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Legislative Document

No. 1410

H.P. 1023

House of Representatives, March 26, 2019

An Act To Create Paid Family and Medical Leave Benefits

Reference to the Committee on Labor and Housing suggested and ordered printed.

ROBERT B. HUNT Clerk

R(+ B. Hunt

Presented by Speaker GIDEON of Freeport.

Cosponsored by Senator SANBORN, H. of Cumberland and

Representatives: CARNEY of Cape Elizabeth, CUDDY of Winterport, DOORE of Augusta,

FECTEAU of Biddeford, McDONALD of Stonington, MORALES of South Portland,

SYLVESTER of Portland, Senator: CARSON of Cumberland.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 26 MRSA c. 7, sub-c. 6-C is enacted to read:
3	SUBCHAPTER 6-C
4	PAID FAMILY AND MEDICAL LEAVE
5	§850-A. Definitions
6 7	As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.
8 9 10	1. Application year. "Application year" means the 12-month period beginning on the first day of the calendar year in which an individual files an application for family leave or medical leave benefits.
11 12 13 14 15 16	2. Average weekly wage. "Average weekly wage," as used to establish the maximum weekly benefit amount for purposes of this subchapter, means 1/52 of aggregate total wages paid in the State for covered employment, as reported on employer contribution reports for the calendar year, divided by the arithmetic mean of midmonth weekly covered employment reported on employer contribution reports for the calendar year.
17	3. Commissioner. "Commissioner" means the Commissioner of Labor.
18 19	4. Contributions. "Contributions" means the payments made by an employee or self-employed individual to the fund, as required by this subchapter.
20	5. Covered individual. "Covered individual" means a person who:
21 22 23	A. Worked for 26 or more weeks for any employer during the 12-month period prior to submitting an application for family leave or medical leave or is a self-employed individual who elects coverage under this subchapter; and
24 25	B. Meets the administrative requirements outlined in this subchapter and any rules adopted pursuant to this subchapter and submits an application for leave.
26	6. Covered service member. "Covered service member" means:
27 28	A. A member of the United States Armed Forces, including the National Guard and the Reserves of the United States Armed Forces, who is:
29 30	(1) Undergoing medical treatment, recuperation or therapy or otherwise receiving outpatient treatment; or
31 32 33 34 35	(2) Otherwise on the United States Armed Forces' temporary disability retired list for a serious injury or illness that was incurred by the member in the line of duty in the United States Armed Forces or a serious injury or illness that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the United States Armed Forces; or

4 5	incurred by the member in the line of duty in the United States Armed Forces or a serious injury or illness that existed before the beginning of the member's active duty
6 7 8	and was aggravated by service in the line of duty on active duty in the United States Armed Forces and manifested before or after the member was discharged or released from service.
9	7. Department. "Department" means the Department of Labor.
10	8. Director. "Director" means the director of the fund.
11	9. Domestic partner. "Domestic partner" has the same meaning as in section 843, subsection 7.
13 14 15	10. Employee. "Employee" means a person who may be permitted, required or directed by an employer in consideration of direct or indirect gain or profit to engage in any employment but does not include an independent contractor.
16	11. Employer. "Employer" means:
17 18	A. Any person, sole proprietorship, partnership, corporation, association or other business entity that employs employees at one location in this State;
19 20	B. The State, including the executive, legislative and judicial branches, and a state department or agency;
21	C. A county, city, town or municipal agency; and
22	D. An agent of an employer, the State or a political subdivision of the State.
23	12. Employment. "Employment" means a service performed for wages.
24 25 26 27	13. Employment benefits. "Employment benefits" means all benefits provided or made available to employees by an employer, including, but not limited to, group life insurance, health insurance, disability insurance, sick leave, annual or vacation leave, educational benefits and pensions.
28 29	14. Family leave. "Family leave" means leave taken pursuant to section 850-B, subsection 1.
30 31 32	15. Family leave benefits. "Family leave benefits" means wage replacement paid pursuant to sections 850-B and 850-C to a covered individual while the covered individual is on family leave.
33 34	16. Family member. "Family member" means, with respect to a covered individual or spouse or domestic partner of a covered individual:
35 36	A. A child, including a child whose parentage has been determined under the Maine Parentage Act or any other biological child, adopted child, foster child or stepchild,

B. A former member of the United States Armed Forces, including the National Guard and the Reserves of the United States Armed Forces, who is undergoing

medical treatment, recuperation or therapy for a serious injury or illness that was

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or a child to whom the covered individual or spouse or domestic partner of the

- covered individual stands in loco parentis or a child the covered individual or spouse or domestic partner of the covered individual has under legal guardianship or any individual to whom the covered individual or spouse or domestic partner of the covered individual stood in any of these relationships when the individual was a minor child;
 - B. A parent, including a legal parent, biological parent, adoptive parent, foster parent, stepparent, de facto parent or legal guardian or a person who stood in loco parentis when the covered individual or spouse or domestic partner of the covered individual was a minor child;
 - C. A grandparent, including a legal grandparent, biological grandparent, adoptive grandparent, foster grandparent, stepgrandparent or de facto grandparent;
- D. A sibling, including a legal sibling, biological sibling, adoptive sibling, foster sibling, stepsibling or de facto sibling; and
 - E. A spouse or domestic partner of a covered individual.

- **17. Fund.** "Fund" means the Family and Medical Leave Insurance Fund established under section 850-E.
 - 18. Health care provider. "Health care provider" means an individual licensed to practice medicine, surgery, dentistry, chiropractic, podiatry, midwifery or osteopathy or any other individual determined by the department to be capable of providing health care services.
- **19. Medical leave.** "Medical leave" means leave taken pursuant to section 850-B, subsection 2.
 - 20. Medical leave benefits. "Medical leave benefits" means wage replacement paid pursuant to sections 850-B and 850-C to a covered individual while the covered individual is on medical leave.
 - **21. Program.** "Program" means the family and medical leave benefits program established in section 850-B.
 - 22. Qualifying exigency. "Qualifying exigency" means a need arising out of a covered individual's family member's active duty service or notice of an impending call or order to active duty in the United States Armed Forces, including, but not limited to, providing for the care or other needs of the military member's child or other family member, making financial or legal arrangements for the military member, attending counseling, attending military events or ceremonies, spending time with the military member during rest and recuperation leave or following return from deployment or making arrangements following the death of the military member.
 - 23. Self-employed individual. "Self-employed individual" means a sole proprietor, a member of a limited liability company or limited liability partnership or an individual whose net profit or loss from a business must be reported to the Department of Administrative and Financial Services, Bureau of Revenue Services and resides in the State.

1 2 3 4	24. Serious health condition. "Serious health condition" means an illness, injury, impairment, pregnancy, recovery from childbirth or physical, mental or psychological condition that involves inpatient care in a hospital, hospice or residential medical care center or continuing treatment by a health care provider.
5 6	25. Spouse. "Spouse" has the same meaning as in Title 18-C, section 1-201, subsection 54.
7 8 9	26. State average weekly wage. "State average weekly wage" means the average weekly wage as published by the department for the State as a whole for the 12 most recently reported months.
10 11	27. Wages. "Wages" means actual compensation paid to an employee for the performance of services.
12 13 14	28. Weekly benefit amount. "Weekly benefit amount" means the amount of wage replacement paid to a covered individual on a weekly basis while the covered individual is on family or medical leave as provided in section 850-C.
15	§850-B. Family and medical leave benefits program established
16 17	The family and medical leave benefits program is established effective October 1, 2020. The program is administered by the department.
18 19	1. Family leave eligibility. Family leave is available to a covered individual for any of the following reasons:
20 21 22 23	A. To bond with the covered individual's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care with the covered individual for a child born, adopted or placed on or after October 1, 2020;
24 25	B. If the covered individual is caring for a family member with a serious health condition;
26 27 28	C. Because of any qualifying exigency arising out of the fact that a family member of the covered individual is on active duty or has been notified of an impending call or order to active duty in the United States Armed Forces;
29 30	D. In order to care for a family member of the covered individual who is a covered service member; or
31	E. Any other reason set forth in section 843, subsection 4.
32 33 34	2. Medical leave. Medical leave is available to a covered individual with a serious health condition that makes the covered individual unable to perform the job functions for the position held by that covered individual.
35	3. Leave requirements. The following requirements must be met.
36	A. A covered individual is not eligible for more than 12 weeks of family leave in an

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application year, except that a covered individual taking family leave in order to care

for a covered service member is eligible for up to 20 weeks of family leave in an application year.

- B. A covered individual is not eligible for medical leave for more than 20 weeks in an application year.
 - C. A covered individual may not take more than 20 weeks, in the aggregate, of family leave and medical leave under this subchapter in the same application year.

This subsection does not prevent a covered individual from taking medical leave during pregnancy or recovery from childbirth if supported by documentation from a health care provider that is immediately followed by family leave, in which case the 5-day waiting period for family leave under section 850-C, subsection 1 is not required.

- 4. Intermittent leave requirements. Leave permitted by this section may not be taken by an employee intermittently or on a reduced leave schedule unless the employee and the employer agree otherwise. An employee may take leave intermittently or on a reduced leave schedule when medically necessary if the employee is caring for a covered service member under subsection 1, paragraph D, has a serious health condition under subsection 2 or is caring for a family member with a serious health condition under subsection 1, paragraph B. The taking of leave intermittently or on a reduced leave schedule pursuant to this subsection may not result in a reduction in the total amount of leave to which the covered individual is entitled under this subchapter.
- 5. Weekly benefit. While on family leave or medical leave pursuant to this subchapter, a covered individual receives a weekly benefit amount as provided in section 850-C.
- 6. Restoration to previous position. An employee who has taken family leave or medical leave must be restored to the position the employee held when the leave commenced or to an equivalent position, with the same status, pay, employment benefits, length of service credit and seniority. An employee is not entitled to restoration under this subsection if the employee cannot be restored to the same position or an equivalent position because of conditions unrelated to the employee's exercise of rights under this subchapter.
- 7. Right to benefits; accrual. The taking of family leave or medical leave may not affect an employee's right to accrue vacation time, sick time, bonuses, advancement, seniority, length of service credit or other employment benefits, plans or programs. During the duration of an employee's family or medical leave, the employer shall continue to provide for and contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of leave.
- **8.** Treatment of self-employed individuals. Subsections 6 and 7 do not apply to a self-employed individual taking family leave or medical leave under this subchapter or to a person who was a former employee when that person began taking family or medical leave under this subchapter.
 - **9.** Collective bargaining. This subchapter does not:

- A. Obviate an employer's obligations to comply with any employer policy, law or collective bargaining agreement that provides for greater or additional rights to leave than those provided by this subchapter;
 - B. In any way curtail the rights, privileges or remedies of any employee under any collective bargaining agreement or employment contract; or
 - C. Allow an employer to compel an employee to exhaust rights to any sick, vacation or personal time prior to or while taking leave under this subchapter.
 - 10. Concurrent with leave under state and federal law. Leave taken under this subchapter runs concurrently with leave taken under the federal Family and Medical Leave Act of 1993, 29 United States Code, Section 2611, et seq., and under subchapter 6-A. Employees may take leave under this subchapter while ineligible for leave under the Family and Medical Leave Act of 1993 in the same application year.
 - 11. Election of coverage by self-employed individual. A self-employed individual may elect coverage under this subchapter and become a covered individual for an initial period of not less than 3 years by filing a notice of election in writing with the department and making contributions as required in section 850-E, subsection 6 to the fund. A self-employed individual who elects coverage under this subsection is not eligible for benefits until that individual has made the required contributions for at least 2 calendar quarters of the individual's last 4 completed calendar quarters. The election becomes effective on the date of filing of the notice. The department shall establish a process by which self-employed individuals elect coverage under this subchapter.

§850-C. Payment of benefits

- 1. Waiting period. No family leave or medical leave benefits are payable during the first 5 calendar days of the leave, except that an employee may use accrued sick or vacation pay or other paid leave provided under a collective bargaining agreement or employer policy during the first 5 calendar days of the leave.
- 2. Payment for waiting period. If a covered individual uses 10 or more days of family leave or medical leave benefits in an application year, the covered individual must be paid for the waiting period described in subsection 1. The department may impose a waiting period on a covered individual only once every application year.
- 3. Determination of weekly benefit amount. The weekly benefit amount for employees and self-employed individuals on family leave or medical leave is determined as follows:
 - A. The portion of an employee's or self-employed individual's average weekly wage that is equal to or less than 50% of the state average weekly wage must be replaced at a rate of 90%; and
- B. The portion of an employee's or self-employed individual's average weekly wage that is more than 50% of the state average weekly wage must be replaced at a rate of 67%.

- 4. Maximum benefit amount adjustment. The maximum weekly benefit amount calculated under subsection 3 is 100% of the state average weekly wage. By October 1, 2021 and annually thereafter, the commissioner shall adjust the maximum weekly benefit amount as necessary, and the adjusted maximum weekly benefit amount takes effect on January 1st of the year following the adjustment.
 - 5. Prorated benefit. If a covered individual takes family leave or medical leave on an intermittent or reduced leave schedule, the weekly benefit amount must be prorated as determined by the department.
 - 6. Reduction of benefit. The weekly benefit amount must be reduced by the amount of wages or wage replacement that a covered individual receives for that period under any of the following while on family leave or medical leave:
 - A. A government program or law, including, but not limited to, workers' compensation under Title 39-A, other than for permanent partial disability incurred prior to the family leave or medical leave claim, or under other state or federal temporary or permanent disability benefits law; or
 - B. A permanent disability policy or program of an employer.
 - 7. Temporary disability or employer paid leave benefit. The weekly benefit amount may not be reduced by the amount of wage replacement that an employee receives while on family leave or medical leave under the following conditions:
 - A. A temporary disability policy or program of an employer; or
- B. A paid family leave or medical leave policy of an employer.

§850-D. Filing for benefits

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- 1. Claim. A covered individual shall file a benefit claim pursuant to any rules adopted by the department. If a claim is filed more than 90 calendar days after the start of leave, the covered individual may receive reduced benefits. All claims must include a certification submitted in accordance with this section supporting a request for leave under this subchapter. The department shall establish good-cause exemptions from the certification requirement deadline in the event that a serious health condition of the covered individual prevents the covered individual from providing the required certification within the 90 calendar days.
- 2. Certification for medical leave of covered individual. The certification for a covered individual taking medical leave is sufficient if it states the date on which the serious health condition commenced, the probable duration of the condition and the appropriate medical facts within the knowledge of the health care provider as required by the department.
- 3. Certification for family leave; serious health condition of family member. The certification for a covered individual taking family leave because of a serious health condition of a family member is sufficient if it states the date on which the serious health condition commenced, the probable duration of the condition, the appropriate medical facts within the knowledge of the health care provider as required by the department, a

statement that the covered individual is needed to care for the family member and an estimate of the amount of time that the covered individual is needed to care for the family member.

- 4. Certification for family leave; birth of child. The certification for a covered individual taking family leave because of the birth of a child of the covered individual is sufficient if the covered individual provides either the birth certificate or a document issued by the health care provider of the child or of the person who gave birth stating the child's birth date.
- 5. Certification for family leave; adoption or foster care. The certification for a covered individual taking family leave because of the placement of a child with the covered individual for adoption or foster care is sufficient if the covered individual provides a document that confirms the placement and date of placement issued by the health care provider of the child, by an adoption or foster care agency involved in the placement or by other persons as determined by the department. If the status of a covered individual as an adoptive or foster parent changes while an application for benefits is pending or while the covered individual is receiving benefits, the covered individual shall notify the department of the change in writing. The Department of Health and Human Services may confirm in writing the status of the covered individual as an adoptive or foster parent while an application for benefits is pending or while a covered individual is receiving benefits.
- 6. Certification for family leave; qualifying exigency. The certification for a covered individual taking family leave because of a qualifying exigency is sufficient if it includes a copy of the family member's active duty orders, other documentation issued by the United States Armed Forces or other documentation permitted by the department.
- 7. Certification for family leave; covered service member. The certification for a covered individual taking family leave to care for a family member who is a covered service member is sufficient if it includes:
 - A. The date on which the serious health condition commenced;
- B. The probable duration of the serious health condition;
 - C. The appropriate medical facts within the knowledge of the covered service member's health care provider as required by the department;
- D. A statement that the covered individual is needed to care for the family member;
- E. An estimate of the amount of time that the covered individual is needed to care for the family member; and
 - F. An attestation by the covered individual that the serious health condition is connected to the covered service member's military service as required by this subchapter.
 - 8. Certification for leave for other reason. The certification for a covered individual taking family leave based on a reason set forth in section 843, subsection 4 is sufficient if it states the reason for the leave, the probable duration of the amount of time needed for leave and any other documentation required by the department.

- 9. Confidentiality. Any medical or health information required under this section must be treated as confidential and may not be disclosed except with permission from the covered individual who provided it unless disclosure is otherwise required by law. Nothing in this section may be construed to require a covered individual to provide as certification any information from a health care provider that would be in violation of Section 1177 of the federal Social Security Act, 42 United States Code, Section 1320d-6.
- 10. Ineligibility. A covered individual is not eligible to receive family leave or medical leave benefits if the department finds, through a process established by rule, that the covered individual, for the purpose of obtaining these benefits, has willfully made a false statement or misrepresentation regarding a material fact or has willfully withheld a material fact concerning the facts required to be certified pursuant to this section. The department shall establish a process by rule for the determination of eligibility under this section, including a grievance process for a covered individual determined to be ineligible.

§850-E. Family and Medical Leave Insurance Fund

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- 1. Fund established. The Family and Medical Leave Insurance Fund is established to carry out the purposes of this subchapter. The fund is administered by the Treasurer of State. Any sums received under this section are not considered revenue of the State, but must be held in trust for the exclusive benefit of covered individuals eligible for benefits under this subchapter and for the administration of this subchapter by the department. Funds may not be expended, released, appropriated or otherwise disposed of for any other purpose and must be expended by the director as required by this subchapter to pay family leave and medical leave benefits to covered individuals eligible to receive benefits and to pay the administrative costs of the department.
 - **2. Deposits in fund.** The fund consists of:
 - A. Contributions collected pursuant to subsection 6 together with any interest earned thereon;
 - B. Property or securities acquired through the use of money belonging to the fund together with any earnings of such property or securities;
 - C. Fines and penalties collected under this subchapter; and
- D. Any other money received from any source, including grants, gifts, bequests or money specifically designated to be credited to the fund.
 - 3. Annualized amount. The fund must maintain an annualized amount of not less than 140% of the previous fiscal year's expenditures for benefits paid and for the administration of the program by the department.
 - **4.** Administrative costs. The costs of administering the program by the department may not exceed 5% of the amount deposited under subsection 2 for each fiscal year following the initial year benefits are paid. Money may not be commingled with other state funds and must be maintained in a separate account.

- 5. Payment of benefits. The director shall expend money from the fund to provide weekly benefits under section 850-C. Family leave and medical leave benefits must be paid from the fund to covered individuals eligible for benefits. An employer's bankruptcy or noncompliance with this subchapter does not interfere with an employee's ability to collect family and medical leave benefits under this subchapter. Family or medical leave benefits paid from the fund to such an employee may be recovered through bankruptcy proceedings or from the noncomplying employer. The director shall institute administrative and legal action to recover family and medical leave benefits paid through the fund.
 - 6. Contributions. To accumulate funds for the payment of family leave and medical leave benefits and administrative costs, payroll contributions must be paid by employees in an amount determined by 0.55% of wages except that wages below \$12,000 in a 12-month period are not subject to the contribution required by this subsection. In no case may payroll contributions exceed 0.55% of wages in any 12-month period. The department is responsible for evaluating and determining on an annual basis the amount of payroll contributions and maximum employee contribution necessary to finance the program. This subsection does not prohibit an employer from making a contribution on behalf of an employee through a collective bargaining agreement or as part of an employer's employment benefits.
- 7. Report. Annually, by October 1st, the director shall publish a report providing the following information concerning the program for the previous fiscal year:
- A. The total eligible claims;

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- B. The percentage of such claims attributable to medical leave;
- 24 <u>C. The percentage of such claims attributable to family leave for the serious health</u> 25 <u>condition of a family member;</u>
- D. The percentage of such claims attributable to family leave other than for the birth, adoption or fostering of a child;
- E. The percentage of such claims attributable to family leave for the birth, adoption or fostering of a child;
- F. The percentage of such claims attributable to family leave for a qualifying exigency;
- 32 <u>G. The percentage of such claims attributable to family leave for a covered service</u> 33 member;
- H. The claimant demographics by age, gender identification, average weekly wage, occupation and the type of leave taken;
- I. The percentage of claims denied and the reasons for the denials;
- J. The average weekly benefit amount paid for all claims and by category of leave; and
- 39 K. Any changes in gross benefits paid compared to previous fiscal years.

§850-F. Notice

- 1. Posted notice. An employer shall post in a conspicuous place on each of its premises a workplace notice provided or approved by the department providing notice of benefits available under this subchapter. The department shall issue the workplace notice in English, Spanish, French, Somali, Portuguese and any other language that is the primary language of at least 2,000 residents of the State. The employer shall post the workplace notice in English and each language other than English that is the primary language of 3 or more employees of that workplace, if such notice is available from the department.
- 2. Written notice. An employer shall issue to each employee not more than 30 days from the beginning date of the employee's employment the following written information provided or approved by the department in the employee's primary language:
 - A. An explanation of the availability of family leave and medical leave benefits provided under this subchapter, including rights to reinstatement and continuation of health insurance;
 - B. The employee's contribution amount and obligations under this subchapter;
- C. The name and mailing address of the employer;
- D. The identification number assigned to the employer by the department;
- E. Instructions on how to file a claim for family leave or medical leave benefits;
 - F. The mailing address, e-mail address and telephone number of the department; and
- G. Any other information deemed necessary by the department.
- The employee shall provide written acknowledgment of receipt of information or sign a statement indicating the employee's refusal to sign the acknowledgement.
 - 3. Failure to comply. An employer that fails to comply with this section must be assessed, for a first violation, a civil penalty of \$50 per employee and \$150 per employee for each subsequent violation. The employer has the burden of demonstrating compliance with this section.
 - 4. Notice to employer. An employee shall give at least 30 days' notice to the employer of the anticipated starting date of leave, the anticipated length of leave and the expected date of return or shall provide notice as soon as practicable if the delay is due to exigent circumstances or for reasons beyond the employee's control. If an employer fails to provide notice as required under this section, the employee's obligation to provide notice under this subsection is waived.

§850-G. Prohibited practices

1. Retaliation prohibited. It is unlawful for an employer to retaliate by discharging, firing, suspending, expelling or disciplining, through the application of attendance policies or otherwise, or threatening or in any manner discriminating against an employee for exercising any right to which the employee is entitled under this subchapter or with

- the purpose of interfering with the exercise of any right to which the employee is entitled under this chapter.
 - 2. Change in status. An employer may not make any negative change in the seniority, status, employment benefits, pay or other terms or conditions of employment of an employee who applies and qualifies for family leave or medical leave benefits under this subchapter.
 - 3. Enforcement; violation. The department shall take enforcement action against an employer for a violation of this section.

§850-H. Appeals

- 1. Process for appeals. The director shall establish a system for appeals in the case of a denial of family leave or medical leave benefits. In establishing the system, the director may use any procedures or appeals mechanisms established under chapter 13.
- 2. Judicial review. Judicial review of any decision with respect to family leave or medical leave benefits must be permitted in a court of competent jurisdiction after a party aggrieved by the decision has exhausted all administrative remedies established by the director.
- 3. Information related to appeals; confidentiality. The director shall implement procedures to ensure confidentiality, to the maximum extent permitted by applicable laws, of all information related to any claims filed or appeals taken under this subchapter.

§850-I. Disqualification of covered individual

- 1. False statement; misrepresentation. A covered individual is disqualified from family leave and medical leave benefits for one year if the individual is determined by the director to have willfully made a false statement or misrepresentation regarding a material fact, or willfully failed to report a material fact, to obtain benefits under this subchapter.
 - 2. Erroneous payment. If family leave or medical leave benefits are paid erroneously or as the result of willful misrepresentation or a claim for family or medical leave benefits is rejected after benefits are paid, the department may seek repayment of benefits from the recipient. The director shall exercise discretion to waive, in whole or in part, the amount of any such payments if the recovery would be against equity and good conscience.

§850-J. Tax treatment

- 1. Federal tax. If the federal Internal Revenue Service determines that family leave or medical leave benefits under this subchapter are subject to federal income tax, the department must advise an individual filing a new claim for family or medical leave benefits, at the time the individual files the claim, that:
- A. The federal Internal Revenue Service has determined that benefits are subject to federal income tax;
 - B. Requirements exist pertaining to estimated tax payments;

1 2 3	C. The individual may elect to have federal income tax deducted and withheld from the individual's payment of benefits in the amount specified in the United States Internal Revenue Code of 1986; and
4	D. The individual is permitted to change a previously elected withholding status.
5 6 7 8 9	2. Withholding of federal income tax payments. If an individual elects to have federal income tax payments withheld from the individual's family leave or medical leave benefits payments, the department shall deduct and withhold the amount specified in the United States Internal Revenue Code of 1986 in a manner consistent with the requirements in Title 36. Amounts deducted and withheld from benefits must remain in the fund until transferred to the federal taxing authority as a payment of income tax.
11 12 13	3. Conformity to Internal Revenue Service procedures. The department shall follow all procedures specified by the federal Internal Revenue Service pertaining to the deducting and withholding of income tax. §850-K. Data collection and technology
15 16	The department shall use state data collection procedures and technology to the extent possible to integrate the program with existing state policies.
17	§850-L. Implementation
18 19	Contributions begin January 1, 2021 to provide funds for the fund. The department shall begin processing claims beginning January 1, 2022.
20 21 22 23	The department shall establish reasonable procedures and forms for filing claims for benefits under this subchapter and shall specify what supporting documentation is necessary to support a claim for benefits, including documentation required from a health care provider for proof of a serious health condition.
24	§850-M. Rulemaking
25 26 27	The department may adopt rules as necessary to implement this subchapter. Rules adopted pursuant to this subchapter are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
28	§850-N. Effect of existing employer benefits for family and medical leave
29 30 31 32	This subchapter may not be construed to prohibit an employee entitled to receive benefits for family or medical leave under a collective bargaining agreement or employer policy from also receiving benefits under this subchapter as long as the employee is otherwise eligible for benefits under this subchapter.
33	SUMMARY
34 35 36	This bill establishes a paid family and medical leave benefits program administered by the Department of Labor. The program provides up to 12 weeks of family leave and up to 20 weeks of medical leave to eligible covered individuals. No more than 20 weeks

of family leave and medical leave in the aggregate may be taken in a 12-month period. An individual is eligible for leave under the program after working 26 weeks or more for any employer in the 12 months prior to submitting an application or if the individual is self-employed and has elected to be part of the program.

 The maximum weekly benefit amount is capped at 100% of the state average weekly wage. The weekly benefit amount is 90% of the portion of the covered individual's average weekly wage that is equal to or less than 50% of the state average weekly wage and 67% of the portion of the covered individual's average weekly wage that is more than 50% of the state average weekly wage.

Covered individuals are required to file claims for benefits in accordance with rules adopted by the department and to provide certification that they qualify for family leave or medical leave.

This bill establishes the Family and Medical Leave Insurance Fund to support the program. The funds for administrative costs and payment of benefits will come from payroll contributions by employees.

The bill requires payroll contributions to begin January 1, 2021, and benefits will be paid out beginning January 1, 2022.