



Testimony

Of the

New York City Department of Health and Mental Hygiene

Before the

**New York City Council
Committee of the Women and Gender Equity**

on

Implementation of paid family leave and prenatal leave in New York City

**September 17, 2025
250 Broadway
New York City**

Thank you for the opportunity to provide testimony on the importance of prenatal and paid family leave, that are both essential in addressing maternal morbidity and advancing maternal health.

Maternal Health has been and remains a key priority of the NYC Health Department. This is a critical issue since we know that New York City mirrors the U.S. in its racial inequities in infant death, maternal death, and in life-threatening complications related to childbirth.

However, as New York City faces alarming maternal health inequities, particularly among Black and Latina women, the Department leads a range of programming to reduce inequities in outcomes and inequitable access to health care and social services.

A few key programs which are critical to achieving these goals include:

- The **New Family Home Visits Initiative (NFVI)**, which provides citywide access to high quality home visiting services for new families with a focus on maternal mental health, chronic disease and early childhood development through 3 programs—Nurse Family Partnership, Newborn home visiting, and the Citywide Doula Initiative.
- The **Nurse-Family Partnership** connects first-time expectant parents with trained nurses to promote healthy pregnancy outcomes, child development, economic self-sufficiency and independence.
- The **Newborn Home Visiting Program** provides educational home visits conducted by community health workers to address health needs, safe homes, and safe sleep support, and connects families to social services that are essential to the well-being of parents, children, and families.
- With the support of City Council, our **Citywide Doula Initiative** provides 1) doula support during pregnancy, childbirth, and postpartum for families in TRIE neighborhoods, 2) workforce development training of community members to become doulas, and 3) support for hospitals in becoming more doula-friendly.

Most of the programs mentioned offer prenatal visits for expectant mothers to ensure they are supported with resources, education and health care accessibility to have a delivery and postpartum experience.

Quality prenatal care is the foundation of healthy pregnancies and positive birth outcomes. Regular prenatal visits allow healthcare providers to:

- Identify and manage high-risk conditions
- Provide essential screenings
- Offer preventive interventions
- Establish care coordination

- Provide mental health support

Expectant mothers that may have to choose between work and attending a prenatal appointment can adversely affect their pregnancy.

Additionally, paid family leave gives women and people who can become pregnant time to recover physically and emotionally from childbirth, reducing the likelihood of complications that can arise in the weeks and months following delivery and allows for partners to support their family during prenatal and postpartum. According to the Pew Research Center and World Population Review, the U.S. is the only country among 41 developed nations that does not mandate any paid leave for new parents, with zero weeks of minimum required paid maternity leave. The United States is the only developed nation with no guaranteed paid maternity leave, a gap that puts maternal and child health at risk and highlights the urgent need for action.

Beyond individual recovery, paid family leave ensures infants receive early, consistent care and time to bond helping to prevent long-term developmental challenges and reducing infant mortality. From a public health perspective, these policies function as evidence-based interventions that directly reduce maternal morbidity, close health equity gaps, and strengthen the resilience of families and communities.

The NYC Health Department appreciates the Council's attention on prenatal and paid family leave.

Turning to the legislation, the NYC Health Department supports the pre-considered bill, [T2025-4108](#) that requires an education campaign for the public and for non-obstetric healthcare providers on healthy living during and after pregnancy and managing chronic diseases during and after pregnancy.

The Department already has created several public materials around the enumerated topics required in the bill (e.g., [Maternal Health Action Kit - NYC Health](#); [Your Health Before, During and After Pregnancy](#); [Breastfeeding - NYC Health](#); [New York City Resource Guide to Health Before, During and After Pregnancy](#); [support-your-whole-self-while-pregnant-poster.pdf](#)).

We are happy to discuss our existing materials that address your concerns and we look forward to discussing this bill further.

**New York City Council
Committee on Women and Gender Equity**

**Testimony by:
Daniel Pollak, First Deputy Commissioner,
Mayor's Office of Labor Relations (OLR)**

**Oversight Hearing – Implementation of paid family leave and
prenatal leave in New York City**

September 17, 2025

Good morning, Chair Louis, and members of the Committee on Women and Gender Equity. I am Daniel Pollak, First Deputy Commissioner at the Office of Labor Relations. I am joined by Elizabeth Wagoner, Deputy Commissioner for the Office of Labor Policy & Standards at DCWP, and Ali Rasoulinejad, Assistant Commissioner for Strategic Planning and Services at DCAS Human Capital. Thank you for this opportunity to testify today on the paid family leave and parental leave benefits available to the City workforce.

As with any other leave benefits, paid parental and family leave is a term and condition of employment that must be bargained with unions representing City employees. The past decade has seen tremendous progress in providing parental and family leave benefits to City employees through the collective bargaining process, and through Mayoral action for non-represented employees. As these benefits have been bargained with various unions, some differences among employee populations have emerged. I would like to take this opportunity to summarize some of the different iterations of paid parental and/or family leave benefits that have been established for City employees.

Non-represented City employees were the first group to receive a paid parental leave benefit in 2015, when they became entitled to six weeks of fully paid parental leave. In February 2024, this was expanded to 12-weeks and these employees were also opted into the State Paid Family Leave program, which I will talk about in a moment.

The majority of the City's civilian employees are covered through the State's Paid Family Leave (PFL) benefit, which applies to City employees in titles represented by unions that have bargained to opt into the benefit. Funded through a small payroll deduction determined by the State, PFL provides up to 12 weeks of job-protected, paid time off to bond with either a newly born, adopted or foster child; or to care for a family member with a serious health condition. The benefit also applies when a family member is deployed in a foreign country on active military service.

Eligible employees taking PFL receive 67% of their average weekly wage (AWW) – up to for \$1,177.32/week in 2025 – for up to 12 weeks. The benefit may also be taken intermittently, for

up to 60 workdays. The premium deduction rates and average weekly wage levels are determined by the State each year.

Most civilian unions have chosen to opt into the State PFL program, making this benefit available to their members. As of today, approximately 130,000 City employees – roughly 40% of the City’s headcount, union and non-represented – are covered by the State PFL program. Of the City’s 150 collective bargaining units (CBUs), more than 90 units have opted into the program.

As to utilization, there have been 21,950 PFL claims since the program’s inception. According to our insurer MetLife, since January 2025 more than 2,800 PFL claims have been filed.

Other unions, particularly those representing teachers, school principals and administrators, have negotiated their own paid parental leave benefits. The United Federation of Teachers (UFT) negotiated 6 weeks of paid parental leave in 2018, and the Council of Supervisors and Administrators followed suit and negotiated 5 weeks of paid parental leave in 2020.

Additionally, the Uniformed Sanitationmen’s Association Local 831, representing Sanitation Workers, negotiated a paid parental leave benefit for its membership in the union’s last agreement, the first for a uniformed bargaining unit. A sanitation worker who is a non-birth parent—that is, the parent who did not physically give birth to a child—is eligible to receive five consecutive workdays of paid parental leave once per 12-month period for the birth, adoption, or fostering of a child aged six years or less.

Including these other programs, approximately 75% of the City workforce is covered by some form of paid family leave or paid parental leave—reflecting the tremendous progress that the City, in partnership with the unions, has made over the past decade.

We at OLR, along with our partners in DCAS and FISA-OPA, are proud of our progress in creating paid parental and family leave benefits for City employees through collaboration with City unions as part of the collective bargaining process, and we remain ready and willing to discuss these programs with any union in future collective bargaining. Thank you for your time, and I will be happy to address any questions you may have.



Testimony

of

**Priya Nair, Executive Director
NYC Commission on Gender Equity**

before the

**New York City Council
Committee on Women and Gender Equity**

on

Oversight – Implementation of paid family leave and prenatal leave in New York City

Wednesday, September 17, 2025

250 Broadway – Committee Room, 16th Floor



Introduction

Good morning, Chair Louis and members of the Committee on Women and Gender Equity.

I am Priya Nair, the new Executive Director for the New York City Commission on Gender Equity (CGE). I have been in the role since July and am honored to bring nearly a decade of experience advancing inclusive, mission-driven policy across New York State and City government. I am submitting the following testimony on behalf of CGE and welcome the opportunity to highlight the impact of the state's Paid Family Leave and Paid Prenatal Leave programs on caregivers in New York City, as well as CGE's role to study and advise on gender inequities.

Commission on Gender Equity

Established in 2015, CGE works to create deep and lasting institutional commitment to tearing down barriers across New York City. CGE applies an intersectional lens and human rights framework to advise on issues of inequity and discrimination facing women, girls, transgender, intersex, gender non-conforming, and non-binary New Yorkers regardless of ability, age, ethnicity and race, faith, gender expression, immigrant status, sexual orientation, and socioeconomic status. Through our focus on Economic Mobility and Opportunity, Health and Reproductive Justice, and Safety, CGE ensures the City leads in best practices in gender equitable policies and programs for its workforce and residents.

CGE sits within the NYC Mayor's Office of Equity & Racial Justice (MOERJ). In collaboration with five other innovative offices and commissions within MOERJ, we engage New York City's diverse communities and constituencies, working to advance the Adams administration's commitment to gender equity.

As part of his third State of the City address, Mayor Adams unveiled "Women Forward NYC: An Action Plan for Gender Equity," a more than \$43 million investment aimed at making New York City a national leader on gender equity. Supported through city dollars, private and public partnerships, and federal grant funding, the action plan addresses gender disparities by connecting women to professional development and higher-paying jobs; dismantling barriers to sexual, reproductive, and chronic health care; reducing gender-based violence against women; and providing holistic housing services, including for formerly incarcerated women and domestic and gender-based violence survivors. Building on the release of "Women Forward NYC," in 2024, the administration expanded paid parental and family leave for over 10,000 municipal workers. Most recently, the administration announced that in the first year of programming, all of the initial 43 commitments in the action plan were launched or completed, to serve over 300,000 New Yorkers. The work continues to expand and evolve for this living action plan to meet the needs of New York families.

Gender Equity and Paid Leave

Mothers shoulder the majority of care giving, including those who work full-time. The lifetime effects of lost income before and after each pregnancy widen the already too wide gender wage gap. By the time women reach retirement age, they typically receive about 20% less in Social Security retirement benefits than men, demonstrating one of the ways paid leave can ameliorate gender inequity.¹ For historically

¹ National Partnership for Women and Families. (2024, August). *Paid Leave Will Help Close the Gender Wage Gap*. Retrieved September 15, 2025, from <https://nationalpartnership.org/wp-content/uploads/2023/02/paid-leave-will-help-close-gender-wage-gap.pdf>.



disenfranchised groups like LGBTQIA+ people, women of color, and immigrants, lifetime earnings are even less compared to white women.² Meanwhile, when families have access to paternity leave, the benefits are far-ranging, including being more likely to divide household responsibilities equitably.³

Paid Family Leave

Passed in 2016 and enacted in 2018, New York State's Paid Family Leave (PFL) currently provides eligible workers with up to 12 weeks of job-protected, paid time off. This leave can be used to bond with a new child, to care for a family member with a serious health condition (now including a sibling), or to assist loved ones when a family member is deployed abroad on active military service. This leave can be taken all at once, or in increments of full days. Workers taking PFL receive 67% of their average weekly wage, up to a cap of 67% of the current New York State Average Weekly Wage (NYSAWW). For 2025, the NYSAWW is \$1,757.19, which means the maximum weekly benefit is \$1,177.32.⁴

New York State built this paid leave system on top of its already-existing disability insurance system. Nationwide, most states' paid leave programs provide benefits and collect payroll taxes through a government-run social insurance model, but New York's program uniquely uses a private insurance system. Here, individual insurance companies provide paid-leave benefits and collect premium payments, both of which the state sets.⁵ The New York State Workers' Compensation Board receives complaints about noncompliant employers but does not compile data on these complaints.⁶

New York State's Department of Financial Services (DFS) tracks how workers use PFL. DFS data show an increase in utilization in New York City from 37,375 workers in 2018, to 57,792 in 2023, the most recent year reported. This trend mirrors that of New York State as a whole. The majority of these workers were women (35,622 in 2023), however a substantial number of men also utilized PFL (21,141).⁷ In 2023, the New York State Department of Labor started an outreach campaign around paternity leave,⁸ as nationwide, men are about 25% more likely to be eligible for parental leave than women, but 25% less likely to use it. The main reason men provide is that they do not need to take leave if their partners are taking it.⁹

² Hegewisch, A., Peterson, M., & Chatterjee, M. (2025, September) Gender Wage Gap Worsens for Second Year in a Row. IWPR #C536. *Institute for Women's Policy Research*. Retrieved September 15, 2025, from <https://iwpr.org/wp-content/uploads/2025/09/National-Wage-Gap-Fact-Sheet-2025.pdf>.

³ Popper, N. (2020, April 17). Paternity Leave Has Long-Lasting Benefits. So Why Don't More American Men Take It? *The New York Times*. Retrieved September 15, 2025, from <https://www.nytimes.com/2020/04/17/parenting/paternity-leave.html#:~:text=Men%20Who%20Take%20Paternity%20Leave%20Are%20Less%20Likely%20to%20Get%20Divorced&text=Their%20research%20demonstrates%20that%20paternity,to%20relationships%20between%20the%20parents>.

⁴ New York State Department of Financial Services (2025). *New York Paid Family Leave Updates for 2025*. Retrieved September 15, 2025, from <https://paidfamilyleave.ny.gov/2025>.

⁵ Gately, M., Gitis, B., & Sprick, E. (2025, March). *New York Paid Family Leave: Lessons from a Unique Perspective*. Bipartisan Policy Center. Retrieved September 15, 2025, from https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/03/PFL-Issue-Brief_final-1.pdf

⁶ Workers' Compensation Board, personal telephone communication, September 12, 2025.

⁷ New York State Department of Financial Services (2025). *New York State Paid Family Leave Report*. Accessed September 15, 2025, from https://www.dfs.ny.gov/reports_and_publications/pfl.

⁸ New York State Department of Financial Services (2025). *New York State Paid Family Leave Report*. Accessed September 15, 2025, from https://www.dfs.ny.gov/reports_and_publications/pfl.

⁹ McKinsey&Company. (n.d.) *Unlocking the Full Potential of State Paid Family Leave*. *Moms First*. Retrieved September 15, 2025, from <https://momsfirst.us/paid-leave-report/>



According to DFS data, in 2023, 990 workers who used PFL had an X gender marker or did not specify their gender. While the State collects data on workers' race and ethnicity as well, typically over 40% of the data are missing race, and about another third show "other race."¹⁰

DFS data shows that PFL usage rates increase as workers' incomes rise. For example, in 2023, approximately 26% of New York City households earned \$35,000 or less.¹¹ However, during the same year, workers' who were paid less than \$36,549.60 (or 40% of the state average wage of \$91,374) made up only 15% of workers who used PFL in New York City.¹² This begins to point to the income replacement of only 67% being a barrier for workers, especially those with the lowest incomes: many who qualify for PFL likely are not using it because they can't survive on 67% of their wage.

In addition to the income replacement level, there are other barriers to utilization. One survey showed that, of respondents who were eligible for state paid family leave for bonding but did not use the benefit, roughly 60 percent didn't know it was available to them. Over two-thirds of those who were eligible but did not take leave, especially low-wage workers, cited fears of job losses or career setbacks, and believed that they could not afford to take leave.¹³

Overall, although the PFL policy could be improved, it has proven indispensable to workers and families across the city, marking a step forward toward gender equity.

Paid Prenatal Leave

On January 1, 2025, New York became the first state in the nation to offer Paid Prenatal Leave (PPL). PPL is time off work that workers can use for health care during their pregnancy or related to their pregnancy. Regardless of employer size or net income, all private, nonprofit, and household employers must provide a separate bank of 20 hours of PPL per 52-week period. PPL not only covers monitoring and testing, but other pregnancy-related care including fertility treatments and end of pregnancy care. It preserves expecting mothers' economic security and health at a critical time for both.

Regular and early prenatal care promotes healthy pregnancies by reducing complications and providing expecting mothers with the opportunity to ask questions, get resources, and be referred to other care. It also allows expecting mothers to become familiar with their health care team, a relationship that plays a crucial role later in pregnancy and during labor and delivery.

In New York City, according to the most recent data published by the New York State Department of Health, most expecting mothers (70%) receive prenatal care by the end of the third month of pregnancy, or within the 1st trimester. However, early prenatal care is not accessed equitably across the five boroughs. For example, 75% of expecting mothers in Manhattan, but only 58% of expecting mothers in

¹⁰ New York State Department of Financial Services (2025). *New York State Paid Family Leave Report*. Accessed September 15, 2025, from https://www.dfs.ny.gov/reports_and_publications/pfl.

¹¹ New York City Department of City Planning. (n.d.) Population Fact Finder. Accessed September 15, 2025, from <https://popfactfinder.planning.nyc.gov/explorer/selection/982500d4c9e972f91cb1597caf8403efda5cdc86?acsTopics=%2Cecon-incomeAndBenefits&source=acs-current>.

¹² New York State Department of Financial Services (2025). *New York State Paid Family Leave Report*. Accessed September 15, 2025, from https://www.dfs.ny.gov/reports_and_publications/pfl.

¹³ McKinsey&Company. (n.d.) Unlocking the Full Potential of State Paid Family Leave. *Moms First*. Retrieved September 15, 2025, from <https://momsfirst.us/paid-leave-report/>.



the Bronx, receive prenatal care in the 1st trimester.¹⁴ Barriers to prenatal care could include issues related to health insurance, child care, awareness of one’s pregnancy, availability of appointments, and several other factors, including awareness of the state’s PPL program.

New Yorkers can find information about the PPL program on New York State and New York City websites, including “FAQ” pages for employees and employers. Workers can also file a complaint regarding the state’s PPL program via both the NYC Department of Consumer and Worker Protection and the New York State Department of Labor.

While it is only in its first year of implementation, PPL provides an important benefit to pregnant workers, improving economic security and health for themselves and their families.

Conclusion

Between New York’s first-in-the-nation paid prenatal leave program and robust Paid Family Leave policy, New York is a leader in ensuring that families do not have to risk their economic security when caring for a loved one or getting crucial health care during pregnancy. However, there is more to do to ensure that all New York City workers know about these benefits and can equitably access them. CGE looks forward to continuing to work with City Council to further understand the ways these programs impact our communities to help ensure every New Yorker can access the care they need while continuing to provide for themselves and their families.

Thank you again to the Council for this opportunity to discuss these important State programs and their impact on gender equity for New Yorkers.

¹⁴ New York State Department of Health (2021). Table 12: Live Births by Month Prenatal Care Began and Resident County, New York State – 2022. Retrieved September 15, 2025 from https://www.health.ny.gov/statistics/vital_statistics/2022/table12.htm.

Testimony of A Better Balance
Submitted by:
Jesse Workman, Senior Staff Attorney
Marcella Kocolatos, Managing Attorney of Direct Legal Services

Submitted to the New York City Council
Committee on Women and Gender Equity

September 19, 2025

Re: Oversight: Implementation of Paid Family Leave and Prenatal Leave in New York City, and Such Other Business As May Be Necessary

Dear Chair Louis and Committee Members:

We thank you for convening this hearing, and for the opportunity to provide testimony on this critical issue.

A Better Balance is a national legal services and advocacy organization, headquartered in New York City, that uses the power of the law to advance justice for workers so they can care for themselves and their loved ones without jeopardizing their economic security. Our organization led the campaign to pass paid family leave (PFL) in 2016, a groundbreaking program that gives new parents paid time off to bond with a new child and gives all workers paid time to care for seriously ill family members. This program has been a resounding success in New York and many other states have followed New York’s lead, enacting comprehensive paid family *and* medical leave programs.

ABB also engages in national policy advocacy to advance comprehensive paid leave laws in states across the country. In addition to our policy advocacy, we run a free and legal confidential legal helpline, through which we have heard from thousands of New Yorkers, disproportionately low-wage workers of color, seeking information and assistance enforcing their rights under paid family leave, paid prenatal leave, and New York’s paid medical leave program, known as Temporary Disability Insurance (TDI).

Through this testimony, we wish to bring to the Committee’s attention opportunities for targeted enforcement of the paid prenatal leave law so as to ensure that particularly vulnerable workers

are not illegally denied paid leave by their employers to attend prenatal appointments or other medical services during or related to pregnancy. In addition, our testimony highlights key reforms to the TDI and PFL laws necessary to ensure that workers across our state have meaningful access to paid family and medical leave benefits when they need them.

- I. We urge the Council, based on reports from workers to our free legal helpline, to consider targeted enforcement of paid prenatal leave in industries where collective bargaining agreements (CBAs) are prevalent and in low-wage industries such as fast food and retail where employers frequently treat labor law requirements as optional, to ensure that *all* eligible workers are able to access paid prenatal leave when they need it.
- II. We urge the Council to recognize the importance of modernizing New York’s paid medical leave program by calling on state legislators to prioritize TDI reform this session, and through passage of resolution [Res 0867-2025](#), to strengthen New York’s paid medical leave program for all New Yorkers.
- III. We urge the Council to advocate for much needed changes to New York’s paid family leave program by calling on the state legislature to pass reforms in three key areas: eligibility requirements, benefit level, and protections for workers who face interference and/or retaliation.

I. Paid Prenatal Leave

A Better Balance was a strong advocate for passage of New York’s first-in-the-nation paid prenatal leave law, and we applaud New York State’s commitment to ensuring that workers have the right to dedicated paid time off to attend prenatal visits or to receive other healthcare services during pregnancy or related to pregnancy such as fertility treatment. The state is facing an overwhelming maternal health challenge, and the ability to attend prenatal health care appointments is an important step in protecting the health of pregnant workers. In the early months after paid prenatal leave became a right across New York State, we heard from a number of callers to our free legal helpline that their employers had promptly updated their policies to provide a separate bank of paid prenatal leave as required by the new law—a testament to the commendable implementation efforts the City and State have undertaken.

However, we have also heard from workers whose employers are refusing to implement paid prenatal leave. For instance, unionized workers have reported to us that their employers are relying on the existence of collective bargaining agreements (CBAs) to justify failure to provide the twenty hours of dedicated paid prenatal leave that the law now requires. While it is true that the paid prenatal leave statute excuses employers from providing this benefit to workers covered by a CBA in *some* instances, we are concerned that employers may be automatically jumping to the erroneous legal conclusion that unionized workers are not entitled to the new benefit simply

by virtue of being covered by a CBA—even when the CBA does not clearly meet the conditions enumerated in the statute necessary to excuse a company from providing the benefit. That is, the CBA must provide both a “comparable benefit . . . in the form of paid days off” and “specifically acknowledge the provisions” of the statute.¹ If one or both of these conditions are not met, the employer must comply with the law. Yet employers appear to be pointing to CBAs that have not even been updated since paid prenatal leave was passed—and therefore could not specifically acknowledge the new provisions for paid prenatal leave that were added to the law—and insisting that they excuse the company from compliance.

After paid prenatal leave took effect, we spoke with one unionized worker who sought to use it for medical appointments related to fertility treatment. She was summarily denied based on the existence of her CBA and was instead required to use her sick leave—a limited bank of time she anticipated exhausting quickly, especially as she was simultaneously dealing with an unrelated family health issue. Indeed, the requirement that paid prenatal leave be provided *in addition to* paid sick leave or other forms of paid time off already offered by an employer reflects an acknowledgment by legislators that a dedicated bank of paid prenatal leave is necessary to effectuate the aim of the statute, i.e. to advance maternal health. The statute does not create a wholesale carveout of unionized workers, whose needs related to prenatal care are no different from those of non-unionized workers, yet some employers seem to be assuming that it does.

Thus, we believe workers could benefit from targeted enforcement of paid prenatal leave in industries where CBAs are prevalent. It is crucial that employers understand the mere existence of a CBA does not amount to an automatic exemption from the requirements of the paid prenatal leave law.

We also know that in general, employers in low-wage industries such as fast food and retail frequently treat the labor law requirements as optional. We commonly hear from workers in such industries that their employers claimed they “don’t do” paid family leave or told them that they “don’t qualify” for paid sick leave until they have been at their job for one year (a requirement of unpaid leave under the federal Family & Medical Leave Act but *not* of any of New York’s paid leave-related laws). Employers who are refusing to comply with state and city laws that have been on the books for years are hardly likely to be complying with the new paid prenatal leave statute. Thus, we also encourage targeted enforcement in these industries where compliance with labor law requirements in general is already comparatively low.

II. Urgently Needed TDI Reform

¹ N.Y. Labor Law § 196-b(9).

While the paid prenatal leave law provides an extremely valuable benefit that advances maternal health across New York State, the reality is that it is simply not enough to close the massive gaps in the law that leave pregnant and postpartum workers vulnerable to both adverse health outcomes and economic ruin. The addition of twenty hours of paid prenatal leave addresses a narrow need to attend appointments while leaving larger, systemic failures in the state’s core medical leave program—called Temporary Disability Insurance (TDI)—completely untouched. While this new policy represents a welcome acknowledgment of the unique needs of pregnant workers, TDI has not been updated since 1989, and modernization of the program is a vital aspect of supporting workers’ health.

New York is one of 14 states (including D.C.) that provide family and medical leave benefits for its workers. Unlike in most of these states, in New York, TDI and PFL are distinct programs with different eligibility requirements, benefit levels, and protections. New York’s PFL program—enacted in 2016 as the fourth in the country—provides up to twelve weeks of job-protected leave to bond with a new child or care for a seriously ill family member, with benefits covering up to 67% of a worker’s average weekly wage, currently capped at \$1,177 per week (67% of the state average weekly wage). PFL is fully funded through employee payroll deductions (employers do not contribute) and includes job protection, intermittent leave, anti-retaliation provisions, and health insurance continuation protections.²

In contrast, TDI, which provides workers with benefits when they have a serious health condition, has not been updated in more than thirty-five years. TDI was enacted in 1949, and is a lifeline for pregnant, birthing, and post-partum workers. The maximum benefit has remained unchanged since 1989, capping benefits for a worker’s own serious illness at just \$170 per week. The cap on benefits under New York’s paid family leave program is nearly seven times higher. The temporary disability insurance program is not a viable option for most low- and middle-income workers in New York, particularly for workers in jobs that lack additional benefits.³

The lack of a reliable paid medical leave program in New York has serious consequences for all New Yorkers,⁴ requiring workers to make an impossible choice between their health and the economic security of themselves and their families. We urge the City Council to pass [Resolution](#)

² See Jesse Workman, *Beyond Prenatal Leave: New York’s Unjust Medical Leave System*, August 25th edition of the New York Law Journal, <https://www.law.com/newyorklawjournal/2025/08/25/beyond-prenatal-leave-nys-unjust-medical-leave-system/?slreturn=20250919132640>.

³ *Id.*

⁴ MEGHAN RACKLIN & MOLLY WESTON WILLIAMSON, WITH CONTRIBUTION FROM OTHERS, *THE TIME IS NOW: BUILDING THE PAID FAMILY AND MEDICAL LEAVE NEW YORKERS NEED* (2023, updated 2025), <https://www.abetterbance.org/the-time-is-now>.

[0867-2025](#), which calls on the State Assembly to pass Assembly Bill A-84, a bill that if passed would modernize New York’s outdated medical leave program (TDI) by creating parity between TDI and PFL.

Though Resolution 0867-2025 highlights the need for workers who have experienced stillbirth, the need for TDI reform is vital for any worker facing a serious illness including pregnancy-related needs, pregnancy loss, a cancer diagnosis, sudden accident or injury, surgery, substance use issues, mental health crisis, and more. The need to take time off work to take care of oneself during a health crisis can happen to any worker, and all New Yorkers deserve job protection, continued health insurance, and financial security in the times when they need stability the most.

Key changes needed to the TDI program include raising the benefit level in TDI to 67% of a worker’s average weekly wage (consistent with PFL), adding job security, and guaranteeing continuation of workers’ health insurance—all of which, taken together, would allow workers *meaningful* access to time off work to address serious health issues while maintaining economic stability and remaining connected to the workforce.

For many pregnant and postpartum New Yorkers, TDI is the only available safety net for extended time off to prepare for and recover from childbirth, manage complications during and after pregnancy, or address postpartum mental health conditions such as perinatal mood and anxiety disorders (PMADs). A weekly benefit of \$170 is not enough to cover basic living expenses, let alone provide stability during a medically vulnerable time. We urge the City Council to call on our State leaders to modernize TDI and bring relief to the many New Yorkers in need of reliable paid medical leave.

III. Urgently Needed PFL Reform

New York was an early adopter of paid family leave, and in 2016 when the program was enacted, it was touted as the strongest in the country. However, in the years since the program was implemented, many states, inspired in part by New York’s leadership on this issue, have enacted innovative paid family and medical leave programs with rights and protections surpassing those currently available to New Yorkers. Key reforms to expand eligibility requirements, increase benefit levels for lower income workers, and expand protections for workers whose rights have been violated or interfered with would go a long way to bring New York back into a position of leadership on paid leave. These key areas of reform are outlined in detail below.

A. Eligibility

Under the current program, self-employed workers, workers who have been at their job for less than six-months, and workers who need leave to care for a family member or loved one not related by blood or legal relationship face serious barriers to accessing paid family leave benefits, or are unable to access benefits at all due to restrictive eligibility requirements.

Self-employed workers, including independent contractors, can qualify for the program by voluntarily opting in and paying into the program for six months like other workers. However, if they do not opt-in in the first six months of becoming self-employed, there is an arduous two-year waiting period during which time they must pay into the program for the full two years without being eligible to receive benefits. We hear from many self-employed workers on our helpline, most of whom are expecting a child at the time they call and are hopeful that they will be able to benefit from the state's paid family leave program, only to learn that paid family leave is not a viable option for them because they have already been performing self-employed work for more than six months and do not yet have their own policy. Indeed, it is unfortunately the exception rather than the rule that we speak with a self-employed worker who will actually be able to use paid family leave to bond with the child they are expecting at the time they call.

For workers who have been with their current employer for less than six months, they do not become eligible to take paid family leave until they have worked for their current employer for roughly six months. This "six-month-clock" applies even to workers who have been in the workforce for years—dutifully paying into paid family leave—if they have not been at their current job for at least six months. Each time they move to a new job, they must start the six-month period over from scratch. This is true whether they left their last job voluntarily or whether they were laid off. And while in theory being *illegally* terminated should not preclude a worker from receiving paid family leave benefits they qualify for, in reality it is extremely difficult for workers illegally pushed off the job due to pregnancy discrimination to receive any benefits. We hear about such scenarios regularly on our helpline and on our Spanish-language helpline in particular. Pregnant workers in low-wage industries such as retail and fast food commonly report that their hours suddenly decreased, or that they were taken off the schedule altogether, once they announced their pregnancies, and that by the time they gave birth and found out about paid family leave, their employers falsely claimed that they had quit, making them ineligible for paid family leave benefits since they were no longer considered an "employee" of the company. While workers in these situations might hypothetically still be able to use paid family leave to bond with their child if they immediately start working a new job and work there long enough to qualify before their child's first birthday, this is not realistic or particularly helpful for most workers who lose their jobs in the last months of their pregnancies.

And for individuals who need to care for chosen family and loved ones, access to paid family leave may be entirely impossible depending on the relationship. Under the current program, the

definition of family is limited to include only certain relatives such as spouses, children, grandchildren, parents, and siblings. Unlike half of the 14 states (including Washington D.C.) with paid family and medical leave (PFML) programs, New York does not cover chosen family members, i.e. loved ones who are like family but not biologically or legally related to the worker.⁵

Three key reforms would change this:

1. **Creating an easier path for PFL coverage for self-employed workers/independent contractors.** This includes removing the current requirement that workers either affirmatively opt-in within the first six months of becoming self-employed (the majority of independent contractors do not know this is an option) or pay into the program for two years before being eligible for benefits, and allowing self-employed workers to buy policies and become eligible to use benefits within one month, as long as they pay into the program for one year after.

Requiring self-employed workers to wait two years without benefits if they fail to affirmatively opt-in to the PFL program (an option the vast majority of self-employed workers do not know about until the need for PFL arises) largely locks self-employed workers out of the program entirely. Many self-employed workers are independent contractors, and gig workers, working low-paid positions and often misclassified. Nearly all other jurisdictions with paid family and medical leave laws around the country allow self-employed workers to opt into the program without the type of barriers in place in New York.

2. **Removing the requirement that a worker be employed for six months at a singular employer in order to be eligible for PFL benefits,** and creating portable benefits so that workers are eligible based on their working status rather than their time at a specific employer. New York paid family leave benefits are funded entirely by workers through their paycheck contributions, and forcing workers to restart the clock at each new job is profoundly unfair. It locks workers into potentially abusive work environments, frustrates workers' career advancement prospects, especially women seeking to move up the career ladder but tied to their current employer for PFL eligibility purposes. Many workers today, especially low-wage workers, move from job to job and need the ability to access benefits by virtue of paying into the program rather than staying at a single employer.

⁵ *The Importance of an Inclusive, Realistic Family Definition in Paid Family and Medical Leave and Paid Sick Time Policies*, A Better Balance, <https://www.abetterbalance.org/resources/fact-sheet-importance-of-broad-family-definitions-for-paid-leave/> (Oct. 2023).

Nearly all other states with paid family and medical leave programs provide some portability through the ability to combine multiple jobs to meet eligibility requirements.⁶ Delaware is the only other state (of 14 with PFML programs) that has an employer-specific eligibility requirement. In most jurisdictions, eligibility follows the worker, rather than their employment with a particular employer.

3. **Expanding the definition of “family member” to include other blood relatives not already covered and chosen family** (defined as someone with whom the employee has a “close association” that is “the equivalent of a family relationship”). Families in New York take diverse forms. Due to cultural, economic, and social forces, the overwhelming majority of households today depart from the “nuclear family” model of a married couple and their biological children. Instead, they are blended, LGBTQ, and increasingly include loved ones who are not biologically or legally related. Ensuring a broad definition of family member that includes an expansive definition is especially important for LGBTQ adults, people with disabilities, and immigrant families, as well as young adults and aging adults.

New York is quickly falling behind other states in its definition of family member. States around the country with paid leave laws cover chosen and extended family in their definitions of family care. For example, paid family and medical leave laws in New Jersey, Connecticut, Oregon, Colorado, Washington State, Minnesota, and Maine all provide leave to care for loved ones with whom a worker has a close relationship equivalent to a family relationship.

B. Increasing Benefit Levels for Low-Wage Workers (Progressive Wage Replacement)

Currently, eligible workers can receive 67% of their wages up to a cap of 67% of the statewide average weekly wage, currently \$1,177.32. The benefit wage replacement rate is flat at 67% regardless of income level (up to a cap). This means that low-wage workers are only eligible to receive 67% of their income even when 100% of their income is not enough to provide financial stability and security.

New York’s flat wage replacement rate is an outlier among modern paid family and medical leave programs. Nearly all of the paid family and medical leave laws passed since New York’s 2016 paid family leave law use a progressive wage replacement rate.⁷ That means that all

⁶ *Interactive Overview of Paid Family and Medical Leave Laws in the United States*, A Better Balance, <https://www.abetterbalance.org/family-leave-laws/> (Jan. 7, 2025).

⁷ *Id.*

workers receive a higher percentage of their wages up to a point, and a lower percentage of their wages after that point, up to the total benefits cap.

Progressive wage replacement benefits all workers while ensuring that lower-income workers—those already most likely to be living paycheck to paycheck—are able to weather loss of income in times of increased need such as a new baby or a family member’s medical emergency. This can be accomplished by **moving both paid family leave and temporary disability insurance to a progressive wage replacement system**, in line with modern paid family and medical leave laws in other states, which provide that workers receive 90% of their average weekly wages up to 50% of the statewide average weekly wage and 67% of their average weekly wages above that, up to an overall cap of 67% of the statewide average weekly wage.

C. Retaliation and Interference Protections

Currently, New York’s paid family and medical leave program provides insufficient protection against retaliation for exercising one’s rights under the law and no protection against interference with one’s exercise of their rights. Lack of interference protections means that workers can be punished or blocked from seeking PFL benefits and have no cause of action under the statute to remedy the harm.

We hear all too often on our helpline from workers—especially low-wage workers—whose employers fail to provide them with any information at all about their PFL rights, provide them with inaccurate information about their eligibility, fail to inform them of the correct application procedure, refuse to complete the necessary paperwork, threaten retaliation if they do take leave, or otherwise interfere with their ability to take the leave they qualify for. However, unlike the federal Family & Medical Leave Act (FMLA), New York’s PFL statute contains *no cause of action* for unlawful interference with an employee’s ability to take PFL, only one for unlawful retaliation.⁸ This means that an employee must essentially wait for their employer to fire them or take other retaliatory action against them such as a demotion or a pay cut before they might have a viable legal claim against the company. The lack of legal consequences for employers who act to prevent their employees from taking PFL only further emboldens them to do it. And it puts those workers who have managed to learn about their PFL rights on their own in the position of having to decide whether to call their employer’s bluff—do they attempt to take the leave they are entitled to and hope their employer’s threatened retaliation does not come to pass? Or do they decide the risk of retaliation is not worth it? Unsurprisingly, when weighing the potential consequences, many workers choose not to take the leave at all.

⁸ N.Y. Workers’ Compensation Law § 203-A.

Adding anti-interference protections and strengthened anti-retaliation protections to the paid family leave law would go a long way towards ensuring that paid family leave is actually accessible to the most vulnerable workers who need it the most.

Conclusion

We urge you to consider targeted enforcement of New York’s paid prenatal leave law to ensure that all workers are able to access this critical benefit and to advocate for urgently needed changes to our state’s Paid Family Leave and Temporary Disability Insurance programs. New Yorkers need and deserve a modern paid family and medical leave program that meets their needs and enables them to care for themselves and their loved ones without sacrificing their economic security, health, or peace of mind. They should not have to wait for one day longer.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/17/25

(PLEASE PRINT)

Name: Elizabeth Wagener, DC for the Office

Address: of Labor Policy & Standards

I represent: DCWP

Address: _____

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(PLEASE PRINT)

Name: Ali Rasoulzad, AC for Strategic Planning,

Address: and Science

I represent: DCAS

Address: _____

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Date: 9/17/25

(PLEASE PRINT)

Name: Daniel Pollack, First Deputy Commissioner

Address: _____

I represent: OLR

Address: _____

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Date: 9/17/25

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Name: Christopher Leon Johnson

Address: _____

I represent: Self

Address: _____

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