Forgetting the American Family:

How the Family and Medical Leave Act is Insufficient and What Can Be Done to Improve It

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Abstract

This research seeks to clarify the Family and Medical Leave Act (FMLA) of 1993 and explore where the Act is deficient. In addition, federal policy is compared with states that currently have a more generous paid leave program. In the interest of the effect this issue has on American global competitiveness, United States (U.S.) policy will be examined in reference to peer nations. This analytical approach aims to resolve common misconceptions surrounding federal paid family leave policy, as well as clear a path for more progressive policies overall.

Keywords: Family and Medical Leave Act of 1993, FMLA, paid leave, paid family leave, family leave, pregnancy leave, maternity leave, paternity leave, government mandates, public policy, legislation, social welfare, California (C.A./CA), New Jersey (N.J./NJ), Rhode Island (R.I./RI), New York (N.Y./NY)

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The United States is a country of enormous wealth and influence, yet, at times, national values don't seem to be reflected in the actions of the country's voters, leaders, or lawmaking. If someone in another country were to listen to American politicians speak, that person could conceivably deduce that the integrity of the family unit is something highly valued, perhaps even treasured, by people in the United States and, as such, needs to be protected at all costs. However, for those who live in this country and are exposed to the day-to-day bureaucracy on a regular basis, it becomes quickly apparent that what many U.S. leaders say and what they do are often out of step. Saying one cares deeply about families in speeches and vowing that one will, therefore, protect and defend these core constituencies, wins votes, but it doesn't pay as well in terms of monetary gain as does catering to corporate America. This disconnect between values in theory and values in practice often leads to well-intentioned legislation becoming a shell of its original, intended self. Compromises, changes, additions, and deletions often happen simply because already affluent individuals and corporations want to keep their current wealth and bring in more profits and these entities have lobbyists that are more powerful and influential than any group advocating on behalf of families or children. As a result, we get a system tied up in greed and power instead of a system that exists as intended – to represent the best interests of the majority of those who live in the United States of America. The Family and Medical Leave Act of 1993 is just such a piece of legislation.

Legislative History

Since Congress passed the Pregnancy Discrimination Act amendments to Title VII of the Civil Rights Act in 1978, perhaps even before, the feminist legal community was well aware that maternity-leave programs, in the traditional sense, were woefully insufficient (Lenhoff & Bell, 2002). To begin with, no national policy existed, so current policies were state- or employer-specific. Alarmingly, the United States was the only industrialized nation that did not guarantee women would have jobs to return to after childbirth. Then, there was the worry that programs seeking maternity-only leave might be contrary to equality principles that had been fought for so dearly. Not to mention, these types of programs didn't address anyone's needs beyond disability related specifically to the birth of a child, making them too narrow in scope.

Originally drafted by Donna Lenhoff of the Women's Legal Defense Fund and a staffer for California Congressman Howard Berman in 1984, the Family and Medical Leave Act was first introduced in the House of Representatives in 1985 (Joshi et al., 2020, January-b). The initial version allowed for 18 weeks over a two-year period for unpaid parental leave for the birth, adoption, or serious illness of a child, and 26 weeks of unpaid medical leave for the employee's own serious health condition. The law would have applied to employers with 5 or more employees.

Nine years transpired between the initial draft of the bill and the actual passage of the FMLA in 1993. The bill met heavy political resistance and advocates had to build support and awareness through a multi-year campaign. Over time, a coalition from organizations representing diverse groups, including workers and unions, women, children and parents, the elderly, health professionals, and religious organizations was formed. As happens far too regularly in policymaking, many compromises were made to increase the bill's political viability, including reducing the length of allowed leave and increasing the minimum employer size for employers covered by the law.

Deficiencies

The FMLA allows employees to take up to 12 weeks of leave for their own serious illness, to care for an immediate family member with a serious illness, for childbirth and time to bond with a new child, to care for an injured service member, and for deployment of an immediate family member (Joshi et al., 2020, January-a). FMLA leave is unpaid and, as a result, employees must often rely on a hodgepodge of employer-provided benefits, savings, and public assistance to make ends meet while on leave. The unpaid nature of FMLA leave is what often deters many workers, especially lower-income workers with less educational attainment, from taking needed leave due to the financial implications. Among working parents, an estimated 54% are eligible for FMLA leave, yet only 34% are eligible and can afford to take this unpaid leave. This means that over one-third of FMLA-eligible working parents may face significant financial adversity when taking unpaid leave or may choose not to take leave at all due to affordability limitations.

Hispanic and Black working parents are the least able to afford unpaid leave to focus on their own or their children's health needs. Considering that these populations already suffer from systemic health disparities that contribute to employment and quality of life issues, these findings may indicate that the FMLA has the potential to exacerbate these existing health disparities. Moreover, the low eligibility and affordability of FMLA leave for Hispanic parents is concerning for child health across the U.S., particularly since Hispanics represent nearly 25% of the child population in the United States and are the only group in which the majority of households are families with children. In fact, if the lack of affordability and eligibility are considered together, the estimated share of working parents facing barriers to taking FMLA leave rises from 46% to 66%. Black (non-Hispanic) and Hispanic parents feel the effects of these barriers disproportionately, for whom 71% and 79%, respectively, are either ineligible or unable to afford FMLA leave.

To qualify for FMLA leave, parents must have at least one year of job tenure with their current employer, during which they worked at least 1,250 hours. In addition, small employers with less than 50 employees and employers without 50 workers within 75 miles of the work location are exempt from the law. FMLA leave covers both birth and adoptive parents, but if both parents work for the same employer, their total allowance is limited to 12 weeks.

Employers who provide private health insurance benefits must continue to do so during an employee's FMLA leave, but if the employee does not return to work thereafter, the employee must reimburse the employer's contributions from the FMLA leave period. As if having to unexpectedly leave a job due to illness or injury isn’t bad enough, you may also have to pay back benefits you received while attempting to recover. These circumstances can lead workers to take on even more debt than they were already in with medical bills, but without an income to make these ends meet. According to Infographic Labs, medical expenses and unemployment are the top two causes of bankruptcy in the United States (Table 1). This means that unpaid leave without a job guarantee leaves too many Americans fighting to keep their head above water after one serious medical event (e.g. the birth of a child).

Unlike parental leave in the other countries, FMLA leave is used for both new parents and for workers who are either sick or need to care for family members who are sick. Thus, unlike their peer nations abroad, U.S. workers who take must take leave when a child is born, lose the ability to take leave later in the same year if the need for medical care arises for themselves or another family member (Ray, 2008). When a worker is the primary caregiver for children and/or parents, this creates an even greater struggle to achieve work-life balance because a worker often has to choose between work or their loved ones.

Due to this multitude of eligibility restrictions, it is relatively easy to see that access to leave that does not jeopardize one's place in the workforce is far from universal, and some groups have less access than others. Some of the most vulnerable populations in our country are, too often, without remedy when it comes to job-protected leave. So, those who would receive the most benefit from this program are, in fact, the ones that are least likely to have the opportunity to participate. That is a travesty in a country as developed as the United States of America and something needs to be done.

Successful Paid Leave Programs

United States

Recognizing the important benefits of paid family and medical leave, at least eight states and one territory have enacted paid family leave policies (National Partnership for Women & Families, 2019, August). Four of these states and the territory (District of Columbia, Washington, Massachusetts, Connecticut, and Oregon) have leave policies that, though enacted, are not fully active yet, but will be effective in the very near future. Of the states with active policies, California was first, in 2002, followed by New Jersey in 2008, Rhode Island in 2013, and New York in 2018. While New York and New Jersey include requirements for employers to contribute a portion, when considering leave for one's own disability, all of these states' programs are funded primarily by employee-paid payroll taxes and administered through the states' temporary disability insurance (TDI) programs (Table 2). Moreover, the leave programs in these states were developed as an expansion of their TDI programs which provide partial wage replacement to employees with non-workplace related injuries or disabilities, including pregnancy (Joshi et al., 2015, January-a). These policies provide eligible employees four to twelve weeks of paid leave to care for a new child or to family member with a serious health condition, and in some cases tend to matters related to the call to active military service of a family member. In these four states, the eligibility rules for paid family leave are also more inclusive than for FMLA leave. All private sector employers are covered regardless of firm size, although not all public-sector employers are covered. Employee eligibility is broader and encompasses part-time workers and small business employees; some states allow those who are self-employed or independent contractors to opt-in, as well. In addition, the definition of included family members not only include children, spouses or parents (as allowed under the FMLA), but also grandparents, domestic partners, and parents-in-law, and others. Consequently, a larger number of workers and their families are covered by these state paid family leave policies than by the FMLA (Table 2).

Paid family leave programs have demonstrated both interest and usage, with 1.4 million claims filed in California as of 2012 (National Partnership for Women & Families, 2012) and 100,000 filed in New Jersey as of 2013 (White et al., 2013). Rhode Island's program has only accepted claims since the beginning of 2014, so there is limited information on claims available. New York's program, though only in effect since 2018, set multiple records in its first year of operation. For example, more than 128,000 people took advantage of the paid family leave in the first year alone (N.Y.S. Paid Family Leave, 2019). That included 86,500 claims that averaged 33 days for newborn bonding and, while women most of the employees opting for bonding leave (58,900), the New York law supports gender equality and, as such, men are taking time to bond with their children as well (26,600).

California's program is the most studied, since it was the first and is the oldest paid family leave program in the United States. Research has found many beneficial trends associated with leave-taking, health, and family finances. Specifically, the implementation of the California paid family leave program has seen a reduction in leave-taking inequities between workers from populations of differing vulnerability (Joshi et al., 2015, January-a). Before the roll-out of paid family leave, 9% of college-educated new mothers reported taking maternity leave, while only 2% of new mothers with a high-school degree or less and 5% of new mothers with some college education reported the same. However, after implementation of the program, 14% of college-educated new mothers, 7.5% of new mothers with a high-school degree or less, and 13% of new mothers with some college education reported taking maternity leave. The increase in leave-taking among all groups, combined with the reduction in inequities between more and less advantaged groups seems to correlate with California's paid leave laws expanding equitable access to paid family leave.

Regarding health, studies show that mothers in California who were enrolled in the state's paid family leave program to care for a newborn child, also reported breastfeeding for longer, which has important benefits for both infant development and maternal health (Joshi et al., 2015, January-a). Studies have also found that since the inception of California's paid family leave program, the length of maternity leave has doubled from three weeks to between six and seven weeks. The reason this number is important to note is because longer leaves have been associated with better wellness and preventive care for children, including being up to date on vaccinations.

When using the family leave program, there is also an associated increase in subsequent working hours of employed mothers, which leads to economic benefits for families (Engeman, 2012). Additionally, research has shown that over 20% more of California workers that have positions that don't pay at least $20 an hour with health insurance ("low-quality" jobs) who used the state's paid family leave program reported that taking leave increased their ability to obtain child care compared to those who did not use the program. Given that childcare is an important factor in parents' ability to obtain and maintain stable employment (Chaudry, 2004; Scott et al., 2005), this trend may represent increased financial stability for families.

Global Competitiveness

Many rich countries are doing much better than the United States does in supporting workers who are balancing the competing demands of work and family (Table 3). Several

European countries provide extensive work/family reconciliation policies – including paid family leave, public early-childhood education and care, and working-time measures that raise the quality and availability of reduced-hour work (Gornick, 2007). The European Union (E.U.) puts a common floor under a number of these national standards.

Parents in most of Europe have access to several forms of paid family leave, for both parents (Gornick, 2007). Likewise, important to note is that these programs provide wage replacement, typically financed by social insurance, in order to spread the costs between genders, across generations, and among enterprises. Social-insurance financing minimizes employers' reluctance to hiring young workers, especially women, who they believe will be leave-takers in the future.

These work/family measures are supplied in conjunction with universal health insurance, providing crucial economic support for families, and give workers flexibility when seeking employment that best meets the needs of their families (Gornick, 2007). All in all, the comprehensive work/family policy packages operating in several European countries offer parents substantial autonomy in allocating their time between paid work and care and indemnify them against substantial disposable income instabilities.

Generous work/family policies are good for parents and children, improve worker productivity, and particularly benefit lower-income workers who tend to be unable to afford to pay for private help and have less bargaining power (Gornick, 2007). Public systems lead to outcomes that are more equitable than what market-based systems produce because access is equalized and affordable across family types and throughout the income spectrum.

The most competitive countries in the world offer paid leave to their workers, recognizing that providing this accommodation is a matter of economic competitiveness (National Partnership for Women and Families, 2018). The time for the United States to catch up is long overdue. Out of 185 countries and territories in the world surveyed by the United Nations' International Labor Organization in 2014, the United States is one of only two countries (the second is Papua New Guinea) to offer no paid maternity leave. Among all developed economies, the United States is the only one to not guarantee paid maternity leave, and only four (Ireland, Switzerland, Turkey and the United States) don't extend paid parental leave to new fathers.

Positive Economic Outcomes

Successful business owners and managers understand that workers inevitably are going to need time away from work to attend to health or family matters (National Partnership for Women & Families, 2018). Yet too many employers do not provide their employees with this crucial flexibility. Paid leave public policy standards can help businesses reduce costs and level the playing field for employers while allowing workers to meet their personal health needs and caregiving responsibilities without worrying about loss of income and financial stability.

Expansive work/family policies have been shown to be compatible with good economic outcomes (Gornick, 2007). The six top-ranked countries in the world (when considering GDP-per hour-worked, a powerful gauge of productivity) are European countries with generous work/family policies, including France, the Netherlands, Belgium, and Norway. Furthermore, the World Economic Forum's Competitiveness Index includes, among the top five countries globally, Denmark, Sweden, and Finland – another group of countries with comprehensive work/family policies.

For the last few decades, several European countries have restructured their social policies to reduce costs and improve economic results (Gornick, 2007). However, programs that support workers with family responsibilities–including paid leave, childcare, and rights to high-quality reduced-hour work–were singled out for protection and growth rather than cutbacks, both by the E.U. and in many individual countries. Clearly, high income industrialized countries can perform productively and competitively while granting workers' rights and benefits that recognize the realities of family life.

From the U.S. employer perspective, when asked about the effect that the paid family leave program had on productivity, profitability, or turnover, a 2010 survey of roughly 250 private and nonprofit companies in California found that most employers considered the paid family leave program to have had a positive effect or no noticeable effect (Milkman & Appelbaum, 2013). While some employers that need to replace leave-takers with temporary workers or overtime may incur additional costs, for many employers, paid family leave related reductions in turnover could result in cost savings. Moreover, fewer than 10% of employers reported occurrences of employee abuse of the program and 60% reported that they coordinated their own benefits with the state system, which could result in further cost savings (Appelbaum & Milkman, 2011). Coordinating benefits could mean that employers exchange their own paid leave policies for the California paid family leave program, which could be problematic for workers if that employers' own paid leave policies were more generous, leading to a loss of benefits. Additional research may be needed on this topic (Joshi et al., 2015, January-a), but, overall, these factors all contribute to a better bottom line.

According to Harvard Business Review (2012), a majority of the most successful companies report that exemplary benefit programs strengthen employee loyalty and morale. Replacing workers is expensive: Turnover costs are estimated to be an average of one-fifth of an employee's annual salary (Boushey & Glynn, 2012). And when workers don't have access to paid leave, a healthcare incident creates a strain and they are more likely to need to leave their jobs, leading to increased turnover for the employer. New mothers who take paid leave are more likely to be working again nine to twelve months after childbirth than mothers who do not take any leave (Houser & Vartanian, 2012). Additionally, first-time mothers who take paid leave are more likely to return to the same employer than those who take unpaid leave or no leave (Laughlin, 2011). These results demonstrate that paid leave reduces turnover costs by encouraging valued workers to not only stay in the labor force but to remain loyal to the same employer.

Paid leave also allows smaller businesses to be more competitive with larger businesses (Appelbaum & Milkman, 2011, January). Since small businesses often have trouble matching the more generous leave packages offered by larger employers, they have the potential to be at a significant hiring disadvantage. When all employers are given the same rules to abide by, the playing field seems a little more level. When paid leave programs are administered through paid leave insurance programs, small businesses in particular can benefit because the cost of leave is shared or (in most cases) taken on by the employee. In California, although all employers overall reported positive outcomes, small- and medium-sized businesses (those with fewer than 50 employees and those with 50 to 99 employees respectively) reported more positive outcomes than large businesses (100+ employees).

Most importantly, paid leave programs improve health outcomes and reduce costs by supporting improved newborn and child health (Gomby, 2009). New mothers who take paid leave are more likely to take at least the minimum doctor recommended leave time of six to eight weeks. Newborns whose mothers take leave for at least 12 weeks are more likely to be breastfed, receive medical check-ups, and get critical vaccinations leading to better long-term outcomes for the child (Berger et al., 2005). On average, post-neonatal mortality can be reduced by up to 4.5% when an additional 10 weeks of paid leave for new parents is given (Ruhm, 2000).

Children who have serious illnesses recover faster when they are cared for by their parents. A child's hospital stay is reduced by 31% by the presence of a parent (Heymann, 2001). Active parental involvement in a child's hospital care has the potential to head off future health care needs and costs, particularly for children with recurring health conditions (Heymann & Earle, 2010).

Conclusion and Solutions

People across the country are struggling to make ends meet, yet our government fails to provide the support they need to manage the demands of work and family and that businesses and our economy need to thrive. Only 15% of the labor force has paid family leave through their employers, and fewer than 40% has medical leave through an employer-provided short-term disability program (U.S. Bureau of Labor Statistics, 2017). At some point, nearly everyone needs time away from work for one reason or another, whether it is to recover from a serious illness or care for a sick loved one or new child; we are seeing the full effects of the need for paid family leave and health care to be universal HUMAN rights in this very moment in history. Yet the majority of working people in the United States can't afford to take the time they need without jeopardizing their jobs or their economic security (U.S. Bureau of Labor Statistics, 2014). A national paid leave program would permit people to receive a portion of their pay when they need time away from work for family or medical reasons – resulting in significant benefits for families, businesses and our economy (National Partnership for Women & Families, 2018).

Co-sponsored by Rep. Rosa DeLauro (D – Conn.) and Sen. Kirsten Gillibrand (D – N.Y.), the Family And Medical Insurance Leave (FAMILY) Act (S. 337/H.R. 947) is intended to create a comprehensive national program that helps meet the needs of new parents and people with serious personal or family health issues for all oveployrsthrough a shared fund. That also helps make paid leave affordable for employers of all sizes and for workers and their families. It would:

- provide workers with up to 12 weeks of partial income when workers take time for their own serious health conditions, including pregnancy and childbirth recovery; the serious health condition of a child, parent, spouse or domestic partner; the birth or adoption of a child; and/or for particular military caregiving and leave purposes.

- enable workers to earn 66% of their monthly wages, up to a capped amount – ensuring that low- and middle-wage workers have a higher share of their wages replaced.
- cover workers in all companies, no matter their size. Younger, part-time, lower-wage, contingent and self-employed workers would be eligible for benefits.
- be funded responsibly by small employee and employer payroll contributions of two-tenths of 1% each (two cents per $10 in wages), or less than $1.50 per week for a typical worker (U.S. Census Bureau, 2017).
- establish a Paid Family and Medical Leave Office within the Social Security Administration to administer the program, without draining resources from existing Social Security-administered programs. Payroll contributions would cover both insurance benefits and administrative costs.

The FAMILY Act builds on successful state family and medical leave insurance programs in which four states have active paid family and medical leave insurance programs (California, New Jersey, Rhode Island, and New York) with more on the way. Analyses of California's program shows that employers and employees have benefitted (Bartel et al., 2014). In New Jersey, program costs are even lower than expected and public attitudes toward the program are favorable (Press of Atlantic City, 2010; Houser & White, 2012). Research on the first year of Rhode Island's program also shows favorable results for new parents and small- and medium-sized businesses (National Partnership for Women & Families, 2015, February; Bartel et al., 2016). New York had over 93% of covered employers (including more than 85,000 self-employed individuals) in full compliance with the law by September of the initial rollout year of 2018, a testament to both the employer-friendly design of the law (providing a highly desirable benefit to employees at no direct cost to their businesses) and how much outreach was done by the State to ensure successful setup (N.Y.S. Paid Family Leave, 2019). In addition, the majority of the claims in the first year of the paid leave program for New York State were filed by people earning less than $60k a year. Most of these people would not have been covered with explanation that had just been the claim that this expanded program is reaching 2.2 million more people in this state that wouldn't have been eligible to be covered by a FMLA-only policy in the workplace.

Plus, the FAMILY Act would not negatively affect Social Security because the FAMILY Act's insurance fund would be completely separate from the Social Security Trust Fund (National Partnership for Women & Families, 2019, February). The new payroll tax would generate the funding to administer the program and cover benefits. Over time, the FAMILY Act would have a positive effect on Social Security because paid leave improves workforce attachment, which leads to more workers paying taxes and contributing to the overall Social Security system and tax base.

No matter what we call it, our country needs a system of paid family leave. The family unit will always play a major role in our society and, as such, will always have an impact on the workplace. To accept this as reality and give all workers access to the types of leave that will allow them to achieve better work-life balance is something that has been proven to benefit our places of employment, as well as society as a whole. While the FMLA is better than no leave at all, its' insufficiencies are ever apparent. As the entire global population suffers in the midst of a viral pandemic, the need for comprehensive policies that provide for the physical safety and fiscal security of all citizens when issues threatening their health or employment occur have become brutally obvious. COVID-19 does not discriminate and many of those who are now essential are the workers that are typically not covered by federal FMLA (e.g. gig workers, temporary workers brought on for need surges, part-time employees). This makes them doubly exposed: 1) They are physically endangered as a result of being out in public more and in contact with more people and objects and, thus more likely to come into contact with the virus and 2) If they end up ill or pass the illness on to their family as a result of this increased exposure, this decreased likelihood of FMLA coverage leaves them vulnerable if they are living and working in states without extended paid leave plans. Forcing citizens in the most powerful nation in the world to decide between their health and the health of their loved ones or their jobs is just unacceptable. Prioritizing a few weeks or months of profit over the person behind the position is demoralizing and should not be the basis for policy decisions. So, if the United States truly wants to stand out and be a leader on a global scale, we have to modernize our workplace and social policies to match, or at least be comparable to, other peer nations. We have a long way to go to catch up, but our future as a nation depends on caring for all of our citizens…not just the ones with the highest levels of income and educational achievement. I believe that it can be done.

References

Appelbaum, E. & Milkman, R. (2011). *Leaves that pay: Employer and worker experiences with paid family leave in California*. Center for Economic and Policy Research (CEPR). http://www.cepr.net/documents/publications/paid-family-leave-1-2011.pdf

Appelbaum, E. & Milkman, R. (2011, January 19). Paid family leave pays off in California [Blog]. *Harvard Business Review*. Retrieved April 15, 2020, from http://blogs.hbr.org/2011/01/paid-family-leave-pays-off-in/

Berger, L., Hill, J., & Waldfogel, J. (2005, January 27). Maternity leave, early maternal employment and child health and development in the U.S. *The Economic Journal*, *115*(501), F44. https://doi.org/10.1111/j.0013-0133.2005.00971.x

Bartel, A., Baum, C., Rossin-Slater, M., Ruhm, C., & Waldfogel, J. (2014, June 23). *California's Paid Family Leave law: Lessons from the first decade*. U.S. Department of Labor. http://www.dol.gov/asp/evaluation/reports/PaidLeaveDeliverable.pdf

Bartel, A., Rossin-Slater, M., Ruhm, C., & Waldfogel, J. (2016, January). *Assessing Rhode Island's Temporary Caregiver Insurance Act: Insights from a survey of employers*. U.S. Department of Labor. https://www.dol.gov/asp/evaluation/completed-studies/AssessingRhodeIslandTemporaryCaregiverInsuranceAct_InsightsFromSurveyOfEmployers.pdf

Boushey, H., & Glynn, S. (2012, November 16). *There are significant business costs to replacing employees.* Center for American Progress Publication. https://cdn.americanprogress.org/wp-content/uploads/2012/11/CostofTurnover.pdf

Chaudry, A. (2004). *Putting children first: How low-wage working mothers manage child care.* Russell Sage Foundation.

Engeman, C.D. (2012, September). *Ten years of the California Paid Leave program: Strengthening commitment to work, affirming commitment to family*. U.C. Santa Barbara Department of Sociology. http://www.femst.ucsb.edu/projects/crwsj/engagements/pdf/Engeman-PFL-Policy-Brief.pdf

Family And Medical Insurance Leave (FAMILY) Act (S. 337/H.R. 947)

Gomby, D., & Pei, D. S. (2009). *Newborn family leave: Effects on children, parents, and business*. The David and Lucile Packard Foundation. http://paidfamilyleave.org/pdf/NebwornFamilyLeave.pdf

Gornick, J. (2007, February 20). Atlantic Passages*. The American Prospect*. Retrieved April 15, 2020, from https://prospect.org/special-report/atlantic-passages/

Harvard Business Review Analytic Services. (2016, April 24). *Commitment to the future: 10 years of the Principal 10 best companies*. Principal Financial Group. https://hbr.org/resources/pdfs/tools/17323_HBR_Principal_White%20Paper_webview.pdf

Heymann. J. (2001, October 15). *The widening gap: Why America's working families are in jeopardy—and what can be done about it*. Basic Books.

Heymann, J., & Earle, A. (2010). *Raising the global floor: Dismantling the myth that we can't afford good working conditions for everyone*. Stanford Politics and Policy.

Houser, L., & Vartanian, T. (2012, January). *Pay matters: The positive economic impact of paid family leave for families, businesses and the public*. Rutgers Center for Women and Work. http://www.nationalpartnership.org/research-library/work-family/other/pay-matters.pdf

Houser, L., & White, K. (2012, October). *Awareness of New Jersey's Family Leave Insurance Program is low, even as public support remains high and need persists*. Rutgers Center for Women and Work. http://njtimetocare.com/sites/default/files/03_New%20Jersey%20Family%20Leave%20Insurance-%20A%20CWW%20Issue%20Brief.pdf

Infographic Labs. (2014). *10 leading causes of bankruptcy* [Infographic]. InfographicLabs.com. https://infographiclabs.com/wp-content/uploads/2014/08/leading-causes-of-bankruptcy.jpg

Joshi, P., Baldiga, M., Huber, R., & Acevedo-Garcia, D. (2020, January-a). *The Family and Medical Leave Act: Policy equity assessment*. Institute for Child, Youth and Family Policy. http://www.diversitydatakids.org/sites/default/files/2020-01/ddk_policyequityassessment_fmla_2020_2_0.pdf

Joshi, P., Baldiga, M., Huber, R., & Acevedo-Garcia, D. (2020, January-b). *Appendix A: FMLA federal legislative history highlights*. Institute for Child, Youth and Family Policy. http://new.diversitydatakids.org/sites/default/files/2020-01/ddk_policyequityassessment_appendix-a.-fmla-legislative-history_2020.pdf

Kamerman, S.B. (2000a). From maternity to parental leave policies: Women's health, employment, and child and family well-being. *The Journal of the American Women's Medical Association (1972)*, *2000*;*55*(2), 96-99 [Table 1].

Kamerman, S.B. (2000b). Parental leave policies: An essential ingredient in early childhood education and care policies. *Social Policy Report, XIV*(2) [Table 1.0]. https://srcd.onlinelibrary.wiley.com/doi/pdf/10.1002/j.2379-3988.2000.tb00013.x

Laughlin, L. (2011, October). *Maternity leave and employment patterns of first-time mothers: 1961-2008*. U.S. Census Bureau. http://www.census.gov/prod/2011pubs/p70-128.pdf

Lenhoff, D. R., & Bell, L. (2002). Government support for working families and for communities: Family and medical leave as a case study. *Learning from the Past-Looking to the Future, Work, Family and Democracy Project*. National Partnership for Women and Families. https://www.nationalpartnership.org/our-work/resources/economic-justice/fmla/fmla-case-study-lenhoff-bell.pdf

Milkman, R. & Appelbaum, R. (2013). Unfinished business: Paid family leave in California and the future of U.S. work-family policy. Cornell University Press.

National Partnership for Women and Families. (2012, April). *Paid family and medical leave: Securing financial stability and good health for working families: A briefing book on establishing laws that provide paid leave for workers*. NationalPartnership.org. http://go.nationalpartnership.org/site/DocServer/Paid_Leave_Briefing_Book_FINAL.pdf

National Partnership for Women and Families. (2015, February). *First impressions: Comparing state paid family leave programs in their first years*. NationalPartnership.org.

http://www.nationalpartnership.org/research-library/work-family/paid-leave/first-impressions-comparing-state-paid-family-leave-programs-in-their-first-years.pdf

National Partnership for Women and Families. (2015, March). *The case for a national family and medical insurance program*. NationalPartnership.org. http://www.nationalpartnership.org/research-library/work-family/paid-leave/the-case-for-the-family-act.pdf

National Partnership for Women and Families. (2018, September). *Paid family and medical leave: Good for business*. NationalPartnership.org. http://www.nationalpartnership.org/research-library/work-family/paid-leave/paid-leave-good-for-business.pdf

National Partnership for Women and Families. (2019, February). *The Family And Medical Insurance Leave (FAMILY) Act: Frequently asked questions*. NationalPartnership.org. http://www.nationalpartnership.org/research-library/work-family/coalition/family-act-faq.pdf

National Partnership for Women and Families. (2019, August). *State paid family and medical leave insurance laws*. NationalPartnership.org. https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf

N.Y.S. Paid Family Leave. (2019). *2018: Year in review* [Annual report]. N.Y.S. Workers' Compensation Board.

https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/PFL_EOYReport_2018_FINAL.pdf

Press of Atlantic City. (2010, November 15). Paid family leave / Working well. http://www.pressofatlanticcity.com/opinion/editorials/article_0d6ba980-3a1d-56f7-9101-258999b5d9d0.html

Ray, R. (2008, September). A detailed look at parental leave policies in 21 OECD countries. *Center for Economic and Policy Research Briefing Paper*, *14*. http://cepr.net/documents/publications/parental-app_2008_09.pdf

Ruhm, C. (2000). Parental leave and child health. *Journal of Health Economics*, *19*(6), 931 - 960. https://doi.org/10.1016/S0167-6296(00)00047-3

Scott, E.K., London, A.S., & Hurst, A. (2005). Instability in patchworks of child care when moving from welfare to work. *Journal of Marriage and Family*, *67*(2), 370-386. https://doi.org/10.1111/j.0022-2445.2005.00122.x

United Nations' International Labor Organization. (2014). *Maternity and paternity at work: Laws and practices across the world*. International Labour Office. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf

U.S. Bureau of Labor Statistics. (2014, September). *National Compensation Survey: Employee Benefits in the United States, March 2014* [Tables 16 and 32]. U.S. Department of Labor. http://www.bls.gov/ncs/ebs/benefits/2014/ebbl0055.pdf

U.S. Bureau of Labor Statistics. (2017, September). *National Compensation Survey: Employee Benefits in the United States, March 2017* [Tables 16 and 32]. U.S. Department of Labor. https://www.bls.gov/ncs/ebs/benefits/2017/ebbl0061.pdf

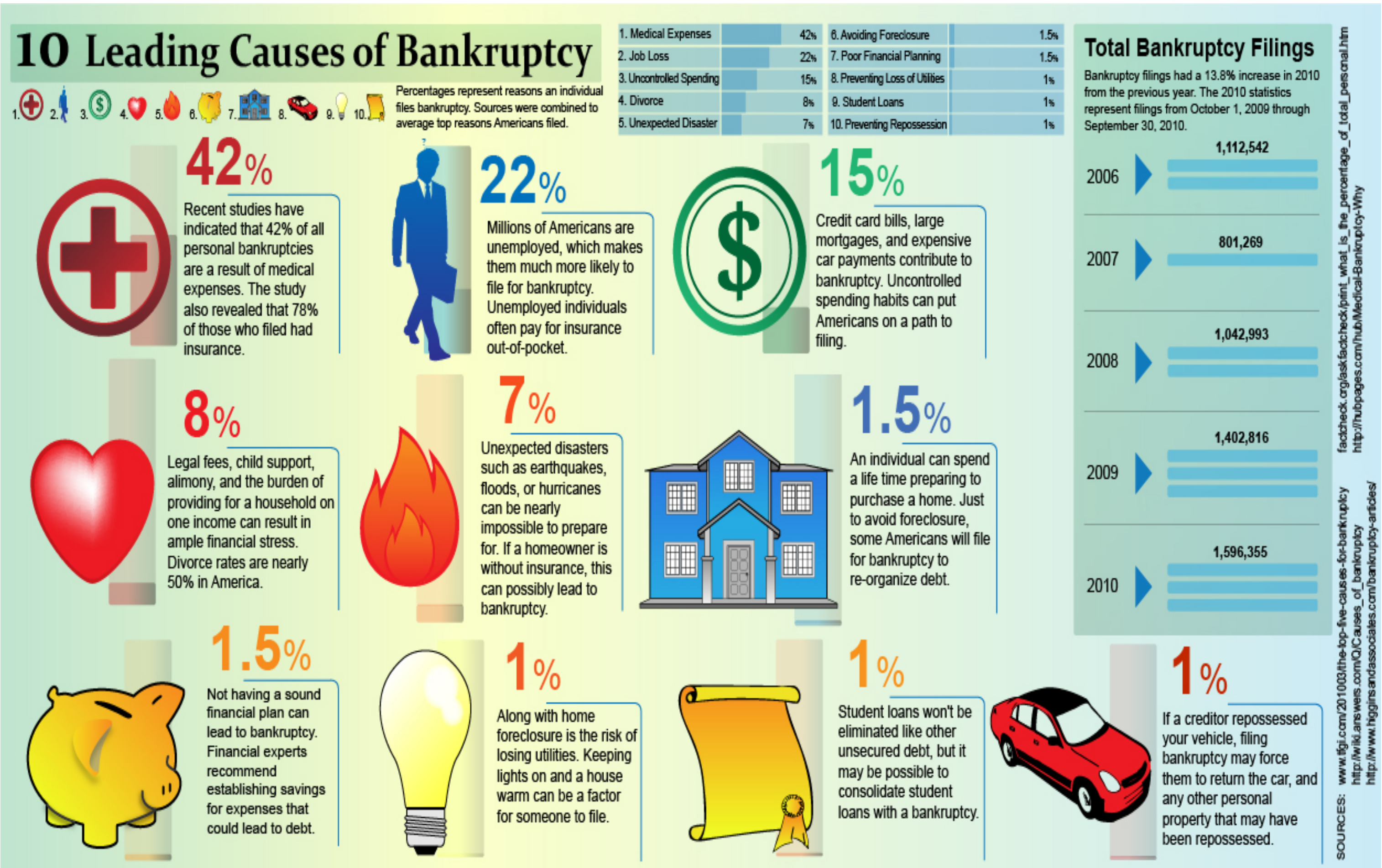
U.S. Census Bureau. (2017, September). *Wage and Salary Workers--People 15 Years Old and Over by Total Wage and Salary Income in 2016, Work Experience in 2016, Race, Hispanic Origin, and Sex* [Table PINC-10]. U.S. Department of Commerce. https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pinc/pinc-10.html

White, K., Houser, L., & Nisbet, E. (2013, January). *Policy in action: New Jersey's Family Leave Insurance Program at age three*. Rutgers Center for Women and Work. https://smlr.rutgers.edu/sites/default/files/documents/FLI_Report_1-31_release.pdf

Tables

Table 1.

10 Leading Causes of Bankruptcy



Source: Infographic Labs. (2014). *10 leading causes of bankruptcy* [Infographic].

InfographicLabs.com. https://infographiclabs.com/wp-content/uploads/2014/08/leading-causes-of-bankruptcy.jpg

Table 2.

Overview of Currently Active State Paid Family and Medical Leave Policies

	California	New Jersey	Rhode Island	New York
Reasons for Paid Leave	1. Bonding with a new child (birth, adoption, foster), 2. Care for a family member with a serious health condition, 3. Care for own disability (must be unable to perform regular or customary work), includes pregnancy, 4. As of January 1, 2021, qualifying exigency arising out of spouse, domestic partner, child or parent being on active duty (or having been notified of an impending call or order to active duty) (Cal. Unemp. Ins. Code §§ 2626, 3302(e); S.B. 83, 2019- 2020 Leg., Reg. Sess. (Cal. 2019) (enacted)).	1. Care for a new child (birth, adoption, foster), 2. Care for a family member with a serious health condition, 3. Care for own disability (must be continuously and totally unable to perform customary work), includes pregnancy, 4. Engaging in certain activities related to individual or a family member being the victim of domestic or sexual violence (N.J. Stat. Ann. §§ 43:21-27(g), (o); A. 3975, 218th Leg., Reg. Sess. (N.J. 2019)).	1. Bonding with a new child (birth, adoption, foster), 2. Care for a family member with a serious health condition, 3. Care for own disability (must be unable to perform regular or customary work); partially unemployed workers may be able to claim benefits (R.I. Gen. Laws §§ 28-39-2, 28-41- 5(d)), 28-41- 35(a));	1. Bonding with a new child (birth, adoption, foster), 2. Care for a family member with a serious health condition, 3. A qualifying exigency arising out of spouse, domestic partner, child, or parent being on active duty (or having been notified of an impending call or order to active duty), or 4. Care for own disability (must be unable to perform work) (N.Y. Workers' Comp. Law § 201(14) (as amended by S. 6406C)).
Definition of Family Member	Child, parent, spouse, domestic partner. Amended in 2013 (effective 2014) to add grandparent, grandchild, sibling, and parent-in-law (Cal. Stat. §§ 3302(f)-(j)).	Child, parent, parent-in-law, spouse, domestic partner, civil union partner, sibling, grandparent, grandchild, any person related by blood, any person with whom the employee has a close association that is equivalent of a family relationship (N.J. Stat. Ann. § 43:21-27(n); A. 3975, 218th Leg., Reg. Sess. (N.J. 2019)).	Child, parent, spouse, domestic partner, grandparent (R.I. Gen. Laws § 28-41-35(a)).	Child, parent, spouse, domestic partner, grandparent, grandchild (N.Y. Workers' Comp. Law § 201(16), (17), (19)-(21) (as amended by S. 6406C)).
Employers Covered	All private-sector employers are covered (Cal. Unemp. Ins. Code§§ 3302, 2606, 675, 135). Self-employed individuals can opt-in. Only some public employees are covered (http://www.edd.ca.gov/disability/FAQ_PFL_Eligibility.htm).	Private- and public sector employers covered by the New Jersey Unemployment Compensation Law must provide paid leave for family care and temporary disability, with some exceptions for government employers (http://lwd.state.nj.us/labor/fli/content/fli_faq.html; http://lwd.state.nj.us/labor/tdi/employer/state/sp_emp_coverage.html).	All private-sector employers are covered. Only some public employees are covered (R.I. Gen. Laws §§ 28-39-2, -3).	Most private-sector employers are covered. Self-employed individuals can opt-in. Certain public employers (other than the state government) can opt-in to family care/own disability; the state government, certain public employers, and public employees represented by an employee organization can only opt into family care (N.Y. Workers' Comp. Law §§ 201(4), 212(2), (4)(B), 212-A, 212-B (as amended by S. 6406C)).

	California	New Jersey	Rhode Island	New York
Employee Eligibility Requirements	Employee must have been paid $300 in wages during the base period (http://www.edd.ca.gov/Disability/Am_I_Eligible_for_PFL_Benefits.htm).	Employees must have had at least 20 calendar weeks of covered New Jersey employment, earning $172 or more each week, or must have been paid $8,600 or more in such employment during the base period (https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/tdi/).	Employees must have been paid wages in Rhode Island and paid into the TDI/TCI fund and must have been paid at least $12,600 in the base period. Alternately, employees qualify if they earned at least $2,100 in a quarter of their base period, their total base period taxable wages were at least 150% of their highest quarter of earnings, and their taxable wages during their base period are $4,200 or more (http://www.dlt.ri.gov/lmi/news/quickref.htm).	For family care, the employee must be currently employed by a covered employer and must have been employed by a covered employer for 26 or more consecutive weeks (or 175 days of employment for part-time employees). For own disability, an employee must have been employed by a covered employer for four or more consecutive weeks (or 25 days of employment for part-time employees) (N.Y. Workers' Comp. Law § 203 (as amended by S. 6406C)).
Waiting Period	For family care, none. For own disability, seven days. (Cal. Unemp. Ins. Code §§ 2627(b), 3303 (as amended by A.B. 908))	None. (N.J. Stat. Ann. § 43:21-38; A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))	For claims filed effective July 1, 2012, or later, there is no longer a need to serve a non-paid waiting period. Caregiver/bonding and own disability claims must be out of work for seven consecutive days as one of the eligibility requirements (11-000-002 R.I. Code R. §§ 16(G), 37(D)).	For family care, none. For own disability, seven days (N.Y. Workers' Comp. Law § 204(1) (as amended by S. 6406C)).
Maximum Length of Leave	Six weeks for family leave, increasing to eight weeks on July 1, 2020 (Cal. Unemp. Ins. Code § 3301(c); S.B. 83, 2019-2020 Leg., Reg. Sess. (Cal. 2019) (enacted)). Fifty-two weeks for own disability (Cal. Unemp. Ins. Code § 2653).	Six weeks for family leave, increasing to twelve weeks on July 1, 2020. Twenty-six weeks for own disability (N.J. Stat. Ann. § 43:21-38; A. 3975, 218th Leg., Reg. Sess. (N.J. 2019)).	Four weeks for family leave (R.I. Gen. Laws § 28-41-35(d)(1)). Thirty weeks for own disability; no more than thirty weeks total/year for combined own disability and family care (R.I. Gen. Laws §§ 28-41-7, 28-41- 35(e))).	For family leave, ten weeks, increasing to twelve weeks in 2021 (increase subject to delay). Twenty-six weeks for own disability (N.Y. Workers' Comp. Law §§ 204(2)(A), 205(1)(A) (as amended by S. 6406C)).

	California	New Jersey	Rhode Island	New York
Benefits	Beginning on January 1, 2018, for a four-year period: For workers whose quarterly earnings are at least $929 but less than 1/3 of the state average quarterly wage, the weekly benefit will be 70% of the worker's weekly wage; A) For workers whose quarterly earnings are at least 1/3 of the state average quarterly wage, the weekly benefit rate will be 23.3% of the state average weekly wage OR 60% of the worker's weekly wage, whichever is greater. B) The maximum weekly benefit is $1,252 in 2019 (maximum adjusted annually based on statewide average weekly wage). Workers with quarterly earnings less than $929 will receive a weekly benefit of $50 (https://www.edd.ca.gov/Disability/ Calculating_PFL_Benefit_Payment_Amounts.htm; A.B. 908, 2015-2016 Leg., Reg. Sess. (Cal. 2016) (enacted)). Note: The San Francisco Board of Supervisors passed an ordinance requiring covered employers to provide supplemental compensation to covered employees taking leave to care for a new child for up to six weeks such that the combined weekly benefit equals 100% of the employee's weekly wage. This requirement applies to employers with twenty or more (San Francisco, Cal. Ordinance 160065). As of June 2019, the average weekly benefit in the state for family care was $687, and the average for own disability was $622 (http://www.edd.ca.gov/about_edd/ Quick_Statistics.htm).	The weekly benefit rate is 66% of a worker's average weekly wage (AWW), with a maximum benefit of $650 in 2019 (maximum adjusted annually based on statewide AWW) (https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/fli/index.shtml; https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/tdi/index.shtml). Beginning on July 1, 2020, the weekly benefit rate is 85% of a worker's AWW, with a maximum benefit equivalent to 70% of the statewide AWW (A. 3975, 218th Leg., Reg. Sess. (N.J. 2019)). The average weekly benefit in 2017 was $538 for family care and $465 for their own disability (https://myleavebenefits.nj.gov/labor/myleavebenefits/assets/pdfs/ANNUAL_FLITDI_REPORT_F OR_2017.pdf).	The average weekly benefit rate is 4.62% of wages paid during the highest quarter of worker's base period, up to $852 per week for claims effective January 1, 2019, or later (maximum adjusted annually based on statewide average weekly wage) (http://www.dlt.ri.gov/tdi/tdifaqs.htm; http://www.dlt.ri.gov/lmi/news/quickref.htm). In December 2018, the average weekly benefit was $551 for family care, and the average for their own disability was $500 (http://www.dlt.ri.gov/lmi/uiadmin.htm).	For family care, the weekly benefit rate is 60% of the worker's average weekly wage (AWW), not to exceed 60% of the state AWW; benefit amounts increase in 2021, to 67% of the worker's weekly wage up to 67% of the state AWW (increases subject to delay). For own disability, the weekly benefit rate is 50% of the employee's weekly wage, with a maximum benefit of $170; however, if the employee earns less than $20 per week, the benefit will be their full AWW (N.Y. Workers' Comp. Law §§ 204(2)(A), (B) (as amended by S. 6406C)).

	California	New Jersey	Rhode Island	New York
Method to Fund Insurance System	Own disability and family care are funded by the employee only (currently at 1% of worker's first $118,371 in wages) (http://www.edd.ca.gov/Payroll_Taxes/Rates_and_Withholding.htm).	State's temporary disability insurance program is financed jointly by employee and employer payroll contributions. Each worker contributes 0.17% of the taxable wage base (the first $34,400 in covered wages paid during the calendar year), up to $58.48 per year (https://www.nj.gov/labor/ea/rates/ea2019.html). The contribution rate for employers varies from 0.10 to 0.75%. For 2019, employers contribute between $34.40 and $258.00 on the first $34,400 paid to each employee during the calendar year (https://myleavebenefits.nj.gov/labor/myleavebenefits/employer/index.shtml?open=TD I). The employee entirely funds family care. Each worker contributes 0.08% of the taxable wage base (in 2019 this was first $34,400 in covered wages paid during the calendar year), and the maximum yearly deduction for family leave insurance is $27.52 (https://www.nj.gov/labor/ea/rates/ea2019.html). Beginning on January 1, 2020, the taxable wage base increased to a number equal to 107 times the statewide average weekly wage (A. 3975, 218th Leg., Reg. Sess. (N.J. 2019)).	Own disability and family care are funded by the employee only. The current withholding rate is 1.1% of worker's first $71,000 in wages (http://www.dlt.ri.gov/lmi/news/quickref.htm).	Own disability is funded jointly by employee and employer payroll contributions. Each worker contributes one half of 1% of the worker's wages, up to sixty cents per week. The employer provides the balance of the plan costs not covered by the employee (http://www.wcb.ny.gov/content/main/DisabilityBenefits/Employer/complyWithLaw.jsp).

Source: National Partnership for Women and Families. (2019, August). State paid family and medical leave insurance laws. NationalPartnership.org. https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf

Table 3.

Childbirth-Related Leave Policies in the United States and 10 Peer Nations

Country	Type of Leave Provided	Total Duration (months)	Payment Rate
United States	12 weeks of family leave	2.8	Unpaid
Canada	17 weeks of maternity leave 10 weeks of parental leave	6.2	15 weeks at 55% of prior earnings 55% of prior earnings
Denmark	28 weeks of maternity leave 1-year of parental leave	18.5	60% of prior earnings 90% of unemployment benefit rate
Finland	18 weeks of maternity leave 26 weeks of parental leave Childrearing leave until child is 3	36.0	70% of prior earnings 70% of prior earnings Flat Rate
Norway	52 weeks of parental leave 2 years of childrearing leave	36.0	80% of prior earnings Flat Rate
Sweden	18 months of parental leave	18.0	12 months at 80% of prior earnings, 3 months flat rate, 3 months unpaid
Austria	16 weeks of maternity leave 2 years of parental leave	27.7	100% of prior earnings 18 months of unemployment benefit rate, 6 months unpaid
France	16 weeks of maternity leave Parental leave until child is 3	36.0	100% of prior earnings 1 child - Unpaid; 2 or more - paid at flat rate (income-tested
Germany	14 weeks of maternity leave 3 years of parental leave	39.2	100% of prior earnings Flat rate (income-tested) for 2 years, unpaid for third year
Italy	5 months of maternity leave 6 months of parental leave	11.0	80% of prior earnings 30% of prior earnings
United Kingdom	18 weeks of maternity leave 13 weeks of parental leave	7.2	90% for 6 weeks., flat rate for 12 weeks., w/sufficient work history; if not, flat rate Unpaid

Sources: Kamerman, S.B. (2000a). From maternity to parental leave policies: Women's health, employment, and child and family well-being. *The Journal of the American Women's Medical Association (1972)*, *2000;55*(2), 96-99 [Table 1]; Kamerman, S.B. (2000b). Parental leave policies: An essential ingredient in early childhood education and care policies. *Social Policy*

Report, *XIV*(2) [Table 1.0]. https://srcd.onlinelibrary.wiley.com/doi/pdf/10.1002/j.2379-3988.2000.tb00013.x