

Table: Comparison of Paid Family Leave Plans in Seven States

JFO/jm, LC/djl; April 4, 2019

		Ongoing programs				Enacted, not yet effective			Proposed	Proposed
Status		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (H.107 as passed House W&M and Appropriations)	H.396 (Governor's Plan)
	Enacted	2002	2008	2013	2016	2017	2017	2018	----	----
	Effective	2004	2009 (2020)†	2014	2018	Jan. 2020	July 2020	Jan. 2021	On Passage	July 1, 2019
Reasons and Duration (wks)	Family care	6	6 (12)†¹	4	10 in 2019,	12	6	12	8	6
	Birth, adoption, foster	6	6 (12)†	4	and 12 in 2021	12 (14 preg)	8	12	12	6
	Own disability (year established TDI*)	52 (1946)	26 (1948)	30 (1942)	26 (1949)	12	2	20	8	6
	Military Exigencies and Care							26		6
	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 Combined=26	Max 12 wks in 12 mos	Max 6 wks in 12 months
Definition of Family Member	Child	X	X	X	X	X	X	X	X	X
	Parent	X	X	X	X	X	X	X	X	X
	Spouse	X	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	X	X	
	Grandchild	X	X‡		X	X		X	X	
	Sibling	X	X‡			X	X	X		
	Parent-in-law	X	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	Earned at least \$4,700 during last 4 calendar quarters	Earned wages in a least 6 mos. during last 4 calendar quarters	12 mos. of work while enrolled in Plan
			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	AND at least 30 times wkly UI benefit for which individual is eligible	AND earned at least (minimum wage) x 1,040hrs in past 12 mos.	
Funding	Employer pays		0.1% to 0.75% on 1st \$34,400		Pays remainder of disability insurance, rates determined by insurer	0.145% taxable wages (year 1)****	0.62%	0.315%†	optional	optional††
	Employee pays	1.0% on 1st \$118,371	0.25% on 1st \$34,400²	1.1% on 1st \$69,300	0.5% up to \$0.60/wk + family care (0.153% up to \$107.97/yr)	0.255% taxable wgs (year 1)****		0.315%†	0.55% on first \$132,900 of ee's wages‡‡	Unknown
Benefit amount	Per week	60% or 70% own wages**	66% own wages³	4.62% of qtrly wages (about 60% of avg wkly wages)	Fam care: 55% avg wkly wage, not to exceed 55% of state AWW; 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 150% DC min wg * 40 + 50% of own excess wkly wg	80% of employee's wgs up to 50% of MA AWW + 50% of employee's wgs above MA AWW	90% of employee's wgs up to VT weekly liveable wage + 50% of employee's wgs above VT weekly liveable wage	60% of employee's AWW
	Maximum	\$1,252/wk	\$650/wk⁴	\$852/wk	\$746.41	\$1,000/wk^	\$1,000/wk	\$850/wk	\$1,334/wk	\$1,533.46/wk

Table, continued		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (proposed)	Vermont (proposed)
Employer type	Private	All	All if UE Comp	All	Most	All	All in UE Comp	All	All (May also comply with program through Alternative Plan)	Opt in
	Public	Some	All if UE Comp	Some	Some	All	Not	State + local govt. may opt in	All (May also comply with program through Alternative Plan)	All State, Opt in for other public employers
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in	Opt in		Opt in
Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

*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

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† From 7/1/19-12/31/21 the aggregate contribution rate will be 0.63% of wages. Employees are responsible for up to for up to 100% of the family leave premium and up to 40% of the medical leave premium.

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The proposed supplemental budget (H.4758) includes language that would direct the Department of Family and Medical Leave to set annual premiums for family leave and medical leave based on anticipated costs.

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jfo/JM; March 14, 2018

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	Own disability (year established TDI*)	52 (1946)	26 (1948)	30 (1942)	26 (1949)	12	2	20	8	6
	Military Exigencies and Care							26		6
	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 Combined=26	Max 12 wks in 12 mos	Max 6 wks in 12 months
Definition of Family Member	Child	X	X	X	X	X	X	X	X	X
	Parent	X	X	X	X	X	X	X	X	X
	Spouse	X	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	X	X	
	Grandchild	X	X†		X	X		X	X	
	Sibling	X	X†			X	X	X		
	Parent-in-law	X	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	Earned at least \$4,700 during last 4 calendar quarters	Earned wages in a least 6 mos. during last 4 calendar quarters	12 mos. of work while enrolled in Plan
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Funding	Employer pays		0.1% to 0.75% on 1st \$34,400		Pays remainder of disability insurance, rates determined by insurer	0.145% taxable wages (year 1)****	0.62%	0.315%†	optional	optional††
	Employee pays	1.0% on 1st \$118,371	0.25% on 1st \$34,400 ²	1.1% on 1st \$69,300	0.5% up to \$0.60/wk + family care (0.153% up to \$107.97/yr)	0.255% taxable wgs (year 1)****		0.315%†	0.55% on first \$132,900 of ee's wages††	Unknown
Benefit amount	Per week	60% or 70% own wages**	66% own wages ³	4.62% of qtrly wages (about 60% of avg wkly wages)	Fam care: 55% avg wkly wage, not to exceed 55% of state AWW; 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 150% DC min wg * 40 + 50% of own excess wkly wg	80% of employee's wgs up to 50% of MA AWW + 50% of employee's wgs above MA AWW	90% of employee's wgs up to VT weekly liveable wage + 50% of employee's wgs above VT weekly liveable wage	60% of employee's AWW
	Maximum	\$1,252/wk	\$650/wk ⁴	\$852/wk	\$746.41	\$1,000/wk [^]	\$1,000/wk	\$850/wk	\$1,334/wk	\$1,533.46/wk

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	Public	Some	All if UE Comp	Some	Some	All	Not	State + local govt. may opt in	All (May also comply with program through Alternative Plan)	All State, Opt in for other public employers
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in	Opt in		Opt in
Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

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	Parent	X	X	X	X	X	X	X	X	X
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	Domestic partner	X	X, civ unn partner	X	X	X	X	X	X	
	Grandparent	X	X†	X	X	X	X	X	X	
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Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

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**** 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.

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† From 7/1/19-12/31/21 the aggregate contribution rate will be 0.63% of wages. Employees are responsible for up to for up to 100% of the family leave premium and up to 40% of the medical leave premium.

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jfo/JM; March 14, 2018

lc/DJL; April 4, 2019

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JFO/jm, LC/djl; April 4, 2019

		Ongoing programs				Enacted, not yet effective			Proposed	Proposed
Status		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (H.107 as passed House W&M and Appropriations)	H.396 (Governor's Plan)
	Enacted	2002	2008	2013	2016	2017	2017	2018	----	----
	Effective	2004	2009 (2020)†	2014	2018	Jan. 2020	July 2020	Jan. 2021	On Passage	July 1, 2019
Reasons and Duration (wks)	Family care	6	6 (12)†¹	4	10 in 2019,	12	6	12	8	6
	Birth, adoption, foster	6	6 (12)†	4	and 12 in 2021	12 (14 preg)	8	12	12	6
	Own disability (year established TDI*)	52 (1946)	26 (1948)	30 (1942)	26 (1949)	12	2	20	8	6
	Military Exigencies and Care							26		6
	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 Combined=26	Max 12 wks in 12 mos	Max 6 wks in 12 months
Definition of Family Member	Child	X	X	X	X	X	X	X	X	X
	Parent	X	X	X	X	X	X	X	X	X
	Spouse	X	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	X	X	
	Grandchild	X	X†		X	X		X	X	
	Sibling	X	X†			X	X	X		
	Parent-in-law	X	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	Earned at least \$4,700 during last 4 calendar quarters	Earned wages in a least 6 mos. during last 4 calendar quarters	12 mos. of work while enrolled in Plan
			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	AND at least 30 times wkly UI benefit for which individual is eligible	AND earned at least (minimum wage) x 1,040hrs in past 12 mos.	
Funding	Employer pays		0.1% to 0.75% on 1st \$34,400		Pays remainder of disability insurance, rates determined by insurer	0.145% taxable wages (year 1)****	0.62%	0.315%†	optional	optional††
	Employee pays	1.0% on 1st \$118,371	0.25% on 1st \$34,400²	1.1% on 1st \$69,300	0.5% up to \$0.60/wk + family care (0.153% up to \$107.97/yr)	0.255% taxable wgs (year 1)****		0.315%†	0.55% on first \$132,900 of ee's wages††	Unknown
Benefit amount	Per week	60% or 70% own wages**	66% own wages³	4.62% of qtrly wages (about 60% of avg wkly wages)	Fam care: 55% avg wkly wage, not to exceed 55% of state AWW; 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 150% DC min wg * 40 + 50% of own excess wkly wg	80% of employee's wgs up to 50% of MA AWW + 50% of employee's wgs above MA AWW	90% of employee's wgs up to VT weekly liveable wage + 50% of employee's wgs above VT weekly liveable wage	60% of employee's AWW
	Maximum	\$1,252/wk	\$650/wk⁴	\$852/wk	\$746.41	\$1,000/wk^	\$1,000/wk	\$850/wk	\$1,334/wk	\$1,533.46/wk

Table, continued		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (proposed)	Vermont (proposed)
Employer type	Private	All	All if UE Comp	All	Most	All	All in UE Comp	All	All (May also comply with program through Alternative Plan)	Opt in
	Public	Some	All if UE Comp	Some	Some	All	Not	State + local govt. may opt in	All (May also comply with program through Alternative Plan)	All State, Opt in for other public employers
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in	Opt in		Opt in
Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

*TDI is Temporary Disability Insurance for short-term disability

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JFO/jm, LC/djl; April 4, 2019

		Ongoing programs				Enacted, not yet effective			Proposed	Proposed
Status		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (H.107 as passed House W&M and Appropriations)	H.396 (Governor's Plan)
	Enacted	2002	2008	2013	2016	2017	2017	2018	----	----
	Effective	2004	2009 (2020)†	2014	2018	Jan. 2020	July 2020	Jan. 2021	On Passage	July 1, 2019
Reasons and Duration (wks)	Family care	6	6 (12)†¹	4	10 in 2019,	12	6	12	8	6
	Birth, adoption, foster	6	6 (12)†	4	and 12 in 2021	12 (14 preg)	8	12	12	6
	Own disability (year established TDI*)	52 (1946)	26 (1948)	30 (1942)	26 (1949)	12	2	20	8	6
	Military Exigencies and Care							26		6
	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 Combined=26	Max 12 wks in 12 mos	Max 6 wks in 12 months
Definition of Family Member	Child	X	X	X	X	X	X	X	X	X
	Parent	X	X	X	X	X	X	X	X	X
	Spouse	X	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	X	X	
	Grandchild	X	X‡		X	X		X	X	
	Sibling	X	X‡			X	X	X		
	Parent-in-law	X	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	Earned at least \$4,700 during last 4 calendar quarters	Earned wages in a least 6 mos. during last 4 calendar quarters	12 mos. of work while enrolled in Plan
			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	AND at least 30 times wkly UI benefit for which individual is eligible	AND earned at least (minimum wage) x 1,040hrs in past 12 mos.	
Funding	Employer pays		0.1% to 0.75% on 1st \$34,400		Pays remainder of disability insurance, rates determined by insurer	0.145% taxable wages (year 1)****	0.62%	0.315%†	optional	optional††
	Employee pays	1.0% on 1st \$118,371	0.25% on 1st \$34,400²	1.1% on 1st \$69,300	0.5% up to \$0.60/wk + family care (0.153% up to \$107.97/yr)	0.255% taxable wgs (year 1)****		0.315%†	0.55% on first \$132,900 of ee's wages‡‡	Unknown
Benefit amount	Per week	60% or 70% own wages**	66% own wages³	4.62% of qtrly wages (about 60% of avg wkly wages)	Fam care: 55% avg wkly wage, not to exceed 55% of state AWW; 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 150% DC min wg * 40 + 50% of own excess wkly wg	80% of employee's wgs up to 50% of MA AWW + 50% of employee's wgs above MA AWW	90% of employee's wgs up to VT weekly liveable wage + 50% of employee's wgs above VT weekly liveable wage	60% of employee's AWW
	Maximum	\$1,252/wk	\$650/wk⁴	\$852/wk	\$746.41	\$1,000/wk^	\$1,000/wk	\$850/wk	\$1,334/wk	\$1,533.46/wk

Table, continued		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (proposed)	Vermont (proposed)
Employer type	Private	All	All if UE Comp	All	Most	All	All in UE Comp	All	All (May also comply with program through Alternative Plan)	Opt in
	Public	Some	All if UE Comp	Some	Some	All	Not	State + local govt. may opt in	All (May also comply with program through Alternative Plan)	All State, Opt in for other public employers
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in	Opt in		Opt in
Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

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	Own disability (year established TDI*)	52 (1946)	26 (1948)	30 (1942)	26 (1949)	12	2	20	8	6
	Military Exigencies and Care							26		6
	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 Combined=26	Max 12 wks in 12 mos	Max 6 wks in 12 months
Definition of Family Member	Child	X	X	X	X	X	X	X	X	X
	Parent	X	X	X	X	X	X	X	X	X
	Spouse	X	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	X	X	
	Grandchild	X	X†		X	X		X	X	
	Sibling	X	X†			X	X	X		
	Parent-in-law	X	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	Earned at least \$4,700 during last 4 calendar quarters	Earned wages in a least 6 mos. during last 4 calendar quarters	12 mos. of work while enrolled in Plan
			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	AND at least 30 times wkly UI benefit for which individual is eligible	AND earned at least (minimum wage) x 1,040hrs in past 12 mos.	
Funding	Employer pays		0.1% to 0.75% on 1st \$34,400		Pays remainder of disability insurance, rates determined by insurer	0.145% taxable wages (year 1)****	0.62%	0.315%†	optional	optional††
	Employee pays	1.0% on 1st \$118,371	0.25% on 1st \$34,400 ²	1.1% on 1st \$69,300	0.5% up to \$0.60/wk + family care (0.153% up to \$107.97/yr)	0.255% taxable wgs (year 1)****		0.315%†	0.55% on first \$132,900 of ee's wages††	Unknown
Benefit amount	Per week	60% or 70% own wages**	66% own wages ³	4.62% of qtrly wages (about 60% of avg wkly wages)	Fam care: 55% avg wkly wage, not to exceed 55% of state AWW; 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 150% DC min wg * 40 + 50% of own excess wkly wg	80% of employee's wgs up to 50% of MA AWW + 50% of employee's wgs above MA AWW	90% of employee's wgs up to VT weekly liveable wage + 50% of employee's wgs above VT weekly liveable wage	60% of employee's AWW
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	Public	Some	All if UE Comp	Some	Some	All	Not	State + local govt. may opt in	All (May also comply with program through Alternative Plan)	All State, Opt in for other public employers
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in	Opt in		Opt in
Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

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	Domestic partner	X	X, civ unn partner	X	X	X	X	X	X	
	Grandparent	X	X†	X	X	X	X	X	X	
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	Parent-in-law	X	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	Earned at least \$4,700 during last 4 calendar quarters	Earned wages in a least 6 mos. during last 4 calendar quarters	12 mos. of work while enrolled in Plan
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Funding	Employer pays		0.1% to 0.75% on 1st \$34,400		Pays remainder of disability insurance, rates determined by insurer	0.145% taxable wages (year 1)****	0.62%	0.315%†	optional	optional††
	Employee pays	1.0% on 1st \$118,371	0.25% on 1st \$34,400 ²	1.1% on 1st \$69,300	0.5% up to \$0.60/wk + family care (0.153% up to \$107.97/yr)	0.255% taxable wgs (year 1)****		0.315%†	0.55% on first \$132,900 of ee's wages††	Unknown
Benefit amount	Per week	60% or 70% own wages**	66% own wages ³	4.62% of qtrly wages (about 60% of avg wkly wages)	Fam care: 55% avg wkly wage, not to exceed 55% of state AWW; 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 150% DC min wg * 40 + 50% of own excess wkly wg	80% of employee's wgs up to 50% of MA AWW + 50% of employee's wgs above MA AWW	90% of employee's wgs up to VT weekly liveable wage + 50% of employee's wgs above VT weekly liveable wage	60% of employee's AWW
	Maximum	\$1,252/wk	\$650/wk ⁴	\$852/wk	\$746.41	\$1,000/wk [^]	\$1,000/wk	\$850/wk	\$1,334/wk	\$1,533.46/wk

Table, continued		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (proposed)	Vermont (proposed)
Employer type	Private	All	All if UE Comp	All	Most	All	All in UE Comp	All	All (May also comply with program through Alternative Plan)	Opt in
	Public	Some	All if UE Comp	Some	Some	All	Not	State + local govt. may opt in	All (May also comply with program through Alternative Plan)	All State, Opt in for other public employers
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in	Opt in		Opt in
Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

*TDI is Temporary Disability Insurance for short-term disability

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***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

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jfo/JM; March 14, 2018

lc/DJL; April 4, 2019

Table: Comparison of Paid Family Leave Plans in Seven States

JFO/jm, LC/djl; April 4, 2019

		Ongoing programs				Enacted, not yet effective			Proposed	Proposed
Status		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (H.107 as passed House W&M and Appropriations)	H.396 (Governor's Plan)
	Enacted	2002	2008	2013	2016	2017	2017	2018	----	----
	Effective	2004	2009 (2020)†	2014	2018	Jan. 2020	July 2020	Jan. 2021	On Passage	July 1, 2019
Reasons and Duration (wks)	Family care	6	6 (12)†¹	4	10 in 2019, and 12 in 2021	12	6	12	8	6
	Birth, adoption, foster	6	6 (12)†	4		12 (14 preg)	8	12	12	6
	Own disability (year established TDI*)	52 (1946)	26 (1948)	30 (1942)	26 (1949)	12	2	20	8	6
	Military Exigencies and Care							26		6
	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 Combined=26	Max 12 wks in 12 mos	Max 6 wks in 12 months
Definition of Family Member	Child	X	X	X	X	X	X	X	X	X
	Parent	X	X	X	X	X	X	X	X	X
	Spouse	X	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	X	X	
	Grandchild	X	X†		X	X		X	X	
	Sibling	X	X†			X	X	X		
	Parent-in-law	X	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	Earned at least \$4,700 during last 4 calendar quarters	Earned wages in a least 6 mos. during last 4 calendar quarters	12 mos. of work while enrolled in Plan
			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	AND at least 30 times wkly UI benefit for which individual is eligible	AND earned at least (minimum wage) x 1,040hrs in past 12 mos.	
Funding	Employer pays		0.1% to 0.75% on 1st \$34,400		Pays remainder of disability insurance, rates determined by insurer	0.145% taxable wages (year 1)****	0.62%	0.315%†	optional	optional††
	Employee pays	1.0% on 1st \$118,371	0.25% on 1st \$34,400²	1.1% on 1st \$69,300	0.5% up to \$0.60/wk + family care (0.153% up to \$107.97/yr)	0.255% taxable wgs (year 1)****		0.315%†	0.55% on first \$132,900 of ee's wages††	Unknown
Benefit amount	Per week	60% or 70% own wages**	66% own wages³	4.62% of qtrly wages (about 60% of avg wkly wages)	Fam care: 55% avg wkly wage, not to exceed 55% of state AWW; 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 150% DC min wg * 40 + 50% of own excess wkly wg	80% of employee's wgs up to 50% of MA AWW + 50% of employee's wgs above MA AWW	90% of employee's wgs up to VT weekly liveable wage + 50% of employee's wgs above VT weekly liveable wage	60% of employee's AWW
	Maximum	\$1,252/wk	\$650/wk⁴	\$852/wk	\$746.41	\$1,000/wk^	\$1,000/wk	\$850/wk	\$1,334/wk	\$1,533.46/wk

Table, continued		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Massachusetts	Vermont (proposed)	Vermont (proposed)
Employer type	Private	All	All if UE Comp	All	Most	All	All in UE Comp	All	All (May also comply with program through Alternative Plan)	Opt in
	Public	Some	All if UE Comp	Some	Some	All	Not	State + local govt. may opt in	All (May also comply with program through Alternative Plan)	All State, Opt in for other public employers
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in	Opt in		Opt in
Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

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	Spouse	X	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	X	X	
	Grandchild	X	X‡		X	X		X	X	
	Sibling	X	X‡			X	X	X		
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	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in	Opt in		Opt in
Waiting period		None	7 days (paid if receive benefits for >= 3 wks) ⁵	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	1 week	None	None

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