



RESEARCH REPORT

Understanding Equity in Paid Family and Medical Leave Programs

Literature Review and Landscape Analysis

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Understanding Equity in Paid Family and Medical Leave Programs

Access to publicly financed paid family and medical leave benefits is expanding in the United States. Without a national paid family and medical leave policy, state programs have made significant strides in extending workers and their families access to paid leave benefits. In the most recent year for which data is available, over \$14.8 billion in paid family and medical leave benefits were paid on over 1.6 million worker claims across seven state programs that were operational in 2023 and had complete data available.¹ These benefits replace wages for workers who need to take time away from work to address their own serious medical condition, care for a family member with a serious medical condition, or bond with a new child. By 2026, five more states will have fully operational paid family and medical leave benefit programs, bringing the total to 14, with more states actively considering legislation. As these programs mature and new programs begin, states are seeking ways to improve coverage and access to benefits for all workers and to increase take-up among groups of workers with historically low take-up rates, those who report higher levels of unmet need for leave, and those who face barriers to accessing benefits. In addition, federal policymakers can incorporate lessons learned from state programs into proposals to establish a national paid family and medical leave program.

In this report, we review data and literature on current patterns in access, need, and take-up of paid family and medical leave benefits, including disparities by gender, race and ethnicity, income, marital status, occupation, and employment status. We then discuss policy design factors and implementation practices that could affect equitable take-up and usage of paid leave benefits. We conclude by summarizing current gaps in the literature and areas for future research.

¹ This estimate is based on benefits and claims data contained in annual reports for California, Connecticut, Massachusetts, New Jersey, New York (Paid Family Leave only), Rhode Island, and Washington. Estimate reflects the most recent year for which state data is available. Data for the District of Columbia, Oregon, and New York's Temporary Disability Insurance program were incomplete and have been omitted from these calculations.

Access to Paid and Unpaid Family and Medical Leave

Since the enactment of the Family and Medical Leave Act (FMLA) in 1993, which provides covered workers with the right to take unpaid leave for qualifying reasons, the percentage of workers with access to both unpaid and paid family and medical leave has increased overall but remains low. In addition, significant disparities exist along sociodemographic, employment, and occupational categories. According to the U.S. Bureau of Labor Statistics (BLS), a substantial majority of the civilian workforce (90 percent) have access to *unpaid* family leave—leave to bond with a new child or care for a family member with a serious medical condition—through their employers, largely because of the FMLA.² However, despite more than doubling over the last decade, only a minority of workers, 27 percent in March 2023, have access to *paid* family leave. The United States stands apart from other developed countries in its lack of universal paid family leave. Among Organisation for Economic Co-operation and Development countries, the United States is the only one that offers no national legal entitlement to paid leave.³

² “What Data Does the BLS Publish on Family Leave?” U.S. Bureau of Labor Statistics, last updated September 21, 2023, <https://www.bls.gov/ebs/factsheets/family-leave-benefits-fact-sheet.htm>.

³ “PF2.1. Parental Leave Systems,” OECD Family Database, last updated February 2024, https://www.oecd.org/els/soc/PF2_1_Parental_leave_systems.pdf.

TABLE 1
Types of Leave

Type	Description
Parental or bonding	Leave to care for and bond with a new child (including biological, adopted, or foster children). ^a Includes both maternity and paternity leave. Often referred to as family leave when also combined with caregiving leave.
Caregiving	Leave to care for a family member with a serious health condition. Qualifying family members can vary, but at a minimum include children, spouses, and parents. ^a Often referred to as family leave when also combined with parental or bonding leave.
Medical	Leave to care for a worker’s own disability or serious illness lasting weeks or months. In the United States, medical leave is typically described as distinct from sick leave, which is most often used for routine preventative and medical care or a short bout of illness, such as the flu that requires days—but not months—to recuperate. ^a Medical leave is a term that may also be used to refer to public temporary disability insurance (TDI) and public or private short-term disability insurance (SDI).
Paid leave	Refers to leave taken from work for certain qualifying reasons during which the worker receives full or partial pay. There is currently no federal paid family and medical leave benefit program for the private sector. ^b
Unpaid leave	Time away from work without compensation. This type of leave typically includes job protection and continuation of workplace benefits, such as health insurance. The Family and Medical Leave Act (FMLA) is a federal law that guarantees job-protected, unpaid time away from work to eligible workers for qualifying reasons. Some states have additional protections that go beyond the FMLA. ^b

Source: Authors’ descriptions of types of leave.

Notes: The FMLA and state programs include additional reasons for leave, which are not the focus of this literature review. Other reasons for leave include the following (access varies by state): certain purposes arising out of employee or employee family member experiencing violence, abuse, harassment, assault or stalking, qualifying exigency arising out of spouse, child or parent being on active duty, serving as an organ or bone marrow donor, caring for a family member who is a servicemember.

^a Sawhill, Isabel V., Sarah Nzau, and Katherine Guyot, *A Primer on Access to and Use of Paid Family Leave*. (Washington, DC: The Brookings Institution, 2019), <https://www.brookings.edu/articles/a-primer-on-access-to-and-use-of-paid-family-leave/>.

^b “Paid Leave,” U.S. Department of Labor, accessed February 9, 2024, <https://www.dol.gov/agencies/wb/featured-paid-leave>.

Access to paid medical leave, also referred to as short-term disability or temporary disability insurance, is higher but has increased by a smaller amount over the last decade. Data from the National Compensation Survey show that 37 percent of civilian workers had access to short-term disability plans in 2014 compared with 41 percent in 2023.⁴ One Center for American Progress study estimates that lack of access to paid family and medical leave benefits costs “U.S. workers and their families \$22.5 billion each year in lost wages.”⁵

⁴ “Percent of Civilian Workers with Access to Short-Term Disability Plans,” U.S. Bureau of Labor Statistics, accessed February 7, 2024, <https://beta.bls.gov/dataViewer/view/timeseries/NBU1160000000000028248>.

⁵ Pronita Gupta and Tanya L. Goldman, letter to Joan Harrigan-Farrelly, September 14, 2020.

In the following sections, we discuss how access to paid family and medical leave (PFML) varies by sociodemographic and employment factors, drawing on research and several nationally representative surveys. Although some surveys explore access to family and medical leave document perspectives provided by employees, others focus on employers or provide data from both. These perspectives, perhaps unsurprisingly, produce different results about family leave, including access to benefits and the gender gap in access to paid leave. Table 2 summarizes a short summary of key family and medical leave surveys referenced in the sections below.

TABLE 2
Primary Survey Sources

Survey name	Use and methodology
American Time Use Survey (ATUS) Leave and Job Flexibilities Module	
<i>Sample size</i>	26,400 respondents (2017–18)
<i>Represented workers</i>	Civilian, noninstitutionalized individuals residing in occupied households in the United States that are at least 15 years old
<i>Use</i>	Contains information related to workers’ access to paid and unpaid leave from their jobs, and their ability to adjust their work schedules and locations
<i>Limitations</i>	Information on secondary activities is not collected, ^a survey estimates are subject to nonsampling errors
<hr/>	
National Compensation Survey (NCS)	
<i>Sample size</i>	14,720 civilian establishments (2023)
<i>Represented workers</i>	Workers in private industry and state and local government establishments from all 50 states and DC
<i>Use</i>	Allows for annual comparisons in access, need and take-up of leave benefits by occupational group and establishment ownership. The NCS also provides data on access to employer-provided benefits and the features of benefit plans, including family and medical leave
<i>Limitations</i>	Participation is voluntary; Limited to civilian workers in the private and public economic sectors
<hr/>	
FMLA Employee Survey	
<i>Sample size</i>	4,470 employees (2018)
<i>Represented workers</i>	Non-institutionalized adults aged 18 or older who lived in the United States and were employed for pay in the 12 months prior to survey participation
<i>Use</i>	Allows for useful subgroup comparisons and an analysis of disparities in access, need and take-up of leave benefits by key demographic, socioeconomic and employer-related characteristics
<i>Limitations</i>	Reports are primarily focused on trends in unpaid family and medical and do not contain information on self-employed individuals

Survey name	Use and methodology
FMLA Employer Survey	
<i>Sample size</i>	2,206 worksites (2018)
<i>Represented workers</i>	United States worksites of covered and noncovered privately owned employers ^b
<i>Use</i>	Estimates the FMLA usage rates and examines the perceived impact of leave on U.S. private business establishments
<i>Limitations</i>	See FMLA Employee Survey; Survey does not include information on government and quasi-government units

Sources: “American Time Use Survey: 2017-18 Leave Module,” (Washington, DC: U.S. Bureau of Labor Statistics, 2019), <https://www.bls.gov/tus/modules/modules.htm>; “American Time Use Survey User’s Guide: Understanding ATUS 2003 to 2023.” (Washington, DC: US Bureau of Labor Statistics, 2024), “National Compensation Survey Respondents: Frequently Asked Questions (FAQs),” U.S. Bureau of Labor Statistics, accessed August 1, 2024, <https://www.bls.gov/respondents/ncs/faqs.htm>; “National Compensation Measures: Sample Design,” U.S. Bureau of Labor Statistics, accessed August 1, 2024, <https://www.bls.gov/opub/hom/ncs/design.htm>; “National Compensation Survey,” U.S. Bureau of Labor Statistics, 2023, <https://www.bls.gov/ebs/publications/employee-benefits-in-the-united-states-march-2023.htm>.

Brown, Scott, Jane Herr, Radha Roy, and Jacob Alex Klerman, *Employee and Worksite Perspectives of the Family and Medical Leave Act: Executive Summary for Results from the 2018 Surveys*. (Rockville, MD: Abt Associates, 2020),

https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHD_FMLA2018SurveyResults_ExecutiveSummary_Aug2020.pdf ; Pacer, Julie, Michelle Kahmann, Stan Hsieh, Stas Kolenikov, Michael Witt, Marci Schalk, and Radha Roy. *Employee and Worksite Perspectives of the Family and Medical Leave Act: Methodology Report for the 2018 Surveys*. (Rockville, MD: Abt Associates, 2020).

Note: FMLA = Family and Medical Leave Act.

^a Secondary activities occur at the same time as primary activities.

^b Worksite refers to the single physical location or address where business is conducted or where services or industrial operations are performed.

Income

Access to both paid and unpaid leave benefits varies significantly by workers’ income level. Fewer low-wage workers (38 percent), defined as those who make less than \$15 per hour, are eligible for unpaid leave under the FMLA than higher-wage workers (Brown et al. 2020e). Similarly, approximately 57 percent of workers with earnings in the bottom quartile had access to paid leave compared to 86 percent of workers in the top earnings quartile.⁶ Data from the 2021 [Well-Being and Basic Needs Survey \(WBNS\)](#) further show that access varies significantly even among lower-income employed adults, with 32 percent of those with incomes at or below 100 percent of the federal poverty level reporting access to paid leave compared with twice as many, 64 percent, of those with income between 200 and 400 percent of the federal poverty level (Boyens, Karpman, and Smalligan 2022). Working adults who reported no access to paid leave were also much more likely to report experiencing financial

⁶ “Table 2. Workers with access to paid or unpaid leave by selected characteristics, averages for the period 2017-2018,” U.S. Bureau of Labor Statistics, accessed August 10, 2024, <https://www.bls.gov/news.release/leave.t02.htm>.

hardship, including having less than \$400 in emergency savings, food insecurity, and an unmet need for care due to costs.

Two trends in workforce participation largely explain differences in access to paid and unpaid leave. Compared with higher-earning employees, low-wage workers often have shorter job tenure than paid leave benefit policies require and work fewer hours. A 1999 report for U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE) found that low-wage workers are employed for 20 percent fewer weeks per year than other workers (Lane 1999). Low-wage workers may also be ineligible for paid leave benefits based on their number of hours worked. Many employers only provide benefits to full-time employees, typically defined as those who work between 35 and 40 hours per week. Although most low-wage workers fall in this category, a substantial number (37 percent) work less (Loprest et al. 2009).

Low-wage workers' access to PFML differs depending on the reason for and type of leave. According to 2018 FMLA survey data, 52 percent of low-wage workers reported having access to paid leave for their own illness or medical care, compared with 80 percent of other workers and 73 percent of all employees (Brown et al. 2020a). This aligns with 2023 data from the BLS, which shows a positive correlation between access to short-term disability insurance and income.⁷ Notably, 58 percent of individuals in the top quartile of earners had access to such benefits, compared with 22 percent of workers in the lowest average wage quartile.

Race and Ethnicity

Unequal access to PFML benefits by race and ethnicity is also well documented. Several studies have found that a lower percentage of Hispanic workers, compared with their white non-Hispanic counterparts, have access to PFML. Nearly 55 percent of non-Hispanic white workers reported having access to PFML benefits, compared with a lower percentage of Asian (46 percent), Black (42 percent), and Hispanic (31 percent) workers (Goodman, Richardson, and Dow 2022). These differences remained significant when the researchers controlled for additional demographic and employment characteristics. Workers of color are also less likely to have access to unpaid leave through the FMLA. Results from the 2018 FMLA Employee Survey show that white employees have the highest eligibility rates (58 percent) compared with 57 percent of black workers, 53 percent of Asian workers, and 45

⁷ “Percent of Civilian Workers with Access to Short-Term Disability Plans within the Highest and Lowest 25 Percent Average Wage Category,” U.S. Bureau of Labor Statistics, accessed February 7, 2024, <https://beta.bls.gov/dataViewer/view>.

percent of workers who identify as Native American, Pacific Islander, or more than one race (Brown et al. 2020c). Hispanic employees are also less likely to be eligible for FMLA (52.4 percent). These disparities are primarily driven by worker tenure hours and worksite size differences.

The extent of racial and ethnic disparities in access to PFML benefits also varies by the type of leave. Using four nationally representative datasets, Bartel and colleagues (2019) found that Hispanic workers are significantly less likely than white non-Hispanics to have access to paid parental leave, paid leave to care for a sick family member, paid sick leave, and paid leave for eldercare. In only one instance were no differences observed between the groups: access to paid leave for child care.

Interactive effects between race and gender influence employees' access to paid leave benefits. A study using data from the Bay Area Parental Paid Leave Study of Mothers found that among mothers employed during pregnancy, Black and Hispanic women had significantly lower access to paid leave through their employer or government programs than their white or Asian counterparts (Goodman, Williams, and Dow 2021). This study concluded that unequal access to paid leave exacerbates racial and ethnic inequalities at birth.

One study by the Urban Institute found evidence that a national PFML policy could narrow racial and ethnic disparities in access to PFML benefits. The study assessed how a paid leave policy based on the Family and Medical Insurance Leave (FAMILY) Act would impact equity in access to paid leave (Balu et al. 2022). Using existing data and analysis (Hartmann and Hayes 2021), the study finds that the policy is equity-enhancing. The simulated policy would increase access for all racial and ethnic groups with the largest increases going to those with the lowest access, thereby narrowing gaps in access for Hispanic and Black workers the most. The policy would not result in equal access among all groups, however. The study notes that underemployment, hourly wage employment, and occupational segregation affect access rates to PFML.

Occupation and Employment Status

In a review of 2023 data, the Bureau of Labor Statistics examined trends in access to family leave by sector and occupation. Among members of the civilian workforce, higher access rates were observed for unpaid family leave (90 percent) than paid family leave (27 percent).⁸ Over 40 percent of the civilian workforce also had access to short-term disability plans.⁹ Differences in access to paid leave by

⁸ "What Data Does the BLS Publish on Family Leave?" U.S. Bureau of Labor Statistics.

⁹ "Percent of Civilian Workers with Access to Short-Term Disability Plans," U.S. Bureau of Labor Statistics.

occupation are striking. Individuals in management, professional, and related positions had the greatest access to short-term disability plans and paid family leave benefits (52 percent and 39 percent, respectively), compared with service workers with the lowest accessibility rates (22 percent and 16 percent, respectively).¹⁰

Disparities in access also emerge when analyzing workers' employment status. In general, more full-time employees have access to paid leave than individuals who work part-time. Data from the December 2022 WBNS show full-time workers, specifically full-time employees, as more than twice as likely to report having access to at least one type of paid leave (80 percent) compared with their part-time counterparts (37 percent; Boyens, Karpman, and Smalligan 2022). The large differences between full-time and part-time employees are long-standing, with 2011 employee reports in the American Time Use Survey showing similar differences (Adelstein and Peters 2019). When looking at medical leave in isolation, a similar trend emerges. A March 2023 report by the Bureau of Labor Statistics shows that a higher percentage of full-time private industry workers have access to short-term disability through their employer than part-time workers (51 percent and 22 percent, respectively).¹¹

Self-Employment Status

Seven states with a currently enacted paid leave program allow self-employed people to voluntarily opt into coverage: California, Connecticut, the District of Columbia, Massachusetts, New York, Oregon, and Washington State (Weston Williamson 2023). Eligibility and contribution requirements for self-employed workers often differ from those for covered employers and employees. California requires self-employed individuals who elect coverage to contribute 6.93 percent of their income to the program, whereas other workers pay 0.90 percent. In other states, such as Massachusetts, self-employed individuals are expected to pay both the employee and employer contribution rate to remain eligible for benefits. Connecticut, Oregon, and Washington set self-employed workers' contribution rate equal to those of other employees.

Use of PFML benefits among self-employed workers has remained relatively low. Using state-level data, the Center for American Progress calculated approximate take-up rates of PFML benefits in five states. The percentage of self-employed workers who opted into coverage ranged from 0.06 percent in

¹⁰ "What Data Does the BLS Publish on Family Leave?" U.S. Bureau of Labor Statistics.

¹¹ "Percentage of Private Industry Workers with Access to Employer-Provided Benefits by Work Status," U.S. Bureau of Labor Statistics, accessed February 7, 2024. <https://www.bls.gov/charts/employee-benefits/percent-access-benefits-by-work-status.htm>.

California to 7.39 percent in Massachusetts (Weston Williamson 2023). Most estimates were on the lower side of the spread: 0.12 percent in the District of Columbia, 0.58 percent in Washington State, 1.15 percent in Connecticut, and 3.87 percent in New York.

Several factors inform these trends, according to the Center for American Progress. Unlike employees automatically eligible for state-provided paid leave, self-employed workers must apply and enroll in these programs (Weston Williamson 2023). This may be especially burdensome for individuals in New York, who must opt into coverage within 26 weeks of becoming self-employed or enter a mandated two-year waiting period. Financial barriers may also influence individuals' decision to elect benefits. In some states, such as California, self-employed workers pay comparatively higher contribution rates but receive fewer benefits.

Gender

Researchers identify differences in access to paid leave by gender but do not find similar differences in access to unpaid, job-protected leave. According to the 2017–18 American Time Use Survey Leave and Job Flexibilities Module, women are less likely to have access to employer-provided paid leave than their male counterparts.¹² Differences in the type of job each holds may explain the gap—women are more likely to have part-time positions, whereas men are more likely to work full time (Doran, Bartel, and Waldfogel 2019). Findings from the Urban Institute's 2021 WBNS also highlight that women ages 18 to 34 reported the lowest rates of access to any type of paid leave (Boyens, Karpman, and Smalligan 2022). Because a higher percentage of women assume caregiving roles that take them away from the workforce, their access to paid leave benefits is restricted.¹³ The current FMLA also favors full-time employees by imposing time and work-hour restrictions on receipt of benefits. Specifically, the legislation requires workers to have been employed for at least 12 months and, within this same period, have worked at least 1,250 hours.¹⁴ Despite this, a 2018 FMLA survey data review shows no significant gender differences in eligibility rates for unpaid family and medical leave benefits (Brown et al. 2020e).

Although women are less likely to have access to paid leave benefits overall, this trend is not characteristic of all age groups. Some data show young women, even those in part-time jobs, are more

¹² "Access to and Use of Leave Summary," U.S. Bureau of Labor Statistics, August 29, 2019, <https://www.bls.gov/news.release/leave.nr0.htm>.

¹³ Katherine Schaeffer and Carolina Aragao, "Key Facts about Moms in the U.S." Pew Research Center, May 9, 2023, <https://www.pewresearch.org/short-reads/2023/05/09/facts-about-u-s-mothers/>.

¹⁴ "Fact Sheet #28: The Family and Medical Leave Act," U.S. Department of Labor, last revised February 2023, <https://www.dol.gov/agencies/whd/fact-sheets/28-fmla>.

likely than men to have access to specifically designated paid parental leave (Doran, Bartel, and Waldfogel 2019). However, data from the Urban Institute's WBNS show that access to paid parental leave was lowest among women in the age group most likely to give birth. Approximately 45 percent of women aged 18 to 34 reported having access to parental leave compared with 61 percent of women aged 35 to 49, and 54 percent of women ages 50 to 64 (Boyens, Karpman, and Smalligan 2022).

Marital Status

An analysis of the 2018 FMLA Employee Survey indicates that workers' marital status may impact their ability to access job-protected leave benefits (Brown et al. 2020b). A significantly smaller share of employees in single-parent families (43 percent) had access to unpaid leave at the time of the survey, compared with 63 percent of workers in dual-parent households. Differences in the size of employees' workplaces may be driving this gap. The current FMLA stipulates that, to be covered by the legislation, employees must be at a physical work location where at least 50 employees work within a 75-mile radius. Employees in single-parent households, however, tend to work at sites considered too small to meet this requirement. Of workers deemed ineligible for FMLA due to worksite size, 27 percent came from single-parent families versus 14 percent in dual-parent households (Brown et al. 2020b). Other trends in access likely mimic those observed by gender differences, as employed women are more likely to report being a single parent than employed men (11 percent versus 5 percent; Herr, Roy, and Klerman 2020).

Age

Age-related equity considerations are also important in understanding the implications of a lack of access to paid medical leave. Older workers may be at greater risk of economic hardship due to a serious medical condition. One study compiled 20 years of data from the Health and Retirement Study, a nationally representative panel survey of the elderly and near-elderly and examined a 10-year panel of credit reports for adults in California with hospital admissions (Dobkin et al. 2018). The study found that in the three years after a hospitalization, older workers saw earnings decline by 19 percent—similar to the decline associated with job displacement. For these older workers, higher out-of-pocket medical expenditures posed a hardship, but the loss of earnings was three times larger (Dobkin et al. 2018).

Take-up of Paid and Unpaid Family and Medical Leave

Many workers with access to paid and unpaid family and medical leave still face barriers to taking leave. The most commonly cited barriers to taking needed leave include the inability to afford lost wages and fear of job loss or retaliation. As a result, usage of paid and unpaid leave varies by demographic and employment characteristics of individual workers.

Income

Low-wage workers were more likely than their non-low-wage counterparts to take leave for a qualifying FMLA reason in the 12-month survey reference period—18 percent and 14 percent, respectively (Brown et al. 2020c). Employees who make less than \$15 per hour were also found to take longer leaves on average. Reflecting on their most recent leave spell, low-wage workers were away from work for an average of 31 business days, compared with an average of 27 days by non-low-wage workers. Overall, most leaves taken by both low- and non-low-wage workers are to attend to their own health issues, followed by parental or bonding leave, and then family caregiving leave. However, one California paid family leave study found that overall take-up was lowest among mothers with the lowest incomes (Winston et al. 2017).

Among workers who take leave, non-low-wage and low-wage workers report having very different experiences. Whereas 81 percent of non-low-wage workers received pay while on leave, less than 40 percent of low-wage workers reported the same (Brown, Roy, and Klerman 2020). It is more common for low-wage workers to forgo all earnings while off work, which corresponds to the finding that low-wage workers have more financial difficulty in making ends meet while on leave. Most low-wage workers bridge the gap by limiting their spending or borrowing money, though over a quarter went on public assistance for additional support (Brown et al. 2020c; Brown, Roy, and Klerman 2020). Non-low-wage workers also limited their spending, but they were comparatively more likely to cover lost wages using savings earmarked.

After taking leave, some workers do not return to work. This percentage is higher for low-wage workers (8.8 percent) than for non-low-wage workers (2 percent; Brown et al. 2020c). This is driven in part by job loss after leave. Non-low-wage workers often returned to work because they no longer needed leave or were told they could return by a health care professional, but most low-wage workers

said they wanted to return. Nearly all workers returned to their employers in the same or similar positions as before taking leave. However, compared with 0.5 percent of non-low-wage workers, 6.5 percent of low-wage employees were assigned a worse position. Some workers were not allowed to return at all. As a consequence of taking leave, 18 percent of low-wage workers lost their jobs altogether, in contrast to 5 percent of their non-low-wage counterparts (Brown et al. 2020c).

Race and Ethnicity

In general, a higher percentage of workers who identify as nonwhite take leave for a qualifying FMLA reason. The 2018 FMLA Employee Survey data show that leave-taking is highest among Native American, Pacific Islander, and multiracial employees (20 percent), followed closely by African American workers (19 percent; Brown et al. 2020c). Employed Asian and white individuals were the least likely to take time away from work within the 12-month survey reference period (13 and 14 percent, respectively) but took comparatively longer leave. Based on average leave length, Asian and Native American, Pacific Islander, and multirace workers took more time away from work (30 days) than white (27.9 days) and African American employees (27.3 days). Examining survey results by ethnicity, the data show that, 18.4 percent of employed Hispanic respondents reported taking time away from work within the past year, compared with 14.6 percent of non-Hispanic employees. Despite this, Hispanic workers were out for fewer business days on average (26 business days) than other leave takers (29 business days).

In addition to having higher leave-taking rates, workers from racial and ethnic minority groups are also more likely to experience negative consequences from doing so. Black employees have a particularly difficult time making ends meet when leave is taken, according to an analysis of family leave policies in the United States (Vohra-Gupta et al. 2020; Ybarra and Rosenbaum 2023). This finding is supported by other researchers, who found that Black and Hispanic women are less likely to receive pay from the government or their employer while on leave (Goodman, Williams, and Dow 2021). The researchers suggest gaps in access to information may contribute to this divide. For instance, roughly 75 percent of employed white and Asian women “understood the maternity leave benefits available to them,” as opposed to 54 percent of Black and 54 percent of Hispanic women (Goodman, Williams, and Dow 2021, p. 742).

These trends support literature on social determinants of health (SDOH).¹⁵ Research shows that the conditions in which individuals grow, live, work, and age can significantly influence their health outcomes.¹⁶ Long-standing patterns of discrimination by race and ethnicity can lead to adverse living conditions that are detrimental to an individual's health. Inadequate living conditions, for example, may facilitate the development of chronic diseases and injuries; a child raised in poor-quality housing may become asthmatic due to long-term mold exposure.¹⁷ In addition to environmental factors, people with unmet social needs and barriers to accessing care also have worse health outcomes and higher disability rates.¹⁸ These individuals tend to be low-income earners, children, older adults, and people of color who come from disadvantaged areas.¹⁹ This is consistent with FMLA data that show higher take-up rates of paid leave among workers from racial and ethnic minority groups.

Education Level

The 2018 FMLA Employee Survey results show an inverse relationship between educational attainment and taking leave (Brown et al. 2020d). Specifically, compared with those with some college attendance level, workers with a high school diploma or less were more likely to take leave—26 percent versus 42 percent, respectively. The average length of leave taken for a qualifying FMLA reason also differed by education level. Workers with some college or an associate degree took the shortest leave (26 days), while employees with less education took between 29 and 30 days (Brown et al. 2020c).

The FMLA survey revealed that workers with lower levels of education tend to hold low-wage jobs, and are largely female; African American, or Hispanic; young; and never married (Brown, Roy, and

¹⁵ Social determinants of health are the nonmedical factors that influence health outcomes. They are conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>.

¹⁶ "Social Determinants of Health," Centers for Disease Control and Prevention, last updated May 15, 2024, <https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>.

¹⁷ "Quality of Housing," U.S. Department of Health and Human Services, accessed February 29, 2024, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing>.

¹⁸ "Poverty," U.S. Department of Health and Human Services, accessed February 29, 2024, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>.

¹⁹ "Social Determinants of Health Literature Summaries," U.S. Department of Health and Human Services, accessed February 29, 2024, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries>.

Klerman 2020). Based on this information, trends in take-up of family and medical leave benefits by educational attainment likely align with trends in related categories.

Occupation and Employment Status

To estimate the impact of taking paid leave on economic insecurity and well-being of service workers, Goodman and Schneider (2021) analyzed 2020 data from the Shift Project. Researchers found that 20 percent of service-sector employees reported needing leave for a family- or medical-related reason. Although many did not take leave when needed, those who did experienced significant benefits. Compared with service workers who did not take leave for a qualifying event or took unpaid leave instead, those using paid leave reported significantly less difficulty making ends meet, hunger, and utility-payment hardship and experienced better sleep quality. Service workers who took paid leave were also better positioned to deal with unexpected economic shocks and were generally happier than other workers. For example, 76 percent of service workers who took paid leave reported being “very/pretty happy” compared with 63 percent of workers who took unpaid leave. Interestingly, few differences existed in the economic insecurity and well-being of service workers who took unpaid leave and those who did not.

Gender

Overall, 15 percent of respondents to the 2018 FMLA survey took unpaid family or medical leave at some point in the last 12 months (Brown et al. 2020d). Of these individuals, a slightly higher percentage were women (18 versus 14 percent), which is consistent with the finding that women are more likely to need leave than men (Herr, Roy, and Klerman 2020). However, women are less likely to receive pay while on leave, regardless of the length of time taken. Across all leave types, 55 percent of men and 32 percent of women receive full pay while on leave, compared with 25 and 41 percent, respectively, who receive no pay (Herr, Roy, and Klerman 2020). Consistent with these results, women who receive less than full pay (e.g., partial or no pay) while on leave recall some level of difficulty making ends meet, such as needing to borrow money, put off paying bills, or going on public assistance, whereas men use earmarked savings. The gender wage gap, which refers to the difference in earnings between men and women, helps to explain this trend. Estimates suggest that the average woman working full time makes roughly 82 cents for every dollar made by a male counterpart, making it more difficult for women to amass savings, build wealth, and achieve economic security (Kochhar 2023). In addition, women take comparatively longer leaves. In the 2018 FMLA Employee Survey, women were off for an average of 35

business days versus 21 days among men (Brown et al. 2020c). Examining the data by the type of leave taken, the same pattern emerges: women took more time away from work to attend to their own illness or to care for another person (Herr, Roy, and Klerman 2020). The biggest difference in length of leave between men and women, however, is in the number of days taken for qualifying events related to a new child. Women took an average of 54 business days off for this reason, compared with just 18 business days for men.

Marital Status

Based on data from the 2018 FMLA surveys, a greater share of employees from single-parent households, 29 percent, took leave than those in dual-parent families (which also includes partnered couples without children), 19 percent of who reported taking leave in the past year for an FMLA qualifying reason (Brown et al. 2020b, 2020d). In many instances, workers needed leave to care for a child under the age of 18 (21 percent) rather than for someone over 65 (17 percent).

The experience of taking family and medical leave benefits is not the same for women in single- or dual-parent households, however (Herr, Roy, and Klerman 2020). Sixty-seven percent of women in dual-parent households receive at least partial pay while out of the office, while their counterparts in single-parent households are more likely to go without pay. This divide is particularly pronounced among women who take leave for extended periods of time (≥ 41 business days). Compared with 49 percent of single women, only 12 percent of women from dual-parent households did not receive pay while on leave. It follows that more than twice as many single women report having a much more difficult time making ends meet while on leave than partnered women who may have multiple income sources. Single women typically borrow money or receive public assistance to cover reduced earnings. Partnered women, on the other hand, use savings to fill the gap.

Among females taking leave, single-parent women were more likely to experience negative consequences from taking time away from work (Herr, Roy, and Klerman 2020). Specifically, a greater share of single women lost their jobs or missed out on opportunities for advancement from taking leave.

Unmet Need for Paid and Unpaid Family and Medical Leave

In recent years, there has been an uptick in the number of employees who report needing leave for a qualifying FMLA event but do not take it. In the discussion of family and medical leave policies, this phenomenon is commonly referred to as “unmet need.” Over a six-year period, the percentage of workers who indicated having an unmet need on the FMLA survey rose by 5 percentage points—from 2 percent in 2012 to 7 percent in 2018 (Brown et al. 2020b). Unmet need for leave varies by the reason for needing leave and demographic characteristics of workers.

Type of Leave

Workers have the greatest need to take leave for their own medical conditions. According to the American Time Use Survey, approximately 8.7 percent of workers reported not being able to take the leave that they needed (whether paid or unpaid) and of this group, the most common reason for needing to take leave was to address their own medical condition (35.8 percent).²⁰ Data from the National Health Interview Survey shows that approximately 35 percent of workers took one to five days off work due to illness or injury, and 11 percent of workers took six or more days off work in 2018 (Rachidi et al. 2020). From 1997 to 2018, the percentage of employed individuals who reported taking no leave for their own medical conditions ranged from 50 to 60 percent and varied little by age. The percentage of workers ages 45 and older who reported taking six or more days of leave was slightly higher than for those under age 45, 10.4 percent compared with 8.1 percent, respectively. Workers with less education and lower incomes reported relatively more days of leave (Rachidi et al. 2020).

Income

Data from the 2018 FMLA Employee Survey show notable differences between low-wage and non-low-wage workers’ need for leave (Brown et al. 2020c). Among employees with an unmet need for leave in the year immediately preceding survey participation, a greater share were low-wage employees—9

²⁰ U.S. Bureau of Labor Statistics, “Economic News Release: Access to and Use of Leave, Table 7: Workers Who Needed to Take Leave from Their Jobs but Did Not Take It: Reasons for Needing to Take Leave by Selected Characteristics, Averages for the Period 2017–2018,” Press release, August 29, 2019, available at <https://www.bls.gov/news.release/leave.t07.htm>.

percent compared with 6 percent of non-low-wage workers. In many instances, time away from work was needed for a qualifying FMLA event, such as attending to one’s own health (55 percent), caring for another person (35 percent) or for reasons related to a new child (11 percent). Despite needing leave at higher rates, many low-wage workers do not take it even when it is available. When asked for the reason driving their decision, nearly three-fourths of respondents said they couldn’t afford to take unpaid leave or were worried they might lose their jobs. Non-low-wage employees who did not take needed leave were more likely to report that they wanted to save leave time for future use.

The amount of leave needed by each group also differs. Reflecting on the previous 12 months, low-wage employees recalled needing to take leave on three separate occasions, compared with two by non-low-wage workers (Brown et al. 2020c). This finding is consistent with research that shows low-wage workers tend to have poorer health outcomes and assume caregiving positions at higher rates than their counterparts. For example, a study of the effect of the COVID-19 pandemic on the workforce found that women, particularly those in low-wage jobs, were 3.5 times more likely to need time away from work during the pandemic to care for a loved one.²¹ These patterns likely contribute to the gap in unmet need for leave benefits between low-wage and non-low-wage workers.

Race and Ethnicity

Gaps in need for PFML benefits also vary by workers’ racial and ethnic identity. Overall, the 2018 FMLA Employee Survey shows that a higher percentage of African American employees (11 percent) reported not taking leave when it was needed than their white and Asian counterparts (6 percent; Brown et al. 2020c). Hispanic workers were also more likely to forgo leave when it was needed compared with employees from non-Hispanic backgrounds.

Data from the 2012 FMLA Employee Survey show that Black women are more likely to forgo leave when needed than both white males and females (Vohra-Gupta, Kim, and Cubbin 2020). The Center for American Progress reached a similar conclusion in a 2022 analysis using the Department of Labor’s Worker PLUS model. The analysis showed that “in a given year, approximately 2.9 million leaves are needed by working Black women, but 1.1 million—or 38 percent—are not taken.”²² At least part of this

²¹ Laura Santhanam, “Why Millions of Americans Feel They Must Choose between Caring for Loved Ones and Work,” PBS News Hour, October 12, 2021, <https://www.pbs.org/newshour/economy/the-pandemic-was-a-breaking-point-for-caretakers-will-it-be-a-turning-point>.

²² Jessica Mill, Jocelyn Frye, and Maggie Jo Buchanan, “Black Women Need Access to Paid Family and Medical Leave,” Center for American Progress, March 4, 2022, <https://www.americanprogress.org/article/black-women-need-access-to-paid-family-and-medical-leave/>.

gap can be explained by the role many Black women hold within their household: breadwinner. The prospect of forgoing potential earnings may be a barrier for employed Black women to take family or medical leave. These findings support those observed for individuals in low-wage jobs, a disproportionate share held by Black women (Loprest et al. 2009). Higher odds of unmet needs were also observed for employed Latina women than for white working men (Vohra-Gupta, Kim, and Cubbin 2020).

Gender

Among workers with access to FMLA benefits, a greater share of women report needing leave from work for a qualifying reason than men—24 percent and 17 percent, respectively (Herr, Roy, and Klerman 2020). This divide will likely widen as the American population continues to age. By 2030, the Women’s Bureau notes that “all baby boomers will be 65 or older, and many will require some form of care.”²³ Because women are more likely to assume caregiving roles, need for family and medical leave benefits among this group could be expected to increase.²⁴ Though the incidence of needing leave may differ, women and men often need leave for similar reasons (Herr, Roy, and Klerman 2020). An almost equal percentage of women and men needed time away from work to care for another person, attend to their own illness, or bond with a new child.

Women report also more frequently having an unmet need for leave than men. In the 12 months immediately preceding a 2018 survey, this was more common among employed women (9 percent) than employed men (6 percent; Herr, Roy, and Klerman 2020). Workers reported forgoing needed leave primarily due to financial considerations and concerns over workplace retaliation (Brown et al. 2020c).

²³ “Paid Family and Medical Leave Fact Sheet,” U.S. Department of Labor, accessed February 5, 2024, <https://www.dol.gov/sites/dolgov/files/WB/paid-leave/PaidLeavefactsheet.pdf>.

²⁴ “Caregiving in the U.S. 2020,” National Alliance for Caregiving and AARP, accessed February 5, 2024, <https://www.aarp.org/content/dam/aarp/ppi/2020/05/infographic-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.002.pdf>.

Policy Design and Equitable Access

State PFML programs contain several policy design levers that potentially affect equitable access to and take-up of benefits and have the potential to address the disparities described above. In addition, implementation practices can also affect equitable access to and use of paid leave. However, significant research gaps exist on the impact of state policies and practices.

Child Trends made an equity assessment through a systematic literature review on family and medical leave. Child Trends concluded,

First, no study estimates the causal impact of FML on selected outcomes due to data limitations and the lack of studies with experimental research designs. No randomized controlled trial of the FMLA has been conducted because the law was implemented all at once at the national level, leaving no straightforward way to conduct random assignment of workers. Paid FML studies face similar issues: the implementation of state paid FML policies is not randomly assigned. Similar to the FMLA, paid FML has only been studied quasi-experimentally, rather than experimentally. (Joshi et al. 2020, p. 18)

Similarly, lack of state-level data has further inhibited research on variations in policy design and implementation among the state programs. Despite this, experience from state paid leave administrators, community advocates, and other experts has been used to inform recommendations for designing equitable and inclusive PFML programs. For example, Child Trends (Carlson et al. 2023), Diversitydatakids.org (Joshi et al. 2020), the Robert Wood Johnson Foundation (Robert Wood Johnson Foundation 2023), the Center for Law and Social Policy (Gupta, Vorgetts, and Goldin 2021), and New America (Zucker 2021) have compiled recommendations of ways to enhance equity in PFML. In addition, the nature of certain policy design features of state paid leave programs provides a basis for determining the expected directional effects of policy alternatives. Program implementation practices can also affect equitable outcomes in paid leave programs. In the next two sections, we explore key policy levers and implementation practices and how they are currently used by states to enhance equitable access to and use of paid leave.

Policy Levers to Improve Equity in Paid Leave Programs

Currently, all comprehensive state PFML programs follow a social insurance model where benefits are financed by a combination of employer and employee contributions, and benefit amounts are tied to prior earnings levels. State PFML programs share many other common program elements designed to meet the care needs of workers and their families. These elements are potential policy levers that can

enhance or reduce equitable access to and take-up of paid leave. Below we identify nine key policy levers and variations across existing state programs and their impact: Coverage and eligibility, wage replacement rates, waiting periods, job protections, definition of family, intermittent leave, private plans, return-to-work supports and accommodations, and small business incentives.

Worker Coverage and Eligibility

For workers to receive benefits from a PFML program, they must meet coverage and eligibility requirements set forth by the legislation enacted in each state. Worker coverage rules determine which employees and employers are subject to PFML laws, including who contributes toward benefits financing. In addition, workers who receive benefits must be found eligible based on a qualifying event, such as the birth of child or experiencing a serious health condition as defined under program rules.

In state programs, worker coverage may be based on a mix of factors, including length of tenure with a current employer, hours worked, earnings during a specified base period, or employment location. Some states utilize both employment- and wage-based requirements. For example, workers in New Jersey must have 20 weeks of work earning at least \$260 weekly or \$13,000 to qualify for paid leave. More commonly, states rely on a measure of workers' wages to determine coverage, including California, Colorado, Connecticut, DC, Oregon, Massachusetts, and Rhode Island.²⁵ Of these locations, DC has the least restrictive criteria, allowing workers to have *any amount of income* in the base period. Eligibility in the remaining state programs is based on hours or weeks worked. New York requires workers to have 26 weeks of consecutive full-time employment or 175 part-time working days with a single employer to qualify, whereas Washingtonians must work 820 hours. These differences make it difficult to compare state worker coverage criteria.

Excluding some workers, establishing minimum requirements on hours worked, earnings, or months of tenure can reduce access to paid leave, mostly for those with lower incomes and who also have greater need for leave. In an investigation of leave experiences of low-wage workers, Brown and colleagues simulated the effect of different worksite, tenure, and hours worked requirements on FMLA eligibility rates. Under the FMLA, an eligible employee must work for an eligible employer for at least 12 months and have at least 1,250 hours of service before taking leave. Covered employers include those with 50 or more employees within a 75-mile radius, public agencies like federal, state, and local

²⁵ "State Paid Family Leave Laws Across the U.S.," Bipartisan Policy Center, accessed March 21, 2024, <https://bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/>.

government offices, and local educational agencies.²⁶ When the number of hours worked per week was reduced from roughly 24+ hours to 10 hours per week or more, the percentage of low-wage workers who had access to unpaid leave increased from 38 percent to 43 percent (Brown, Roy, and Klerman 2020). Another study examined these effects for all employees. If the same reduction were employed, the number of covered workers would increase by over 4.5 million (Gitis and Sprick 2022). The biggest effect, however, was observed when loosening employment tenure requirements. When the required tenure was shortened from 12 months to 3 months, the percentage of low-wage workers eligible for FMLA leave increased by 8 percentage points. In all simulated conditions, non-low-wage workers were also better off.

Worker exclusions and complicated earnings and tenure requirements may also cause confusion among employers and workers regarding employee eligibility for benefits, thereby reducing participation (Winston et al. 2017). Apart from New York, all states with an active paid leave program offer some level of flexibility in calculating tenure or earnings to determine worker coverage (Weston Williamson, Leiwant, and Kashen 2018). Workers in Washington State, for instance, may combine hours worked across jobs or employers to satisfy the state’s work requirement. This is especially important for nonstandard workers, such as part-time and low-wage individuals, who have less stable employment and are more likely to work multiple jobs (Weston Williamson, Leiwant, and Kashen 2018). Exclusions of certain workers or employers may also lead to the loss of benefits when workers change jobs from a covered to a noncovered job. Additional studies examining alternative eligibility criteria’ impact on knowledge of and access to paid and unpaid leave benefits are needed.

Wage Replacement

Wage replacement rates can affect equity in PFML programs. Research shows that many individuals forgo leave when it is needed due to cost considerations. This is consistent with a report from Child Trends, which found that reimbursement is an important factor in workers’ decision to take time away from work (Carlson et al. 2023). A study of California’s paid leave program revealed that, among workers who knew the program existed, roughly a third “did not apply for the benefits because the wage replacement was too low” (Gupta, Vorgetts, and Goldin 2021, p. 5). Insufficient reimbursement may disproportionately impact low-wage workers, who have less discretionary income to make up for lost wages and often believe they cannot afford to take time away from work (Brown et al. 2020c; Gupta, Vorgetts, and Goldin 2021). To promote more equitable take-up of PFML, and to ensure that

²⁶ For more details on employer coverage, see “Family and Medical Leave Act,” U.S. Department of Labor, Wage and Hour Division, accessed March 15, 2024, <https://www.dol.gov/agencies/whd/fmla>.

families can continue to pay for necessities while on leave, evidence suggests that the benefits be set at or above 80 percent of wages (Carlson et al. 2023). Newer paid leave programs have adopted progressive wage replacement rates that exceed this threshold for workers with lower wages, while legacy states often have lower reimbursement levels. Benefits range from 60 percent of wages in Rhode Island (2014) to 100 percent for lower-wage workers in Oregon (2023; Shabo 2024).

The structure of wage replacement varies by state. In some states, a single fixed rate is given to all employees regardless of income level. New Jersey is a clear example of this model, as all workers receive up to 85 percent of their average weekly wage through PFML (Shabo 2024). Tiered approaches have become more popular in paid leave states, especially in newer programs. Progressive replacement rates can address existing inequalities in paid leave and help states save money in the long term (Carlson et al. 2023). In fact, lower-wage workers may benefit the most from these funding structures, as a higher portion of their wages can be replaced. Connecticut, for instance, has a wage replacement rate of 95 percent for the lowest-income earners in the state (Shabo 2024). A blended, or sliding scale, rate is used for all other workers. Among the states with a currently enacted paid leave program, six use this approach: Colorado, Connecticut, DC, Massachusetts, Oregon, and Washington.

Most states have also implemented a cap on maximum benefits to ensure program benefits are targeted to those who need them the most and to be consistent with the cap on taxable wages used to fund state programs. These restrictions, which vary by state, reduce the relative benefits received by individuals with higher income levels. All workers with wages above the threshold receive the same benefit amount. Caps on maximum weekly benefit amounts are typically equal to some proportion of the state average weekly wage, which adjusts for increases in average wages. These values range from \$1,620 in California to \$941.40 in Connecticut.²⁷

Waiting Periods

Six state PFML programs currently require workers to wait seven days between claim approval and receipt of medical leave or temporary disability insurance benefits: California, New Jersey, New York, Rhode Island, Washington, and Massachusetts.²⁸ Waiting periods may be paid or unpaid, and the time often counts against workers' total available leave. This practice is consistent with how most employer-provided short-term disability insurance plans operate. It is less common for states to implement a

²⁷ "2024 State Disability and Paid Leave Reference Guide," The Standard, last updated July 2024, <https://www.standard.com/eforms/19866.pdf>.

²⁸ "State Paid Family and Medical Leave Insurance Laws," National Partnership for Women and Families, July 2024, <https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf>.

waiting period for family-related leave. Of the 10 states with a currently operating PFML program, 8 have no such requirement for family leaves. Massachusetts and Washington stand out for their variable policies. In Washington, workers must wait seven calendar days to receive benefits for family care and one day for bonding leave. Massachusetts, on the other hand, has a seven-day waiting period for all leave except for family leave taken immediately after a period of medical leave for pregnancy or childbirth recovery.

The unpaid nature of benefit waiting periods may disproportionately impact low-wage workers. As mentioned previously, a greater share of low-wage workers report being unable to take leave when needed due to financial considerations. Because low-wage workers are also “much less likely than other workers to have paid sick days or other sources of paid time off to use from their jobs” to bridge the week-long gap in income, these individuals may be dissuaded from using PFML.²⁹ Some advocates recommend eliminating waiting periods for this reason. In a blog post for the Center for Law and Social Policy, Nat Baldino applauded DC’s removal of this requirement, noting that it would allow families to receive benefits when they are needed.³⁰ This change would also expand leave access for workers who may have been previously dissuaded by the gap between approval and receipt of benefits. Waiting periods may also be complex to administer, according to Vicki Shabo of New America.³¹

Though the discussion of waiting periods tends to emphasize its drawbacks, others highlight its potential benefits. In a joint policy proposal for a federal PFML program, Byker and Patel briefly discuss the importance of waiting periods in deterring leave-taking for short times and temporary illnesses (Byker and Patel 2021). Among their recommendations, the Brookings Institution-Hamilton Project collaborators suggested a one-week medical leave-only waiting period. Other experts have gone further, proposing waiting periods of up to two weeks. To this effect, a working group on paid family leave with members from the American Enterprise Institute and Brookings Institute published a report examining paid leave in the United States and abroad. As part of their analysis, the authors discussed a handful of then-current proposals for paid parental, family care, and medical leave, providing guidance on certain policy design elements. In formulating their own federal policy, the group believed that a longer waiting period—up to two weeks—should be used to minimize the costs of providing paid leave

²⁹ Vicki Shabo, “Explainer: Family and Medical Insurance Leave (FAMILY) Act of 2023,” *New America* (blog), May 18, 2023, <https://www.newamerica.org/better-life-lab/blog/explainer-family-and-medical-insurance-leave-act-family-act-of-2023/>.

³⁰ Nat Baldino, “CLASP Applauds DC Council’s Vote to Strengthen Paid Family Leave,” *Center for Law and Social Policy* (blog), August 11, 2021, <https://www.clasp.org/blog/clasp-applauds-dc-council-s-vote-strengthen-paid-family-leave/>.

³¹ Vicki Shabo, “Explainer: Family and Medical Insurance Leave (FAMILY) Act of 2023.”

(Mathur et al. 2018). This approach, they recognized, would also leave many workers without pay for leaves shorter than two weeks, which creates equity concerns.

Job Protection

Job protections are a crucial component of family and medical leave policies. The FMLA is a principal source of job protection for leave-takers. Currently, the FMLA requires covered employers to restore employees to their original position, or an equivalent one, once their unpaid leave has expired.³² The act also safeguards against retaliatory actions taken after an individual has returned to work. The number of shifts assigned to an employee may not change, for example, because a request for leave was made or time away from work was taken. It should be noted that these guarantees only apply to employees eligible for unpaid FMLA leave under a covered employer. According to estimates from the 2018 FMLA survey, 56 percent of employees are eligible for leave under the FMLA (Brown et al. 2020c).

According to a report by the Center for American Progress, 20 states, including Washington, DC, also have their own state-based family and medical leave or job protection laws that apply to one or more types of leave (Weston Williamson 2023). The job protections offered to workers taking leave may include the right to reinstatement after taking leave, continuation of health insurance coverage while on leave, and protection from discrimination or retaliation. These laws differ from the federal FMLA in various ways. Some states cover significantly more workers and additional types of leave and may offer different combinations of job protections compared with the federal FMLA. For example, some states only cover employees of businesses with 100 employees, as in Hawaii, while California laws cover businesses with 5 or more employees.

The Americans with Disabilities Act (ADA) is also an important source of job protection for people taking medical leave. Many workers with new serious health conditions may not know that they have a disability under the ADA which may entitle them to job accommodations, including the right to job-protected leave (Smalligan and Boyens 2020a). The ADA covers more employers than the FMLA, thereby expanding the protected pool of workers. Importantly, there is evidence that intervening early to provide services that support returning to work after illness and injury is the most effective way to improve health and employment outcomes for workers.

³² “Fact Sheet #28: The Family and Medical Leave Act,” U.S. Department of Labor.

Definition of Family

One factor that can affect the equitable design of a PFML program is the definition of family used to determine which relationships qualify for leave when a family member has a serious medical condition. Under the FMLA, an employee may take family caregiving leave to care for a child, parent, or spouse. In 2015, the FMLA regulations clarified that a spouse includes a husband or wife recognized by state law, thereby allowing same-sex partners to be recognized.³³ State PFML programs are typically more inclusive and allow leave to care for siblings, grandparents and grandchildren (Weston Williamson 2024). Some states also allow workers to take time away from work to care for a chosen family member, though these policies are less common and inconsistently applied.

An inclusive family definition is important to achieving equitable access and outcomes in paid leave due to the changes in modern family structure and composition of families today. A report for the Center for American Progress describes why changes are needed in paid leave to accommodate diverse family structures, saying that “many LGBTQ individuals forge close relationships with friends and informal support networks—known as chosen families—especially since [they] too often face extreme stigma within their biological families and communities” (Bowman et al. 2016). Since these connections are not typically encompassed within state leave policies, LGBTQ individuals may be unable to take leave when it is needed to care to the same extent as their coworkers.

Similarly, approximately 85 million Americans live in extended families as of 2014—a 27-percentage point increase from 2001 (Bowman et al. 2016). Among those who reported living in a multigenerational or nonnuclear family, a disproportionate share were people of color, low-income families, and single-parent households. In fact, data from Child Trends showed that “12 percent of families with low incomes report living with at least one grandparent, and 8 percent report sharing a household with someone other than a grandparent. Furthermore, 18 percent of single-parent-headed families with low incomes live with at least one grandparent, and 8 percent live with someone other than a grandparent” (Kim, Logan, and Scott 2023, p. 5). An even higher percentage of children from families of color reported living with a grandparent. This family structure was most common among American Indian and Alaska Native children (21 percent), followed by Asian (18 percent), Black (17 percent), and Latino (15 percent) households.

Expanded definitions of family have little to no impact on state paid leave insurance funds, according to a report by the Washington Employment Security Department (WESD). In July 2021, legislators enacted Engrossed Substitute Senate Bill (ESSB) 5097—an act that expanded coverage of

³³ “Final Rule to Revise the Definition of ‘Spouse’ Under the FMLA,” U.S. Department of Labor, accessed February 6, 2024, <https://www.dol.gov/agencies/whd/fmla/spouse>.

PFML by allowing workers to take time away from work to care for “any individual who regularly resides in the [worker’s] home or where the relationship creates an expectation that the [worker] care for the person, and that individual depends on the [worker] for care” (DeFour 2023, p. 1). Data from the first two years of operation show that the expansion accounted for 0.2 percent of claims and 0.2 percent of approved benefit payments.³⁴ Most 5097 expanded family member claims were related to an individual’s significant other (78 percent), though time taken away from work for an extended family member (15 percent) was also frequently requested. Overall, these claims, and the benefits paid out in their name, did not significantly impact the paid leave account balance, volume of claims, or premium rates in 2022.

Although limited financial costs are associated with expanded definitions of family, failure to adopt these policies can have significant social consequences. In Washington, enactment of ESSB 5097 did not affect a large group of workers—less than 700 claims of this nature were filed between July 2021 and March 2023 (DeFour 2023). However, the legislation was impactful for certain subgroups. In the United States, people of color and LGBTQ+ individuals are less likely than the general population to get married (Horowitz, Graf, and Livingston 2019).³⁵ A higher percentage of Black children also report living in a single-parent household.³⁶ Because close kinship and family-like relationships were not recognized under Washington’s original law, these workers were largely excluded from receiving PFML (DeFour 2023). The expanded family definition provided by ESSB 5097 loosened coverage restrictions, leading to an uptick in the number of claims filed for nontraditional family structures. Namely, in the same two-year study period, roughly 70 percent of claims were filed in Washington were to care for a partner, girlfriend or boyfriend, or unmarried parent of one’s child—relationships that are predominant among racial and sexual minorities.

Intermittent Leave

An increasing number of states allow workers to take leave for a single qualifying reason in separate blocks of time as opposed to all at once. These provisions are commonly referred to as intermittent

³⁴ In the first two years of program operation, 686 claims (out of 313,009 total claims) resulted in \$2,866,288 in approved payments (out of \$1,902,365,222 total approved payments) for claims under the expanded family member definition.

³⁵ Brian Glassman, “Census Bureau Implements Improved Measurement of Same-Sex Couples,” United States Census Bureau, September 17, 2020, <https://www.census.gov/library/stories/2020/09/same-sex-married-couples-have-higher-income-than-opposite-sex-married-couples.html>.

³⁶ “Parent/Child Family Groups with Children Under 18,” U.S. Census Bureau, November 14, 2023, <https://www.census.gov/library/visualizations/interactive/parent-child-family-groups.html>.

leave. On the national level, the Family and Medical Leave Act allows workers to take time away from work following either a reduced work schedule or through the use of multiple leave spells.³⁷ Specifically, “FMLA leave may be taken in periods of whole weeks, single days, hours, and in some cases even less than an hour.”³⁸ An employee who receives ongoing medical treatment, for example, may take multiple days off each month to attend recurring doctor appointments. The instances in which this type of leave can be taken, however, are often subject to employer approval. In particular, “when leave is needed for a planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer’s operation.”³⁹ For some workers, the additional effort required to coordinate time away from work may be enough to dissuade them from pursuing intermittent leave.

All states with a currently enacted PFML program allow workers to take intermittent leave, albeit with certain restrictions. Whereas FMLA leave can be taken in increments of less than one hour, state leave programs often set this threshold higher. Among states that allow intermittent leave, workers are generally required to take leave in a minimum of eight-hour blocks, or one full workday. An exception is Colorado, which allows workers to take leave in one-hour increments.⁴⁰ If benefits are used in this way, some states reduce the total amount of leave a worker may take. In New Jersey, for example, employees can take 12 weeks of unpaid leave within a 12-month period to care for a new child or a loved one, but only 56 days if taken intermittently (NCSL 2022).

Intermittent leave helps to create more equitable leave-taking behaviors by providing flexibility in how and when benefits are used. Intermittent leave is mostly used by workers for reasons related to their own health. Specifically, 2018 FMLA data show that nearly half of all intermittent leave taken in the survey reference period was personal-health related (Brown et al. 2020c). Women are more likely than their counterparts to take time away from work for their own illness, so these workers benefit the most from intermittent leave (Brown et al. 2020b). The benefits of such policies extend far beyond this group. When asked about their most recent FMLA leave, roughly one-third of workers took time away

³⁷ “FMLA Frequency Asked Questions,” U.S. Department of Labor, accessed February 5, 2024, <https://www.dol.gov/agencies/whd/fmla/faq>.

³⁸ “Fact Sheet #28I: Counting Leave Use under the Family and Medical Leave Act,” U.S. Department of Labor, January 2024, <https://www.dol.gov/agencies/whd/fact-sheets/28i-fmla-leave-calculation>.

³⁹ “FMLA Frequency Asked Questions,” U.S. Department of Labor, accessed February 5, 2024, <https://www.dol.gov/agencies/whd/fmla/faq>.

⁴⁰ “State Paid Family and Medical Leave Insurance Laws,” National Partnership for Women and Families, October 2023, <https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf>.

from work on an intermittent basis (Brown et al. 2020c). Among them, more than 35 percent were low-wage workers.

Intermittent leave is also important for workers taking time away from work to care for a seriously ill family member. “Many caregivers report needing to take leave in shorter increments to take their parent or spouse to a doctor’s appointment or run another type of errand on an intermittent basis” (Peters et al. 2021, p. 17). This is consistent with data from the 2018 FMLA Employee survey, which shows that nearly one-third of all employees who took intermittent leave for a medical reason did so to care for another individual (Brown et al. 2020c). When asked to clarify the nature of the health condition for which they took intermittent leave, most respondents (56 percent) attributed the time away from work to an ongoing health condition or health matter that requires routine scheduled care. Therefore, caregivers who assist with chronic illnesses may find intermittent leave especially useful.

Private Plans

Some state PFML programs allow employers the option to administer the state benefit to their employees directly. Employers must request the ability to choose this option from the state program, and this option is subject to certain rules and provisions. These alternative plans are either private or voluntary (Boyens, Smalligan, and Bailey 2021). To be approved for a private plan, employers must provide paid leave benefits that are equivalent to or more generous than those offered by the state.⁴¹ A study of private plans by Boyens, Smalligan and Bailey (2021) examined rules governing eight states with private plan options. The study found that the number of workers covered under private plans ranged from 16,000 in New Jersey’s Family Leave Insurance program to over one million in Massachusetts (New Jersey Department of Labor and Workforce Development 2023; Boyens, Smalligan, and Bailey 2021).

Allowing employers to opt out of the public benefit plan could pose a threat to the financial health of the state program, especially as administration costs that private plans may not cover rise. Evidence from the Washington Employment Security Department shows that the revenue generated from voluntary plan applications is insufficient to cover the cost of administering these plans (WESD 2022). In 2021, the Department received just over \$5,000 in application fees but spent upwards of \$211,000 on staffing costs, leaving the balance to be covered by the state fund. Adverse selection may also raise the cost of providing paid leave. In this sense, adverse selection occurs when an employer defers to the

⁴¹ “Benefit Requirements for Private Paid Leave Plan Exemptions,” Massachusetts Department of Family and Medical Leave, accessed February 14, 2024, <https://www.mass.gov/info-details/benefit-requirements-for-private-paid-leave-plan-exemptions>.

state to provide PFML due to the nature of their workforce. It might not make financial sense for a company that employs workers with a higher likelihood of experiencing a qualifying event, such as a serious health condition, to provide benefits in-house. However, if employers sort themselves into or out of the state plan in this way, the pool of workers paying into the fund will skew toward riskier individuals (e.g., those more likely to need paid leave). The result is higher benefits paid out by the state due to more frequent use of leave. Cost recovery options available to the state include levying higher premium rates on program participants. California uses this method, requiring voluntary plans to pay 14 percent of the costs assessed for state disability insurance (WESD 2022). However, one study of this issue in Connecticut found that because private plans only cover a comparatively small number of workers, movement between programs should not overly burden the public program.

Rules governing private plans vary in other ways, affecting equitable access to benefits. Some states require private plans to cover all types of leave offered by the state, while others allow employers to cover some leave types and not others (Quinby and Siliciano 2021). Under this model, workers access some benefits through the employer and some through the state program. Although private plans may carry some additional benefits for higher-wage and higher-skilled workers, such as greater simplicity in applying for and accessing benefits through their employer, those benefits may not be extended to other workers. Without proper oversight and accountability, employees often receive inadequate benefits and bear a disproportionate share of program costs (Boyens, Smalligan, and Bailey 2021).

Return to Work Supports and Accommodations

Return-to-work (RTW) and stay-at-work support services can be used to promote better health and employment outcomes among leave takers (Smalligan and Boyens 2020b). The benefits of RTW are five-fold. Namely, these programs shorten workers' duration of leave, improve their long-term mental and physical health, and increase employment rates, earnings, and worker retention. The most effective RTW designs emphasize early intervention after the onset of a new condition and use multifaceted services that address multiple aspects of workers' lives (e.g., workplace, social and personal environments, and health care). Many are also characterized by their focus on streamlined communication and coordination of benefits at all interaction points. Although these programs have been widely used in other countries, no states with an active paid leave program currently offer RTW supports.

Some experts have proposed pairing RTW interventions with paid leave programs to intervene earlier on with workers. In particular, Smalligan and Boyens (2020) recommend a grant program that would provide states with funds to develop and test their own RTW strategies. These interventions

would draw from best practices observed in Washington State and the Netherlands, such as frequent evaluation requirements. States could also consider modeling their program off the federal Retaining Employment and Talent After Injury/Illness Network initiative (also known as RETAIN; Rachidi et al. 2020). In either case, a combined PFML-RTW program can be used to address disparities in health outcomes driven by socioeconomic status and race. Lower-wage individuals and people of color often have higher disability rates due to disparities in social determinants of health. This is consistent with findings that show higher take-up of medical leave among these groups of workers. Thus, the benefits of RTW likely accrue to those who need them the most: low-wage, minority workers.

Small Business Incentives

In many states, a worker's access to PFML benefits will depend on the size of their employer. Concerns that small businesses may face more difficulty affording paid leave and temporarily backfilling behind workers while they are on leave have led state PFML programs to adopt policies specific to small businesses. A 2021 analysis of paid family leave on employers in New York affirmed that when employees take paid leave, employers may bear the additional cost of missing employees, which can be especially difficult for small employers. The analysis concluded that employees of small businesses were more likely to access job-protected leave for the first time through paid family leave, resulting in higher rates of leave-taking, potentially increasing costs and raising challenges for small employers (Bartel et al. 2021). State PFML programs work to address the financial and human capital challenges small businesses may face in participating in a few ways: exempting employers from the program entirely, making contributions and participation for small employers optional, or reducing required contributions.

Most commonly, small business incentives aim to increase take-up for employees of small businesses by exempting businesses with fewer than a specified number of employees from contributing to the state paid leave fund while the employees contribute to and are covered for paid leave benefits. The following states exempt small businesses from paying the employer contribution rate: Colorado (fewer than 10 employees), Massachusetts (fewer than 25 employees), Oregon (fewer than 25 employees), and Washington (fewer than 50 employees).⁴² Employers with fewer than 15 employees from Maryland, which will begin collecting premiums on October 1, 2024, are also excluded

⁴² "Overview of Paid Family & Medical Leave Laws in the United States," A Better Balance, last revised January 2, 2024, <https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/>.

"State Paid Family and Medical Leave Insurance Laws," National Partnership for Women and Families, October 2023, <https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf>.

from mandatory employer contributions. In Maine, which will begin receiving premiums on January 1, 2025, employers with fewer than 15 employees must only pay half the employer premium. In addition, Minnesota, which will begin collecting premiums and paying out paid leave benefits on January 1, 2026, offers a contribution reduction for employers with fewer than 30 employees at a rate that is the lesser of \$12,500 times the number of employees, or \$120,000. This wage exclusion is reduced by \$12,000 for each employee over 20.⁴³ Delaware, which will begin paying out benefits to employees on January 1, 2026, fully exempts businesses with fewer than 10 employees from participating in the state paid leave program and employers with fewer than 25 employees are only required to provide parental leave benefits. Although this policy aims to alleviate financial stress for small businesses, it also excludes some employees from participating in the state's program.⁴⁴ Washington is also the first state to provide small business grants for employers with 150 or fewer employees, including funds to cover wage-related costs or payroll increases for an employee on leave.⁴⁵

California, Connecticut, and Rhode Island do not require employer contributions and instead rely on employee contributions to finance benefits. Massachusetts, New Jersey, New York, and Washington rely on employee-only contributions to finance paid family leave benefits, but employers must contribute to medical leave. In New Jersey, employers contribute to Temporary Disability Insurance based on the first \$(2024)42,300 earned by each employee during the calendar year. Employers are not required to contribute on income above this amount to alleviate the economic pressures small businesses face when offering paid leave.⁴⁶ Washington, DC, meanwhile, fully funds its paid leave program using employer-only contributions, with few opt-outs or incentives for small business participants.⁴⁷

There has been little research on the impact of small business incentives on access to paid leave. These incentives aim to make it easier for small employers to implement paid leave, which, if effective, would ultimately increase opportunity and access for employees of small businesses. Marilyn Watkins points out that, in Washington, PFML has provided small businesses with benefits to employees at a

⁴³ "State Paid Family and Medical Leave Insurance Laws," National Partnership for Women and Families.

⁴⁴ "Delaware Paid Leave FAQs," Delaware Department of Labor, Division of Paid Leave, accessed March 21, 2024, https://laborfiles.delaware.gov/main/pfl/PFML_Overview_FAQ.pdf.

⁴⁵ "Delaware Paid Leave FAQs," Delaware Department of Labor, Division of Paid Leave.

"What Are Small Business Assistance Grants?" Washington Paid Family & Medical Leave, accessed February 27, 2024, <https://paidleave.wa.gov/question/what-are-small-business-assistance-grants/>.

⁴⁶ "Information for Employers," New Jersey Division of Temporary Disability and Family Leave Insurance, accessed February 27, 2024, <https://nj.gov/labor/myleavebenefits/employer/>.

⁴⁷ Vicki Shabo, "Explainer: Family and Medical Insurance Leave (FAMILY) Act of 2023."

stable, low cost, which has proven to be especially critical in the wake of the COVID-19 pandemic.⁴⁸ In 2020 and 2021, the first two years of program benefits were being paid out, about 250 small businesses received funding through the state’s small business grant program for paid leave, providing some relief for small employers incurring program costs, especially during the pandemic.

Program Implementation Practices

In addition to the policy design levers described above, implementation practices can be used to promote equity in PFML. Although research on the effectiveness of specific implementation practices is limited, experts and community advocates have identified outreach and education, public administration of benefits, timeliness of payments, and use of standardized medical guidelines for making medical leave determinations as important to supporting robust participation for all groups and essential for reaching groups with historically low take-up.

Outreach and Education

Advocates and issues experts emphasize the importance of robust outreach and education efforts. Studies of state PFML programs indicate that most workers in PFML states know little to nothing about these programs, which can hinder access and take-up. Examining the impact of California’s paid family leave program in its first five years of operation, Eileen Appelbaum and Ruth Milkman found that program awareness was generally lower among workers who stand to benefit the most from PFML: immigrants, low-wage earners, Hispanic employees, and those with lower education levels. However, research shows that confusion regarding the availability of benefits, program requirements, and eligibility criteria is widespread. A 2017 focus group of fifty paid family leave-eligible low-wage mothers in California found misinformation about paid family leave policies, especially regarding program eligibility and job protection guarantees. There was also confusion about the interaction between public and private programs, including workers’ compensation, short-term disability insurance, and FMLA. Moreover, lower-income mothers were less likely to know fathers are also PFL eligible. Of 46 couples in the study, four fathers had taken leave, and two more were planning to take leave in the future, while others preferred not to take leave, or said the wage replacement rate was too low to justify taking PFL (Winston et al. 2017).

⁴⁸ Marilyn Watkins, “Washington’s Paid Family & Medical Leave Program After Two Years of Operation,” Economic Opportunity Institute, April 1, 2022, <https://www.opportunityinstitute.org/research/post/washingtons-paid-family-medical-leave-program-after-two-years-of-operation/>.

Robust outreach efforts can be used to bridge this gap, according to a 2021 report by the Center on Budget and Policy Priorities. Many states have set aside dedicated funds for PFML outreach and have expanded their online presence to support workers. For example, the Connecticut Paid Leave Authority has used a combination of traditional advertising and digital strategies to engage with residents. In 2022, the authority bought billboards along heavily trafficked highways, distributed newsletters, hosted Facebook Live events, and held in-person town halls to educate and engage residents. Other states like Washington have used townhalls and Google analytics to target audiences and New York worked with other public benefit agencies to reach potential participants. New Jersey introduced outreach and education grants to community-based organizations serving hard-to-reach populations. These states developed messages that were tailored to unique communities to maximize effectiveness.

Analyses of current PFML programs suggest that outreach alone is not enough; communication and advertising must be intentionally honed to reach target audiences. Collaboration begins at the start of the program life cycle. Namely, government and community partners urge states to introduce human-centered design elements into their policymaking processes (Gupta, Vorgetts, and Goldin 2021). These activities, including establishing open lines of communication with diverse external groups early on, can lead to more equitable program outcomes. A 2017 study of California paid family leave proposed expanding outreach to a wider audience through hospitals, clinics, and community-based services, as well as furthering outreach to low-income fathers and low-wage employers (Winston et al. 2017). A discovery sprint of New Jersey's paid leave program conducted by a team at New America also found that cultural considerations are important when designing messaging strategies and point to the example of encouraging more men to take leave. Men are generally less likely than women to take leave for a new child. Although job protections and wage replacement rates may incentivize participation, gender-inclusive marketing materials, such as photos that include both men and women, are one way states can maximize program awareness (Zucker 2021). They also emphasized the importance of plain language in all program materials. Websites in multiple languages also help reach individuals whose first language is not English who should not have to rely on automated translation services, which can be unreliable.

Public versus Private Administration of Benefits

Public administration of PFML benefits is the most common approach used by states with active paid leave programs. In testimony given before the House Ways and Means Committee, Pronita Gupta testified that states regard a public social insurance trust fund administrated by a public agency as the most effective, transparent, and equitable program design and said, "None of the states [that offer

PFML] have experienced any challenges administering the program through this mechanism, and some states, such as New Jersey and California, have expanded their programs” (Gupta 2019,p. 8).

One state has chosen to contract out portions of the administration of its program. In 2021, the state of Connecticut announced that it would be contracting out administration of its paid leave program to Aflac.⁴⁹ This three-year, \$72 million agreement is the first of its kind in the United States.⁵⁰ According to a statement from the governor, the state believes private administration will create more jobs for the people of Connecticut, keep administrative costs low, and provide higher-quality services for workers.⁵¹ However, an analysis of program costs from Connecticut, Massachusetts, and New Jersey shows that private administration is more expensive than publicly provided benefits. On the low end, it costs \$82 per \$1,000 of benefits paid for Aflac to administer Connecticut Paid Leave. This is slightly more than the administrative costs for Massachusetts (\$80) and more than three times the amount for New Jersey Family Leave Insurance (\$24). Data from the program’s first year of operation also have troubling implications for claimants. Over one year, “Aflac failed to meet four of 18 performance standards spelled out in its service agreement with the state, which led to applicants experiencing delays and inaccurate calculations of the money they were owed.”⁵² The benefit denial rate is also significantly higher in Connecticut than in other states. Between June 2022 and May 2023, approximately one-third of all benefit applications were denied by Connecticut Paid Leave. This is nearly twice the number of applications denied in Massachusetts (16.27 percent) and Washington (16 percent).⁵³

⁴⁹ “Governor Lamont Announces Aflac Selected as Claims Administrator for Leave Program, Company Will Bring New Offices in Windsor,” Office of Governor Ned Lamont, accessed February 15, 2024, <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2021/07-2021/Governor-Lamont-Announces-Aflac-Selected-as-Claims-Administrator-for-Paid-Leave-Program>.

⁵⁰ Christine Stuart, “Controversy Over Hiring of Company to Administer State’s Paid Family Medical Leave Program,” NBC Connecticut, August 11, 2021, <https://www.nbcconnecticut.com/news/local/controversy-over-hiring-of-company-to-administer-states-paid-family-medical-leave-program/2559634>.

⁵¹ “Governor Lamont Announces Aflac Selected as Claims Administrator for Leave Program, Company Will Bring New Offices in Windsor,” Office of Governor Ned Lamont, accessed February 15, 2024, <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2021/07-2021/Governor-Lamont-Announces-Aflac-Selected-as-Claims-Administrator-for-Paid-Leave-Program>.

⁵² Bria Lloyd and Jim Haddadin, “CT Paid Leave Authority to Withhold \$375,000 from Claims Company for Missing Performance Goals,” Connecticut Public Radio, February 10, 2023, <https://www.ctpublic.org/news/investigative/2023-02-10/ct-paid-leave-authority-to-withhold-375-000-from-claims-company-for-missing-performance-goals>.

⁵³ Not all state programs publish applicant denial data. Massachusetts, New Jersey, and Washington are three programs that offer this information.

Concerns about the impact of contracting out administration of paid leave benefits and their impact on equitable service delivery were raised in a report by the Center for Law and Social Policy. Boyens and colleagues suggest that the cost of contracting out administration of paid leave may exceed the potential savings (Boyens, Smalligan, and Bailey 2021). This is because the state would incur additional costs in the form of continued oversight and compliance management. The authors also note that private administration “could undermine core programmatic goals of supporting positive health and economic outcomes for workers and families and ensuring equitable access to benefits” if worker access is not prioritized (Boyens, Smalligan, and Bailey 2021, p. 24). The experience to date in Connecticut suggests more research on this topic is needed to inform future state programs.

Timeliness of Payments

The timeliness of the benefit payment is particularly important for lower-wage workers. In addition, the process for determining a medical leave claim may pose additional challenges and, therefore, delays. To receive benefits, workers usually fill out a claim form (paper or electronic) and ask their clinician to fill out the portion detailing the worker’s medical condition, whether the condition necessitates time away from work, and a recommendation on the length of leave required. However, workers without health insurance or access to a stable health care source could experience serious obstacles at this early stage in the process, delaying them from receiving benefits or deterring them from applying for leave. In addition, a state’s application process and requirements must strike a balance between ensuring the integrity of the benefit program and delivering benefits to workers while they are on leave and not receiving regular wages. Further research is needed to identify best practices among states that promote both accountability and timely access to benefits.

Standardized Medical Guidelines

State PFML agencies must review and approve claims for medical leave in large part based on the recommendation of a medical provider. Some state agencies rely almost exclusively on a clinician’s recommendation, combined with in-house administrative data and experience with certain conditions to determine the appropriate length of leave and to flag claims that may be problematic. Some state SDI programs, such as California and Rhode Island, as well as many private insurers and medical providers, use a standardized set of medical guidelines developed by private companies to inform and guide decisions about the length of leave associated with a given medical condition (Rachidi et al. 2020).

When using medical guidelines, the process starts with physicians identifying the International Classification of Diseases codes associated with the worker’s conditions. Private medical guidelines

then typically provide clinicians and claims reviewers with minimum, average, and maximum lengths of leave associated for the given International Classification of Diseases codes. In cases where the guidelines and physician recommendations are at odds, some states, like Rhode Island, have a clinician review the claim and make a final recommendation, which can be important in complex cases where multiple conditions are present or other workplace-related challenges. Consistent guidance establishing the standard duration of leave a worker needs is particularly important for ensuring equitable access to benefits. Research shows inequities by race and income in provision of medical treatment (Fain 2021). The length of leave can affect a worker's health and well-being. Leave that is too short may prevent an adequate recovery or result in reinjury or additional complications. Leaves that are too long or overly restrictive may not improve health and could weaken a worker's connection to their current employer, erode skills, and sever important social connections.

In the US, two sets of guidelines are most commonly used: the ODG (originally titled Official Disability Guidelines but now identified by its acronym), owned by WCG Health, and MDGuidelines, owned by the ReedGroup. These two guidelines are used in some existing state paid leave programs, including California and Rhode Island, and many private SDI plans. The companies that create and update medical duration guidelines report they gather data and evidence from many sources, including expert opinion, academic research, and thousands and sometimes millions of leave usage reports from their clients and other sources. Some guidelines customize recommendations for the length of leave based on the nature of a worker's job requirements, age, gender, and comorbidities, such as obesity. Depending how guidelines are used, they have the potential to both increase or decrease equity. If used well, the guidelines could provide an outside, neutral source of validation for leave duration (Rachidi et al. 2020).

Alternative Financing Mechanisms and Models

State PFML benefits typically follow a social insurance model in which benefits are financed by a mix of employer and employee contributions via payroll taxes. However, some alternative models and means of financing benefits have been enacted or proposed at the state and federal level, including providing business tax credits to employers who provide paid leave, establishing voluntary paid leave programs, financing benefits through general revenues, and borrowing from future Social Security benefits to fund paid leave and advancing Child Tax Credits to fund paid family leave. Each alternative approach to providing PFML poses challenges and opportunities for achieving equitable paid leave programs.

Employer Tax Credits

At the federal level, business tax credits are available voluntarily to employers who provide PFML. In addition, employer tax credits were temporarily available during the pandemic to provide paid leave for COVID-related purposes.

Available since 2018 and set to expire in 2025, the Section 45S Employer Credit for Paid Family and Medical Leave provides a tax credit for employers who offer PFML benefits to their employees.⁵⁴ The credit covers 12.5 percent of the cost of paid leave at 50 percent of employee wage replacement and up to 25 percent of the cost of paid leave at 100 percent wage replacement (BPC 2022). Employers must guarantee at least two weeks of PFML, and wage replacement must not be less than 50 percent of the employee's normal wages to qualify for the tax credit.⁵⁵ The credit covers a small portion of the cost of providing PFML that meets minimum guidelines.

Available from April 2020 to December 2021, the FFCRA required employers to provide paid leave to covered employees who could not work due to their own or family member's illness or due to disruptions in childcare during the public health emergency, as well as other COVID-19-related reasons.⁵⁶ It provided employers with refundable tax credits to cover the cost of leave and health insurance continuation up to a capped amount. The law excluded employers with more than 500

⁵⁴ "Section 45S Employer Credit for Paid Family and Medical Leave FAQs," Internal Revenue Service, last updated January 30, 2024, <https://www.irs.gov/newsroom/section-45s-employer-credit-for-paid-family-and-medical-leave-faqs>.

⁵⁵ "Section 45S Employer Credit for Paid Family and Medical Leave FAQs," Internal Revenue Service.

⁵⁶ "Families First Coronavirus Response Act: Employer Paid Leave Requirements," U.S. Department of Labor, accessed March 1, 2024, <https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave>.

employees and provided exemptions for those with fewer than 50 employees and for certain types of employees.

At the state level, Michigan and Tennessee have enacted paid leave-related tax credits. Tennessee's credit is modeled off the Federal 45S credit, while Michigan's 2023 tax credit is limited to employers who provide paid leave for adoption, but funding for the credit was not initially available.⁵⁷

Among these tax credit policies, FFCRA is unique because it combined an employer tax credit with a mandate requiring employers to provide paid leave, unlike the voluntary nature of the other credits. In addition, the FFCRA tax credit was fully refundable and eligible to be reimbursed immediately through adjustment of payroll tax withholding, making it potentially helpful to businesses under tight cashflow constraints.⁵⁸ Research on the FFCRA credit showed that despite millions of workers being exempted from coverage, it helped reduce the transmission of COVID-19, consistent with previous research showing paid sick leave's effectiveness in reducing the transmission of flu and flu-like diseases (Pichler, Wen, and Ziebarth 2020).

Research on the effectiveness of the 45S paid leave credit is lacking, but data from the Office of Tax Analysis shows that take-up of the credit is extremely limited.⁵⁹ The voluntary nature of the credit and those proposed in the states could limit their usage and effectiveness at increasing access to paid leave because they rely on employer initiative and provide limited financial incentives to provide paid leave.

Voluntary Programs and Disability Mandates

Although thirteen states and Washington, DC, have adopted mandatory PFML policies, two states—New Hampshire and Vermont—have passed voluntary PFML programs and six states—Alabama, Arkansas, Florida, Tennessee, Texas, and Virginia—have enacted policies that allow insurers to offer

⁵⁷ Richard Glass and Katharine Marshall, "2024 State Paid Family and Medical Leave Contributions and Benefits," Mercer's Law & Policy Group, January 31, 2024, <https://www.mercer.com/en-us/insights/law-and-policy/2024-state-paid-family-and-medical-leave-contributions-and-benefits/>.

⁵⁸ "COVID-19-Related Tax Credits for Paid Leave Provided by Small and Midsize Businesses FAQs," Internal Revenue Service, accessed March 1, 2024, <https://www.irs.gov/newsroom/covid-19-related-tax-credits-for-paid-leave-provided-by-small-and-midsize-businesses-faqs>.

⁵⁹ "Section 45S, Employer Credit for Paid Family and Medical Leave Claims, Counts and Dollars," U.S. Department of Treasury, October 18, 2023, <https://home.treasury.gov/system/files/131/Section-45S-Claims-Tables-10172023.pdf>.

group family leave insurance for employers to purchase (Glass and Marshall 2024).⁶⁰ In addition, Hawaii and Puerto Rico have employer mandates for temporary disability insurance.

Benefit standards set by voluntary programs are generally lower than in mandatory PFML programs. In Alabama, Arkansas, Tennessee, and Virginia, the duration of leave employees may take is up to the discretion of the insurer, so there are no minimum requirements for the length of leave an employee may be granted. Florida and Texas require at least two weeks of leave for parental leave, family caregiving leave, or military care. The wage replacement rate is also set by the insurance provider in each of these six states. Moreover, no job protections are guaranteed, nor can self-employed workers opt into coverage.⁶¹ Because these programs were implemented within the past two years, no data are available on how these policies may influence equitable access to and take-up rates for paid leave in each state.

New Hampshire's voluntary PFML program provides paid family leave to state employees and allows other employers to purchase PFML benefits for their employees through the state's insurance carrier MetLife.⁶² The state program covers up to 60 percent of the worker's average weekly wage⁶³ and participating businesses are eligible for a tax credit that offsets 50 percent of the program cost.⁶⁴ Benefits are provided for up to six weeks (or up to 12 weeks for those covered under an employer) while an employee takes personal medical or caregiving leave.⁶⁵ Self-employed and private workers may opt into the PFML program, but there are few job protections guaranteed under the program, aside from those already granted to eligible employees through FMLA.⁶⁶ A year into the program's

⁶⁰ Richard Glass and Katharine Marshall, "2024 State Paid Family and Medical Leave Contributions and Benefits," Mercer's Law & Policy Group, January 31, 2024, <https://www.mercer.com/en-us/insights/law-and-policy/2024-state-paid-family-and-medical-leave-contributions-and-benefits/>.

⁶¹ "State Paid Family Leave Laws across the U.S.," Bipartisan Policy Center, January 16, 2024, <https://bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/>.

⁶² "New Hampshire Paid Family and Medical Leave (NH PFML)." MetLife, last revised May 17, 2021, <https://www.metlife.com/insurance/disability-insurance/paid-family-medical-leave/states/new-hampshire/>.

⁶³ The total benefits are capped at the Social Security Taxable Wage base, which was \$168,600 in 2024.

⁶⁴ Paul Cuno-Booth, "N.H. Plans to Roll Out Its Voluntary Paid Family Leave Program within Months," New Hampshire Public Radio, November 2, 2022, <https://www.nhpr.org/health/2022-11-02/nh-plans-to-roll-out-its-voluntary-paid-family-leave-program-within-months>.

⁶⁵ Paul Cuno-Booth, "Almost a Year in, NH Paid Family and Medical Leave Doesn't Have Many Participants," New Hampshire Public Radio, December 11, 2023, <https://www.nhpr.org/nh-news/2023-12-11/almost-a-year-in-nh-paid-family-and-medical-leave-doesnt-have-many-participants>.

⁶⁶ "State Paid Family Leave Laws across the U.S.," Bipartisan Policy Center.

implementation, the state found that the program had enrolled 18,500 people—less than 3 percent of New Hampshire’s workforce.⁶⁷

Vermont’s program has implemented many of the same guidelines as New Hampshire, utilizing The Hartford as the state’s paid family leave insurance carrier. The Hartford offers both Family and Medical Leave Insurance and Family Leave Insurance packages for employers to choose from. State employees will receive Family and Medical Leave Insurance. Although leave is limited to 6 weeks for all covered employees, the wage replacement benefits are the same as in New Hampshire.⁶⁸ Additionally, employers who choose to offer greater wage replacement (60–70 percent) or a longer duration of leave (6–26 weeks annually) may choose to do so.⁶⁹ The state began paying out benefits for state employees on July 1, 2023, and benefits were extended to all government workers and interested private employers on July 1, 2024. Individuals will also be able to purchase coverage on their own after July 1, 2025.⁷⁰

Voluntary state paid leave insurance programs are new to the market, so no evidence is available yet regarding their impact. However, these programs lack some features of mandatory PFML programs that are important to reaching underserved workers, such as job protections, anti-retaliation protection, exclusion of self-employed people from opting into these programs, progressive wage replacement rates, and shorter (if any) guaranteed leave times (Carlson et al. 2023). As with voluntary tax credit policies, voluntary state insurance programs are likely to have limited impact on increasing access to paid leave among lower-wage workers since voluntary employer coverage is concentrated among higher-wage and more highly skilled workers.

Borrowing from Social Security

In addition to tax credits, some policymakers have proposed using workers’ future Social Security retirement benefits to cover the cost of paid parental leave. Two proposals using this funding structure were put forth: the New Parents Act of 2019 by Senator Marco Rubio and the Child Rearing and

⁶⁷ Paul Cuno-Booth, “Almost a Year in, NH Paid Family and Medical Leave Doesn’t Have Many Participants.”

⁶⁸ “Vermont Paid Family and Medical Leave (VT FMLI),” MetLife, last revised January 18, 2024, <https://www.metlife.com/insurance/disability-insurance/paid-family-medical-leave/states/vermont>.

⁶⁹ Megan Stewart, “What to Know about Phase Two of Governor Scott’s Paid Leave Program for Vermont,” Burlington Free Press, January 23, 2024, <https://www.burlingtonfreepress.com/story/news/local/vermont/2024/01/23/paid-leave-vermont-governor-phil-scott-the-hartford-insurance/72273730007/>.

⁷⁰ “Vermont Paid Family and Medical Leave (VT FMLI),” MetLife.

Development Leave Empowerment Act (CRADLE Act) by Senators Joni Ernst and Mike Lee. Modeled after a report from the Independent Women’s Forum, both bills would have allowed parents to take up to three months off work to care for a newborn or newly adopted child (Romig and Bryant 2019). Eligibility for benefits was primarily based on applicant earnings, though relationship to the child and living arrangements were also considered.⁷¹ The program was intended to be entirely self-financing, achieved through an increase in the Social Security retirement age and early eligibility age of leave takers, a reduction in Social Security benefits, or a combination of these mechanisms (Romig and Bryant 2019). According to the bill sponsors, this model would have allowed workers to take paid leave without adding to the national debt or creating another entitlement program.

Whereas bill supporters emphasized the benefits of this financing scheme, many advocates and experts took issue with the approach. Of particular concern was the financial hardship these bills would create for those who take leave, especially women and people of color (Romig and Bryant 2019). Unlike proposals that pool resources to cover program costs, the Rubio-Romney and Ernst-Lee bills asked parents to assume sole responsibility. As a result, an analysis by the Urban Institute estimated that, for every three months of parental leave, moderate-wage earners would permanently lose out on roughly three to four percent of their lifetime retirement benefits (Romig and Bryant 2019; Johnson and Favreault 2018). This is likely a conservative estimate of diminished savings, as those who take leave would also be required to cover the cost of leave for workers unable to repay benefits. Since women are expected to have higher benefit-usage rates, these workers would be disproportionately impacted by cuts to Social Security. Low-income workers, who frequently rely on retirement savings as their primary source of postwork security, may also be negatively affected by this funding structure.

On a more general level, these proposals restrict the use of paid leave to reasons related to a new child (biological or adopted). A significant percentage of the workforce, namely those who need time away from work to care for a loved one or their own serious illness, would be unable to access these benefits. According to one estimate from the Center on Budget and Policy Priorities, this group makes up roughly 75 percent of leave takers under the FMLA (Romig and Bryant 2019).

⁷¹ Stephen C. Goss, letter to Senators Mike Lee and Joni Ernst, March 14, 2019.

Stephen C. Goss, letter to Senator Marco Rubio and Representative Ann Wagner, April 9, 2019.

Advance on the Child Tax Credit

In 2019, Senators Bill Cassidy, MD (R-LA) and Kyrsten Sinema (D-AZ) proposed allowing new parents who are eligible for the Child Tax Credit (CTC) to take an advance on the benefit following the birth or adoption of a child under age 6.⁷² The CTC, which was increased to \$2,000 per dependent child in 2023, provides financial relief to families by reducing their overall tax burden.⁷³ Under the new proposal, parents in families who qualify for the full tax credit could advance up to \$5,000 in future CTC payments (Cassidy and Sinema 2019).⁷⁴ Depending on the amount of their advance, parents would receive a reduced CTC for between 10 to 15 years. Funds may be used to make up for wages lost while bonding with a new child, to cover the cost of child and infant care, or both.

Similar to the proposal to allow individuals to borrow against their future Social Security benefits, the Cassidy-Sinema proposal would allow individuals to access existing benefits sooner than under current law, thereby avoiding the need to increase taxes or reduce other spending to fund parental leave benefits. However, by acting as a loan against future benefits, the proposal does not provide families with new resources on net and could leave some worse off, according to analysis by an estimate by the Center on Budget and Policy Priorities (Romig, 2019). In addition, the proposal would not cover all parents who experience a birth or a new adoption and would not provide any benefit for workers who need paid leave to care for a sick family member or to address their own serious medical condition. In addition, many parents who qualify for the advance may not be able to take leave because they are not covered by the FMLA, meaning they could be fired for taking leave.

⁷² “Cassidy, Sinema Release Bipartisan Paid Leave Proposal,” Office of U.S. Senator Bill Cassidy, M.D., July 30, 2019, <https://www.cassidy.senate.gov/newsroom/press-releases/cassidy-sinema-release-bipartisan-paid-leave-proposal/>.

⁷³ “What is the Child Tax Credit?” Tax Policy Center Briefing Book, last revised January 2024, <https://www.taxpolicycenter.org/briefing-book/what-child-tax-credit>.

⁷⁴ “Cassidy, Sinema Release Bipartisan Paid Leave Proposal,” Office of U.S. Senator Bill Cassidy, M.D.

Conclusion

State PFML programs are expanding to cover a growing number of workers. As new programs are enacted and existing programs are improved and expanded, states are adopting a range of policies and strategies aimed at increasing coverage and usage of leave benefits, particularly among underserved groups. Disparities in access, take-up, and unmet need vary by type of leave, income, race and ethnicity, education, employment status, occupation, industry, and gender. Overall, data indicate that workers with the greatest needs for family and medical leave are the least likely to be covered by existing employer benefits and state and federal policies.

Evidence suggests that access to PFML provides important health and employment benefits to workers and their families and can reduce racial disparities in access and usage of benefits (Balu et al. 2022). Evidence is strongest regarding the impact of paid parental leave on maternal and child health outcomes, but a recent review of the evidence suggests that a national PFML program modeled on state programs would likely be beneficial for population health and not impose significant burdens on employers (Bartel et al. 2023). Designing equitable PFML programs is important for ensuring that these benefits reach underserved workers and families.

State PFML programs employ several strategies to improve access and take-up of paid leave among all workers and address existing disparities. Of critical importance are broad coverage and earnings eligibility criteria, high wage replacement for low-wage workers, and job protection. Broad coverage requirements ensure workers in various sectors of the economy are not left out, while a low threshold on required prior earnings allows more low-income workers to participate. However, the availability of benefits alone may not be sufficient to allow workers to take leave if the amount of wages being replaced is not high or if there are no job protections in place that would prevent the worker from being fired, retaliated against for taking leave, or losing health insurance. Low-wage workers in particular are less likely to be able to afford taking leave if it means missing out on wages. Workers in small businesses not covered by the FMLA, state FMLA policies, or other specific job protections might forgo leave if it means losing their job, even though they are paying for the paid leave and would qualify to take leave. To further support the affordability of leave, states have also begun eliminating waiting periods before benefits can be claimed.

For paid leave policies to benefit workers, they must also be designed to reflect current patterns in family composition and timing of leave or care needs. With this in mind, some states have expanded the definition of “family” to determine eligibility for caregiving leave, and many allow leave to be taken

intermittently. Expanding the definition of “family” can ensure access to leave for the growing share of workers who live in nontraditional family structures, including many LGBTQ+ and Black workers. In addition, allowing leave to be taken intermittently is key to supporting workers with serious medical conditions and providing care to an ill family member. Many medical conditions require ongoing treatments that involve recurring periods of leave that are short in duration. Likewise, some parents take bonding leave in staggered amounts to coordinate with a spouse or partner. One potential strategy to support workers taking medical leave that states have not yet tried is combining wage replacement with RTW/stay-at-work services. Evidence-based early intervention strategies for RTW/stay-at-work have shown positive employment and health benefits for newly ill and injured workers in other contexts and could be a potential avenue for states to support workers who take PFML in the future.

To promote access and usage among all workers, most states also seek to ensure that their benefits are coordinated with private employer-provided benefit plans and that small businesses are supported. Many states allow employers who offer benefits greater than or equal to the state benefit to provide the state PFML benefit to their employees directly. Approaches to oversight of private plans vary considerably from state to state and primarily affect higher-wage workers who already have some access to paid leave. Some states also aim to support the participation of small businesses and their employees by exempting them from required employer contributions to fund leave benefits.

Program implementation practices can further enhance or impede equitable implementation of PFML programs. Robust education and outreach by state paid leave programs is imperative given that surveys reveal that workers remain unsure about what benefits they are entitled to and what rights they have to take leave. Ensuring that benefits are paid out as quickly as possible is also important for workers who rely on the wage replacement provided by paid leave programs to make leave-taking affordable, particularly for lower-wage workers who may have little or no emergency savings. One practice some states use to support equity in claims decisions and promote program integrity is employing standardized medical guidelines to inform claims decisions regarding length of leave for given medical conditions. Although these guidelines could help minimize bias, they should function as one additional data point in the whole claims review process. Last, states under pressure to implement new paid leave programs quickly or reduce administrative costs may consider contracting with private firms to assist in the administration of paid leave programs. However, some concerns have been raised that private contracting out of public benefits does not save taxpayer dollars and could lead to bias in claims decisions if firms are incentivized to deny claims to process them more quickly. More research is needed on how all of these program implementation practices affect program outputs and impacts on workers taking leave.

As more state and federal policymakers seek to increase access to PFML, various stakeholders are proposing other approaches to providing paid leave. Two approaches currently or recently in use are federal employer tax credits for providing PFML and voluntary state paid leave programs. Research showed that the federal tax credits provided in response to the COVID-19 pandemic under the FFCRA were effective in reducing the spread of coronavirus. However, the FFCRA tax credits were not available to many workers, limiting their impact. Similarly, research is lacking on the effect of tax credits on businesses that voluntarily provide paid leave, though data indicate take-up is very low and most employers do not qualify for the credit; therefore, most workers do not benefit from the tax credits. Similarly, voluntary PFML programs leave many workers out because few businesses offer paid family leave, and fewer than half offer paid medical leave in the form of short-term disability insurance. Two federal proposals would provide paid leave benefits to parents of a newly born or adopted child, leaving out most workers. In addition, both proposals provide benefits as a loan against other future promised benefits. As a result, neither approach would increase net benefits to working parents and would only cover a fraction of the leaves needed by workers. These alternative approaches to paid leave fail to provide comprehensive coverage of workers or the types of leave needed, thereby limiting their likely effectiveness in enhancing equitable access and take-up of paid leave.

Future Research

More data and research are needed on how policy design choices and implementation practices in PFML programs affect equitable access to and use of benefits. More administrative data from state programs is needed to support this type of research, including data on applicants and beneficiaries, reasons for taking leave, medical conditions underlying claims, and rates of denial and appeal at each stage of the process. Among states that currently collect and share data and new states that will be doing so soon, data-quality issues and privacy concerns pose challenges for researchers. One approach that could address these issues is the use of synthetic data. Synthetic data can protect privacy and fill in gaps by replacing individual-level data with statistically representative pseudorecords for analysis and public release (Pickens, Andre, and Morrison 2023). This method is used increasingly for a range of research topics, including analysis of IRS tax data (Bowen et al. 2020).

Future research should also prioritize less understood aspects of PFML programs, including analysis of family caregiving and medical leaves, which have not been studied as often as parental leave, despite medical leave being the most common type of leave taken by workers, including low-wage workers. For example, greater understanding of workers' need and use of medical leave, their employment outcomes and use of long-term disability could provide insights on how to better intervene

early to support attachment to work and positive health outcomes. Similarly, more research and data are needed to estimate the impact of job protections on equitable take-up of paid leave. Data are also lacking on how state programs that allow private plans and private contractors to administer portions of the state program affect equitable access and take-up of benefits. A common set of requirements and standards for data reporting by employers with private plans could support better data collection by the states.

Last, research that compares policy alternatives through microsimulation modeling is valuable for informing stakeholders on how best to design equitable policies and evaluate potential alternatives. Current microsimulation modeling of PFML could be improved by expanded use of existing survey data and linkages between survey and administrative data could improve projections of individual leave-taking behavior. National surveys of paid leave could also be improved to support future research by more clearly identifying the source of paid leave benefits, how various sources are used in combination with each other, and interactions with use of other public benefits. Qualitative interviews would also help researchers and policymakers assess the impact of various program implementation practices on workers' knowledge and use of available benefits, particularly for subpopulations or intersectional groups where current surveys may not provide valid results due to small sample sizes.

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