

Table: Comparison of Paid Family Leave Plans in Seven States

JFO/jm; May 8, 2018

		Ongoing programs				Enacted, not yet effective		Proposed	Proposed
Status	Enacted	California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Vermont (House)	Vermont (SED)
	Effective	2002	2008	2013	2016	2017	2017	----	----
		2004	2009	2014	2018	Jan. 2020	July 2020	July 1, 2017	July 1, 2018
								Tax begins July 1, 2018; Ben's begin Oct. 1, 2019	Tax begins July 1, 2019; Ben's begin Oct. 1, 2020
Reasons and Duration (wks)	Family care	6	6	4	8 in 2018, 10 in 2019, and 12 in 2021	12	6	6	6
	Birth, adoption, foster	6	6	4		12 (14 preg)	8	6	12 per family
	Own disability (year established TDI*)	52 (1946)	26 (1948)	30 (1942)	26 (1949)	12	2	----	----
	Maximum, if any			Max combined=30		Max 16 wks combined; (18 if ser ill from preg)	6 family care leave; 8 parental leave; 2 own health	Max 6 wks in 12 mos; Max 12 wks if employer + family leave	Max 12 wks in 12 months
Definition of Family Member	Child	X	X	X	X	X	X	X	X
	Parent	X	X	X	X	X	X	X	X
	Spouse	X	X	X	X	X	X	X	X
	Domestic partner	X	X, civ unn partner	X	X	X	X	X	X
	Grandparent	X		X	X	X	X	X	
	Grandchild	X			X	X		If primary caregiver	
	Sibling	X				X	X	X	
	Parent-in-law	X				X		X	X
Eligibility		\$300 in wages in base period	>= 20 weeks covered in NJ with >= \$168/wk	Covered employment in RI of at least \$11,520 in base year	Family care: With current employer at least 26 consecutive weeks	Worked 820 hours during qualifying period (4 qtrs)	Worked at least 50% time with DC employer	Employed in Vermont for at least 12 of the previous 13 months	Earned at least \$10,710 in Vermont during the last 12 months
			OR earned at least \$8,400 in base year	OR earned at least \$1,920 in a quarter and \$3,840 or more in base year	Own care: With current employer at least 4 consecutive weeks		AND in covered employment for at least 52 weeks		
Funding	Employer pays		0.1% to 0.75% on 1st \$32,600		0.5% up to \$0.60/wk	0.145% taxable wages (year 1)****	0.62%	optional	optional
	Employee pays	0.90%	0.28% on 1st \$32,600	1.2% on 1st \$66,300	0.5% up to \$0.60/wk; all family care costs	0.255% taxable wgs (year 1)****		0.141% up to \$150,000	0.136% up to \$150,000
Benefit amount	Per week	60% or 70% own wages**	66% own wages	4.62% of qtrly wages (about 60% of avg wkly wages)	Fam care: 50% avg wkly wage, not to exceed 50% of state AWW; for own disability, 50% own weekly wage, max \$170/wk***	90% of AWW if earn <= 50% of statewide AWW; if more, 90% up to 50% statewide AWW, 50% of excess	If < 150% of DC min wg * 40, 90%; If >150% of DC min wg * 40, 90% of DC min wg * 40 + 50% of own excess wkly wg	The lesser of 80% of own avg wkly wage or twice the livable wage if 40 hrs/wk (\$1,042.40 in 2016)	The lesser of 70% of own avg wkly wage or twice the livable wage if 40 hrs/wk (\$1,042.40 in 2016)
	Maximum	\$1,216/wk	\$681/wk	\$831/wk		\$1,000/wk^	\$1,000/wk	\$1,042.40/wk	\$1,042.40/wk
Table, continued		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Vermont (proposed)	Vermont (proposed)
Employer type	Private	All	All if UE Comp	All	Most	All	All in UE Comp	All	All
	Public	Some	All if UE Comp	Some	Some	All	Not	All	All
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in		

Waiting period	None	7 days (paid if receive benefits for >= 3 wks)	None; must be out of work for 7 days	Family care: none; Out of work 7 consec. days	1 week, but none for bonding care	1 week, only once per year	Notice to employer as soon as practicable	Notice to employer as soon as practicable
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*TDI is Temporary Disability Insurance for short-term disability

CA beginning in 2018: If quarterly earnings >= \$929 but < 1/3 state average quarterly wage, **70% of worker's weekly wage; if quarterly earnings >= 1/3 of state average quarterly wage, the weekly benefit rate will be the maximum of 23.3% of state average weekly wage or **60%** of the worker's weekly wage; if quarterly earnings <\$929, weekly benefit = \$50; the maximum benefit is adjusted annually based on the statewide average weekly wage

***New York benefit rate rises to **55%** of the worker's weekly wage up to 55% of the state AWW; in 2020, **60%**; and in 2021, **67%** (increases subject to delay); for disability benefit, if employee earns < \$20 per week, the benefit is their full average weekly wage

**** In year 1, the initial premium for Washington is set as .4% of wages. The medical leave premium is 2/3 of that rate and the family leave premium is 1/3.

The employer is responsible for 55% of the medical leave premium and the employee is responsible for 45% of the medical leave premium and all of the family leave premium.

^ WA will adjust annually the maximum weekly benefit to 90% of the statewide AWW

For more detail, see <http://www.nationalpartnership.org/research-library/work-family/paid-leave/state-paid-family-leave-laws.pdf>

jfo/JM; March 14, 2018