

January xx, 2021

Dear Member of Congress,

On behalf of the undersigned organizations and the tens of millions of working families we represent, we **urge you to co-sponsor and advocate for swift and thorough consideration of the Family And Medical Insurance Leave (FAMILY) Act.** The FAMILY Act would create a national family and medical leave insurance program to help ensure that people who work can take the time they need to address serious health and caregiving needs. It would help support working families' economic security, promote racial and gender equity, create a more level playing field for businesses of all sizes and strengthen our economy. The FAMILY Act is the national paid family and medical leave plan voters want and our country needs.

The coronavirus pandemic has highlighted the consequences faced by working people when they lack access to paid leave. As of November 2020, 4.1 million adults in the United States were not working because they were sick with coronavirus symptoms and 2.6 million because they were caring for an ill or older loved one.¹ And even as the promise of vaccination offers hope that the pandemic will end sometime in 2021, the long-term health and caregiving consequences of COVID-19 are just beginning to surface. The United States had more than 20 million confirmed cases of COVID-19 by late 2020; an estimated 10 to 15 percent – 1.7 to 3.4 million people – will experience persistent or relapsing symptoms, which can interfere with the ability to work or require care from a loved one.² As child care centers closed and schools were forced into remote learning, hundreds of thousands of parents, especially women, have been forced to choose between caring for their children and staying in the workforce. As of July 2020, nearly one in three mothers age 25-44, and one in eight fathers of the same age, were not working due to child care issues.³ Workers in low-paid “frontline” and essential jobs, disproportionately women of color,⁴ are doubly impacted, facing higher rates of infection and death in part due to workplace exposure,⁵ and typically less likely to have paid leave or the ability to work remotely.⁶ Paid leave would provide for working parents and other caregivers, support public health, and bolster American families' economic security as the pandemic rages on.

The benefits of paid family and medical leave are well documented, yet the vast majority of working people in the United States do not have access to this basic protection. More than 100 million people – or 79 percent of workers – do not have paid family leave through their jobs, and 60 percent lack access to paid personal medical leave through their employer.⁷ Access rates for workers in lower-wage jobs are even lower, and most recent private sector advances have been disproportionately concentrated in higher-skill industries and among higher-paid employees, creating even greater disparities between lower- and higher-paid workers.⁸ Even unpaid leave through the Family and Medical Leave Act (FMLA) is inaccessible to nearly half of working people because of eligibility restrictions, and many who are eligible cannot afford to take unpaid leave.⁹ This means that when serious personal or family health needs inevitably arise, people face impossible choices between their families' well-being, their financial security and their jobs.

Women of color are especially harmed by the lack of paid leave. Racial disparities are stark in meaningful access to leave: about 71 percent of Latinx workers, 67 percent of American Indian and Alaska Native workers, 61 percent of Black workers and 54 percent of Asian American and Pacific Islander workers are either not eligible for or cannot afford to take unpaid FMLA leave.¹⁰ And even while women of color are so often key breadwinners for their families,¹¹ they continue to face punishing wage gaps: Asian American women are typically paid just 87 cents for every dollar paid to white, non-Hispanic men, Black women 63 cents, Native women 60 cents and Latinas just 55 cents.¹² The combination of inequities, including the racial wealth gap, and discrimination also means that families of color may be less able to withstand the financial hardship associated with a serious family or medical event and struggle more to recover their stability afterward.¹³

The FAMILY Act would create a strong, inclusive national paid family and medical leave insurance program and set a nationwide paid leave baseline. Employees would earn two-thirds of their wages, up to a cap, for a limited period of time (up to 60 workdays, or 12 workweeks in a year) to address their own serious health issue, including pregnancy or childbirth; to deal with the serious health issue of a family member; to care for a new child; and for certain military caregiving and leave purposes. Employees, employers and self-employed workers would fund both the benefits and the administrative costs of the program by contributing a small amount in each pay period to a self-sustaining fund, administered through a new Office of Paid Family and Medical Leave. Eligibility rules would allow younger, part-time, low-wage and contingent workers to contribute and benefit, regardless of their employer's size or their length of time on the job.

The FAMILY Act builds on successful state programs. In fact, nearly all state programs now go beyond the FAMILY Act in several important ways, providing data and lessons that Congress should consider. California has had a paid family and medical leave insurance program in place since 2004, New Jersey since 2009, Rhode Island since 2014, New York since 2018, Washington since January 2020 and the District of Columbia since July 2020. A strong new program will take effect in Massachusetts in 2021. And momentum continues to grow: Connecticut and Oregon passed paid leave laws in 2019, and voters in Colorado passed a paid leave program by ballot initiative in November 2020. Evidence from the existing state programs shows their value and affordability; all are financially sound and self-sustaining, and each state that has paid leave in place has or is exploring ways to make it even more accessible to people who need family leave.¹⁴ Analyses of California's law show that both employers and employees benefit from the program.¹⁵ In New Jersey, the program's costs have been lower than expected and public attitudes toward the program are favorable.¹⁶ Early research on Rhode Island's program found positive effects for new parents, and a majority of small- and medium-sized employers were in favor of the program one year after it took effect.¹⁷ Paid leave programs also helped states quickly address health and caregiving needs in the early stages of the pandemic.¹⁸

The FAMILY Act would address the range of care needs people face, including the growing need to provide elder care. Changing demographics mean more adults will need elder care and the number of potential family caregivers is shrinking: For every person age 80 and older, the number of potential family caregivers will fall from about seven in 2010 to four by 2030, and then to less than three by 2050.¹⁹ It is also important to note that about three-quarters of people who take family or medical leave each year do so for reasons other than

maternity or paternity care. They take leave to care for family members with serious illnesses, injuries or disabilities or for their own serious health issue.²⁰ The majority of parents, adult children and spouses who provide care for ill family members or family members with disabilities also have paying jobs, and on average work more than 30 hours per week while also managing their caregiving responsibilities.²¹ The majority of military caregivers – and more than three-quarters of caregivers for post-9/11 wounded warriors – are also in the labor force.²²

The FAMILY Act would support improved health outcomes and could lower health care costs. New mothers who take paid leave are more likely to take the amount of time away from work recommended by doctors,²³ and their children are more likely to be breastfed, receive medical check-ups and get critical immunizations.²⁴ When children are seriously ill, the presence of a parent shortens a child's hospital stay by 31 percent;²⁵ active parental involvement in a child's hospital care may head off future health problems, especially for children with chronic health conditions,²⁶ and thus reduce costs. Paid leave also lets people support older family members with serious health conditions, helping them fulfill treatment plans, manage their care, and avoid complications and hospital readmissions.²⁷ Early research has found that California's paid leave program reduced nursing home utilization.²⁸ And, for the millions of families in communities that are struggling with opioid and other substance use disorders, paid leave supports family caregivers, who play a key role in care and recovery by helping loved ones with health care arrangements and treatment.²⁹

The FAMILY Act also would strengthen large and small businesses and support entrepreneurs. Paid leave reduces turnover costs – typically about one-fifth of an employee's salary³⁰ – and increases employee loyalty. In California, nine out of 10 businesses surveyed reported positive effects or no impacts on profitability and productivity after the state's paid leave program went into effect.³¹ Small businesses reported even more positive or neutral outcomes than larger businesses.³² Small business owners from across the nation expect that the FAMILY Act model would help level the playing field with large corporations, improve worker retention, productivity and morale, and help protect their economic security if an accident or medical emergency occurs.³³ This is part of the reason that 70 percent of small businesses surveyed nationwide support the FAMILY Act approach of shared payroll deductions.³⁴ By including self-employed people, the FAMILY Act would also help entrepreneurs balance the risks of starting a new business with the need to ensure their families' health and security.

National paid family and medical leave has broad support from voters across party lines. Nearly eight in ten 2020 voters support a permanent paid family and medical leave policy, including 67 percent of Republicans, 77 percent of independents and 93 percent of Democrats.³⁵ In a survey about voters' preferences for a national paid leave program, participants ranked the FAMILY Act model as their top choice, across party lines. And when asked how much they would be willing to contribute toward a paid leave fund, seven in 10 voters said they would be willing to contribute one percent of their wages, or one cent for every dollar earned, which is more than the FAMILY Act is projected to cost.³⁶ Additional qualitative research shows voters prefer a national plan that covers all family relationships and includes employment protections.³⁷

Working families need a nationwide paid family and medical leave standard that is comprehensive, inclusive, and sustainable.

The FAMILY Act is the only national paid family and medical leave proposal that reflects what most people in the United States need. We urge you to co-sponsor this essential legislation today, to push for swift and thorough consideration that surfaces the best practices and lessons learned from state policies, and to reject inadequate proposals that would fail to meet the needs of the nation's workforce, families or businesses – and that would do more harm than good.

Sincerely,

National Partnership for Women & Families

1 U.S. Census Bureau. (2020). *Week 19 Household Pulse Survey: November 11 – November 23* (Employment Table 3. Educational Attainment for Adults Not Working at Time of Survey, by Main Reason for Not Working and Paycheck Status While Not Working). Retrieved 15 December 2020, from <https://www.census.gov/data/tables/2020/demo/hhp/hhp19.html>

2 Scientific understanding of this new disease is still developing and estimates vary of the incidence of lasting health effects of COVID-19; currently 10 to 15 percent is a conservative estimate for symptoms lasting longer than 90 days, particularly among patients with severe illness. See Cirulli, E. T., Schiabor Barrett, K. M., Riffle, S., Bolze, A., et al. (2020, December 1). Long-term COVID-19 symptoms in a large unselected population. *medRxiv*. Preprint. doi: 10.1101/2020.10.07.20208702; del Rio, C., Collins, L. F., & Malani, P. (2020, October 5). Long-term Health Consequences of COVID-19. *Journal of the American Medical Association*. 324(17): 1723-1724. doi: 10.1001/jama.2020.19719; Yelin, D., Wirtheim, E., Vetter, P., Kalil, A. C., et al. (2020, September 1). Long-term consequences of COVID-19: research needs. *The Lancet: Infectious Diseases*. 20(10): P1115-1117. doi: 10.1016/S1473-3099(20)30701-5

3 Heggeness, M.L., & Fields, J.M. (2020, August 18). *Working Moms Bear Brunt of Home Schooling While Working During COVID-19*. U.S. Census Bureau Publication. Retrieved 15 December 2020, from <https://www.census.gov/library/stories/2020/08/parents-juggle-work-and-child-care-during-pandemic.html>

4 Rho, H. J., Brown, H., & Fremstad, S. (2020, April). A Basic Demographic Profile of Workers in Frontline Industries. Center for Economic and Policy Research Publication. Retrieved 15 December, 2020, from <https://cepr.net/a-basic-demographic-profile-of-workers-in-frontline-industries/>

5 Zelner, J., Trangucci, R., Narahariseti, R., Cao, A. et al. (2020, November). Racial disparities in COVID-19 mortality are driven by unequal infection risks. *Clinical Infectious Diseases*, ciaa1723. doi: 10.1093/cid/ciaa1723

6 Maye, A., & Williamson, E. (2020, October). *In Their Own Voices: How Workers Earning Low Wages Struggle with COVID-19*. Center for Law and Social Policy Publication. Retrieved 15 December 2020, from https://www.clasp.org/sites/default/files/publications/2020/10/2020_Uplifting%20Low-Wage%20Workers%27%20Voices%20and%20Struggles%20Amid%20the%20COVID-19%20Pandemic-2.pdf; U.S. Bureau of Labor Statistics. (2020, September). *National Compensation Survey: Employee Benefits in the United States, March 2020* (Tables 16 and 31). Retrieved 15 December 2020, from <https://www.bls.gov/ncs/ebs/benefits/2020/employee-benefits-in-the-united-states-march-2020.pdf>; U.S. Census Bureau. (2020). *Week 19 Household Pulse Survey: November 11 – November 23* (Transportation Table 1. Teleworking during the Coronavirus Pandemic, by Select Characteristics: United States)). Retrieved 15 December 2020, from <https://www.census.gov/data/tables/2020/demo/hhp/hhp19.html>

7 See note 6, U.S. Bureau of Labor Statistics, *National Compensation Survey*.

8 Ibid; National Partnership for Women & Families. (2019, September). *New Data Show Slow Progress on Increasing Access to Paid Leave and Paid Sick Days* [Press release]. Retrieved 15 December 2020, from <https://www.nationalpartnership.org/our-impact/news-room/press-statements/new-data-show-slow-progress-on-access-to-paid-leave-paid-sick-days.html>

9 Brown, S., Herr, J., Roy, R., & Klerman, J. A. (2020, July). Employee and Worksite Perspectives of the Family and Medical Leave Act: Results from the 2018 Surveys. Abt Associates Publication prepared for the U.S. Department of Labor. Retrieved 15 December 2020, from https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHDFMLA2018SurveyResults_FinalReport_Aug2020.pdf

10 Joshi, P., Baldiga, M., & Huber, R. (2020). *Unequal access to FMLA leave persists*. Retrieved 23 November 2020 from Brandeis University, The Heller School, Institute for Child, Youth and Family Policy website: <http://new.diversitydatakids.org/research-library/data-visualization/unequal-access-fmla-leave-persists>bid.

11 Glynn, S. J. (2019, May 10). *Breadwinning Mothers Continue To Be the U.S. Norm*. Retrieved 15 December 2020, from Center for American Progress website: <https://www.americanprogress.org/issues/women/reports/2019/05/10/469739/breadwinning-mothers-continue-u-s-norm/>

12 National Partnership for Women & Families. (2020, September). *America's Women and the Wage Gap*. Retrieved 15 December 2020, from <https://www.nationalpartnership.org/our-work/resources/economic-justice/fair-pay/americas-women-and-the-wage-gap.pdf>; National Partnership for Women & Families. (2020, September). *Quantifying America's Gender Wage Gap by Race/Ethnicity*. Retrieved 15 December 2020, from <https://www.nationalpartnership.org/our-work/resources/economic-justice/fair-pay/quantifying-americas-gender-wage-gap.pdf>

13 National Partnership for Women & Families. (2018, August). *Paid Family and Medical Leave: A Racial Justice Issue - and Opportunity*. Retrieved 15 December 2020, from <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>

14 National Partnership for Women & Families. (2019, September). *Paid Leave Works: Evidence from State Programs*. Retrieved 15 December 2020, from <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-leave-works-evidence-from-state-programs.pdf>

15 Appelbaum, E., & Milkman, R. (2013). *Unfinished Business: Paid Family Leave in California and the Future of U.S. Work-Family Policy*. Ithaca, NY: Cornell University Press

16 Press of Atlantic City. (2010, November 15). *Paid Family Leave / Working well*. Retrieved 15 December 2020, from

http://www.pressofatlanticcity.com/opinion/editorials/article_0d6ba980-3a1d-56f7-9101-258999b5d9d0.html; 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 University, The State University of New Jersey Center for Women and

Work Publication. Retrieved 15 December 2020, from http://njtimetocare.com/sites/default/files/03_New%20Jersey%20Family%20Leave%20Insurance-%20A%20CWW%20Issue%20Brief.pdf

17 National Partnership for Women & Families. (2015, February). *First Impressions: Comparing State Paid Family Leave Programs in Their First Years*. Retrieved 15 December 2020, from <http://www.nationalpartnership.org/research-library/work-family/paid-leave/first-impressions-comparing-state-paid-family-leave-programs-in-their-first-years.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*. Retrieved 15 December 2020, from U.S. Department of Labor website: https://www.dol.gov/asp/evaluation/completed-studies/AssessingRhodelslandTemporaryCaregiverInsuranceAct_InsightsFromSurveyOfEmployers.pdf

18 Boyens, C. (2020, June). *State Paid Family and Medical Leave Programs Helped a Surge of Workers Affected by the COVID-19 Pandemic*. Urban Institute Publication. Retrieved 15 December 2020, from <https://www.urban.org/research/publication/state-paid-family-and-medical-leave-programs-helped-surge-workers-affected-covid-19-pandemic>

19 Redfoot, D., Feinberg, L., & Houser, A. (2013, August). *The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers*. AARP Public Policy Institute Publication. Retrieved 15 December 2020, from http://www.aarp.org/content/dam/aarp/research/public_policy_institute/lrc/2013/baby-boom-and-the-growing-care-gap-insight-AARP-ppi-lrc.pdf

20 See note 9, Exhibit 4-4.

21 National Alliance for Caregiving. (2020, May). *Caregiving in the U.S.: 2020 Repor..* National Alliance for Caregiving and AARP Public Policy Institute Publication. Retrieved 15 December 2020, from <https://www.caregiving.org/wp-content/uploads/2020/05/Full-Report-Caregiving-in-the-United-States-2020.pdf>

22 Ramchand, R., Tanielian, T., Fisher, M. P., Vaughan, C. A. et al. (2014). *Hidden Heroes: America's Military Caregivers* (Figure 3.8). Retrieved 15 December 2020 from RAND Corporation website: <http://www.rand.org/health/projects/military-caregivers.html>

23 Gomby, D. S., & Pei, D. (2009). *Newborn Family Leave: Effects on Children, Parents, and Business*. David and Lucile Packard Foundation Publication. Retrieved 15 December 2020, from <http://paidfamilyleave.org/pdf/NewbornFamilyLeave.pdf>

24 Heymann, J., Sprague, A. R., Nandi, A., Earle, A., et al. (2017). Paid parental leave and family wellbeing in the sustainable development era. *Public Health Reviews*, 38(21). doi: 10.1186/s40985-017-0067-2

25 Heymann, J. (2001, October 15). *The Widening Gap: Why America's Working Families Are in Jeopardy—and What Can Be Done About It*. New York, NY: Basic Books.

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

27 See e.g., Institute of Medicine. (2008, April 11). *Retooling for an Aging America: Building the Health Care Workforce*, 254. Retrieved 15 December 2020, 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., et al. (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. doi: 10.1093/geront/48.4.495

28 Arora, K., & Wolf, D. A. (2017, November 3). Does Paid Family Leave Reduce Nursing Home Use? The California Experience. *Journal of Policy Analysis and Management*, 37(1), 38-62. doi: 10.1002/pam.22038

29 Biegel, D.E., Katz-Saltzman, S., Meeks, D., Brown, S., & Tracy, E.M. (2010). Predictors of Depressive Symptomatology in Family Caregivers of Women With Substance Use Disorders or Co-Occurring Substance Use and Mental Disorders. *Journal of Family Social Work*, 13(2), 25-44. doi: 10.1080/10522150903437458

30 Boushey, H., & Glynn, S. J. (2012, November 16). *There Are Significant Business Costs to Replacing Employees*. Retrieved 15 December 2020 from Center for American Progress website: <http://www.americanprogress.org/wp-content/uploads/2012/11/CostofTurnover.pdf>

31 See note 15.

32 Ibid.

33 Main Street Alliance. (2018). *The View from Main Street: Paid Family and Medical Leave, 2018 Report*. Retrieved 15 December 2020, from https://d3n8a8pro7vhm.cloudfront.net/mainstreetalliance/pages/886/attachments/original/1567526912/MSA_PFML_Report_-_Phase_1_v3.pdf?1567526912

34 Lake Research Partners. (2017, February). *Polling commissioned by Small Business Majority and Center for American Progress*. Retrieved 15 December 2020, from <http://www.smallbusinessmajority.org/sites/default/files/research-reports/033017-paid-leave-poll.pdf>

35 National Partnership for Women & Families (2020, November). *Voters Show Bipartisan Support for Permanent Paid Sick Days and Paid Family and Medical Leave*. Retrieved 15 December 2020, from <https://www.nationalpartnership.org/our-work/resources/economic-justice/voters-show-bipartisan-support-for-permanent-paid-sick-days-and-paid-family-and-medical-leave.pdf>

36 Perry Udem Research and Bellwether Consulting. (2018, October). *Voters' Views on Paid Family + Medical Leave*. Retrieved 15 December 2020, from <http://www.nationalpartnership.org/our-work/resources/workplace/paid-leave/voters-views-on-paid-family-medical-leave-survey-findings-august-2018.pdf>

37 Lake Research Partners and MomsRising.org (2018, February). *Interested Parties Memo on Key Findings from Recent Qualitative Research*. Retrieved 15 December 2020, from https://s3.amazonaws.com/s3.momsrising.org/images/MomsRising_LPR_Interested_Parties_memo_on_paid_leave.pdf