

Take It or Leave It Podcast Episode 47: 2026 Paid Leave Legislative Trends and What They Mean for Employers

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Josh Seidman: Hi everyone, and welcome back to the 47th episode of Take It or Leave It, where we discuss the hottest topics in the world of workplace leaves, absence management, and accommodations. I'm your host, Josh Seidman. I am so, so thrilled to once again have Dillon Clair, the Director of State Advocacy and Litigation at the ERISA Industry Committee, or ERIC, back with me for the second part of our two-part episode on 2026 Leave Law Legislative Updates. On our last episode, Dillon and I dove into all the goings-on in the state of Virginia with its paid sick leave and paid family medical leave legislation. And today we are back at it for another round to dive into some additional states scattered around the country. Dillon, welcome back to Take It or Leave It for your fourth episode with us now in the history of this podcast.

Dillon Clair: Thanks so much, Josh. One step closer to that jacket. Definitely enjoyed talking about Virginia, but as much as folks hate to admit it, there are other states in the country also interested in paid leave, so looking forward.

Josh Seidman: Indeed, indeed— other states to talk about today. Can't wait for that. And I wasn't sure that we'd aligned on a jacket for a five-timers award, but I like where your head is at. It's good. We're both thinking about it, my friend. So we'll get to a good landing spot.

Dillon Clair: It's the placeholder jacket.

Josh Seidman: Wonderful, wonderful. We just have to figure out the color, maybe a cool pattern or something on it. So Dillon, as we've kind of previewed just in the last few seconds, we are going to be pivoting away from Virginia and all the happenings there. Anybody who might have missed our chat on Virginia can go back to episode 46. Plenty of great back and forth on Virginia paid family medical leave and paid sick leave. But today, we are going to turn our attention to other states in the country and their legislative leave activity, starting with paid family medical leave activity so far in 2026. I believe when you were teeing up things on our last episode, you mentioned at least a couple—Hawaii, Illinois, and Pennsylvania—as being noteworthy. So I want to dive into each of them. Dillon, tell us, what do we need to know about their paid family medical leave legislative activity and prospects so far in 2026 and heading into the rest of the year?

Dillon Clair: Yeah, I think Virginia has certainly swallowed a lot of the oxygen from the room this year. But if we go back to 2023 when Maine and Minnesota passed their laws and everybody was looking at what's next over the horizon, I think Virginia was right alongside Hawaii and New Mexico actually as the next states to pass. I think that calculus has shifted a little bit over the last couple of years. Virginia obviously has stayed front and center and is now across the finish line. But a couple of other states that have been building momentum and have been a big part of the conversation so far in 2026—and will continue through the summer and the rest of the year—are Hawaii, Illinois, and Pennsylvania, all traditionally blue states. You could maybe classify Pennsylvania as more purple these days, but states that have been at least talking about or pursuing some sort of a paid leave policy for some years now, and that have really shifted their focus over the last year or so.

Hawaii actually just wrapped up their session today, early May. And so unlike Illinois and Pennsylvania, who are going to be working through most of 2026, Hawaii did have a shorter runway to work with. There were two bills that Hawaii explored. One actually got a lot of

momentum—it was focused around unpaid extension of unpaid family leave in the state for qualifying exigencies for members of the military. That bill actually got through the Senate and pretty far through the House and sort of ran out of time at the end of session.

The other bill, HB 2360, is the one I really wanted to flag. This is the paid family medical leave insurance program bill that was worked on through 2026. It was pretty expansive—duration of leave, 12 weeks for family leave, up to 26 weeks for personal medical leave, no combined annual cap. It has a broad family member definition that had a designated person, à la California, and then also has no private substitution for equivalent employer benefit plans, and also no local preemption—maybe not as big of an issue in Hawaii as Texas or New York, but obviously you don't want a patchwork of state paid leave policies to end up in an intrastate patchwork of local policies as well. And so, definitely some issues with that legislation. Happy that the drawing board phase is still going on there, but Hawaii definitely a state that—they introduced 11 different paid leave bills this year. Not all of them got a lot of traction, but definitely a lot of activity that will be sure to return in 2026.

Illinois, on the other hand, definitely much more of a core blue state and maybe one of the ones that has taken its time over the years. It's maybe one that we would more traditionally see as adopting a policy like paid family medical leave. For a number of years, there was a lot of political capital focused on other employee benefits issues. A new Speaker of the House a few years ago kind of helped transfer some of the legislative focus back toward paid leave. And so a couple of bills over the last couple of years that Illinois has weighed in the paid family medical leave space. This year specifically, HB 3483 and SB 2413 were twin bills aimed at a paid family medical leave insurance program in the state. Again, pretty expansive on a few different points—up to 18 weeks for combined purposes. If we think of the national norm as around 12 to 14 weeks, that's definitely on the high end, but not quite as much as the 26 we've seen introduced here and there. It would also propose an additional nine weeks for medical conditions stemming from pregnancy and recovery from childbirth—a trend that we've seen introduced in a ton of different states. Even states with existing paid family medical leave insurance programs are starting to focus on those extenuating circumstances surrounding pregnancy and childbirth. And then also include the sort of catch-all open-ended family member definition. And so definitely not the worst or most onerous paid family medical leave legislation introduced, but definitely could use some improvement—definitely room to tweak and improve the legislation as a whole.

Illinois, like I said, works through a lot of the year. It famously has a Rule 19A legislative process whereby if a committee deadline or a crossover deadline isn't met, it's sort of sent to the graveyard of Rule 19A. Famously, at any point for pretty much any reason, the legislation can be taken out of the graveyard and brought back to the center of discussion. And so the Senate-side bill was Rule 19A'd back at the end of March. A committee deadline was then pulled back up and the committee deadline was set for April 24th. Then that deadline was extended for committee action to May 15th. On the House side, for HB 3483, it was Rule 19A'd at the end of March also. Since then, it had a co-sponsor added at the beginning of April, but aside from that, hasn't moved. So not a lot of immediate activity or focus in the committees over the last couple of months, but like I said, Illinois is definitely a slow-and-steady-wins-the-race legislative approach, and they will be plotting away on both of these bills through the rest of the year. I can't promise that by 2027 Illinois will be passing legislation, but I put Illinois definitely on a—maybe for choice of words, not fast track, but like I said, a tortoise-style track toward paid family medical leave in the state there.

Josh Seidman: Yeah, a tortoise-styled high priority list, you know, that's where I'm focusing. Yeah, yeah. Great stuff. No, and you'd mentioned, I think, one other one—was it Pennsylvania was the third one you mentioned?

Dillon Clair: That's right, that's right. And Pennsylvania may be a little different political makeup than Hawaii and Illinois and some other states that have explored paid family medical leave. Pennsylvania is interesting in that it's only more recently over the last couple of years that they've introduced serious paid family medical leave insurance program legislation. Going back to last year, there was a lot of discussion, especially on the Republican-controlled Senate side in Pennsylvania, that there's obviously momentum, there's national interest and state interest in paid family medical leave, but that they definitely were not going to fly through and rubber-stamp some expansive program without debate and without serious work on the bill.

And so last year in 2025, legislation was introduced, HB 200, that was essentially introduced as a wish list for paid leave proponents. It was up to 20 weeks of paid leave benefits, a very expansive catch-all family member definition, and also did include a waiver process for equivalent private plans—an explicit 12-point list, actually quite similar to Virginia's enumerated list of protections that a private plan needed to provide in order to get this self-insured substitution waiver. That being said, still very expansive on a few different fronts. Democrat-controlled House in Pennsylvania has continued to advance the bill. It actually got quite a bit of momentum through March of this year. So ultimately, the bill was passed by the House on March 25th, but not before some pretty substantial amendments. They actually gutted the entire bill and rewrote it. So it was an entire amendment—a total wipe-and-replace amendment.

That being said, a lot of the same standards were carried over. There were some large restrictions or belt-tying down from 20 weeks of leave benefits down to 12, which is, like I had mentioned, much more aligned with the majority of states. Like I said, there were some changes, some important changes that we were hoping for that were not made. Still includes a more expansive catch-all family member definition. I will say that the specific language of the catch-all phrase actually much more closely follows what Governor Spanberger just proposed—there's an expectation of care, not simply somebody who resides in the home. So a small tweak in potential improvement there, but still that sort of catch-all phrase that we try to avoid. Also a lot less focus on the private program substitution process, and I don't think there's any statewide preemption included.

And so definitely, I think there was some pushback on the House side. How are we going to be pushing for 20 weeks? How are we going to get bipartisan support on this, especially when it heads over to the Senate? So I think that these broad amendments were an attempt to get there. But at the end of the day, there are still some issues that are going to cause that friction. And so that really takes us to where the bill is today over on the Senate side. If you go to the end of last year, there were many statements and assurances and opinions shared by Senate Republicans that—they can push through whatever proponents' wish list they want; we're going to rubber-stamp it; we're going to take it seriously. And the sentiment from some Senate Republican staffers is, "We don't see a paid family medical leave legislation moving through Pennsylvania in 2026." You know, that was months ago and before amended language. So there's still a lot to be done on the Senate side there. And, you know, ERIC is still working with a lot of our allies in the state to shape that discussion moving forward. But as it currently stands, HB 200 in Pennsylvania still has a lot of problems to address.

Josh Seidman: Great overviews, Dillon. So much happening in starts and stops and redos and amendments. Really fascinating stuff. Thank you for all the detail. I want to ask super quick

before we leave the paid family medical leave space—any other potential jurisdictions that we should be covering? I think you might have mentioned New Mexico earlier. I know another one we've been keeping an eye on for a few years now is in New Hampshire. Anything happening in either of those two places or anywhere else in the paid family leave world that you want to talk about?

Dillon Clair: Yeah, I'll take them in reverse order. I know New Hampshire has had buyer's remorse here and there with the Granite State Paid Leave program, their current policy there. There were attempts years and years ago for a joint program between New Hampshire and Vermont, also Oregon and Washington, if you go back far enough, that haven't really worked out, and so there's continued interest in some of these states—any of the states with current paid family medical leave programs or paid sick leave policies, for that matter, to update to say, "Hey, we used to be the best and brightest. Now we're in the middle of the pack. Maybe we should update, expand it." Definitely activity in states like New Hampshire saying, "Hey, maybe we should make this voluntary, or we should make this broader and apply to everybody." There's always constant laboratory sort of discussions in all of the different states there.

The other state you had mentioned, New Mexico, I think is still definitely very much on the rails on the path toward establishing paid family medical leave. I think there has been some political capital that is maybe not running dry, but some focus diverted over the last year or two. They had a very short session for 2026—I think it was like two months or less. And so definitely anticipate New Mexico coming back in 2027 with continued legislation there.

It's just hard to tell at the same time—the other trend is that a truly surprising number of red—I'll say red and purple, but really red—states have introduced legislation over the last year. Not just like a six-week to care for a new child specifically for state employees that a lot of red states do. They'll throw out very small incremental policies. But this year we've seen Iowa, Kansas, Kentucky, Nebraska, Alaska, not just introduce fully-fledged 12-week social insurance programs, but also advance it through committees, have actual hearings around the discussion. I'm not saying that we're going to wake up in 2027 or 2028 and have a dozen of those red states have enacted paid family medical leave, but that pendulum is definitely swinging. I know last year South Carolina passed a sort of Virginia-style guidelines for private paid family medical leave insurance products. And history has shown that that doesn't usually get taken up all that much by employers. But now Virginia has shown that when that take-up kind of underwhelms, then the next thing is a full insurance program push on the legislative side. So definitely that map is expanding. It's coming away from the coasts more toward the center of the country, and paid family medical leave is definitely continuing to build momentum.

Josh Seidman: Yeah, really helpful, Dillon, and fascinating about the inner workings—right, peeking behind the curtain a bit and looking at lifting up the rock and seeing what's crawling underneath. You can see not just that the bills are getting introduced, but the nature of the bills, the composition of them, and then the activity that you pointed out in some of those traditionally politically red states. Really interesting. So thank you for that overview. What about in the paid sick leave law space? Any notable developments there that have taken place in the last several months during this legislative cycle, or from late last year, or things that might make it across the finish line before this legislative session ends? Any thoughts on any of those topics?

Dillon Clair: Yeah, yeah, absolutely. I'll say the paid sick and safe leave space is maybe a little less exciting or entertaining. There's fewer levers. It's a more narrow duration of leave. Tends to be a more reserved benefit source. But that, as I mentioned earlier in the call, has changed a lot. Paid sick leave used to be just that—take a couple days or a week each year if you're sick. It

expands to also caring for a sick family member, which is typically more of a paid family medical leave use of leave. It's now expanded to safe leave surrounding crime or domestic violence, or includes in a lot of states now bereavement leave or school event leave. And so it really has kind of blossomed into a new discussion. Even general PTO in a couple of states now—that just, hey, use it for whatever time. I think there's a bit more of a dynamic discussion there. It's not just more or less, it's a lot of the times a different use. I think a big trend has been the expansion of those different uses for the leave.

Another large trend, fortunately, has been a realization that you can make it easier for employers to provide this leave, and then that actually makes it easier for employees to use it. Biggest example is front-loading, as I mentioned—why are we going through this calculation and balance process when employers are more than happy to just front-load it all on January 1st? So those are all good realizations and breakthroughs.

I think another trend I do want to mention—that in Missouri, probably the first state law I'm aware of, the first state that chose to actually roll back its paid sick and safe leave requirements. And so Missouri was actually a surprising early adopter of some paid sick and safe leave policy, and last year actually had it rolled back. And so through this year, we saw, I think, five or six different bills introduced in Missouri trying to reestablish paid sick and safe leave. And so it's just interesting to see this, not even a pendulum swing as much as a bungee cord back and forth there. We see the same thing in Minnesota, right? They passed paid family medical leave and paid sick and safe leave back in 2023. And for the last two or three years, we've seen dozens of different bills imposed, either trying to roll back the entire policy or pare down some of its requirements or standards. So that's nothing new, but I guess the trend is that that is trying to update old policies, create new ones.

I will say on that note that there is definitely a rising trend around political influence or political swings in the paid leave space. Again, another example of that is Minnesota—that, almost like Virginia, for years the Democratic House had pushed through and passed paid family medical leave insurance program year after year. Republican Senate kind of sat on it and killed it each year. And then, you know, an election takes place in 2022—there's a narrow margin swap in the Senate. And then all of a sudden, instead of a measured bipartisan bill, we get one of the most expansive in the country that flies through that we're still grappling with today. Virginia is another great example. There maybe is the measured compromise legislation that we like to see, but it takes one election, one governor's election, and now it's the law. I think the ballot initiatives of a couple of years ago—Missouri, Nebraska, and Alaska—they all, even a couple years ago, Colorado's paid family medical leave was established by ballot initiative. And so I think that's definitely still a new trend. We haven't seen any ballot initiatives this year, but definitely anticipate a return over the next couple years to those as well. And so a lot of the changing political landscapes in these states almost sounds like a cliché, but will definitely have a huge role in either defending against or enacting these paid leave policies in the near future.

Josh Seidman: Fascinating stuff. Thank you for that. Really important highlights, especially the big picture trends that we've been seeing and how there can be momentum, and the bungee cord example you gave for Missouri—I love that analogy as well. Thank you for all that information. So we've covered paid family medical leave and paid sick leave. What about other paid leave, leave of absence developments in the space? Any other activity during the current session that caught your attention?

Dillon Clair: Obviously a great question. As I mentioned, there's lots of buckets of leave that are constantly being explored and attached to paid sick and safe leave, paid family medical leave—

bereavement leave, school event leave are some of the biggest. I think with the rise of **understanding of what** paid sick and safe leave and what paid family medical leave are, a lot more states are willing to tag things on to those larger buckets, short-term and long-term of leave, instead of just continuing to create new sources from whole cloth—which at the end of the day is sort of a good thing as long as paid family medical leave and paid sick and safe leave are able to retain those identities that they've been known for.

I'll say that there are occasional bills introduced. I didn't mention it, but in Pennsylvania, there's actually a bill, SB 1257, that provides what it calls "small necessities leave." It's essentially like 24 hours of paid leave in a year to participate in school activities, to accompany a child to dental or medical appointments, accompany elder relative to dental or medical appointments. And so you can kind of see where that almost sits between paid sick leave and paid family medical leave. It's used for school events. It's care for elderly and young family members, but it's very narrow—it's 24 hours. And so in a state like Pennsylvania, without these established leave sources, it's almost like a bit of a stopgap to deal with some of those serious events. But at the end of the day, in a state like California or New Jersey, what have you, it would seem strange to prop up this new tiny little stopgap leave instead of adding 24 hours for those circumstances to existing leave. And so that's kind of the lay of the land there—that the two buckets of paid sick and safe leave and paid family medical leave kind of have a gravity of their own that are kind of attracting and swallowing other leave reasons.

Josh Seidman: Great, great answer, really good insights again, Dillon. One of the ones that comes to mind that's comparable to this topic is the expansion that we just saw for Colorado's Paid Family Medical Leave program, expanding the breadth of their covered reasons for use and qualifying absences to now include a NICU-related leave and need for a new parent. So that's, I think, just again, tagging along the points that you've highlighted in several responses now of the scope of what is considered paid sick and safe leave or paid family medical leave being broader than the names of a lot of those programs suggest.

Dillon Clair: No, absolutely. I think we had touched on NICU and specific pregnancy and childbirth-related leaves. That's definitely another trend it is in the paid family medical leave, new child parental leave area. But like I mentioned in Illinois, there are a lot of states saying that if serious medical issues arise, that shouldn't eat into this base time. It's extenuating circumstances and there should be extenuating leave. In Illinois, it's a suggested additional up to 9 weeks. So, I mean, that's definitely a level of focus that states are definitely turning to for sure.

Josh Seidman: Yeah, absolutely. I've got just a couple of questions left for you. One of them is one that we've asked you before, sort of a repeat one, but since your responses in our last two episodes together floored me both times, I've gotta ask you again—how many state and local pieces of leave legislation, either paid or unpaid, would you say you and your colleagues at ERIC are tracking this session? This is including introduced bills, enacted bills that are not yet in effect, that are undergoing the regulatory process and developments, bills that have become law but might be getting amended. And related to that, have you noticed any trends related to paid leave in '26 as compared to '25 or 2024? Are things slowing down, speeding up, any new locations that we need to pay attention to? I know you've hit on some of that last point already, but just thoughts on all of that.

Dillon Clair: Yeah, absolutely. I'll answer in sort of reverse order. I'll say that compared to 2024, 2025, the big difference really is in volume. I think in years past, it's not crazy—there's always over 100 bills across states in the paid leave space, usually around 150. This year, there's a

pretty serious uptick. There's over 200 bills—I think actually around 250 bills specifically on paid family medical leave and paid sick leave. There are other smaller leaves, so maybe upwards of closer to 300 of total bills.

And so when bills start getting pre-filed at the end of November into December, the faucet really starts opening in January into what I like to call "fire hose season" through March, where every week there's new bills being introduced and bills being acted on and bills being advanced, but then still brand new ones still pouring in. And so it feels a lot, obviously, like drinking out of a fire hose. This fire hose season, I think, went through April. It wasn't really until the last week that the monthly updates went from 130 different bills acted on or advanced down to 30 or 40, which is normally what we'd see by the end of March.

So a lot of that stems from, as I mentioned earlier in the call, it's not just, "Oh, New Jersey wants to add bereavement leave and California wants to change its family member definition." It's Kentucky, Kansas, Nebraska, Alaska and New Hampshire, New Mexico, Virginia. It's a full court press on all fronts. It's old states trying to tweak and modernize their programs. It's states that have been on the goal line for years getting it across, and it's brand new states, you know, to keep the metaphor going, getting off the bench, suiting up, and going into the game for the first time. So definitely, you know, I think the highest activity in the paid leave space that I have seen since I've been following it for almost 10 years. And definitely a return to the upward trend after 2024 and 2025 kind of slowed down a little bit—that sort of eye of the storm couple of years between Minnesota, Maine, Maryland, Delaware, all in a pretty quick run to now in Virginia.

And so along that line, there are definitely states that—New Mexico is a good example—that got to the goal line and are maybe, you know, back in the huddle, seeing where to advance next. And then there are states ready to push it over.

Josh Seidman: Wow. Wow. So many that just in the paid sick leave and paid family leave spaces—that number of upwards of 200, my eyes were pretty wide, my jaw was pretty dropped. Keeps us practitioners in the game, in business, I suppose. So thank you for staying on top of all of it. Very appreciate all of the work that you and your colleagues do, and anyone who's out there keeping their ear to the ground on changes. Really fascinating, and we're excited to hear what happens in the next several months of the year as we head toward the second half of the year and into 2027. Lots of these trends that we've been talking about, waiting to see how they play out with just a little bit longer of a runway.

So I do have one final question for you, Dillon. One or two minutes on where things currently stand at the federal paid leave level. On the legislative front, is there anything happening with respect to the Interstate Paid Leave Action Network or IPLAN Act that was introduced, I believe, in the House a little over a year ago—I think it was in April of 2025, if I'm remembering right—and any other federal paid leave topics that are making it onto your radar in terms of other bills or formal or informal hearings or meetings, plans for 2027, and so forth?

Dillon Clair: Yeah, absolutely, Josh. Great question. Obviously, so much of the state patchwork discussion draws so much attention. A lot of ERIC's efforts are aimed at trying to uphold some uniformity between these different state programs, that multi-state employers are able to continue providing premium paid leave benefits to their workers across the country, and in states that have taken action to establish more universal paid leave benefits, that those employer benefits aren't sort of thrown aside—the baby's not thrown out with the bath water, if you will—that ultimately reduces the benefits available to those employees.

And so I think where that state patchwork conversation sort of gets lost is the context that all of these states are active in the paid leave space because there is not a federal policy. And for years and years, the approach was, "Okay, well then let's pursue the FAMILY Act," essentially a federal paid version of the FMLA or a federal nationwide version of some of these state paid family medical leave insurance programs. And the reality is that adding an extra layer of federal benefits to the patchwork of state benefits without addressing that state patchwork could have some seriously dire consequences for employers and employees across the country.

And so that's really where the IPLAN comes in. This is a bipartisan policy approach that is aimed at fostering and incentivizing these state programs to come together, not forcing any of them out, not shutting them down or bringing the boot down on them, but understanding that a lot of these states have had these programs in place for decades or years, and that they're, to an extent, quite proud of what they've been able to accomplish. And so short of wiping the slate clean and replacing it with some sort of a federal program, the IPLAN is really aimed at getting these different state programs and administrators together, having them have conversations on why this definition of family member or that catch-all phrase was included, why this number of weeks was used, and really get these conversations moving toward a place where sort of standardized uniform standards and markers could be agreed on.

And so a lot of it would involve federal grants helping convene and foster these conversations. There are also further rounds of grants aimed at sort of bringing harmonization to some of these state programs, so that an employee working in one state that moves to another doesn't experience a tide change in the paid leave benefits that are available to them.

So as you mentioned, IPLAN was introduced a little over a year ago, and we've been really pleased by the progress and the momentum it continues to build. It actually was just heard by the U.S. House of Representatives Committee on Education and Workforce, Subcommittee on Workforce Protections, on February 24th. ERIC and a lot of our allies and a lot of like-minded groups that are supportive of this style harmonization effort were able to weigh in and kind of underscore the importance of this sort of harmonization approach. You can't always just work from the top down, dust your hands off and call it a day. A lot of the times, the legacy of these state programs needs to be addressed, and the IPLAN really is the means to do that.

Josh Seidman: Dillon, thank you for that. It's exactly a wonderful perspective to share and what we've been hearing out of the various federal agencies and folks who we've spoken with who keep tabs on the goings-on at the federal level in this space. There needs to be some reconciliation with the existing patchwork, not just another layering on top of it that makes the patchwork even more complicated. So thank you for sharing all of that—your insights, both that last question at the federal level, but also the whole state and local tracking process. Really fascinating, insightful, informative. Thank you very much for taking the time with us today to share all of your knowledge in this area.

Dillon Clair: Absolutely, Josh, my pleasure, always a treat to join and nerd out about some paid leave stuff. It's been a quiet couple of years in the state paid leave space, but obviously things are heating back up, so looking forward.

Josh Seidman: Yes, of course, Dillon, thank you so much. Your insights are always welcome on the podcast. We've got that fifth episode looming, so it's going to be top of mind for me. I'm excited to have you back when the moment makes sense for the two of us. It is great to have you on the podcast as always. And thank you to our listeners for tuning in for today's episode. We will see you next time.