



**Testimony of Lelaine Bigelow  
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**U.S. House Committee on Oversight and Reform  
“Leading by Example: The Need for Comprehensive Paid Leave for the Federal  
Workforce and Beyond”**

**June 24, 2021**

Good morning Chairwoman Maloney, Ranking Member Comer, and members of the committee. I am pleased to join you to discuss the importance of paid leave for federal employees, including congressional employees. Now, more than ever, it is evident that paid leave benefits working people, businesses, our economy, and public health. And this issue is deeply personal for me, having spent more than a decade working in the Administration and Congress.

My name is Lelaine Bigelow and I am the Interim Vice President for Economic Justice and Congressional Relations at the National Partnership for Women & Families. The National Partnership is a nonprofit, nonpartisan advocacy organization that strives to improve the lives of women and families by achieving equity for all women. We promote fairness in the workplace, reproductive health and rights, access to quality, affordable health care, and policies that help all people meet the dual demands of their jobs and families. We work toward creating a society that is free, fair and just, where nobody has to experience discrimination, all workplaces are family friendly, and every family has access to quality, affordable health care and real economic security. In our organization’s fiftieth year, we continue to fight for equity, building a more just world for women and families of color.

At the center of this work is addressing the paid leave crisis, which the National Partnership has been working to solve for decades. Since our founding, we’ve fought for every major federal policy that has helped women and families, including the passage of the nation’s unpaid leave law, the Family and Medical Leave Act (FMLA) of 1993. Since then, we’ve provided research, expert testimony and policy assistance, and convened the National Work and Family Coalition, a nationwide organization working to advance national paid leave and other policies to create a more family friendly and equitable economy and country. We also co-founded the Paid Leave for All Campaign, a group of national and grassroots advocates working to enact meaningful, comprehensive, universal paid family and medical leave at the federal, state and local levels and in the private sector. This work has carried us since 1971 and throughout the pandemic, where this nation saw an increased need for paid family and medical leave to care for themselves, their children and older, sick and disabled family members.

Growing up from modest means, I always promised myself if I had children that I would ensure that they had the best start to life I could give them. I came to understand the importance of access to paid family and medical leave when I was just 16, working at a

family restaurant in Pensacola, Florida. I was surrounded by hard-working moms who were servers and there was one in particular, Toni, who left a mark on me – a mark that ultimately shaped how I viewed how I wanted to raise my own family.

When we didn't have a lot of diners, Toni would tell her story about when she went into labor at the restaurant and then went across the street to the hospital, delivered her baby and was back the next day for the Sunday morning rush. People would nod their heads in admiration, but even then, without my years of work in this field, I knew the sacrifice she made at the expense of her well-being and her family's. Toni was faced with an impossible choice – risking losing her job and her paycheck or caring for herself and her family.

In January of 2013, when my husband and I discovered I was pregnant, we were excited and scared like most couples. I was working at the Department of Housing and Urban Development and he was employed by the House of Representatives. We owned a 600 square foot condo off U Street in D.C. and knew we needed to make a lot of changes. I recalled Toni's story and knew that I wanted to take the full 12 weeks of time off allowed under the FMLA to bond, recover and acclimate to parenthood.

At the time, the federal government did not have a paid leave policy – workers were forced to either take time off without pay to have a child or use your accrued vacation and sick days, if you had any available. At that time I hadn't accumulated enough paid sick and vacation days to last twelve weeks. I had spoken with many colleagues who shared that they took six weeks or less off when they had a child because they had no choice – I was devastated. I felt strongly that 12 weeks was what I needed to give my family a good start. I knew I wouldn't be paid fully for my time, but I hoped that through the leave donation program I could get 9 or 10 weeks of pay.

While my husband and I saved and I accrued more time off, we found out that I had an incompetent cervix and I was immediately put on bed rest for the next four months, until my baby was born. Thankfully, I was given a pregnancy accommodation that allowed me to work from home while on bed rest. This was an unusual circumstance in the federal government and because it felt like a privilege, I worked extra hard throughout my difficult pregnancy to avoid the appearance that I was taking advantage of the situation. The diagnosis also meant I needed to go to the doctor every week and a specialist every few weeks, requiring more time off work. Taking an hour or two each week for doctor's appointments chipped away at the time I could afford to take off after the birth of my son.

These factors together left me wondering if I would still have a job if I had to take leave early and ultimately how it would impact myself and my baby. Like so many women of color<sup>1</sup>, I faced the challenge of navigating pregnancy health complications without the paid leave I needed to care for myself and my family.

Although I was at home for the remainder of my pregnancy, I was sent to the hospital twice which eroded my paid sick leave and the accrual of leave time that was standing in for true paid parental leave. I tried to make up the time, answering emails and making phone calls because every moment I spent caring for myself and my pregnancy meant losing money and time later.

In July of 2013, my son Jack was born 6 weeks prematurely and was immediately brought to the NICU (Neonatal Intensive Care Unit). His birth also came the same day that the Transportation-HUD Appropriations bill was on the Senate floor, a bill I had been following for my team at HUD prior to the birth. As I was responding to emails from my hospital bed, I was reminded of Toni and how she too was forced to work the day after her child was born out of fear of missing a paycheck. I didn't know how long he would be in the NICU, but as I responded to emails, I knew this was one more day with a paycheck.

Jack Lincoln Bigelow was only in the NICU for 10 days and was on a breathing monitor for six weeks after discharge. Nearly eight years later, I can say he's healthy and has more energy than either of his parents combined.

As a former federal employee with this experience, working to pass paid parental leave for federal employees was a privilege because I knew firsthand the challenges that lack of access to paid leave can bring. Due to the tireless efforts of Chairwoman Maloney and Chairman Smith, other Congressional champions, and advocates around this table, the federal government – the nation's largest employer – began providing 12 weeks of paid parental leave for federal employees last October, becoming a national leader in family-friendly workplace policies.

Studies show that longer paid leave policies improves maternal and infant health. Less than eight weeks of paid leave is linked to a reduction in overall health status and increased depression.<sup>2</sup> Every additional week of paid leave a mother takes reduces the likelihood of reporting poor mental well-being by 2 percent.<sup>3</sup>

Paid leave also significantly increases the benefits to moms and babies, giving them the needed time to breastfeed, which improves babies' immune systems and reduces risk of breast and ovarian cancer, diabetes, and obesity for the mother. One literature review found that, compared with mothers who were only able to take unpaid leave or no leave at all, mothers who took paid leave had their chances of being re-hospitalized reduced by more than half (51 percent); had the likelihood of their infants being re-hospitalized in the first year reduced by almost half (47 percent); and were almost twice as likely to have more success in managing stress and engaging in regular exercise.<sup>4</sup>

Enabling working parents to care for and bond with a new baby lays the foundation for healthy child development. Children who form strong emotional bonds or "attachment" with their parents are more likely to do well in school and have positive relationships with others.<sup>5</sup>

This policy is also expected to save the federal government money through reduced turnover and replacement costs, and to help attract and retain younger workers. Paid leave is particularly important to younger workers, like I was, who are less likely to have accrued significant amounts of sick or vacation time and are more likely to be forced to choose between a paycheck and caring for a new child.

During the effort to expand access to paid leave for federal employees, I often reflected on my experience and how the emotional, physical and financial stress of my situation could have been significantly relieved if I had access to paid leave during that time. I wonder if I could have carried Jack to full-term.

## **America Needs National Paid Family and Medical Leave for a Full and Equitable Recovery**

Since coming to the National Partnership to advocate for a universal paid family and medical leave policy, I have found that my situation was far from unique. The need for time to care is universal, and the cost of inaction is high. Nearly every working person will someday welcome a new child, deal with their own serious health issue or need to provide care to a seriously ill, injured or disabled loved one. Yet 80 percent of working people still do not have the security they need to take time away from their jobs. The lack of paid leave costs the United States \$22.5 billion each year in lost wages alone, even before the pandemic.<sup>6</sup> Prior to the pandemic, our economy lost more than \$500 billion in GDP each year because women's labor force participation was depressed by a lack of family-supportive policies.<sup>7</sup> Additional labor force participation losses due to the pandemic could amount to tens of billions more lost each year if nothing is done.<sup>8</sup>

Thanks to critical economic supports provided through the American Rescue Plan and a historic vaccination campaign overseen by the Biden administration, the United States' economy and our public health is beginning to rebuild and recover from the coronavirus pandemic. But we have a long way to go, and women in particular continue to face an uphill climb returning to the labor force, with 4.5 million fewer women employed than before the pandemic. Compared to January 2020 employment levels, in May 2021 Black women's employment was still down 6.3%, Latina women's 5.4%, and white women's 5.0%, compared to 3.9%, 2.0% and 4.9% for Black, Latino and white men, respectively. And even though women are further behind, three-quarters of last months' job gains went to men.<sup>9</sup>

For millions of adults, health and family caregiving needs continue to be a barrier to employment. As June began, 2.1 million people were unable to work because they were sick or caring for an ill family member with COVID-19. The number of adults not working because they were caring for a child – the majority women – was 1.5 million higher than it was during the Spring of 2020.<sup>10</sup> One-quarter of unemployed people who are not currently looking for work say it is due to family or child care needs.<sup>11</sup> The barriers to return to work are high so long as nearly four-fifths of worker do not have access to paid family leave at their jobs, and six in ten do not have paid medical leave.<sup>12</sup>

Our economic recovery will continue to lag, especially for women, as long as workers do not have the protections they need for their health and family caregiving needs. A national paid family and medical leave program covering all working people is essential to help women, people of color, and people with serious health conditions and disabilities including long-haul COVID return to the workforce and to create a more equitable economy in which all people can thrive.

## **National Paid Leave Will Build on Lessons from Successful State and Federal Policies**

Longstanding laws and recent innovations at the state and federal level provide direction for a common-sense federal program that will be fair and workable for working people, employers and taxpayers.

## *The Family and Medical Leave Act Was a Major Advance, But Too Many Are Ineligible or Cannot Afford Unpaid Leave*

Over more than a quarter-century, the Family and Medical Leave Act (FMLA) has given millions of working people the opportunity to take the time off they needed to care for themselves and their families. The FMLA allows qualified individuals to take up to twelve weeks of unpaid leave to care for themselves, for a family member or for a new child. Since it was signed into law in 1993, it has been used more than 300 million times,<sup>13</sup> with almost 15 million workers taking FMLA-type leaves each year.<sup>14</sup> More than half (52 percent) of the individuals who take leave under the FMLA do so for personal medical care, with 21 percent taking leave to care for a new child and 23 percent taking leave to care for a family member, including for military exigency leave.<sup>15</sup>

Despite strong concerns about potential negative impacts on the nation's businesses or the potential for fraud or misuse by employees in the lead up to its passage, the FMLA has turned out to be good for employers, with most employers reporting neutral or positive effects when employees take FMLA leave. The majority of worksites report no noticeable effect from complying with the FMLA, and more than one-third experienced positive effects.<sup>16</sup> Furthermore, there is little evidence that employees misuse leave – fewer than 2 percent of worksites report any misuse of the FMLA.<sup>17</sup>

But while the FMLA has helped to transform workplaces in the United States, it has left far too many people behind. More than 40 percent of the workforce is not covered by the FMLA, and each year nearly 2.7 million of these workers need leave but do not take it because they fear losing their job.<sup>18</sup> And among those who do qualify for the FMLA, too many people cannot afford to take unpaid leave.<sup>19</sup> Additionally, the FMLA's restrictive definition of who is considered a family member – a spouse, parent, or minor child – does not reflect what families today look like. An estimated 8.4 million people each year (5.3 percent of all workers) take leave for a non-FMLA-covered individual – meaning their jobs are not protected during leave – and among workers who did not take leave when they needed it, 14 percent said the person they needed to care for was not covered.<sup>20</sup>

## *Paid Parental Leave for Federal Employees and Private Sector Innovation Set a Competitive Standard*

Last year, the federal government – the nation's largest employer – began providing 12 weeks of paid parental leave for federal employees, becoming a national leader in family-friendly workplace policies. But while paid parental leave will help countless federal employees, as it would have helped me when I became a parent, parental leave is not enough to meet the needs of the federal workforce. In 2017, the number of full-time federal employees older than 50 years old was nearly eight times the number under 30,<sup>21</sup> and in some agencies, more than half of senior staff are eligible to retire.<sup>22</sup> No one should have to choose between their income and caring for a new child or their income and caring for themselves or a loved one.

Comprehensive paid leave for federal employees will also help improve the health and well-being of our civil servants. In addition to the many benefits of paid parental leave, comprehensive paid leave lets people help older family members recover from serious

illnesses, fulfill treatment plans, and avoid complications and hospital readmissions.<sup>23</sup> This is why the National Partnership strongly endorses Chairwoman Maloney's Comprehensive Paid Leave for Federal Employees Act (H.R. 564).

Private sector innovation has also moved the conversation forward on paid leave. The National Partnership's new report, [\*Innovative Companies Leading on Leave in 2021\*](#), explores the innovative companies that provide inclusive and comprehensive paid family and medical leave benefits to their workers. These companies have strong paid leave policies, 12 weeks of paternal leave and comprehensive policies that include caregiving and medical leave.

But while the federal government and the private sector have made innovative and critical strides toward providing paid leave, we know that the only way to ensure that every working person has access to paid leave is for Congress to create a national universal, comprehensive paid family and medical leave program.

### *State Programs Have Proven the Benefits of Paid Leave for Workers and Employers*

State programs provide a successful model for a permanent federal program. To date, ten states, including the District of Columbia, have enacted comprehensive paid family and medical leave insurance programs, seven of which are currently up and running.<sup>24</sup> Evidence from these programs shows that, when designed correctly, they can have tremendous benefits for workers, families, and public health, and can respond quickly and nimbly to adjust benefits during a public health crisis.<sup>25</sup>

Paid leave helps people with health conditions maintain their incomes and jobs while enabling them to seek timely treatment and rest.<sup>26</sup> Paid leave supports elder care<sup>27</sup> and keeps family caregivers in the labor force<sup>28</sup>, including after a health shock.<sup>29</sup> Paid leave also reduces nursing home utilization<sup>30</sup> – a vital need given that nearly 40 percent of COVID-19 deaths have been connected to nursing homes and long-term care facilities,<sup>31</sup> and deaths have been higher in facilities with a higher percentage of residents of color.<sup>32</sup>

Paid leave will also help address the maternal health crisis, particularly among Black and Native American women. When Temporary Disability Insurance programs in California, New Jersey, New York and Rhode Island began providing benefits for pregnancy-related disability and childbirth recovery in 1978, the rates of preterm births and low birthweights fell, particularly among Black women.<sup>33</sup> State paid family leave programs increased parity in the duration of maternity leave taken between white women and women of color, as well as in rates of initiation of breastfeeding,<sup>34</sup> reduced rates of food insecurity in the year following a birth, especially for households with very low food security, which are disproportionately likely to be Black or Latinx,<sup>35</sup> and improved rates of on-time vaccinations, with the strongest impact on families below the poverty line.<sup>36</sup> Paid leave programs improve the physical and mental health of new mothers, with the strongest effects for single mothers and mothers with low incomes, who are disproportionately women of color.<sup>37</sup>

Evidence also shows that these programs have remained fiscally sound and are workable for employers. The vast majority of California employers reported a positive effect on

employee productivity, profitability and performance, or no effect.<sup>38</sup> Firm-level analysis of employers in California before and after paid family leave was implemented confirmed that for the average firm, wage costs had not increased and turnover rates had decreased.<sup>39</sup> In New Jersey, the majority of both small and large businesses say they have adjusted easily.<sup>40</sup> Small and mid-size employers in New York reported greater ease managing worker absences after the paid family leave program was implemented, and no negative impact on employee performance.<sup>41</sup>

### **Best Practices for an Inclusive, Equitable National Paid Leave Program**

Decades of research on state paid leave programs and the FMLA show that a paid leave program must meet certain basic standards to be workable, affordable and meet its potential to advance gender and racial equity, support public health, and improve the economy. These lessons have informed promising paid leave proposals in President Biden’s American Families Plan and the Building an Economy for Families Act.

***Comprehensive coverage.*** Paid leave must cover the range of common health and caregiving needs identified in the FMLA. More than half (52 percent) of the individuals who take leave under the FMLA do so for personal medical care, with 21 percent taking leave to care for a new child and 23 percent taking leave to care for a family member, including for military exigency leave.<sup>42</sup> A national program should cover all workers, including those working part-time, holding multiple jobs or working in the gig economy, and provide an inclusive eligibility standard so that recent entrants to the workforce or those who recently experienced unemployment are not disadvantaged.

***Adequate duration.*** A national program should provide at least 12 weeks of leave for all purposes, aligning with public health recommendations for child bonding and birth recovery and a meaningful amount for most workers’ health needs.<sup>43</sup> While some state programs cover much longer leaves for workers’ own health conditions – up to 26 weeks in New Jersey, 30 weeks in Rhode Island and as many as 52 weeks in California – data from these programs shows that the majority of leaves (about three-quarters) are 12 weeks or less.<sup>44</sup>

***Progressive wage replacement rate.*** Evidence from state programs shows that a too-low wage replacement rate is not adequate for the lowest income workers to be able to afford to take leave, disproportionately affecting workers of color,<sup>45</sup> and may prevent the program from fulfilling its potential to advance gender equity.<sup>46</sup> New and updated state laws have adopted progressive rates, replacing between 80 and 100 percent of wages up to a certain threshold to ensure low-income workers can take leave, and a smaller share of wages above that point and high enough weekly cap that leave remains accessible to middle-income workers as well.

***Inclusive family definition.*** A national program must define “family” inclusively to reflect the reality of our diverse country. More than 80 percent of households do not fit the so-called nuclear family model (a married couple living together with minor children).<sup>47</sup> For example, one in five people (about 64 million nationwide) live in a multigenerational household, and people of color are especially likely to do so.<sup>48</sup> And, whether due to small family size, living a great distance from relatives, or even divorce or estrangement from a birth family, many adults – in fact, nearly one-third of people in the United States – report

having needed to care for a friend, neighbor or other person who do not have a legal tie.<sup>49</sup> Coverage for these “chosen family” members, which is included New Jersey’s, Connecticut’s and Oregon’s paid leave programs, is particularly important for LGBTQ people, people with disabilities,<sup>50</sup> and servicemembers and veterans: around 15 percent of caregivers for pre-9/11 veterans and nearly one-quarter (23.4 percent) of post-9/11 servicemembers and veterans are friends or neighbors.<sup>51</sup>

## **National Paid Leave Will Help Create an Economy That Works for All Families**

The United States needs a real paid family and medical leave program like the one outlined in the Building and Economy for Families Act. National paid leave will promote gender and racial equity, help working families achieve financial security, and strengthen small and large businesses and the economy.

This transformational program will provide families financial security and peace of mind at some of the most challenging moments in life, making the largest impacts on the families currently struggling the most. It will enable more women to remain in the workforce, allow parents to invest more time and care in their children, and help older Americans to age with dignity and support from their loved ones. More than 100 million working people in this country cannot afford to wait.

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<sup>1</sup> Coombs, S. (2021) *Moms and Babies Series: Paid Leave is Essential for Healthy Moms and Babies*. Retrieved 22 June 2021, from <https://www.nationalpartnership.org/our-work/resources/health-care/paid-leave-is-essential-for-healthy-moms-and-babies.pdf>

<sup>2</sup> Chatterji, P. and Markowitz, S. (2012) *Family Leave After Childbirth and the Mental Health of New Mothers*, *The Journal of Mental Health Policy and Economics*, June 2012, <https://pubmed.ncbi.nlm.nih.gov/22813939/>

<sup>3</sup> Ibid.

<sup>4</sup> Jou, J., Kozhimannil, K.B., Abraham, J.M., Blewett, L.A., and McGovern, P.M. (2018, February) *Paid Maternity Leave in the United States: Associations with Maternal and Infant Health*. *Maternal and Child Health Journal*, February 2018, doi:10.1007/s10995-017-2393-x

<sup>5</sup> National Scientific Council on the Developing Child. (2007). *The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper No. 5*. Retrieved 21 February 2019, from <https://developingchild.harvard.edu/resources/the-timing-and-quality-of-early-experiences-combineto-shape-brain-architecture>; Zigler, E., Muenchow, S., & Ruhm, C. J. (2012). *Time Off With Baby: The Case for Paid Care Leave*. Washington, DC: ZERO TO THREE

<sup>6</sup> Glynn, S. J. (2020, January 21). *The Rising Cost of Inaction on Work-Family Policies*. Retrieved 21 April 2021, from Center for American Progress website: <https://www.americanprogress.org/issues/women/news/2020/01/21/479555/rising-cost-inaction-work-family-policies/>

<sup>7</sup> Shierholz, H. (2014, December). *Paid Leave Is Good for Business*. U.S. Department of Labor Blog. Retrieved 21 June 2021, from Internet Archive website: <https://web.archive.org/web/20150324164902/http://blog.dol.gov/2014/12/19/paid-leave-is-good-for-business/>

<sup>8</sup> Kashen, J., Glynn, S., & Novello, A. (2021, March 04). *How COVID-19 Sent Women’s Workforce Progress Backward: Congress’ \$64.5 Billion Mistake*. Retrieved April 21, 2021, from <https://tcf.org/content/report/how-covid-19-sent-womens-workforce-progress-backward-congress-64-5-billion-mistake/?session=1&agreed=1>

<sup>9</sup> U.S. Bureau of Labor Statistics. (2021, June). *The Employment Situation* (Table A-1. Employment status of the civilian population by sex and age, Table A-2. Employment status of the civilian population by race, sex, and age, and Table A-3. Employment status of the Hispanic or Latino population by sex and age). Retrieved 8 June 2021, from <https://www.bls.gov/news.release/empsit.toc.htm>

<sup>10</sup> U.S. Census Bureau. (2021, June). *Week 31 Household Pulse Survey (Employment Table 3. Educational Attainment for Adults Not Working at Time of Survey, by Main Reason for Not Working and Source Used to Meet Spending Needs)*. Retrieved 21 June 2021, from <https://www.census.gov/data/tables/2021/demo/hhp/hhp31.html>

<sup>11</sup> U.S. Chamber of Commerce. (2021, June 3). *Poll: The COVID-19 Unemployed*. Retrieved 8 June 2021, from <https://www.uschamber.com/report/poll-the-covid-19-unemployed>

<sup>12</sup> U.S. Bureau of Labor Statistics. (2020, September). *National Compensation Survey: Employee Benefits in the United States, March 2020* (Table 16, Table 31). Retrieved 8 June 2021, from <https://www.bls.gov/ncs/ebs/benefits/2020/employee-benefits-in-the-united-states-march-2020.pdf>



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- <sup>13</sup> Calculation is based on the number of covered and eligible workers multiplied by the rates of leave taking (the percentage of the people who were eligible for FMLA leave who actually took it) for each period covered by an FMLA survey to determine total leave takers for each period and then summed to determine total uses. The number of covered and eligible workers for each period is based on the average civilian noninstitutionalized, employed workforce calculated using 1994-2020 Current Population Survey monthly workforce statistics multiplied by a percentage of covered and eligible workers reported in the 1995 (pg. xvi), 2000 (Table 4.1.4), 2012 (Exhibit 2.2.1) and 2018 DOL surveys (p. 11). For rates of leave taking among eligible workers, see Klerman, J. A., Daley, K., & Pozniak, A. (2012, September 7). Family and Medical Leave in 2012: Technical Report (p. 62). Abt Associates publication. Retrieved 21 April 2021, from Department of Labor website: <https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/FMLA-2012-Technical-Report.pdf>; and Brown, S., Herr, J., Roy, R., & Klerman, J. A. (2020, July) Employee and Worksite Perspectives of the Family and Medical Leave Act: Supplemental Results from the 2018 Surveys (p. 23). Retrieved 21 April 2021, from [https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHDFMLA2018SurveyResults\\_Appendices\\_Aug2020.pdf](https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHDFMLA2018SurveyResults_Appendices_Aug2020.pdf)
- <sup>14</sup> Brown, S., Herr, J., Roy, R., & Klerman, J. A. (2020, July) Employee and Worksite Perspectives of the Family and Medical Leave Act: Supplemental Results from the 2018 Surveys (Exhibits B6-2 and B6-4). Retrieved 21 April 2021, from [https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHDFMLA2018SurveyResults\\_Appendices\\_Aug2020.pdf](https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHDFMLA2018SurveyResults_Appendices_Aug2020.pdf) Estimate based on percentage of FMLA-eligible employees who reporting taking leave for a qualifying FMLA reason multiplied by the average civilian noninstitutionalized, employed workforce in 2019 of 157,529,000.
- <sup>15</sup> Ibid. Exhibit B4-3 on p.22. The percentage for people taking leave to care for a family member is calculated by adding the percentages of those providing care of an FMLA-covered adult's health condition, care for a child's health condition, and care of an elderly FMLA-covered adult's health condition.
- <sup>16</sup> Klerman, J. A., Daley, K., & Pozniak, A. (2012, September 7). Family and Medical Leave in 2012: Technical Report (Exhibit 8.5.1, p. 157). Abt Associates publication. Retrieved 21 April 2021, from Department of Labor website: <https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/FMLA-2012-Technical-Report.pdf>
- <sup>17</sup> Ibid, p. 156.
- <sup>18</sup> Ibid, p. 21.
- <sup>19</sup> Ibid, p. iii and Appendix Exhibit B6-2, Rate of Unmet Need for Leave for a Qualifying FMLA Reason in the Past 12 Months, by Demographic Characteristics and Appendix B6-4, Reasons That Needed Leave Was Not Taken..
- <sup>20</sup> Department of Labor. (2020, July) Employee and Worksite Perspectives of the Family and Medical Leave Act: Supplemental Results from the 2018 Surveys. (Appendix B4-3. Reasons for taking most recent leave in past 12 months). Retrieved 21 April 2021, from [https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHDFMLA2018SurveyResults\\_Appendices\\_Aug2020.pdf](https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHDFMLA2018SurveyResults_Appendices_Aug2020.pdf)
- <sup>21</sup> Partnership for Public Service. (2017). Preparing for the Federal Workforce of the Future. Retrieved 21 February 2019, from <https://ourpublicservice.org/wp-content/uploads/2018/03/e0fe01ed96f44ecba261a1f89b628356-1522350873.pdf>
- <sup>22</sup> Ibid.
- <sup>23</sup> See e.g., Institute of Medicine. (2008, April 11). Retooling for an Aging America: Building the Health Care Workforce, 254. Retrieved 21 February 2019, from <http://www.nationalacademies.org/hmd/reports/2008/retooling-for-an-aging-america-building-the-health-care-workforce.aspx>; Arbaje, A. I., Wolff, J. L., Yu, Q., Powe, N. R., Anderson, G. F., Boulton, C. (2008, August). Postdischarge Environmental and Socioeconomic Factors and the Likelihood of Early Hospital Readmission Among Community-Dwelling Medicare Beneficiaries. *The Gerontologist*, 48(4), 495-504. Retrieved 21 February 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/18728299>
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- <sup>25</sup> Boyens, C. (2020, June 2). *State Paid Family and Medical Leave Programs Helped a Surge of Workers Affected by the COVID-19 Pandemic*. Retrieved 21 April 2021 from Urban Institute website: <https://www.urban.org/research/publication/state-paid-family-and-medical-leave-programs-helped-surge-workers-affected-covid-19-pandemic>
- <sup>26</sup> See note 14, (Brown, Herr, Roy, & Klerman).
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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at [NationalPartnership.org](http://NationalPartnership.org).