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Insight on the Issues

Breaking New Ground: Supporting Employed Family Caregivers with Workplace Leave Policies

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As the US population ages, more and more workers bear responsibilities for caring for family members with a serious illness or disability. These family caregiving responsibilities can have a substantial economic impact on workers, and pose a challenge for policy makers and employers to find ways to make the workplace more “caregiver-friendly.” Providing workers with access to paid family leave and paid sick days can lessen the strain of caregiving, provide family caregivers with greater financial security, increase employee retention, and help maintain a productive workforce.

In one household, a spouse is recovering from internal injuries from a bicycle accident; in another, an older parent is hospitalized with a broken hip from a fall. Elsewhere, a grandparent suffers a stroke, while a cancer diagnosis requiring surgery befalls another family. In another household, parents care for and bond with a new child.

Each of these family and medical situations necessitates a working adult to take a period of time off from work to care for himself or herself or for others. Yet as common as such events are, existing federal policy and most states’ family leave is *unpaid*, making it challenging for many employed caregivers, particularly low-wage workers, to take time off to care for a seriously ill family member because they cannot afford to miss a paycheck. As a result, millions of Americans face financial difficulties or risk losing their jobs if they must take time off to address specific and significant family caregiving needs.

In 2013, the AARP Public Policy Institute released a report that found only two states offered a paid family leave (PFL) program, and only one state and the District of Columbia had enacted a paid sick days law.[1] As of June 2018, six states and the District of Columbia have PFL programs, and 10 states and the District of Columbia have paid sick days laws that cover family caregivers. And a number of additional states have legislation moving forward.

Nevertheless, much work remains for working family caregivers to receive the kind of support they need from their employers—and for employers to realize the benefits of providing such support. This paper highlights the challenges faced

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by workers with family caregiving responsibilities, explains why many workers cannot afford to take unpaid leave from their jobs, and reviews research on workplace leave policies affecting both employees and employers. It describes state family and medical leave laws that are more expansive than the federal Family and Medical Leave Act (FMLA), and summarizes state-level PFL and paid sick days laws.[2] The final section of the paper offers policy and research recommendations to strengthen family leave policies and support employed caregivers.

Workplace leave policies can be applied to workers caring for family members of any age or for one's own health issues. However, to specifically address the needs of an aging population and workforce, this paper focuses on leave policies for workers with family caregiving responsibilities for an older person or an adult with a chronic, disabling, or serious health condition.

KEY TERMS

Employed caregivers include anyone employed in an organization or business who also provides care for an older relative or friend, or an adult family member or friend with a disability—the library administrative assistant, the hospital nurse, the factory worker, the government agency policy analyst, the hardware store clerk, or the company chief executive officer, for example.

Family caregiving means providing a wide array of help for an older person or other adult with a chronic, disabling, or serious health condition. Such assistance can include help with personal care and daily activities (such as bathing, dressing, paying bills, handling insurance claims, preparing meals, or providing transportation); carrying out medical or nursing tasks (such as complex medication management, tube feedings, or wound care); locating, arranging, and coordinating services and supports; hiring and supervising direct care workers (such as home care aides); serving as "advocate" for the family member or friend during medical appointments or hospitalizations; communicating with health and social service providers; and implementing care plans.

Paid sick days—also known as earned sick days, paid sick leave, or paid sick time—is generally limited to a number of hours or days (typically covering 4 hours per 30 hours of work, or between 3 and 8 days) to allow workers to stay home when they are sick with short-term illnesses, such as the flu. It also can mean limited paid hours or days off per year to care for sick family members or to accompany a family member to a medical appointment.

Family leave means longer time off (either unpaid or paid) to care for a seriously or chronically ill family member. Family leave generally also includes parental leave.

Parental leave covers mothers (maternity leave) and fathers (paternity leave), allowing them to bond with a new child after birth or adoption.

Medical leave covers workers with a serious health condition who need time for self-care. Medical leave generally includes leave for medical conditions related to pregnancy and childbirth.

Source: Adapted from Women's Bureau, Findings from the 2014 Paid Leave Analysis Grants Program *(Washington, DC: US Department of Labor, 2016); and Lynn Feinberg,* Keeping Up with the Times: Supporting Family Caregivers with Workplace Leave Policies *(Washington, DC: AARP Public Policy Institute, 2013).*

THE EMPLOYED FAMILY CAREGIVER: CHARACTERISTICS AND TRENDS

The need for a sensible approach to supporting the employed family caregiver is greater than ever and, in fact, the need is only increasing. Fueling that need are several trends, on both the demographic and individual levels.

Employed Family Caregiver: The New Normal

Family caregivers are the most important source of emotional and practical support for older persons or adults with a serious illness or disability. About 40 million family members, partners, or friends in the United States—known broadly as "family caregivers"—provide an estimated 37 billion hours of care to adults with self-care needs. The most recent estimated economic value of their unpaid contributions was approximately $470 billion in 2013.[3]

Yet unlike previous generations, many American families today do not have a nonworking family member to provide daily care to an older relative with self-care needs, in large part because of the increase in the labor force participation rate of women, especially older women. Consequently, an estimated 24 million family caregivers—about 60 percent of family caregivers of adults—are also working at a paying job.[4]

- Nearly two in three (63 percent) of these employed family caregivers are caring for an individual age 65 or older.
- On average, employed family caregivers work the equivalent of a full-time job (34.7 hours a week) on top of their caregiving and other family responsibilities.
- Most current family caregivers (55 percent) expect to have some caregiving responsibility in the next five years, too.[5]

Ever-Growing Numbers of Employed Caregivers

Due to the aging of the US population, increasing longevity, and a declining birth rate, US workers may have more older relatives to care for than children in the coming decades. According to the US Census Bureau, adults ages 65 and older are projected to outnumber children under the age of 18 for the first time in US history by the year 2035.[6]

Trends suggest that an increasing share of family caregivers will be in the labor force in the future, facing the dual demands of employment and caregiving responsibilities for aging relatives. A 2017 survey of benefits managers (mostly from large US employers) found that the vast majority (82 percent) agreed or strongly agreed that family caregiving would become an increasingly important issue for their business over the next five years.[7]

Half (51 percent) of employed caregivers are older workers themselves, ages 50 and older—in their prime working years.[8] Workers ages 55 and older are projected to remain the fastest-growing portion of working adults in the United States. With the aging of the baby boomers, the US Bureau of Labor Statistics projects an estimated one in four workers—25 percent of the total US workforce—will be age 55 or older by 2024, up from 13.1 percent in 2000.[9] Many of these older workers will also have family caregiving responsibilities. By one estimate, two in five adults over the age of 50 may someday need to take care of their parents or parents-in-law.[10] Many may also need to care for a spouse, partner, grandparent, or other relative or close friend.

Current labor force trends of an aging workforce are especially pronounced for older working women—those most likely to also be family caregivers. The percentage of women ages 55 and older who work is expected to increase from 28.5 percent in 2013 to 35.1 percent in 2022. During the same period, the percentage of working women over age 64—those most likely to be caring for a spouse—is expected to increase from 14.4 percent to 19.5 percent.[11]

These shifts toward more older women in the labor force can add to family incomes and greater savings for retirement as well as contribute to overall economic growth. Yet, as women work outside the home to make ends meet and contribute to the economy, the demands and pressures of working families to balance work, caregiving, and other family responsibilities have grown.

Caregiving's Impact on Employment: The Financial Reality

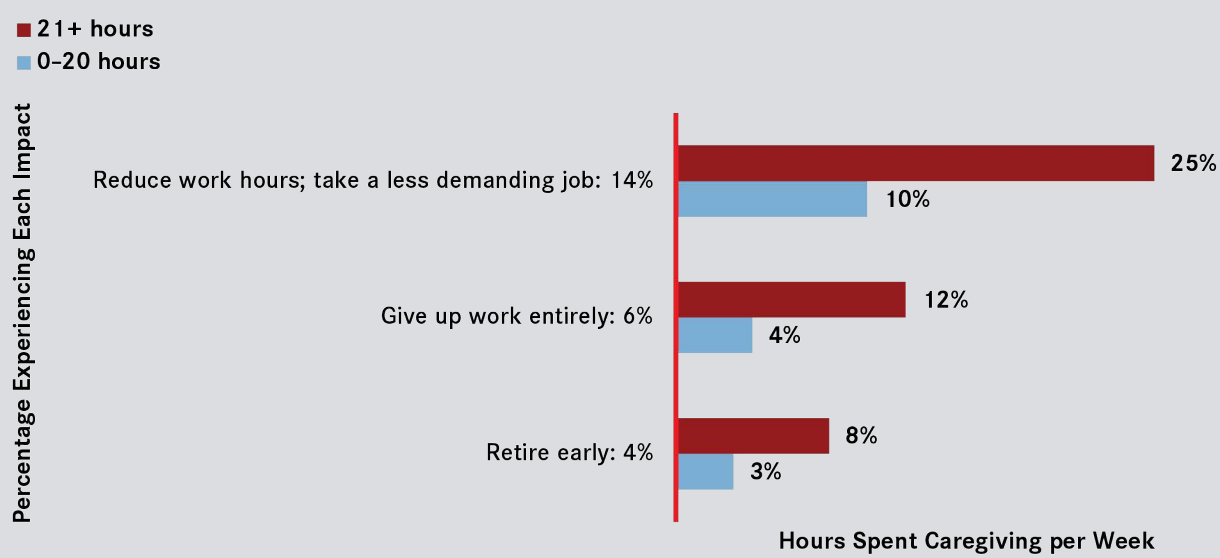
Many people expect to continue working in later life, often for financial reasons. Yet research shows that intensive caregiving (defined as providing 21 or more hours of care per week) is associated with early retirement[12,13] and other work-related impacts, such as giving up work entirely, reducing work hours, or taking a less demanding job.[14,15] In the *Caregiving in the US 2015* survey, 45 percent of employed caregivers with intensive caregiving responsibilities experienced these work impacts, compared with 17 percent of employed family caregivers who provided 20 hours or less of care per week. See figure 1.

Further, a recent national survey of family caregivers found that more than one in three (36 percent) who were not currently in the labor force said they retired early or quit their jobs because of family caregiving concerns.[16]

Among working-age family caregivers accessing the Older Americans Act's National Family Caregiver Support Program, nearly 40 percent of nonworking family caregivers had quit their jobs or retired early from work because of intensive caregiving demands. The majority of these nonworking caregivers were women who provided help with three or more activities of daily living (such as bathing or feeding) for a spouse, and who experienced high emotional stress.[17]

The economic consequences of reducing work hours, quitting a job to provide care, or taking an unplanned early retirement can be significant. Research shows that family caregivers who disrupt their careers or leave the labor force entirely to meet full-time caregiving demands can face substantial economic risk and short-term and long-term financial consequences by losing salary, personal retirement savings, eventual Social Security and retirement benefits, career opportunities, and overall financial well-being.[18]

FIGURE 1
Selected Impacts on Work Because of Family Caregiving



Base: Employed caregivers of persons ages 18 and older (n = 724)

Source: National Alliance for Caregiving (NAC) and AARP Public Policy Institute, Caregiving in the US 2015 *(Bethesda, MD: NAC, and Washington, DC: AARP, June 2015).*

Evidence suggests that family caregiving for a spouse or a parent is associated with reduced labor force participation and a higher probability of falling into poverty when compared with non-caregivers.[19] Income and benefit losses borne by family caregivers ages 50 and older who leave the workforce to care for a parent are estimated at $303,880, on average, over that caregiver's lifetime.[20] Other research has also shown a link between family caregiving and the financial strain of lower income in later life.[21]

The potential for falling into poverty is particularly acute for women.[22] Adult daughters who care for their parents are more likely to have lower incomes than non-caregivers, and they are further penalized with fewer financial resources and less economic security as they themselves age.[23] Women who quit their jobs to provide care may also find it challenging to return to the workplace once they no longer provide care to a parent.[24]

In a national survey of adults ages 40 and older, about two-thirds (64 percent) said they had been employed while providing long-term services and supports (LTSS)[25] to a family member, and nearly half (47 percent) said balancing work and caregiving was difficult. In this survey, employed family caregivers without access to paid time off were more likely than those with paid time off to reduce their work hours to part time to provide care (13 percent v. 4 percent) and to leave the labor force earlier than planned for family caregiving reasons (14 percent v. 6 percent).[26]

Out-of-pocket spending can erode the financial security of family caregivers. In addition to the job impacts of family caregiving, direct caregiving costs take a financial toll. An AARP study found that more than three in four (78 percent) family caregivers incurred expenses as a result of caregiving, spending an average of about $7,000 on out-of-pocket costs in 2016. To cover caregiving expenses, family caregivers reported dipping into personal savings (30 percent), reducing retirement savings contributions (16 percent), or dipping into existing retirement savings (11 percent).[27]

Recognizing the Need for Workplace Leave Policies That Support Employed Caregivers

Caregiving responsibilities for ill family members sometimes necessitate taking either scheduled or unscheduled time off from work, which some employers allow. However, workplace leave benefits for family caregiving needs are not available to all workers in all work settings. Strengthening support for working family caregivers, therefore, starts in this area.

Workplace leave policies are a key component of a high-functioning LTSS system. The stresses on employed family caregivers are compounded when they lack the supports and protections that could help them manage their dual responsibilities. The *LTSS State Scorecard* identifies the availability of workplace leave policies—including expansion of state family and medical leave laws and access to PFL and paid sick days—as a key component of a state's high-performing LTSS system.[28]

For more background on employed family caregivers, see the AARP Public Policy Institute Spotlight, *The Dual Pressures of Family Caregiving and Employment*.[29]

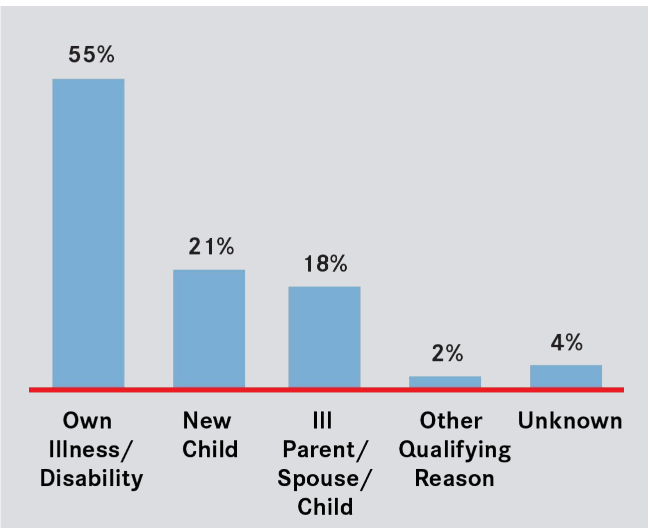
UNPAID FAMILY AND MEDICAL LEAVE

The 1993 enactment of the federal Family and Medical Leave Act was the first federal law to recognize the dual demands of work and family. The FMLA established worker rights of up to 12 weeks of *unpaid*, job-protected leave to bond with a new child, care for oneself because of a serious health condition, care for certain ill family members (i.e., child, spouse, parent), or care for a military service member with a serious injury or illness.[30] The FMLA applies to private employers with 50 or more employees and public-sector agencies.

Only 60 percent of the workforce is eligible for FMLA protections because not all workers are eligible and small employers are exempt from the law.[31] Sometimes a worker cannot take FMLA leave because the person for whom he or she must care is not covered under the federal FMLA's provisions. For example, time off to care for certain family members, such as a seriously ill brother with cancer or a grandmother with advanced Alzheimer's disease, is not covered by the FMLA.

Contrary to popular belief, most workers take FMLA leave to care for their own health issues. Workers experience a range of personal health and caregiving needs during their work lives. According to the most recent national study of the FMLA in 2012, about 16 percent of all eligible employees used the FMLA during the previous year. While it is commonly believed that most workers take FMLA leave for the birth or adoption of a new child, the majority of workers (55 percent) who use the FMLA do so to deal with their own serious health condition. Another 21 percent access the FMLA for the birth or adoption of a new child, and 18 percent do so to provide care for a qualifying family member (i.e., ill child, spouse, or parent)[32]—a share that is likely to grow as the population ages and continues to work longer (see figure 2).

FIGURE 2.
Reasons for Taking FMLA Leave



Source: Jacob Alex Klerman, Kelly Daley, and Alyssa Pozniak, Family and Medical Leave in 2012: Technical Report *(Cambridge, MA: Abt Associates Inc., 2014).*

Some workers are still unaware of the FMLA 25 years after its enactment. Many workers who are eligible for the FMLA are unaware of the law's benefits and eligibility requirements, especially workers who are younger, lower income, or multicultural.[33] By one estimate, nearly one in four (24 percent) family caregivers are unfamiliar with the FMLA.[34]

Nearly one in three states exceed the minimum requirements of the FMLA. Fifteen states and the District of Columbia have broadened eligibility for workers beyond the federal provisions in the FMLA, enhancing support for employed family caregivers in three main ways (see appendix A):

- Covering workers in businesses with fewer than 50 employees;
- Providing a more inclusive definition of an eligible family member to include domestic partners, grandparents, parents-in-law, or siblings; or
- Expanding FMLA use provisions to allow workers to take family members to medical appointments.

Unpaid family leave creates financial hardships for many working families and disincentives to use it. In a recent national survey, about half (46 percent) of FMLA workers who needed family leave but did not take it cited "lack of pay" as the main reason for not using the workplace benefit. Nearly two-thirds (62 percent) of all FMLA leave takers with partial or no pay reported some difficulty in making ends meet as a result of their time off, and almost half of those families reported serious financial difficulty.[35]

Taking unpaid leave for caregiving demands can be costly, as can reducing work hours or taking a lower-paying and less demanding job. Not only do family caregivers experience an immediate loss of income or other benefits, but such job impacts can result in financial harm that they may feel for the rest of their lives. Many caregiving families that experience these kinds of job impacts must use their retirement savings to support their everyday needs and to help pay caregiving expenses, thereby affecting their future economic security.[36,37]

By one estimate, employed family caregivers between the ages of 18 and 64 who take unpaid family leave lose an estimated $1.7 billion in wages owing to a lack of access to PFL for family caregiving needs.[38]

PAID FAMILY LEAVE

PFL offers a solution to many of the pitfalls associated with unpaid leave; in fact, some states have implemented their own programs to provide PFL to eligible workers. The following is a look at the current state of play for PFL, including its level of use, barriers to greater adoption, how the employer benefits from it, and other relevant issues.

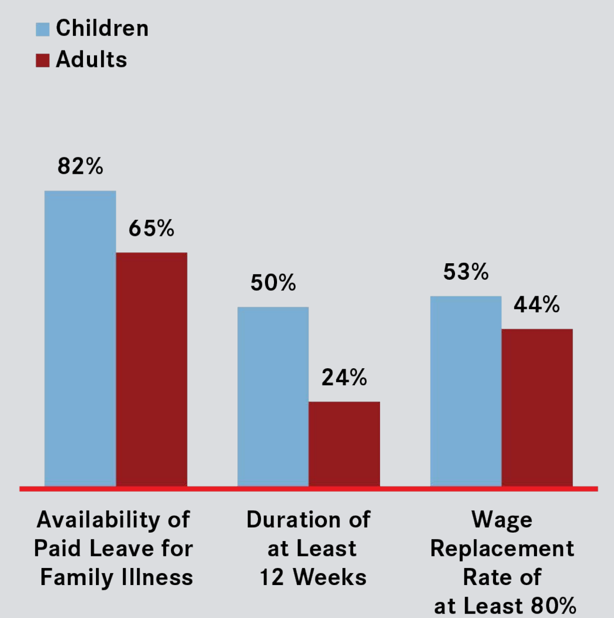
PFL helps workers remain at their jobs and continue as family caregivers—benefiting workers, employers, and the economy. For workers who take on family caregiving responsibilities but cannot afford adequate time off to do so, PFL can provide peace of mind when they need to take a period of time away from work. For employed family caregivers, PFL can also promote economic security—a key component of social determinants of health.[39]

The lack of PFL policies disadvantages employed family caregivers across the life course—especially low-income workers—because most workers cannot afford the financial hardship of going without a paycheck while meeting the necessity of family leave. A 2017 Pew Research Center survey found that among those workers who had taken leave from their jobs or had needed or wanted to do so in the past two years, having paid family or medical leave was the most helpful workplace benefit or arrangement.[40]

The United States has no national public policy that requires employers to provide PFL benefits.[41] Unlike the United States, most industrialized nations guarantee workers some type of PFL.

PFL outside the United States is mainly for parental leave; access to leave for eldercare is less common and less generous. According to a recent systematic review of the paid leave literature from 34 countries in the Organisation for Economic Co-operation and Development (OECD), all OECD countries, except the United States, have paid leave policies for new parents (parental leave)[42] or personal medical leave; fewer OECD countries have PFL for workers with family caregiving responsibilities for aging parents, spouses, or other ill family members. As shown in figure 3, paid leave benefits in OECD countries for workers to care for adult family members with health needs are generally less available and less generous than PFL to care for ill children.[43,44,45,46]

FIGURE 3.
Paid Family Leave Policies to Care for the Health Needs of Children and Adults among 34 OECD Countries



Note: Excludes parental leave policies.

Source: Adapted from Amy Raub et al., Paid Leave for Family Illness: A Detailed Look at Approaches across OECD Countries *(Los Angeles, CA: WORLD Policy Analysis Center, February 2018).*

Some employers voluntarily offer the option of PFL benefits. However, although large companies are increasingly adopting or expanding PFL benefits for certain employees, the vast majority of today's US workforce lacks meaningful access to PFL. According to the US Bureau of Labor Statistics, only 13 percent of private-sector workers had access to PFL through their employer in 2017.[47]

Low-wage workers, young adults starting their careers, multicultural workers, and employees at small businesses are the least likely to have access to PFL benefits at their job. For example, as of March 2017, only six percent of private-sector workers in the lowest 25 percent of average wages have access to PFL benefits. In contrast, 24 percent of workers in the highest 25 percent of average wages have access to PFL benefits.[48]

Family leave is not just for new parents. Experts suggest that providing workers with some type of PFL for caregiving demands might be the single most important policy for employers to consider in designing a caregiver-friendly workplace.[49] Yet despite the aging of both the population and the workforce, the great majority of private-sector paid leave is currently limited to parental leave to bond with a newborn or adopted child.

Although over 100 brand-name companies have voluntarily adopted or expanded paid leave policies over the past three years, most cover only new parents.[50] Only about 1 in 5 (20 percent) of these companies provide PFL for family caregiving needs for certain ill family members. Moreover, in their eligibility requirements, these private-sector leave policies generally do not offer a broader, more inclusive definition of family (i.e., beyond child, spouse, or parent) or cover other relationships (such as siblings, grandparents, or close friends).

The limited scope of these coverages runs counter to today's family makeup and roles. As the growing numbers of older adults experience the care gap[51] and rely on friends and family members other than their own children for support, broader uses of family leave will be needed.

Prime examples of this need even today are millennial family caregivers. The rate of employment is especially high for millennial family caregivers (those born between 1980 and 1996). Almost three in four (73 percent) millennial family caregivers are employed and providing care for an adult with a disability or an older adult with chronic care needs; one in three (34 percent) employed millennial caregivers earns less than $30,000 a year.[52]

About one in five (22 percent) millennial caregivers care for a grandparent.[53] Yet these younger adults—who are most likely in the labor force, and often earn lower incomes—are ineligible for *unpaid* family leave because grandparents are not qualifying family members under the federal FMLA. Furthermore, grandparents are typically not considered qualifying family members under employer-provided PFL policies.

Some states have enacted laws establishing PFL programs. To date, six states and the District of Columbia have modernized their work family policies for a changing workforce and enacted legislation that provides partial wage replacement to eligible workers, including certain employed family caregivers. These state PFL programs differ in eligibility and waiting period requirements, qualifying family members, amount of benefits paid, maximum length of paid leave, whether a worker's job is protected during PFL, and how the program is funded (see appendix B).

The first four states to enact PFL (California, New Jersey, Rhode Island, and New York) all had existing Temporary Disability Insurance (TDI) programs.[54] These TDI programs provide workers a portion of their wages for *medical* leave for their non-work-related serious health condition or illness. These first four states added *family leave* to their existing TDI programs and financed it through employee payroll deductions.

The three newest PFL programs do not have existing TDI programs and will be financed through different insurance mechanisms. When implemented, the District of Columbia's PFL program will be funded by employers. Washington State's and Massachusetts's PFL programs will be jointly financed by a stand-alone social insurance program that is funded by employee and employer payroll deductions. These state PFL programs are promising state models and incubators because, like most states, they do not have a TDI program to build on.[55]

Utilization of state PFL programs for family caregiving needs is relatively low but climbing. Although PFL leave benefits in the first three states to implement programs (California, New Jersey, and Rhode Island) are utilized by both female and male workers from all income and age groups, there are substantial differences among claim types.

The most recent study on the economic and social impacts of California's PFL program found that, since the inception of the program in 2004, PFL claims for bonding with a newborn or adopted child have been substantially more common (88 percent) than claims for family caregiving (12 percent).[56] While family caregiving claims represent only 12 percent of PFL claims in California, such claims have steadily increased by 52 percent in the past decade, from 21,718 in 2007 to 33,033 in 2017.[57]

In New Jersey, 82 percent of PFL claims made between 2014 and 2016 were to bond with a newborn or newly adopted child; the remainder of claims made were to care for a seriously ill family member. The number of family caregiving claims has held steady at about 5,200 per year.[58]

Though small in number overall, family caregiving claims in Rhode Island have increased about 17 percent in the past three years, from 1,023 claims in 2014 to 1,198 in 2016. Since the program began in 2014, about one in four (23 percent) PFL claims have been to care for an ill family member and more than three in four (77 percent) claims have been to bond with a new child.[59] One reason caregiver claims may be proportionately higher in Rhode Island is because that state has job protection for workers who take PFL.

Among the care claims for PFL in California over the past decade, about one-third (34.4 percent) have been for employed family caregivers caring for parents, another one-third (33.7 percent) were for care of spouses, one-fifth (20.9 percent) were for parents caring for ill children, and about 11 percent were for care of other ill family members.[60] Caregiving claims in California between 2005 and 2014 were highest for employed women ages 45 to 54—most likely caring for aging parents.[61]

About two-thirds of care claims in California and Rhode Island are submitted by female workers; one-third are submitted by male workers.[62,63] In New Jersey, in 2016 the majority of workers who filed care claims were female (76 percent) and over the age of 45 (64 percent).[64]

Research shows that between 2006 and 2013 in California, about one-third of paid family leaves for caregiving were taken to provide care to a parent, comprising about four percent of all paid leaves during that time. In New Jersey and Rhode Island, leaves to care for a parent are a higher proportion of all PFL claims, estimated at about nine percent and seven percent, respectively[65] (see also appendix B).

In California and Rhode Island, in 2014 the average length of PFL used to care for a family member with a serious health condition was slightly under four weeks; in New Jersey, it was a little over four weeks.[66]

The main barriers to use of states' PFL laws and benefits are lack of awareness, limited wage replacement, and the absence of job protection in some states' laws.

- ***Public awareness* of states' PFL programs is limited, especially regarding eligibility for family caregiving needs.**

Research on the implementation of the first three states to enact PFL programs (California, New Jersey, and Rhode Island) consistently shows that only about half of each state's population is aware of its state's PFL benefits—with especially low awareness about eldercare, and among lower-income workers, and communities of color.[67,68,69,70,71, 72]

Studies in these three states also consistently find significantly less awareness among workers that the PFL benefit can be used to care for certain ill family members compared with awareness that the benefit can be used to bond with a new child.[73,74,75,76,77]

Qualitative research in these three pioneering states suggests a general lack of awareness of the meaning of PFL benefits—with workers perceiving that the term *paid leave* is the same as *sick leave* and *vacation time*.[78]

A survey of Californians, taken more than a decade after the state began providing PFL benefits for eligible workers, found that those who were a family caregiver or had paid to provide care for another family member were more likely than those who had not experienced LTSS to have heard of the state's PFL program.[79]

In Rhode Island—the state with the highest percentage of PFL claims to care for an ill family member and one that provides job protection for PFL— workers reported in one study that they were more likely to learn about the PFL program from family and friends than their employers. Other cited sources of information about PFL were co-workers and health care providers.[80]

- ***Affordability* is a barrier to taking PFL for some workers who cannot afford to live on only a portion of their wages.**

Research in California has shown that family income plays a role in the utilization of the PFL program.[81,82] To address this issue, California now provides higher pay to lower-income workers while on leave—lifting the wage replacement rate for the lowest-paid workers taking PFL from 55 percent to 70 percent, beginning in 2018.[83] In studies of California's PFL program prior to the increase in wage replacement, one in three workers who were aware of the program said they were unable to take the time off when they needed it because the wage replacement rate was too low.[84]

While the wage replacement rates of the six states and the District of Columbia that have enacted PFL generally range from 50 to 66 percent, with higher pay rates for lower-income workers in some states (see appendix B), new analysis suggests that wage replacement rates of at least 80 percent are important to keeping low- and middle-income families out of poverty and able to meet essential needs (such as rent payments) during an episode of PFL.[85]

- ***Lack of job security* provisions in some state PFL programs hinders workers from using the benefit.**

Some state PFL programs, including those in Rhode Island, New York, Washington State, and Massachusetts (when implemented), provide job protection for workers who take PFL, meaning that workers must be allowed to return to their jobs after PFL has ended. Workers in other states may receive job protection if they are entitled to *unpaid* leave under the FMLA or state family and medical leave laws.[86]

California's PFL program does not provide job protection. Research conducted in that state with workers and employers suggests that lack of job protection is an important factor for workers in deciding whether to apply for PFL benefits.[87] In Rhode Island, a state with job-protected PFL, nearly half (45 percent) of workers surveyed said they would not have taken the PFL benefit without job protection.[88]

Social stigma and workplace culture, and acceptability of family caregiving needs for eldercare, can also pose barriers to the utilization of PFL. In contrast to the more accepted practice of bonding with a new child, some workers perceive their workplace culture lacks acceptability of the concept of caring for ill parents, potentially keeping them from applying for PFL benefits.

Feeling vulnerable to their employers' possible reaction to needed incremental and sometimes unplanned family leave—especially with the unpredictability of eldercare—is an issue for some employed caregivers. In the *Caregiving in the US 2015* survey, 44 percent of employed family caregivers (who were not self-employed) said their supervisor was unaware of their caregiving situation.[89]

Related to this issue, some supervisors may be less familiar with the needs of family caregivers of older adults with a serious health condition or self-care needs. They may be less aware, for example, of how certain family caregiving situations may involve intermittency and greater unpredictability than the more familiar and continuous one-time leave arrangements associated with the birth of a child.

Common issues expressed in a three-state study (California, New Jersey, and Rhode Island) of worker attitudes toward PFL ranged from discomfort with being viewed as less productive by an employer to fear of demotion, replacement, and even firing due to lack of employer understanding and flexibility regarding leave-taking to meet the ongoing demands for a family member with LTSS needs.[90]

PFL can have positive benefits for workers, those for whom they care, and employers. Evidence shows that the benefits of PFL to both employee and employer are shared and even intertwined.

One new study examined the effect of California's PFL law on nursing home utilization by older adults in the state. This study is the first to examine LTSS outcomes associated with state-level policy on PFL. The research found that the use of PFL by employed family caregivers in California showed an 11 percent reduction in older adults' nursing home utilization in that state between 1999 and 2008.[91] This suggests that PFL can make it financially easier for workers to take time off from work to care for older relatives with serious health conditions and self-care needs at home and in their communities—which is where most older adults want to be.

Other research on the early use of PFL in California found that not only did workers who used PFL have a greater ability to carry out their family caregiving responsibilities, but also their loyalty to their employer increased, as did the likelihood of their returning to work with the same employer after taking PFL.[92] In a more recent California study, when compared with workers taking paid parental leave to bond with a new child, workers taking PFL for family caregiving needs for an ill family member had a greater attachment to the labor force both before and after the PFL claim.[93]

One analysis found that greater availability of PFL and having a supportive supervisor can lead to improved emotional well-being for employed family caregivers and better health outcomes for the person receiving care.[94]

Research shows that PFL is an important factor in employment recruitment and retention, which can improve productivity and reduce absenteeism. Experiences of businesses in the first three states to enact PFL laws—California, New Jersey, and Rhode Island—show that once employers have implemented PFL benefits, they are generally supportive of paid leave, and indicate that PFL laws have had negligible to positive impacts on worker productivity, turnover, and morale.[95,96,97] In a California study, small and medium businesses (those with fewer than 50 employees and those with 50 to 99 employees, respectively) reported the most positive outcomes—even more than large companies. About two in three of the companies reported that they dealt with employee leave-taking by assigning work temporarily to other workers; one-third said they hired temporary replacements.[98]

Research suggests a relationship between paid leave and job retention. Higher retention rates usually mean saved separation costs when an employee leaves the job; unemployment insurance savings; lower temporary staffing costs; and fewer costs associated with recruiting, hiring, and training new workers.[99] One national survey found that more than eight in 10 (86 percent) workers who took time off and received full paid family or medical leave continued to work for the same employer following the time off. Only seven percent began to work for a new employer, and another seven percent did not return to their job.[100]

A recent study of California's PFL program found no evidence that turnover or wage costs increase for employers in businesses with higher rates of PFL take-up. Using data on nearly all California employers between 2000 and 2014, the study found that the average business had a currently lower turnover rate than it did before PFL was introduced.[101]

PAID SICK DAYS

Another important workplace leave benefit for employed family caregivers is access to paid sick leave, also known as paid sick days. But as with PFL, current federal policy does not require employers to offer paid sick days as an employment benefit. Consequently, many workers—especially low-wage workers—still do not have access to a single paid sick day to care for themselves if they are ill or to care for family members with short-term caregiving needs.

As of March 2018, more than one in four (29 percent) private-sector workers lacked access to any paid sick days.[102] In businesses with fewer than 50 employees four in 10 (40 percent) workers lacked paid sick time.[103]

Paid sick time policies differ from paid family and medical leave policies. Workers can generally use paid sick days in small, even hourly increments, allowing them to use up their leave over a longer period of time without losing their paychecks. Paid sick days can be more flexible than PFL in that they allow time off for preventive care and short-term illnesses, as well as for providing intensive caregiving tasks for a family member, such as doing wound care for several days after a relative's hospitalization or taking a family member to a medical appointment.

These paid sick days policies typically cover a limited amount of paid sick time off a year with full wage replacement (see appendix C). One analysis found that workers who have access to paid sick days typically use very little of the benefit—on average, 2.1 days a year.[104]

A growing number of states are requiring employers to provide access to paid sick days to their employees. Absent any federal law requiring employers to provide access to paid sick leave for their employees,[105] states and municipalities have made progress in recent years to ensure that workers have some paid sick days when they themselves are ill, or when they need to care for ill family members.

As of June 2018, 10 states and the District of Columbia require paid sick leave (Arizona, California, Connecticut, Maryland, Massachusetts, New Jersey, Oregon, Rhode Island, Vermont, and Washington) and over 40 local jurisdictions in nine states (California, Illinois, Maryland, Minnesota, New Jersey, New York, Pennsylvania, Texas, and Washington) have passed paid sick days legislation.[106,107]

There is a sharp income divide among workers with access to any paid sick days. Access to paid sick days varies greatly by income level. Nearly all (90 percent) of the highest-paid workers have access to paid sick days, compared with less than half (45 percent) of the lowest-paid workers.[108] Some localities are starting to close this gap. For example, a recent study found that the percentage of private-sector low-income workers in New York City with paid sick days increased from 47 percent when the paid sick time law in New York City went into effect in 2014 to 71 percent in 2017.[109]

Access to paid sick days also varies across race, ethnicity, and occupation. Hispanic and service-industry workers are especially likely to not have any paid sick leave at their job.[110]

Paid sick leave has benefits for workers and employers alike, as well as positive economic and health effects. Benefits of paid sick days for employers include improvements in productivity, reductions in workplace contagion, and reduced worker turnover.[111] Workers who can afford to stay home when sick or to care for ill family members are more attached to employers, suggesting that paid sick days are an especially important benefit for worker retention.[112] Where states or localities have implemented paid sick days policies, research suggests that employer costs to administer the benefit are minimal; in addition, employers have not had to change their hiring and hours practices, use of these benefits are not abused, and workers' morale and work-life balance improves.[113,114,115,116]

Paid sick days also provide public health advantages, including reduced spread of illness at work[117] and reduced health care costs.[118] The lack of paid sick days can lead to increases in emergency room visits and delays in obtaining health care services for workers or family members.[119]

Other State Workplace Flexibility Laws

Some states, such as Illinois and Georgia, require employers to give greater flexibility to their workers on the use of existing leave benefits. For example, an AARP model bill, the Eligible Leave for Employee Caregiving Time (ELECT)—commonly known as the Illinois Employee Sick Leave Act—requires employers that offer unpaid or paid sick leave benefits in their business to allow employees to use up to six months' worth of earned sick leave benefits (effectively half of the employee's sick leave benefits) for family caregiving responsibilities, including a family member's illness or injury, or to accompany a relative to a medical appointment.[120]

Georgia's Family Care Act requires employers to allow their eligible employees to use up to five days of earned paid sick leave per year to care for immediate family members.[121]

CONCLUSIONS

Managing paid work alongside providing care for an adult or aging family member with a serious health condition or disability can be stressful for employed caregivers when their needs are not being met by existing workplace policies. Because most family caregivers now hold paying jobs too, employed caregivers need access to workplace leave benefits that enable them to fulfill both their caregiving and paid work responsibilities.

Workers should not have to choose between keeping their jobs and providing care to a seriously ill family member when they need it the most.

Without a paycheck to cover the basic costs of living while providing care, low-wage workers are particularly vulnerable. They tend to have the least access to paid time off for caregiving needs and cannot afford to take unpaid family leave.

States are leading the way. As more states consider enacting PFL programs or providing access to paid sick days that can be used to fulfill caregiving responsibilities, policy makers and employers can draw on lessons from existing state programs in the United States.

Given the aging of the population and the workforce, caregiver-friendly policies—such as PFL and paid sick days—are important for maintaining both economic growth and a worker's own economic security. Workplace leave policies are a sound investment for employers and for America's working families with caregiving responsibilities.

POLICY AND RESEARCH RECOMMENDATIONS

- Implement policies that strengthen financial security for employed family caregivers. The Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act of 2017 (Public Law 115-119) requires the Secretary of Health and Human Services to form a family caregiving advisory council, representing the private and public sectors, to advise and work with the Secretary to develop a coordinated strategy to recognize and support family caregivers. Elements of a national strategy should include ways to improve financial security for family caregivers, including workplace leave policies to better support the intersection of family caregiving and employment.
- Make improvements to the FMLA, such as expanding coverage to protect more workers and expanding its scope to cover all primary caregivers, regardless of family relationships. Adopt at the state level such policies that exceed the current federal eligibility requirements.
- Optimize worker productivity and retention by promoting access to PFL programs. This has the potential both to facilitate family caregiving and to help alleviate its economic hardships. In addition, employers should be required to provide a reasonable number of earned sick days that workers can use for short-term personal or family illness, and to allow workers to take relatives to a medical appointment.
- Advance public awareness campaigns at the federal, state, and local levels to educate the public about all aspects of family leave policies—including coverage for eldercare—and the FMLA and PFL in states that offer such policies, to ensure that workers know how to access benefits if needed. Efforts should be made to coordinate with health care and social services providers and faith-based communities in states with PFL, to promote greater awareness of the benefits.
- Improve data collection on employed caregivers with eldercare responsibilities (including surveys conducted by the Department of Labor, Department of Health and Human Services, and Department of Commerce) to ensure that challenges about work family responsibilities and access to workplace leave benefits and protections are identified and addressed for employees and employers.
- A common limitation of research on existing state PFL programs is combining claims for family leave across all kinship relationships (i.e., child, spouse, and parent). Future research should disaggregate family leave claims in states with PFL programs to monitor, track, and better understand the usage and impact of PFL for eldercare.
- Conduct more research studies to examine whether PFL influences the use of home- and community-based services, and delays or prevents more costly nursing home utilization.

APPENDIX A.
States with Expansions of Federal Provisions of the Family and Medical Leave Act (FMLA) for Family Caregivers

State	Lowers Threshold to Cover Employers with Fewer Than 50 Employees	Broadens Definition of Family for Caregiving (Beyond Child, Spouse, and Parent)	Allows Leave for Family Members' Routine Medical Appointments
California		Domestic partner, stepparent, parent-in-law, grandparent, sibling	
Colorado		All relatives[a]	
Connecticut		Civil union partner, parent-in-law, stepparent	
District of Columbia	X	All relatives[a]	
Hawaii		Stepparent, parent-in-law, grandparent, grandparent-in-law, or an employee's reciprocal beneficiary	
Maine	X	Civil union partner, sibling	
Maryland	For parental leave only		
Massachusetts			X
Minnesota	For parental leave only	Stepparent, grandparent, sibling	
New Jersey		Domestic partner, stepparent, parent-in-law	
New York	X		
Oregon	X	Domestic partner, parent-in-law, grandparent, grandchild	
Rhode Island	X	Domestic partner, parent-in-law	
Vermont	X	Civil union partner, parent-in-law	X
Washington	For parental leave only	Domestic partner, parent-in-law, grandparent	
Wisconsin		Domestic partner, parent-in-law	

Sources: "State Family and Medical Leave Laws (2016)," National Conference of State Legislatures, (accessed June 5, 2018) http://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx#2; "State Family and Medical Leave Laws That Are More Expansive Than the Federal FMLA," National Partnership for Women & Families, (accessed June 5, 2018) http://www.nationalpartnership.org/research-library/work-family/fmla/state-family-leave-laws.pdf; National Academies of Sciences, Engineering, and Medicine, Families Caring for an Aging America *(Washington, DC: The National Academies Press, 2016); Susan C. Reinhard et al.,* Picking Up the Pace of Change: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers *(Washington, DC: AARP Public Policy Institute, 2017).*

[a] *Includes relatives by blood, legal custody, or marriage, and anyone with whom an employee lives and has a committed relationship.*

APPENDIX B.
State Paid Family Leave Programs Covering Family Caregivers

State	California	New Jersey	Rhode Island	New York	District of Columbia	Washington	Massachusetts
Status	Enacted 2002, effective 2004	Enacted 2008, effective 2009	Enacted 2013, effective 2014	Enacted 2016, effective 2018	Enacted 2017, effective 2020[a]	Enacted 2017, effective 2019 (premiums) and 2020 (benefits)	Enacted 2018, effective 2019 (premiums) and 2021 (benefits)[b]
Program Name	Paid Family Leave	Family Leave Insurance	Temporary Caregiver Insurance	Paid Family Leave	Paid Family Leave	Paid Family and Medical Leave	Family and Medical Leave
Administering Agency	California Employment Development Department	New Jersey Department of Labor and Workforce Development	Rhode Island Department of Labor and Workforce Development	New York State Workers' Compensation Board	Office of Paid Family Leave	Washington State Employment Security Department	Department of Family and Medical Leave in Office of Labor and Workforce Development
Qualifying Family Members	Child, parent, parent-in-law, spouse, domestic partner, grandparent, grandchild, and sibling	Child, parent, spouse, domestic partner, and civil union partner	Child, parent, spouse, grandparent, and domestic partner	Child, parent, spouse, grandparent, grandchild, and domestic partner	Child, parent, spouse, grandparent, sibling, and domestic partner	Child, parent, spouse, grandparent, grandchild, sibling, and domestic partner	Child, parent, parent-in-law, spouse, grandparent, grandchild, sibling, and domestic partner
Maximum Length of Paid Family Leave	6 weeks	6 weeks	4 weeks	8 weeks in 2018, increasing to 12 weeks by 2021	6 weeks	12 weeks	12 weeks
Waiting Period for Benefits	None (beginning in 2018)	7 days	None	None	7 days	7 days	7 days
Coverage	All private-sector employees, some public-sector employees; self-employed individuals may opt in.	All private- and public-sector employees[c]	All private-sector employees, some public-sector employees	All private-sector employees; self-employed and certain public-sector employees can opt in.	All private-sector employees covered by the DC Unemployment Compensation Act; self-employed individuals can opt in.[d]	All private- and public-sector employees; self-employed individuals and independent contractors can opt in.	Private sector and state government employees covered by the state unemployment insurance law City and county employees are not covered, but their employer can opt in. Self-employed persons can opt in.

APPENDIX B (CONTINUED)

State	California	New Jersey	Rhode Island	New York	District of Columbia	Washington	Massachusetts
Wage Replacement	Since 2004, the weekly benefit rate has been 55% of a worker's weekly wage up to a maximum of $1,173/week in 2017. Starting in 2018, the rate is lifted to 70% for the lowest-paid earners. For all other workers, the rate rises to 60% up to a maximum benefit of $1,216/week.	66%, with a weekly maximum of $637 in 2018	4.62% of wages paid during the highest quarter of a worker's base period (about 60% of a worker's average weekly wage); maximum of $831/week in 2018	50% in 2018, rising to 67% in 2021; maximum of $653/week in 2018	Benefits will be paid from a new Family and Medical Leave Fund effective July 2020. 90% of workers' average weekly wages for workers paid less than or equal to 150% of the DC minimum wage multiplied by 40; 50% for workers above this threshold (currently capped at $1,000/week)	Benefits will be paid from a new trust fund effective January 2020. 90% of workers' average weekly wages on earnings at or below 50% of the statewide average weekly wage 50% of workers' average weekly wages on earnings above the statewide average weekly wage (currently capped at $1,000/week)	Benefits will be paid from a new Family and Employment Security Trust Fund, effective July 2021 for family caregiving. 80% of workers' average weekly wages on earnings at or below 50% of the statewide average weekly wage 50% of workers' average weekly wages on earnings above 50% of the statewide average weekly wage (currently capped at a maximum benefit of $850/week)

APPENDIX B (CONTINUED)

State	California	New Jersey	Rhode Island	New York	District of Columbia	Washington	Massachusetts
Financing Mechanism	Employee payroll deductions 1.0% of taxable wages up to a maximum annual withholding of $1,149.67 in 2018	Employee payroll deductions 0.09% of a worker's wages up to $33,700 Maximum annual payroll deduction is $30.33 in 2018.	Employee payroll deductions 1.1% of the first $69,300 in earnings[e]	Employee payroll deductions 0.126% of wages, capped at an annual maximum of $85.56 in 2018. For workers earning less than the statewide average weekly wage ($1,305.92 in 2018), the annual payroll deduction will be less than the cap, consistent with their weekly wages.[f]	Employer payroll deductions 0.62% of wages	Employee and employer payroll deductions 0.4% of wages, with the premium generally shared by employer (37%) and employee (63%); can be adjusted annually after 2020[g] Employers may deduct from the employees' wages 100% of premiums for Family Leave; the Medical Leave portion is split between employee (45%) and employer (55%) payroll deductions.[h] Employers with 50 or fewer employees are exempt from paying the employer share of the Medical Leave premium.	Employee and employer payroll deductions 0.63% of wages, adjusted annually Employees will be required to cover 100% of the contributions for Family Leave; employers (60%) and employees (40%) will share the contributions for Medical Leave. Employers with fewer than 25 workers are not required to pay into the fund for the Medical Leave portion, but employees will have to contribute their payroll deduction.
Job Protection during Paid Family Leave	No	No	Yes	Yes	No	Yes, for employees who work for an employer with 50 or more employees and who have worked for their employer for at least 12 months and for at least 1,250 hours in the past year.	Yes

APPENDIX B (CONTINUED)

State	California	New Jersey	Rhode Island	New York	District of Columbia	Washington	Massachusetts
Utilization by Family Caregivers	Since the start of the program: workers caring for a spouse/ domestic partner or parent/parent-in-law (8%), an ill child (4%); bonding with a new child (88%)[i] Of total care claims[j] filed: about 66% are from female workers; 34% are from male workers.	Since the start of the program: workers caring for a spouse/ domestic partner or parent (9%), an ill child (9%); bonding with a new child (82%) The majority of workers who took paid family leave in 2016 were female (76.3%) and over the age of 45 (63.7%).[k]	Since the start of the program: workers caring for a spouse/ domestic partner or parent (19%), an ill child (4%); bonding with a new child (77%) Of total care claims[h] filed: about 66% are from female workers; 34% are from male workers.	No data available to date	No data available to date	No data available to date	No data available to date

Sources: "State Paid Family Leave Insurance Laws," National Partnership for Women & Families, updated February 2018, http://www.nationalpartnership.org/research-library/work-family/paid-leave/state-paid-family-leave-laws.pdf; "Comparative Chart of Paid Family and Medical Leave Laws in the U.S.," A Better Balance, updated June 28, 2018, https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/; Sarah Jane Glynn, Alexandra L. Bradley, and Benjamin W. Veghte, Paid Family and Medical Leave Programs: State Pathways and Design Options *(Washington, DC: National Academy of Social Insurance, 2017); AEI-Brookings Working Group on Paid Family Leave,* Paid Family and Medical Leave: An Issue Whose Time Has Come *(Washington, DC: American Enterprise Institute and The Brookings Institution, 2017); and National Academies of Sciences, Engineering, and Medicine,* Families Caring for an Aging America *(Washington, DC: The National Academies Press, 2016).*

[a] *The District of Columbia begins collecting taxes from employers on July 1, 2019. Paid leave benefits will begin on July 1, 2020.*

[b] *In Massachusetts, benefit payments for personal Medical Leave begin on January 1, 2021; benefits for Paid Family Leave begin on July 1, 2021.*

[c] *Some exceptions apply for New Jersey government employees.*

[d] *Employees of the DC city government and the federal government are not covered.*

[e] *Rhode Island's payroll deduction for paid family leave was 1.2 percent from 2012 through 2017.*

[f] *For example, if an eligible worker in New York earns $27,000 annually in 2018, his or her payroll contribution will be 65 cents per week.*

[g] *For example, when premiums become effective in Washington State in 2019, an eligible worker earning $50,000 would have a total annual assessment of $200, of which the worker's annual payroll contribution would be $126.67, or about $2.60 per week.*

[h] *In Washington State, an employer may elect to pay all of the Family and Medical Leave premiums.*

[i] *"Paid Family Leave (PFL) Program Statistics," California Employment Development Department, (accessed June 12, 2018), http://www.edd.ca.gov/Disability/pdf/qspfl_PFL_Program_Statistics.pdf.*

[j] *Excludes claims for bonding with a new child. Rhode Island Department of Labor and Training. Temporary Disability Insurance Annual Update, 2015.*

[k] *New Jersey Department of Labor and Workforce Development, "Family Leave Insurance Workload in 2016: Summary Report," (Trenton, NJ: Office of Research and Information, August 2017), http://www.nj.gov/labor/forms_pdfs/tdi/FLI%20Summary%20Report%20for%202016.pdf.*

APPENDIX C
States with Paid Sick Days Laws Covering Family Caregivers

State (Year Enacted, Effective)	Coverage	Amount of Paid Sick Time Earned	Family Members Covered
District of Columbia (Enacted and effective 2008, expanded 2014)	Most workers employed by an employer in Washington, DC[a] Employers in Washington, DC, have a general prohibition against employment discrimination based on family responsibilities.	Maximum of 3 to 7 paid sick days per year, depending on size of employer *Small employers* with fewer than 25 employees: 1 hour for every 87 hours worked, up to 3 days per year *Medium employers* with 25 to 99 employees: 1 hour for every 43 hours worked, up to 5 days per year *Large employers* with 100 or more employees: 1 hour for every 37 hours worked, up to 7 days per year *Tipped restaurant workers:* 1 hour for every 43 hours worked, up to 5 days per year	Child, spouse, parent, domestic partner, live-in partner, sibling, sibling's spouse, grandchild, parent-in-law, or spouse of child
Connecticut (Enacted 2011, effective 2012)	Service workers in businesses with 50 or more employees Connecticut law includes an antidiscrimination provision prohibiting employers from asking employees about their family responsibilities.	Up to 40 hours or a maximum of 5 paid sick days per year	Child and spouse only Workers caring for their parents are not covered.
California (Enacted 2014, effective 2015; amended 2015 and 2016, expansion effective July 2018)	Most workers Starting in July 2018, In-Home Supportive Service (IHSS) workers are eligible for paid sick leave.	At least 24 hours or 3 days per year Workers can accrue 1 hour for every 30 hours worked. Employers may cap the amount of paid sick time a worker *earns* at 48 hours or 6 days. Employers may also cap the amount of paid sick leave a worker can *use* at 24 hours or 3 days per year. Beginning July 2018, IHSS workers can begin to accrue paid sick time and use 8 hours of paid sick leave, increasing to 24 hours or 3 days per year.	Child, spouse, parent, domestic partner, sibling, grandparent, grandchild, parent-in-law, or parent of domestic partner

APPENDIX C (CONTINUED)

State (Year Enacted, Effective)	**Coverage**	**Amount of Paid Sick Time Earned**	**Family Members Covered**
Massachusetts (Enacted 2014, effective 2015)	Workers who work in a place of business with 11 or more employees (all others receive unpaid sick time)	1 hour for every 30 hours worked (up to 40 hours per year) or a maximum of 5 paid sick days *Medium to large employers* with 11 or more employees: 1 hour for every 30 hours worked and can accrue and use up to 40 hours *Small employers* with fewer than 11 employees: up to 40 hours of *unpaid* sick time per year	Child, spouse, parent, or parent-in-law
Oregon (Enacted 2015, effective 2016)	Workers[b] who work in a place of business with 10 or more employees (all others receive unpaid sick time) Sick time can be used to deal with the death of a family member (including to attend the funeral, make arrangements, or grieve).	1 hour for every 30 hours worked (up to 40 hours per year) or a maximum of 5 paid sick days per year *Large employers*[b] with 10 or more employees: 1 hour of paid time off for every 30 hours worked, up to 40 hours per year *Small employers*[b] with fewer than 10 employees: receive equivalent *unpaid* sick time per year Certain home care workers who are hired and supervised by the client but whose salary and benefits are funded in whole or in part from the state, county, or a public agency may receive up to 40 hours of paid time off per year, including sick time.	Child, spouse, parent, grandparent, grandchild, or parent-in-law
Vermont (Enacted 2016, effective 2017 for large employers and 2018 for small employers)	Most workers who work an average of at least 18 hours of work per week New businesses have a 1-year period of exemption before paid sick time benefits apply. The law specifies that coverage includes employees who accompany their spouse, parent, parent-in-law, or grandparent to an appointment related to long-term care.	1 hour per every 52 hours worked (up to 40 hours per year when fully implemented) or 5 paid sick days per year in 2019 and each year after *Large employers* with 6 or more employees: 1 hour for every 52 hours worked; in 2017 and 2018 can accrue and use up to 24 hours; in 2019 and beyond, up to 40 hours *Small employers* with 5 or fewer employees: beginning in 2018, 1 hour for every 52 hours worked; can use and accrue up to 24 hours in 2018, and 40 hours in 2019 and each year after	Child, spouse, parent, grandparent, grandchild, sibling, or parent-in-law

APPENDIX C (CONTINUED)

State (Year Enacted, Effective)	**Coverage**	**Amount of Paid Sick Time Earned**	**Family Members Covered**
Arizona (Enacted 2016, effective 2017)	Private-sector workers State and local government workers are exempted.	Maximum of 24 to 40 hours, or 3 to 5 paid sick days per year *Small employers* with fewer than 15 employees: 1 hour for every 30 hours worked; can accrue and use up to 24 hours of paid sick leave *Large employer*s with 15 or more employees: 1 hour for every 30 hours worked; can accrue and use up to 40 hours of paid sick leave	Child, spouse, parent, domestic partner, sibling, grandparent, grandchild, parent-in-law, parent of a domestic partner, and any other individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship
Washington (Enacted 2016, effective January 2018)	Most workers	Minimum rate of 1 hour for every 40 hours worked No cap for paid sick leave accrual Employer is not required to allow more than 40 hours of paid sick time to carry over to the following year.	Child, spouse, parent, domestic partner, sibling, grandparent, grandchild, parent-in-law, or parent of a domestic partner
Rhode Island (Enacted 2017, effective July 2018)	Most private-sector workers who work in a place of business with 18 or more employees (all others receive unpaid sick time)	1 hour for every 35 hours worked (up to 40 hours per year in 2020) or a maximum of 5 paid sick days per year *Large employers* with 18 or more employees: 1 hour for every 35 hours worked; can accrue and use up to 24 hours in 2018, 32 hours in 2019, and 40 hours in 2020 and following years *Small employers* with 17 or fewer employees: receive equivalent *unpaid* sick time	Child, spouse, parent, domestic partner, sibling, grandparent, parent-in-law, grandchild, or other person for whom the employee is responsible for providing or arranging health care
Maryland (Enacted 2018, effective February 2018)	Most workers,[a,c] who work in a place of business with 15 or more employees (all others receive unpaid sick time)	Maximum of 40 to 64 hours per year or 5 to 8 paid sick days per year *Large employers* with 15 or more employees: 1 hour for every 30 hours worked; can earn up to 40 hours per year, use up to 64 hours per year, and accrue up to 64 hours at any time *Small employers* with fewer than 15 employees must provide the same amount of time as *unpaid*, job-protected sick leave.	Child, spouse, parent, grandparent, parent-in-law, or sibling

State (Year Enacted, Effective)	**Coverage**	**Amount of Paid Sick Time Earned**	**Family Members Covered**
New Jersey (Enacted May 2018, effective October 2018)	Most private-sector workers	1 hour for every 30 hours worked and can accrue and use up to 40 hours or 5 paid sick days per year	Child, spouse, parent, grandchild, sibling, domestic partner, civil union partner, spouse/domestic partner/civil union partner of parent or grandparent, sibling of spouse/domestic partner/civil union partner, and any other individual related by blood or whose close association with the employee is the equivalent of a family relationship

Sources: National Conference of State Legislatures, "Paid Sick Leave," May 2018, http://www.ncsl.org/research/labor-and-employment/paid-sick-leave.aspx; "Paid Sick Days—State and District Statutes," National Partnership for Women & Families, updated February 2018, http://www.paidsickdays.org/research-resources/current-sick-days-laws.html#.Ws5bl8kUl7g; "Overview of Paid Sick Time Laws in the United States," A Better Balance, updated March 2018, https://www.abetterbalance.org/resources/paid-sick-time-legislative-successes/; National Academies of Sciences, Engineering, and Medicine, Families Caring for an Aging America *(Washington, DC: The National Academies Press, 2016); and Susan C. Reinhard et al.,* Picking Up the Pace of Change: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers *(Washington, DC: AARP Public Policy Institute, 2017).*

[a] *Excludes independent contractors and certain other workers.*

[b] *For Oregon cities with a population greater than 500,000 (such as Portland, Oregon), a small employer is five or fewer employees and a large employer covers six or more employees.*

[c] *Employees who regularly work 12 or more hours a week for a business with 15 or more employees are eligible for paid sick leave in Maryland.*

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