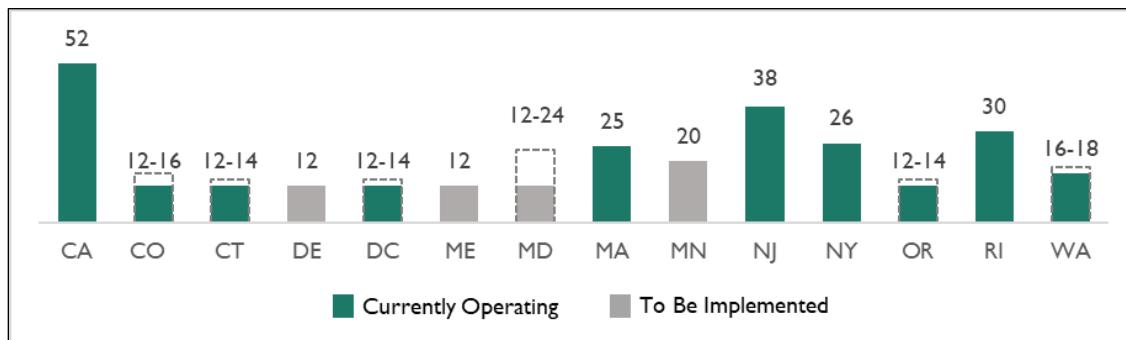
<sup>23</sup> Benefit payments for Delaware and Minnesota programs are to start in January 2026, benefits for the Maine program are scheduled to start in May 2026, and benefits for the Maryland program are scheduled to start in July 2026.

Participation in these state-run leave insurance programs is mandatory (i.e., covered employers may not opt-out of these programs).<sup>24</sup>

As of March 2025, total benefits available in a benefit year (typically a 12-month period) under a state leave insurance program to eligible claimants ranged from 12 to 52 weeks (**Figure 2**).

Selected information on state leave insurance benefits is displayed in **Figure 3** and **Table A-1** provides a summary of key provisions of state leave insurance laws.

**Figure 2. Weeks of Total Benefits Available in a Benefit Year under State Leave Insurance Programs, March 2025**



**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 (e.g., Colorado, Connecticut, Oregon, and Washington provide additional weeks of medical leave insurance benefits for medical complications resulting from a pregnancy). The contingent additional weeks of benefits is denoted by the dashed line in the figure.

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).<sup>25</sup> 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.<sup>26</sup>) For example, eligible California workers may

<sup>24</sup> New Hampshire law provides for voluntary private sector participation in its state family leave insurance program. Similarly, private sector employers in Vermont may participate in the Vermont Family and Medical Leave Insurance (VT-FMLI) plan, which provides benefits to Vermont state employees; but such access is not guaranteed under Vermont law. See the discussion in the “Voluntary Private Sector Coverage under a State Leave Insurance Plan” text box in this section.

<sup>25</sup> 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.

<sup>26</sup> 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 worker’s regular rate of pay (an exception is lower wage workers in Oregon). A waiting period is often required before (continued...)

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 and MLI claims to 12 weeks each.<sup>27</sup> 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.<sup>28</sup>

**Table A-1** shows the following:<sup>29</sup>

- **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 2025, 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 12 total (e.g., 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 \$1,681 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. The New York and Delaware programs further condition benefit eligibility on a worker's tenure with the current employer.
- **Financing:** All programs are financed through payroll contributions, with some variation in how contributions 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 provides 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 B-2** for a summary of relevant state laws.) For example, job protection does not accompany leave insurance benefits in California. However, California employees claiming FLI benefits may be eligible for job protection under FMLA (federal protections) or the California Family Rights Act

---

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 16 for additional discussion.

<sup>27</sup> Washington provides 2 additional weeks of benefits for a serious health condition if an employee's pregnancy results in incapacity, raising the limit on MLI benefits to 14 weeks and bringing total benefits to 18 weeks in such cases.

<sup>28</sup> 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*).

<sup>29</sup> For reasons noted in footnote 22, Hawaii, New Hampshire, and Puerto Rico are not included in the table.

(state protections); 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.<sup>30</sup>

### **Voluntary Private Sector Coverage under a State Leave Insurance Plan**

In a related approach, New Hampshire enacted legislation that allows employers based in the state to voluntarily purchase the New Hampshire Paid Family and Medical Leave (NH PFML) insurance plan from a state-selected insurance provider. (In 2025, the state's insurance partner is Metlife.) The NH PFML plan provides six weeks of wage replacement for selected family leave needs and for certain medical leave needs that are not covered by disability insurance.<sup>31</sup> Beneficiaries' wages are replaced at a rate of 60% up to a maximum amount. Employers that purchase the NH PFML from the state's insurance partner are eligible for a business enterprise tax credit equal to 50% of the NH PFML insurance premiums paid by the employer.<sup>32</sup> Individual employees may also purchase coverage under the NH PFML plan from the state's insurance partner if their employer has not enrolled in the plan. The NH law that established the voluntary state plans also provided that the state would purchase a similar FLI plan<sup>33</sup> from the state's insurance provider for all state employees (plan coverage for state employees took effect in January 2023).<sup>34</sup>

In addition, Vermont allows private sector employers to participate in the Vermont Family and Medical Leave Insurance (VT-FMLI) plan provided to state employees. (In 2025, the state's insurance partner is Hartford Insurance.<sup>35</sup>) The contract with Hartford Insurance concludes on June 30, 2026, with an option for a one-year extension through June 30, 2027. Unlike the New Hampshire program, however, private sector access to the VT-FMLI program is not guaranteed by state law.<sup>36</sup> Barring state legislative action, private sector access to the program beyond the end of the current contract is contingent upon the terms of future contracts between the state of Vermont and the commercial carrier selected to administer the VT-FMLI program.

<sup>30</sup> 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).

<sup>31</sup> MetLife also offers a 12-week plan.

<sup>32</sup> NH employers may purchase leave insurance from another licensed insurance provider, but would not qualify for the tax credit.

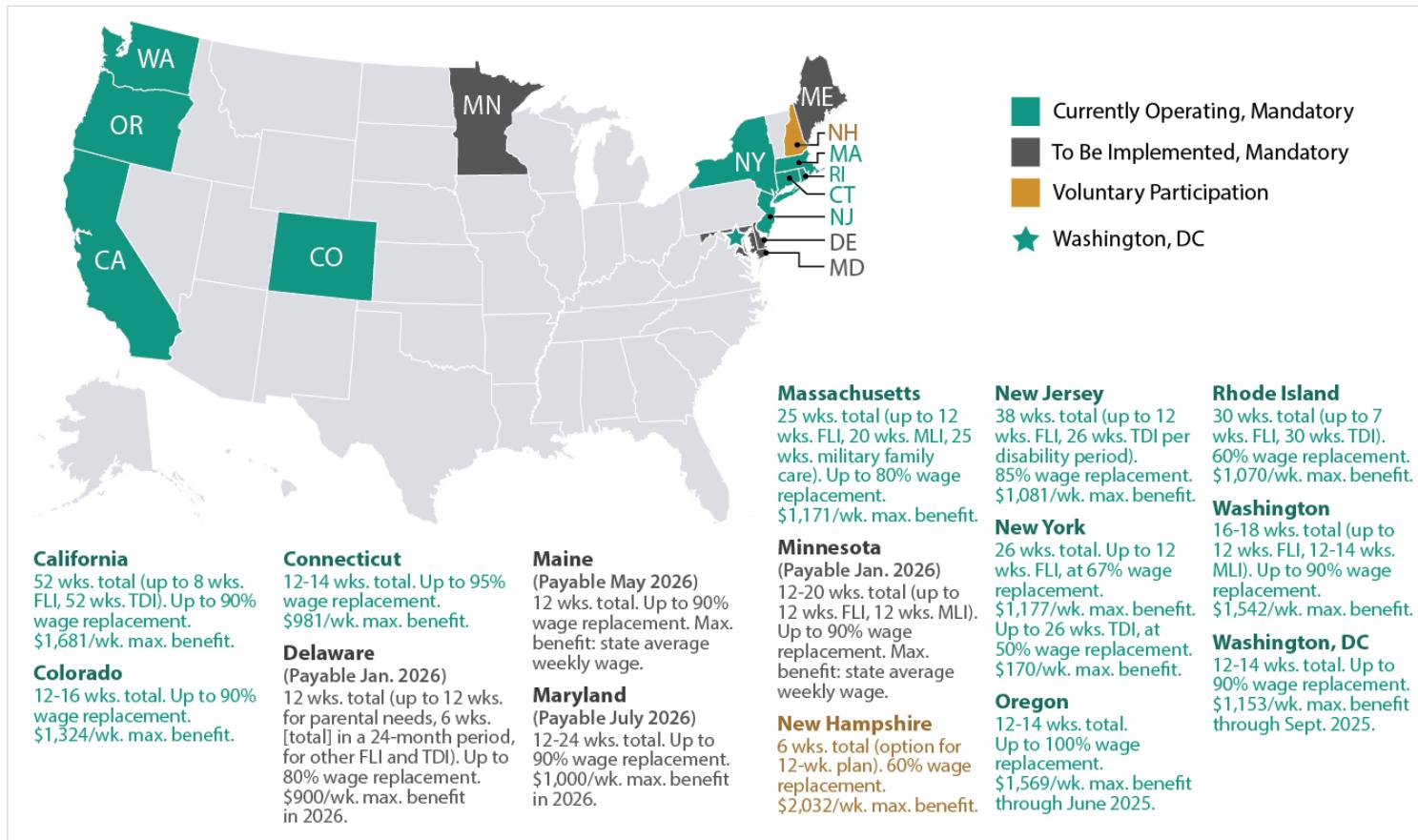
<sup>33</sup> The plan covering state employees does not provide wage replacement for medical leave needs (beyond child birth and recovery from child birth).

<sup>34</sup> NH lawmakers provided state employee coverage through a private insurance with the goal of “strategically [using the state’s] purchasing power and tax expenditure authority to establish a marketplace in the state for advantageously priced FMLI wage replacement benefits.”

<sup>35</sup> Vermont selected Hartford Insurance to provide the leave insurance benefit to state employees, and secured a commitment from the carrier to “expand the FMLI program on mutually agreeable terms to” include certain other private and non-state public employers by July 2024 and small employers, eligible individual employees, and self-employed individuals by July 2025. See State of Vermont, Office of Governor Phil Scott, “Governor Phil Scott Launches Voluntary Paid Family and Medical Leave Program,” press release, December 6, 2022, <https://governor.vermont.gov/press-release/governor-phil-scott-launches-voluntary-paid-family-and-medical-leave-program>; and Vermont Business Registry, “Request for Proposals: Voluntary Paid Family and Medical Leave Insurance (FMLI) Administrator,” July 2022, <http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=56122>.

<sup>36</sup> Peter Hirschfeld, “Scott Seizes Opening For Voluntary Paid Family Leave Program,” *Vermont Public Radio*, December 12, 2019, <https://www.vermontpublic.org/vpr-news/2019-12-12/scott-seizes-opening-for-voluntary-paid-family-leave-program>.

**Figure 3. State Leave Insurance Programs, Selected Benefit Information as of February 2025**



**Source:** CRS, based on information in **Table A-1** on state leave insurance laws and the New Hampshire Paid Family and Medical Leave Plan.

**Notes:** This graphic summarizes program information for states that provide for a family leave insurance benefit through legislation. New Hampshire's program is voluntary. "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. Vermont permits employers and plans to allow employees (in 2025) to purchase the FMLI insurance plan provided to state employees, but such access is not guaranteed by state law.

## Research on Paid Family and Medical Leave

A growing literature examines relationships between U.S. workers' access to and use of paid family and medical leave and related labor market and social outcomes.<sup>37</sup> Much of this research emphasizes experiences and outcomes related to *parental leave* (i.e., leave related to the birth and care of new children). 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.<sup>38</sup>

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.<sup>39</sup> That is, information on leave is generally available conditional on the worker's use of such leave. Information on workplace access to leave (i.e., workers' ability to take leave if they need it) in survey data is comparatively scarce, as are details of leave benefits offered by employers (e.g., duration, eligibility conditions, and wage replacement).<sup>40</sup>

For these reasons studies of the state leave insurance programs form an important branch of research on U.S. workers.<sup>41</sup> The main 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 administrative data provide methodological advantages over studies of workers with employer-provided leave.<sup>42</sup>

---

<sup>37</sup> The studies discussed in this section were identified through a literature search of multiple research databases conducted by a CRS librarian.

<sup>38</sup> 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.pdf>.

<sup>39</sup> 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. See <https://www.census.gov/programs-surveys/cps/technical-documentation/questionnaires.html>.

<sup>40</sup> 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>.

<sup>41</sup> See the "State-Run Family Leave, Medical Leave, and Temporary Disability Insurance Programs" section of this report.

<sup>42</sup> 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 example, for researchers trying to separate the effects of leave-taking on employment and earnings 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.

## Research on Paid Parental Leave

In July 2004 California became the first state to offer leave insurance benefits for parental and caregiving needs, and it currently has the most studied state leave insurance program. California built upon its existing temporary disability insurance program, which had already provided benefits for pregnancy-related disabilities and medical recovery from childbirth. For this reason, studies of California's parental leave insurance benefits examine the impact of a program expansion, not a program launch.<sup>43</sup>

Research findings indicate that greater access to leave benefits through the California program extension resulted in greater leave-taking among workers with newborn children, particularly among women.<sup>44</sup> There is, however, some indication of uneven take-up of the benefit, suggesting that barriers to leave-taking remain (e.g., financial constraints, work pressures, concerns about employer retaliation).<sup>45</sup> (Some analyses of the New Jersey, Rhode Island, and New York leave insurance programs also point to gaps in employee take-up rates and general awareness of the programs.<sup>46</sup>) 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.<sup>47</sup>

Some studies of the California program have considered the relationship between paid parental leave and parents' (mothers especially) attachment to the labor market.<sup>48</sup> 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 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).

---

<sup>43</sup> In addition, the California legislature has amended the program several times since it was expanded in 2004. For this reason, the findings of earlier studies may not apply to the current program. For example, in 2018 the state changed the benefit formula from a flat 55% of average recent wages to a progressive formula that replaces 60%-70% of average recent wages, and in 2020 the number of benefit weeks for parental and family caregiving needs was increased from 6 to 8.

<sup>44</sup> See, for example, 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.

<sup>45</sup> See, for example, Sarah Bana, Kelly Bedard, and Maya Rossin-Slater, "Trends and Disparities in Leave Use under California's Paid Family Leave Program: New Evidence from Administrative Data," *AEA Papers and Proceedings*, vol. 108 (2018), and Ann Bartel et al., "Paid Family Leave, Fathers' Leave-Taking, and Leave-Sharing in Dual-Earner Households," *Journal of Policy Analysis and Management*, vo. 37, no. 1 (2018).

<sup>46</sup> See, for example, National Partnership for Women and Families, *Meeting the Promise of Paid Leave: Best Practices in State Paid Leave Implementation*, 2023, <https://nationalpartnership.org/wp-content/uploads/2023/02/meeting-the-promise-of-paid-leave.pdf>; and The University of Rhode Island (on behalf of the RI Department of Labor and Training), *Launching the Rhode Island Temporary Caregiver Insurance Program (TCI): Employee Experiences One Year Later*, 2016, <https://web.uri.edu/wp-content/uploads/sites/1611/RI-Paid-Leave-Final-Report-April-2016.pdf>.

<sup>47</sup> 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," *Journal of Econometrics*, vol. 233, issue 2 (April 2023), pp. 633-660, <https://doi.org/10.1016/j.jeconom.2022.02.008>.

<sup>48</sup> Such studies are discussed later in this section; see also footnote 51 and footnote 52 for information on a selection of studies.

On the other hand, access to leave benefits may weaken parents' labor force attachment if the length or frequency of leave-taking spells limits their ability to advance in their careers or compete for jobs (e.g., due to skills erosion, missed opportunities, or lost networks). A threshold duration of leave beyond which employment prospects deteriorate has not been firmly established in the empirical literature on leave-taking in the United States, but research on women in European countries suggests that it may be several months to a year.<sup>49</sup> Some employers may also respond to the introduction or expansion of state leave insurance programs by changing their behavior in ways that can affect workers' labor market attachment.<sup>50</sup> More generally, some employers may be unable or unwilling to hold a worker's job until their return; so, absent federal or state laws providing for job protection, some workers may not have a job to return to at the conclusion of leave benefits.

Empirical findings for California are mixed, with some studies observing a positive relationship between paid parental leave benefits and mothers' labor force attachment, and others finding little evidence of such a connection. Most studies consider short-term impacts of the California program expansion (i.e., within the 12 months following a birth) and have observed positive impacts on labor force attachment measures for some worker groups.<sup>51</sup> Longer-term impacts are more challenging to study due to scarce longitudinal data and the potential for many factors to affect labor outcomes over several years. Studies have employed different methods to estimate impacts and have reached various conclusions, including negative impacts on long-term employment.<sup>52</sup>

---

<sup>49</sup> See, for example, 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).

<sup>50</sup> For example, greater access to state leave benefits may create incentives for some employers to make hiring, compensation, and career advancement decisions in favor of employees who are less likely to use the benefit (e.g., men, older women). This practice of using information about *groups* (e.g., average group attributes, behavior) to infer *individual* characteristics is referred to by economists as *statistical discrimination*.

<sup>51</sup> See, for example, Tanya S. Byker, "Paid Parental Leave Laws in the United States: Does Short-Duration Leave Affect Women's Labor-Force Attachment?," *American Economic Review*, vol. 106, no. 5 (May 2016), pp. 242-246; Charles L. Baum II and Christopher J. Ruhm, "The Effects of Paid Family Leave in California on Labor Market Outcomes," *Journal of Policy Analysis and Management*, vol. 35, no. 2 (2016), pp. 333-356; Ji Young Kang et al., "The Effects of California Paid Family Leave on Labor Force Participation Among Low-income Mothers One Year after Childbirth," *Journal of Social Policy*, vol. 51, no. 4 (May 2021); and Sarah H. Bana, Kelly Bedard, and Maya Rossin-Slater, "The Impacts of Paid Family Leave Benefits: Regression Kink Evidence from California Administrative Data," *Journal of Policy Analysis and Management*, vol. 39, no. 4 (2020), pp. 888-929. One study of medium-term impacts (i.e., on mothers with a child between the ages of one to three years) does not find significant differences in mothers' employment probabilities in the periods preceding and following the program expansion; however, it does observe an increase in weekly work hours among women who returned to work after a period of maternity leave. 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.

<sup>52</sup> Das and Polacheck (2015) studied the impact of California's benefits through March 2009 (i.e., nearly five years after the program expansion) and found that the expansion is associated with an increase in the labor force participation of young women in California relative to men and older women, but also an increase in relative unemployment rates and duration (i.e., time spent looking for work). Das and Solomon W. Polacheck, "Unanticipated Effects of California's Paid Family Leave Program," *Contemporary Economic Policy*, vol. 33, no. 4 (October 2015), pp. 619-635. Jones and Wilcher (2024) found that increased access to benefits improved California mothers' labor force attachment nine years after a child's birth, but these effects were smaller in magnitude compared to those in the year following a birth. Kelly Jones and Britni Wilcher, "Reducing maternal labor market detachment: A role for paid family leave." *Labour Economics*, vol. 87, no. 102478 (April 2024). Stock and Inglis (2021) studied the impacts of the program expansion for young women in California through 2016 (nearly 12 years after the expansion). They found that compared with women in other states, California-based young women had lower labor force participation but higher employment rates after (continued...)

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).<sup>53</sup>

### Research on Paid Family Caregiving for a Close Family Member

A smaller set 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) and paid medical leave. In addition to data 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 for workers and for their employers may differ if leave is used rarely (e.g., to recover from a one-off surgical procedure) than if claimed more regularly (e.g., for a chronic ailment). The duration of caregiving and medical needs can also vary widely (e.g., one day vs. several weeks), complicating efforts to establish generalizable findings.

That said, some studies have examined the relationships between state leave insurance benefits and labor market outcomes for workers with a close family member (e.g., a spouse) who is disabled or who experiences an adverse health shock (e.g., an ailment resulting in hospitalization). Collectively, their findings suggest that the availability of paid leave benefits may support workers' ability to maintain work hours<sup>54</sup> or remain employed while caring for family, and that impacts may be greater for women.<sup>55</sup> Program impacts may be limited if the

---

the program expansion; but when compared to older women within California they found negative impacts on the relative participation and employment for younger, college-educated women. Wendy Stock and Myron Inglis, "The Longer-Term Labor Market Impacts of Paid Parental Leave," *Growth and Change*, vol. 52, no. 2 (June 2021), pp. 838-884. Bailey et al. (2025) studied first-time mothers who claimed leave insurance benefits just as the expansion launched (i.e., in the months around July 2004) and found they had lower cumulative employment rates in the 12-year period following birth; the study did not find such effects on the employment of mothers who already had children at the time the California program was expanded. Martha Bailey et al., "The Long-Run Effects of California's Paid Family Leave Act on Women's Careers and Childbearing: New Evidence from a Regression Discontinuity Design and U.S. Tax Data" *American Economic Journal: Economic Policy*, vol. 17, no. 1 (2025), pp. 401-31.

<sup>53</sup> For example, Choudhury and Polacheck 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 Polacheck, 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.

<sup>54</sup> Priyanka Anand, Laura Dague, and Kathryn L. Wagner, *The Role of Paid Family Leave in Labor Supply Responses to a Spouse's Disability or Health Shock*, NBER Working Paper 28808, May 2021, <https://www.nber.org/papers/w28808>; hereinafter "Braga et al. 2021."

<sup>55</sup> Braga et al. (2022) found that after program expansions, women in California and New Jersey with a spouse or a nearby parent in poor health were more likely to work while providing care. Such women also reported less depression than similar women without access to leave insurance benefits. B. Braga et al., *Impacts of State Paid Family Leave Policies for Older Workers with Spouses or Parents in Poor Health*, IZA Institute of Labor Economics, Discussion Paper 15007, 2022, <https://docs.iza.org/dp15007.pdf>. Research by Bartel et al. (2023) suggests that benefits increased employment among women, with greater impacts among those in private sector employment. Results for men were smaller overall and were not statistically significant for men employed in the private sector. This difference in results may suggest that women are either in different types of private sector jobs or that they perceive lower relative costs associated with caregiving absences (i.e., are more likely to use leave to care for a spouse). Ann P. Bartel et al., "California's Paid Family Leave Law and the Employment of 45-64 Year Old Adults," *Work, Aging, and Retirement*, vol. 9, no. 2 (2023), pp. 169-175. Coile, Rossin-Slater, and Su (2022) found that following program expansions, women in California, New Jersey, and New York who were employed prior to such a health shock for a spouse were less likely (continued...)

duration of leave benefits is insufficient (e.g., severe chronic illness or extended recovery periods), or if caregivers are unaware that the state programs offer caregiving benefits.<sup>56</sup>

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.<sup>57</sup> For example, some studies found that access to paid sick leave is associated with lower (involuntary) job separation rates<sup>58</sup> and increased employment.<sup>59</sup> 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.

## Research on Employer Impacts

A limited number of studies examine employers' experiences with the increased access to paid leave through the state programs. One study compares small 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.<sup>60</sup> The study focused on employers with 10-99 employees. The research team 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, an earlier version of the study reported that the small share of employers who report opposition to the state program increased from 4.1% in 2016 to

---

to report that they left a job to "care for home or family." Similar impacts were not found, however, for parents whose child had surgery or a hospitalization. Women who care for their spouse were also less likely to report poor mental health and use of anti-anxiety or anti-depression drugs following program expansions. Courtney Coile, Maya Rossin-Slater, and Amanda Su, *The Impact of Paid Family Leave on Families with Health Shocks*, NBER, Working Paper 30739, December 2022, <https://www.nber.org/papers/w30739>.

<sup>56</sup> Lack of program awareness was identified in a 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. That 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. Brant Morefield et al., *Leaving it to the Family: the Effects of Paid Leave on Adult Child Caregivers*, L&M Policy Research (Prepared for the Department of Labor), July 2016, [https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/Paid\\_Leave\\_Leaving\\_it\\_to\\_the\\_family\\_Report.pdf](https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/Paid_Leave_Leaving_it_to_the_family_Report.pdf). See also Braga et al. (2021), who also studied California and New Jersey and found 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). The research team suggest that limited impacts on broader labor supply impacts may be influenced by the relatively short period of caregiving leave (six 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.

<sup>57</sup> BLS estimates that 79% of private sector workers had access to employer-provided paid sick leave in March 2024. BLS, "Employee Benefits in the United States - March 2024," press release, September 19, 2024, <https://www.bls.gov/ehs/>.

<sup>58</sup> Heather D. Hill, "Paid Sick Leave and Job Stability," *Work and Occupations*, vol. 40, no. 2 (May 2013).

<sup>59</sup> Meredith Slopen, "The impact of paid sick leave mandates on women's employment and economic security," *Journal of Policy Analysis and Management*, vol. 43, no. 4 (Fall 2024), pp. 1129-1151.

<sup>60</sup> 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," *Community, Work & Family*, January 2023, pp. 1-19.

9.5% in 2019.<sup>61</sup> (A subsequent study by the same research team found that employers' support for state programs increased during the COVID-19 pandemic).<sup>62</sup> 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 measures).<sup>63</sup> It found evidence of improved firm-level performance after the establishment of state programs for firms headquartered in states with leave insurance laws.<sup>64</sup>

## 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 2024, 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 at the national level, with wide variation in the number of weeks and rate of wage replacement across countries. This is shown in **Figure 4**, which plots the OECD's estimates of weeks of full-wage equivalent leave available to mothers. The benefits summarized in this figure include employment-protected maternity leave benefits and other leave benefits provided to mothers to care for children.<sup>65</sup> 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 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).

<sup>61</sup> The authors note that opposition appears pronounced among smaller employers. Ann P. Bartel et al., *The Impact of Paid Family Leave on Employers: Evidence from New York*, NBER Working Paper 28672, April 2021, <https://www.nber.org/papers/w28672>.

<sup>62</sup> The research team re-contacted as many employers from the original study sample as possible. Ann P. Bartel et al., "Support for Paid Family Leave among Small Employers Increases during the COVID-19 Pandemic." *Socius: Sociological Research for a Dynamic World*, vol. 7 (December 09, 2021), pp.1-8.

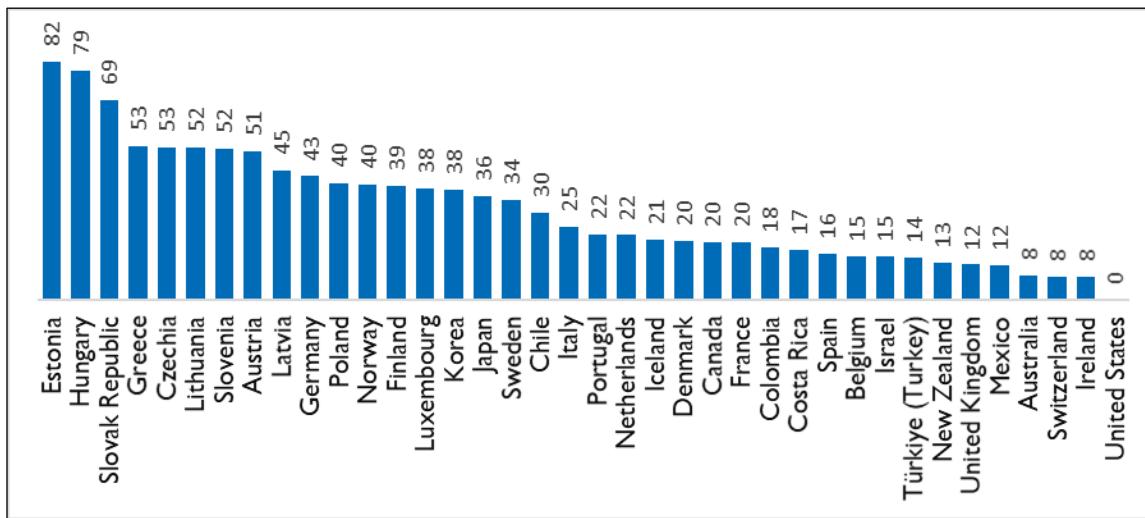
<sup>63</sup> Benjamin Bennett et al., *Paid Leave Pays Off: The Effects of Paid Family Leave on Firm Performance*, NBER Working Paper 27788, December 2020, <https://www.nber.org/papers/w27788>.

<sup>64</sup> 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. The study's authors argue that the state programs facilitated these outcomes and, based on the findings of a broader literature, that greater employee retention and the nomination of women to executive positions contributed to the relative increase in firm performance in states with leave insurance programs.

<sup>65</sup> A discussion of OECD leave categories is in Organisation for Economic Co-operation and Development (OECD) Family Database, *PF2.1. Parental leave systems*, [https://webfs.oecd.org/Els-com/Family\\_Database/PF2\\_1\\_Parental\\_leave\\_systems.pdf](https://webfs.oecd.org/Els-com/Family_Database/PF2_1_Parental_leave_systems.pdf).

**Figure 4. Average Full-Wage Equivalent Weeks of Paid Leave Available to Mothers**

OECD Member Countries' Leave Benefit Provisions as of April 2024



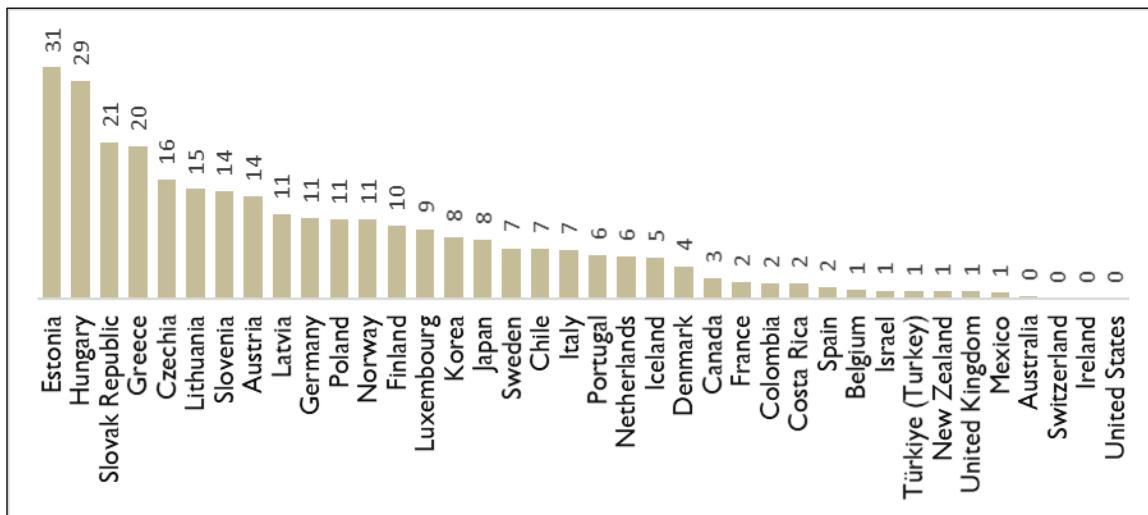
**Source:** OECD, Family Database, Indicator Table PF2.I.A, <http://www.oecd.org/els/family/database.htm>.

**Notes:** Leave available to mothers includes maternity leave and other 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 (35 of 38) of OECD countries provided leave benefits to new fathers in 2024. In some cases, fathers were entitled to a week at full pay (e.g., Chile, Mexico, and Türkiye<sup>66</sup>), whereas other countries provided several weeks of full or partial pay (e.g., Spain provided 16 weeks at full pay, and the United Kingdom provided 2 weeks at an average payment rate of 20.4%). **Figure 5** summarizes paid leave benefits reserved for fathers in OECD countries in 2024; it plots the OECD’s estimates of weeks of full-wage equivalent of employment-protected paternity leave and other parental leave reserved for fathers.

<sup>66</sup> The Republic of Türkiye changed its official name from The Republic of Turkey on May 26, 2022; see <https://www.un.org/en/about-us/member-states/turkiye>.

**Figure 5. Average Full-Wage Equivalent Weeks of Paid Leave Available to Fathers**  
OECD Member Countries' Leave Benefit Provisions as of February 2024



**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 for 2020 in **Table C-1**.<sup>67</sup>) For example, in some OECD countries parents may access paid leave to care for a child below a certain age; in others paid caregiving leave may be used to care for a family member who is not (necessarily) a child.<sup>68</sup> 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 caregiving 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.<sup>69</sup>

<sup>67</sup> The table is based on information published by the 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 January 2020; available from [http://www.oecd.org/els/soc/PF2\\_3\\_Additional\\_leave\\_entitlements\\_of\\_working\\_parents.pdf](http://www.oecd.org/els/soc/PF2_3_Additional_leave_entitlements_of_working_parents.pdf).

<sup>68</sup> 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 modernisering regelingen voor verlof en arbeidstijden*), which took effect on January 1, 2015.

<sup>69</sup> Amy Raub, Alison Earle, and Paul Chung et al., *Paid Leave for Family Illness: A Detailed Look at Approaches* (continued...)

## Medical Leave Benefits

**Table C-2** provides summary information on OECD country medical leave benefits as of 2021.<sup>70</sup> 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).<sup>71</sup>

## Recent Federal PFML Legislation and Proposals

The overarching goal of PFML legislative activity recent years 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.<sup>72</sup> In the 119<sup>th</sup> Congress, for example, the Freedom for Families Act (H.R. 74) proposes to amend the Internal Revenue Code of 1986 to allow for tax-advantaged distributions from health savings accounts during periods of family or medical leave; such a policy may help workers cover expenses (including lost wages) while on leave. The Expanding Small Employer Pooling Options for Paid Family Leave Act of 2021 (H.R. 5161, 117<sup>th</sup> Congress) would have allowed 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.<sup>73</sup> Such a change may have potentially created additional opportunities for certain employers to pool risk and affect the costs of providing such benefits.

Other bills introduced in recent Congresses have aimed to make leave more accessible to workers by providing a cash benefit to workers on leave. The Family and Medical Insurance Leave Act (FAMILY Act; H.R. 3481/S. 1714, 118<sup>th</sup> Congress) proposed to establish a national family and medical leave insurance program that would provide cash benefits to eligible individuals who are engaged in certain caregiving activities (including self-care for the individual's own serious medical needs and needs related to domestic violence, sexual assault, or stalking).<sup>74</sup> The Build Back Better Act (BBBA, H.R. 5376, 117<sup>th</sup> Congress) 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); the cash benefit was not included in the enacted version of the bill (P.L. 117-169, 117<sup>th</sup> Congress).<sup>75</sup> The New Parents Act of 2023 (S. 35, 118<sup>th</sup> Congress)

---

*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](https://www.worldpolicycenter.org/sites/default/files/WORLD%20Report%20-%20Parental%20Leave%20OECD%20Country%20Approaches_0.pdf).

<sup>70</sup> In some cases, information is presented for years other than 2021.

<sup>71</sup> 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%20Report%20-%20Personal%20Medical%20Leave%20OECD%20Country%20Approaches\\_0.pdf](https://www.worldpolicycenter.org/sites/default/files/WORLD%20Report%20-%20Personal%20Medical%20Leave%20OECD%20Country%20Approaches_0.pdf).

<sup>72</sup> This section provides examples of proposed legislation, introduced as of March 2025, to illustrate the types of approaches considered in the current Congress.

<sup>73</sup> 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>.

<sup>74</sup> The FAMILY Act would also require employers to reinstate an employee to the position held by the employee prior to claiming benefits (i.e., while absent from work), with the exception of certain new hires; provide for the continuation of group health insurance coverage during benefit claim periods; and prohibit employer retaliation against claimants.

<sup>75</sup> 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.

proposed to allow eligible new parents to temporarily access (borrow) up to three 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 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.

## Appendix A. Employer-Provided Paid Family Leave and Short-Term Disability Insurance

**Table A-1. Private Sector Workers with Access to Employer-Provided Paid Family Leave (2023) and Employer-Provided Short-Term Disability Insurance (2024)**

Category	Employer-Provided Paid Family Leave in March 2023 (% of workers)	Employer-Supported Short-Term Disability Insurance in March 2024 (% of workers)
All Workers	27%	45%
By Occupation		
Service	14%	26%
Production, transportation, and material moving	20%	49%
Natural resources, construction, and maintenance	18%	41%
Sales and office	29%	40%
Management, professional, and related	42%	61%
By Industry		
Leisure and Hospitality	8%	22%
Construction	16%	29%
Other Services (except Public Administration)	19%	34%
Trade, Transportation, and Utilities	24%	44%
Manufacturing	30%	64%
Education and Health Services	32%	43%
Professional and Business Services	32%	48%
Financial Activities	47%	68%
Information	55%	82%
By Average Occupational-Wage Distribution		
Bottom 25%	13%	24%
Second 25%	26%	41%
Third 25%	29%	54%
Top 25%	44%	68%
By Hours of Work Status		
Part-time	14%	22%
Full-time	31%	53%
By Establishment Size		
1 to 99 employees	20%	30%
100 to 499 employees	32%	55%
500 or more employees	41%	69%

**Source:** Bureau of Labor Statistics (BLS), 2024 Employee Benefits Survey, September 2024.

**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 (STD) 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 STD plan is considered by BLS to provide employer-supported STD. 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 STD. 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.

## Appendix B. State Leave Insurance Programs, Selected Provisions as of March 2025

**Table B-1. State Family and Medical Leave Insurance Program Provisions, as of March 2025**

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) <sup>a</sup>	Benefit Formula and Maximum Weekly Benefit <sup>b</sup>	Earnings and Employment Requirements <sup>c</sup>	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"> <li>the care of a new child by birth, adoption, or foster care,</li> <li>a serious health condition of a qualifying family member, and</li> <li>certain needs related to the military deployment of a qualifying family member.</li> </ul> <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) during the highest paid quarter in their base period that is less than or equal to 70% of the state AWW, FLI and TDI benefits are 90% of the worker's AWW. For workers with an AWW that is greater than 70% of the state AWW, benefits are the greater of 63% of the state AWW or 70% of the worker's AWW, up to a maximum amount (\$1,681 per week in 2025).<sup>d</sup></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.<sup>e</sup></p>	<p>Payroll contributions from employees.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) <sup>a</sup>	Benefit Formula and Maximum Weekly Benefit <sup>b</sup>	Earnings and Employment Requirements <sup>c</sup>	Financing
Colorado	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, or foster care;</li> <li>• a serious health condition of a qualifying family member;</li> <li>• certain needs related to the military deployment of a qualifying family member;</li> <li>• needs related to the stalking of the employee or a qualifying family member, or because the employee or a qualifying family member was the victim of sexual assault or abuse, or domestic violence; and</li> <li>• the employee's own serious health condition.</li> </ul> <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 (\$1,324.21 per week in 2025).</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.<sup>e</sup></p>	<p>Payroll contributions from employers and employees.</p> <p>Employers with nine or fewer employees are exempt from the employer portion of payroll contributions.</p>
Connecticut <sup>f</sup>	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, or foster care;</li> <li>• a serious health condition of a qualifying family member;</li> <li>• certain needs related to the military deployment of a qualifying family member;</li> <li>• the care of a qualifying military family member with a serious illness or injury;</li> <li>• up to 12 days for needs related to domestic violence (for employee or a qualifying family member);</li> <li>• to serve as an organ or bone marrow donor; and</li> <li>• an employee's own serious health condition.</li> </ul> <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<sup>g</sup> 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. (\$981 per week in 2025.)</p>	<p>Benefit recipients must have earnings of at least \$2,325 in the highest earning quarter within the base period.<sup>e</sup></p> <p>They must also be currently or recently employed (i.e., employed in the last 12 weeks).</p>	<p>Payroll contributions from employees.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) <sup>a</sup>	Benefit Formula and Maximum Weekly Benefit <sup>b</sup>	Earnings and Employment Requirements <sup>c</sup>	Financing
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, covered 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 in a 24-month period for the following family and medical leave events:</p> <ul style="list-style-type: none"> <li>• a serious health condition of a qualifying family member,</li> <li>• certain needs related to the military deployment of a qualifying family member, and</li> <li>• an employee's own serious health condition.</li> </ul>	Workers receive 80% of their AWW, up to a maximum amount (\$900 per week in 2026 and 2027). <sup>h</sup>	<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.<sup>i</sup></p> <p>Except for parental leave benefits, a worker is eligible for benefits not more than once in a 24-month period.<sup>j</sup></p>	<p>Payroll contributions from 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>
District of Columbia	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, or foster care;</li> <li>• a serious health condition of a qualifying family member; and</li> <li>• the employee's own serious health condition.</li> </ul> <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>	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 (\$1,153 per week through September 2025; the maximum benefit will be adjusted on October 1, 2025).	The worker must have worked "some or all" of 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.	Payroll contributions from covered employers.

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) <sup>a</sup>	Benefit Formula and Maximum Weekly Benefit <sup>b</sup>	Earnings and Employment Requirements <sup>c</sup>	Financing
Maine (benefits payable May 2026)	<p>12 weeks total,<sup>k</sup> which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, or foster care;</li> <li>• a serious health condition of a qualifying family member;</li> <li>• certain needs related to the military deployment of a qualifying family member;</li> <li>• the care of a qualifying military family member with a serious illness or injury;</li> <li>• the death, while on active duty, of a qualifying military family member;</li> <li>• needs related to the stalking of the employee or a qualifying family member, or because the employee or a qualifying family member is a victim of violence, assault, or sexual assault;</li> <li>• to serve as an organ donor; and</li> <li>• an employee's own serious health condition.</li> </ul>	<p>Workers receive 90% of the portion of their AWW that is less than or equal to 50% of the state AWW plus 66% of the portion of their AWW that is above 50% of the state AWW, up to a maximum amount. The maximum weekly benefit is set at the state AWW.</p>	<p>The worker must have earned at least six times the state AWW during their base period.</p>	<p>Payroll contributions from employees and on employers with 15 or more employees.</p>
Maryland (benefits payable in July 2026) <sup>l</sup>	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, foster care, or kinship care;</li> <li>• a serious health condition of a qualifying family member;</li> <li>• certain needs related to the military deployment of a qualifying family member;</li> <li>• 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</li> <li>• an employee's own serious health condition.</li> </ul> <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>	<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 2026).<sup>m</sup></p>	<p>The worker must have worked 680 hours or more in the 12-month period immediately preceding the first day of benefits.</p>	<p>Payroll contributions from employees and on employers with 15 or more employees.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) <sup>a</sup>	Benefit Formula and Maximum Weekly Benefit <sup>b</sup>	Earnings and Employment Requirements <sup>c</sup>	Financing
Massachusetts	<p>25 weeks total,<sup>n</sup> of which up to 12 weeks of FLI benefits may be claimed for</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, or foster care;</li> <li>• a serious health condition of a qualifying family member; and</li> <li>• certain needs related to the military deployment of a qualifying family member.</li> </ul> <p>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>	<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 (\$1,170.64 per week in 2025).</p>	<p>The worker meets the financial eligibility requirements for receiving unemployment insurance (i.e., in 2025, the worker would have had to have earned at least \$6,300 in the last four completed calendar quarters).</p>	<p>FLI is financed through payroll contributions from employees.</p> <p>MLI is financed through payroll contributions from employers and employees. Employers with fewer than 25 employees are exempt from the employer portion of the MLI contributions.</p>
Minnesota (benefits payable January 1, 2026)	<p>20 weeks total, of which up to 12 weeks may be claimed for the following FLI events:</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, or foster care;</li> <li>• a serious health condition of a qualifying family member;</li> <li>• certain needs related to the military deployment of a qualifying family member;</li> <li>• the care of a qualifying military family member with a serious illness or injury; and</li> <li>• needs related to the stalking of the employee or a qualifying family member, or because the employee or a qualifying family member was a victim of sexual assault or domestic abuse;</li> </ul> <p>Up to 12 weeks of MLI benefits can be claimed for an employee's own serious health condition.</p>	<p>Workers receive the sum of</p> <ul style="list-style-type: none"> <li>• 90% of the portion of their AWW that is less than or equal to 50% of the state AWW,</li> <li>• 66% of the portion of their AWW that is above 50% of the state AWW and below 100% of the state AWW, and</li> <li>• 55% of the portion of their AWW that exceeds 100% of the state AWW,</li> </ul> <p>up to a maximum amount. The maximum weekly benefit is set at the state AWW.<sup>o</sup></p>	<p>Employees are eligible for family-leave insurance benefits when they have earned at least 5.3% of the state's average annual wage, rounded down to the nearest \$100, in their base period.</p> <p>Seasonal employees—defined by the duration of employment in a 52-week period and the nature of their employer's business receipts—are not eligible for benefits.</p>	<p>Payroll contributions from employers and employees.</p> <p>Employers are eligible for a lower contribution rate if they (1) employ 30 or fewer employees and (2) pay wages that are, on average, less than or equal to 150% of the state AWW.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) <sup>a</sup>	Benefit Formula and Maximum Weekly Benefit <sup>b</sup>	Earnings and Employment Requirements <sup>c</sup>	Financing
New Jersey	<p>38 weeks total,<sup>p</sup> of which up to 12 weeks (or 56 intermittent days) may be claimed for the FLI events:</p> <ul style="list-style-type: none"> <li>the care of a new child by birth, adoption, or foster care,</li> <li>a serious health condition<sup>q</sup> of a qualifying family member, and</li> <li>needs related to the domestic or sexual violence victimization of the employee or a qualifying family member.</li> </ul> <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>	<p>Workers receive 85% of their AWW, up to a maximum amount equal to 70% of the statewide AWW (\$1,081 per week in 2025).</p>	<p>The worker meets the financial eligibility requirements for unemployment insurance. In 2025, these are 20 or more calendar weeks with earnings of \$303 in each week in the base period, or at least \$15,200 in earnings during the base period.<sup>e</sup></p>	<p>FLI is financed through payroll contributions from employees.</p> <p>TDI is financed through payroll contributions from employers and employees.</p>
New York <sup>r</sup>	<p>26 weeks total, of which up to 12 weeks of FLI benefits may be claimed for</p> <ul style="list-style-type: none"> <li>the care of a new child by birth, adoption, or foster care;</li> <li>a serious health condition of a qualifying family member; and</li> <li>certain needs related to the military deployment of a qualifying family member.</li> </ul> <p>Up to 26 weeks of TDI benefits may be claimed for an employee's own temporary disability.</p> <p>Until July 31, 2025, TDI or FLI benefits may be claimed in some cases for the employee's or the employee's child's mandatory or precautionary order of quarantine or isolation due to COVID-19.<sup>s</sup></p>	<p>For FLI benefits, 67% of the employee's AWW, up to a maximum amount (\$1,177.32 per week in 2025).</p> <p>For TDI benefits, 50% of the employee's AWW, up to a maximum amount (\$170 per week in 2025).</p> <p>A separate formula is used to calculate COVID-19-related FLI and TDI benefits.<sup>t</sup></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 payroll contributions from employees.</p> <p>TDI is financed through payroll contributions from 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) <sup>a</sup>	Benefit Formula and Maximum Weekly Benefit <sup>b</sup>	Earnings and Employment Requirements <sup>c</sup>	Financing
Oregon	<p>12 weeks total, which may be claimed for the following family and medical leave events:</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, or foster care;</li> <li>• a serious health condition of a qualifying family member;</li> <li>• needs related to the domestic or sexual violence victimization of the employee or a qualifying family member; and</li> <li>• the employee's own serious health condition.</li> </ul> <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>	<p>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 weekly amount (\$1,568.60 through June 2025).</p>	<p>\$1,000 in earnings during the base period.<sup>e</sup></p>	<p>Payroll contributions from employers and employees. 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 7 weeks may be claimed for the following FLI events:</p> <ul style="list-style-type: none"> <li>• the care of a new child by birth, adoption, or foster care; and</li> <li>• a serious health condition of a qualifying family member,</li> </ul> <p>Up to 30 weeks of TDI benefits may be claimed for the employee's own temporary disability.</p>	<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 (\$1,070 per week in 2025).</p>	<p>The worker must have earned wages in Rhode Island, paid into the insurance fund, and for claims filed in 2025, received at least \$18,000 in the base period;<sup>e</sup> a separate set of criteria may be applied to persons earning less than \$18,000.</p>	<p>Payroll contributions from employees.</p>

State Program	Weeks of Insurance Benefits Available in a Benefit Year (typically a 12-month period) <sup>a</sup>	Benefit Formula and Maximum Weekly Benefit <sup>b</sup>	Earnings and Employment Requirements <sup>c</sup>	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"> <li>• the care of a new child by birth, adoption, or foster care;</li> <li>• a serious health condition of a qualifying family member;</li> <li>• certain needs related to the military deployment of a qualifying family member; and</li> <li>• the death of a qualifying family member (child)<sup>u</sup> (benefits limited to 7 days).</li> </ul> <p>Up to 12 weeks of MLI benefits may be claimed 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>	<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 (\$1,542 per week in 2025).</p>	<p>The worker must have worked 820 hours or more in the qualifying period.<sup>e</sup></p>	<p>FLI is financed through payroll contributions from employees.</p> <p>MLI is financed through payroll contributions from 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*: Delaware Code, Title 19, Chapter 37. Family and Medical Leave Insurance Program, <https://delcode.delaware.gov/title19/c037/index.html>. *District of Columbia*: D.C. Official Code §§32-541.01 et seq. and program information from <https://dcpaidfamilyleave.dc.gov/>. *Maine*: Maine 2023 Public Law Chapter 412, Part AAA, and program information from <https://www.maine.gov/labor/pfml/>. *Maryland*: Md. Code Ann. §§8.3-101 to 8.3-1001. *Massachusetts*: MGL c. 175M and program information from <https://www.mass.gov/orgs/department-of-family-and-medical-leave>. *Minnesota*: Minnesota Session Laws - 2023, Regular Session, Chapter 59. House File No. 2, and program information from <https://paidleave.mn.gov/>. *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://dltr.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.

- a. 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.
- b. 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. A worker whose AWW in the calendar quarter in the worker’s base period in which earnings are the highest (i.e., high-quarter AWW) is less than or equal to 70% of the state AWW will receive a weekly benefit equal to 90% of the worker’s high-quarter AWW. A worker whose high-quarter AWW is greater than 70% of the state AWW will receive a weekly benefit equal to the greater of (1) 70% of the worker’s high-quarter AWW or (2) 63% of the state AWW. In all cases, benefits are subject to a maximum weekly benefit amount. California Legislature, Senate Bill No. 951, as chaptered by California Secretary of State. Chapter 878, Statutes of 2022.
- 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. In Maine, the base period is the four calendar quarters immediately preceding the first day of a benefit year (i.e., the 12-month period beginning on the first day of the calendar week immediately preceding the date on which leave benefits commence). In general, the base period in Minnesota is the most recent four completed calendar quarters before the effective date of an individual’s application for leave benefits if the application has an effective date occurring after the month following the most recent completed calendar quarter.
- f. The Connecticut program is overseen by the CT Paid Leave Authority, a quasi-governmental organization. In lieu of establishing an internal team, the CT Paid Leave Authority Board decided to partner with a third-party to manage the claims process, and subsequently voted to authorize program staff to negotiate and enter into a claims administration contract with American Family Life Assurance Company of Columbus (Aflac).
- g. As of January 1, 2025, 40 times the CT minimum wage (\$16.35 per hour) is \$654.
- 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. 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 or on a reduced schedule. Further clarification on use of benefits is expected to be included in regulations governing the Delaware leave insurance program.
- k. Maine law provides for 12 weeks of family and medical leave, and a weekly benefit while on such leave. However, medical leave benefits are not payable during the first 7 calendar days of the leave (i.e., a waiting period); this may mean that individuals who use their 12-week leave entitlement entirely for medical leave needs in a given benefit period may only receive 11 weeks of benefits in that benefit period. Further clarification on the total number of medical leave benefits weeks available to Maine workers may be included in forthcoming regulations governing the Maine leave insurance program.
- l. In February 2025, Maryland’s Department of Labor proposed delaying implementation of benefit payments to January 1, 2028. Maryland Department of Labor, “Maryland Department of Labor Proposes Extending Implementation Timeline for Family and Medical Leave Insurance Following Federal Actions Impacting Workers, Employers,” press release, February 14, 2025, <https://labor.maryland.gov/whatsnews/laborproposesextendingimplementationtimelinefornamli.shtml>. As of the cover date of this report, Maryland state law has not been amended to make such a change.
- m. 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).
- 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. For example, if the state AWW is \$1,000, an individual with \$1,300 in AWW may be eligible to claim a weekly benefit of \$945 ( $= [.90 \times \$500] + [.66 \times \$500] + [.55 \times (\$1,300 - \$1,000)]$ ).
- p. Assuming eligibility conditions are met, 52 weeks of TDI benefits may be used for two separate but consecutive periods of disability.
- q. 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.
- r. 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/>.
- s. A New York state law enacted in March 2020 provided 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 New York state paid family leave benefits and enhanced temporary disability benefits, and claim these benefits concurrently. Additional information is at <https://paidfamilyleave.ny.gov/COVID19>.
- t. 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.
- u. The Washington program permits seven (calendar) days of FLI benefits following the death of a *qualifying family member*, which describes a child for whom the employee would have qualified for (1) prenatal or postnatal MLI benefits and (2) FLI benefits for bonding purposes (due to the birth or placement of a child).

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

State	Is Job Protection Provided for In Acts Authorizing State Leave Insurance Benefits? <sup>a</sup>	Job Protection Provided by Other State Leave Laws
California	No	<p><b>California Family Rights Act:</b> 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><b>California Fair Employment and Housing Act:</b> 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><b>Connecticut Family and Medical Leave Act:</b> 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><b>Connecticut Pregnancy Disability Leave:</b> 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 <sup>b</sup>	N/A

State	Is Job Protection Provided for in Acts Authorizing State Leave Insurance Benefits? <sup>a</sup>	Job Protection Provided by Other State Leave Laws
District of Columbia	No	<p><b>District of Columbia Family and Medical Leave Act:</b> 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>
Maine	Yes, if employed by the current employer for at least 120 days before taking leave.	<p><b>Maine Family Medical Leave Act:</b> Provides 10 weeks of unpaid job-protected leave in any two-year period. To be eligible, an employee must be employed by the same employer for 12 consecutive months. The law applies to all employers with 15 or more employees.</p>
Maryland	Yes, with some exceptions. <sup>c</sup>	<p><b>Maryland Parental Leave Act:</b> 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><b>Massachusetts Parental Leave Act:</b> 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>
Minnesota	Yes, if employed by the current employer for at least 90 days before taking leave.	<p><b>Minnesota Parental Leave Act:</b> Provides 12 weeks of unpaid job-protected leave for the care of a newly arrived child, and up to 16 hours of leave for school activities at a child's school. Effective July 1, 2023, employees are no longer required to meet tenure or hours requirements to be eligible for such leave. The law applies to all employers with one or more employees.</p>
New Jersey	No	<p><b>New Jersey Family Leave Act:</b> 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><b>New Jersey Security and Financial Empowerment Act:</b> 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>

State	Is Job Protection Provided for In Acts Authorizing State Leave Insurance Benefits? <sup>a</sup>	Job Protection Provided by Other State Leave Laws
New York	<p>Yes, for family leave insurance recipients.</p> <p>No, for disability insurance recipients.</p>	N/A
Oregon	Yes, if employed by the current employer for at least 90 days before taking leave.	<p><b>Oregon Family Leave Act:</b> 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).<sup>d</sup> 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><b>Oregon Military Family Leave Act:</b> 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	<p>Yes, for family leave insurance recipients.</p> <p>No, for disability insurance recipients.</p>	<b>Rhode Island Parental and Family Medical Leave Act:</b> Provides 13 consecutive weeks of unpaid job-protected leave in a two-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.
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. <sup>e</sup>	N/A <sup>f</sup>

**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*: Delaware Code, Title 19, Chapter 37. Family and Medical Leave Insurance Program, <https://delcode.delaware.gov/title19/c037/index.html>. *District of Columbia*: D.C. Official Code §§32-541.01 et seq., §§32-501 et seq., §32-1231.01, and §32-1231.03. *Maine*: Maine 2023 Public Law Chapter 412, Part AAA, §850-J, and 26 Maine Rev. Stat. §844. *Maryland*: Md. Code Ann. §§8.3-101 to 8.3-1001; 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. *Minnesota*: Minnesota Session Laws - 2023, Regular Session, Chapter 59. House File No. 2, §18, Subd. 6 and Minn. Stat. §§181.940-181.944; *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.

- a. 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.
- b. 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. Maryland employers may deny job restoration to an employee who receives benefits or takes leave from work for which benefits may be paid under the program if doing so is "necessary to prevent substantial and grievous economy injury to the operations of the employer" and other conditions are met.
- d. 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.
- e. Like most states listed in this table, Washington provides employers the option of providing leave insurance benefits to their employees through a private (or voluntary) plan. In Washington, 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.
- f. Washington requires employers with at least eight 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 C. 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 C-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 <sup>a</sup>	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	Up to 10 days per year to care for a family member.
Slovenia	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](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 C-2. Medical Leave Benefits in OECD Member Countries**

As of July 2021 (unless otherwise noted)

Country	Benefits
Australia <sup>a</sup>	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 <i>job seeker payment</i> , 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 <sup>rd</sup> 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 <sup>th</sup> to 30 <sup>th</sup> 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 <sup>b</sup>	Employers provide 3 days of benefits at full pay. <sup>c</sup> 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 <sup>b</sup>	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 <sup>b</sup>	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 <sup>st</sup> to the 180 <sup>th</sup> day of incapacity.
Costa Rica <sup>b</sup>	Social insurance provide benefits paid at a rate of 60% of average earnings after a 3-day waiting period. <sup>d</sup>
Czech Republic	Employers provide 14 days of benefits at 60% of an employee's <i>adjusted regular rate</i> ( <i>adjusted regular earnings</i> 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 <sup>th</sup> 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 15th to the 30th calendar day of sickness. The rate rises to 66% on the 31st day, and 72% on the 61st calendar day of sickness. Benefits are available until the 380th 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 <sup>th</sup> -8 <sup>th</sup> day of sickness. Medical leave benefits are paid from social insurance starting on the 9 <sup>th</sup> 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 <sup>th</sup> to 15 <sup>th</sup> 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 <sup>th</sup> to 15 <sup>th</sup> 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 <sup>e</sup>	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 <sup>b</sup>	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 <sup>f</sup>	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 <sup>b</sup>	As of 2018, no statutory benefits are provided.
Latvia	Employers provide leave benefits from the 2 <sup>nd</sup> to 10 <sup>th</sup> day of sickness. Employers must pay at least 75% of average earnings for the 2 <sup>nd</sup> and 3 <sup>rd</sup> day of sickness, followed by 80% of average earnings until the 10 <sup>th</sup> day of sickness. Social insurance benefits may be claimed after 10 days of employer-provided benefits for up 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 <sup>th</sup> 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 <sup>b</sup>	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 <sup>g</sup>	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 <sup>h</sup>	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 <sup>st</sup> to 90 <sup>th</sup> day of sickness), 70% (11 <sup>th</sup> to 365 <sup>th</sup> 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 <sup>th</sup> 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 <sup>st</sup> 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 <sup>th</sup> to 20 <sup>th</sup> 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 <sup>st</sup> day of sickness. Employers are reimbursed by social insurance for benefits paid after the 15 <sup>th</sup> 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	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.  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.
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.
Türkiye <sup>b</sup>	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 <sup>i</sup>	<p>Employers provide a benefit 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.</p> <p>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.</p>
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 to a serious medical condition.

- a. Australian government information, "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**

Research studies cited in this report were identified through an extensive literature search conducted by CRS Research Librarian Tilly Finnegan-Kenkel. CRS Visual Information Specialist Mari Y. Lee produced the state leave insurance program graphic, and CRS Research Assistant Isobel Sorenson provided general research support.

---

## **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.