



Policy solutions that work for low-income people

Statement for the Record
US House of Representatives Committee on Ways and Means
Hearing on Legislative Proposals for Paid Family and Medical Leave
January 28, 2020

Dear Chairman Neal,

Thank you for your leadership on the urgent issue of paid family and medical leave. The Center for Law and Social Policy (CLASP) is an anti-poverty organization that advocates for paid family and medical leave as a critical work support that can help reduce and prevent poverty and safeguard the economic security of families. As noted in our Director Pronita Gupta's testimony before the Committee in May 2019, CLASP has long advocated for paid family and medical leave as a critical support for all workers, and especially for low-income workers, parents, children, seniors, and people of color.

There is popular support and growing momentum for this benefit around the country. Currently California, New Jersey, Rhode Island, New York, Washington, the District of Columbia, and Massachusetts either have or will soon have paid family and medical leave programs, and several states have strengthened their policies since they first passed. California's law, passed in 2002, has successfully been in effect for over 15 years. At CLASP we provide many of these states with technical assistance about paid family and medical leave policy and operations. We know, however, that we need a comprehensive national solution—informed by evidence from the states—that benefits all workers and their families, regardless of where they work or live.

This statement includes three points: (1) paid family and medical leave benefits workers, families, and employers, including small businesses, by improving people's economic security and health; (2) given the current realities of work in the United States, we urgently need a national paid family and medical leave program; and (3) we know from the states how to design a comprehensive and equitable paid family and medical leave program that will benefit all workers, including low-income individuals and their families.

1. Paid family and medical leave benefits workers, families, and employers

Evidence also shows that effective access to paid family and medical leave can improve the health of mothers and children; reduce racial disparities in wage loss between workers of color and white workers; improve employer experience by improving employee retention and reducing turnover costs; and increase women's labor force participation, which can lead to greater economic security for a family and strengthen the overall economy.¹ A number of paid family and medical leave studies and analyses from the states currently operating paid family and medical

leave programs demonstrate the following key benefits of paid family leave and medical leave:

a. Paid family and medical leave strengthens individuals' and families' economic security and increases women's labor force attachment.

Without access to paid leave, workers and their families have no good choices. On the one hand, they may forego leave, trying to work through a baby's infancy or a loved one's or their own serious illness – at the risk of damaging their health and family stability, as well as losing their job if the juggling act becomes impossible. Or workers may take unpaid leave and lose income during a critical moment for the family – again risking ill health, further instability (for example, missed rent or mortgage payments), and a cycle of instability at work and at home. At a time when four in ten adults struggle to cover even an unexpected \$400 expense, families face acute challenges in taking unpaid leave.²

As our economy changes, it's critical for low-income families that women stay in the labor force. In 2015, 64 percent of mothers were primary or co-breadwinners. Of this number, Black women were sole breadwinners in 70 percent of their families.³ For those moms, the loss of a job from a family's medical situation can plunge them into economic turmoil. When workers have access to and can afford to take paid family and medical leave, however, they are able to succeed at work and sustain their family's economic security.⁴ Numerous studies have found that women who took paid leave following the birth of a child had better outcomes on several measures of work, income, and family economic security than those who didn't. Studies prove that California's paid family leave program has increased labor force attachment and long-term wages for lower-income households.⁵ The Institute for Women's Policy Research recently released a report confirming that state paid family leave legislation increases mothers' labor market attachment.⁶ The study found that paid family leave increases the labor force participation of mothers by six percentage points in the year of a birth, with beneficial effects up to five years after a birth. The effects include reducing birth-year maternal labor market detachment by 20 percent in the year of a birth and up to 20-50 percent five years after a birth.

Paid family and medical leave thus supports overall economic growth through increased labor force participation, worker retention and productivity.⁷ Without it, studies show, we are limiting labor force participation, especially of women and losing potentially \$500 billion in additional economic activity per year.⁸

b. Paid family and medical leave contributes to improved health for working people and their children and families.

Extensive evidence points to the health benefits associated with economic stability and paid family and medical leave. Paid leave provides necessary time for children and families to prevent and treat illnesses, spend critical time bonding, seek preventive care, and better maintain their mental health and overall wellbeing.⁹ The health benefits of paid leave for children begin in infancy, but continue throughout their childhood. For mothers who give birth, access to paid leave means they can recover from childbirth, are less likely to experience symptoms of postpartum depression, and more likely to breastfeed longer, which benefits the mother and infant.¹⁰ When more paid leave is available, rates of infant mortality and hospitalizations fall.¹¹ Fathers also benefit, as those who take longer leaves are more likely to be involved in child care later in their child's life.¹² Children's

health also benefits from care in the years following birth or adoption: For a seriously ill child, the presence of a parent shortens their hospital stay by 31 percent.¹³ Despite these benefits, a quarter of U.S. mothers return to work within less than 2 weeks of giving birth.

Paid family and medical leave programs help. Research from the U.S. Department of Health and Human Services finds that California's paid family leave program has given low-income parents the time they need to find "affordable and trustworthy child care arrangements, or to gain a subsidized child care slot," which are critical work supports for low-income families.¹⁴

Furthermore, paid family and medical leave also helps workers with their own illness and disability. Survey data finds, for example, that paid medical leave allows cancer patients to access, afford and follow-through with needed treatment and manage side effects.¹⁵

c. Paid family and medical leave programs are endorsed by employers, who may see benefits such as reduced turnover.

Paid family and medical leave programs may increase employee retention and morale, benefiting workers and businesses. Many workers end up leaving their jobs when they lack paid family and medical leave. A study by Pew found that over a quarter of surveyed workers who took unpaid leave did not return to the same employer.¹⁶ Replacing workers can be costly for employers, averaging 20 percent of a worker's annual wages.¹⁷ Paid family and medical leave increases retention—with the likelihood of workers returning to the same employer after their leave.

Research suggests businesses in California, New Jersey, and Rhode Island have not experienced significant challenges in implementing paid family leave. Employer surveys in these states found that two-thirds of employers were supportive of the laws; another 15-20 percent were neutral.¹⁸

Paid family and medical leave also levels the playing field for small businesses.¹⁹ Many larger businesses provide paid leave because they know it's good for workers and good for the bottom line. Small businesses that can't afford to offer paid leave would be able to offer it through a national paid family and medical leave social insurance program, such as that envisioned by the FAMILY Act. This insurance model would enable these employers to compete with larger businesses to hire and retain the best employees by offering a highly valued workplace policy, without having to shoulder the entire cost.

2. The Urgent Need for a National Paid Family and Medical Leave Program

Roughly 92 percent of private sector low-wage workers have zero access to paid family leave.²⁰ Most of these workers cannot afford to take unpaid time off to care for a seriously ill loved one. A national paid family and medical leave program will provide a critical, portable, work-based benefit for all workers, including those who are self-employed. As the economy and nature of work change, a national paid family and medical leave program is likely to be the only option available to many workers, especially low wage workers, needing time to care.

Workers are not earning enough to support or save for caregiving needs on their own. The erosion of job quality and expansion of low-wage jobs has contributed to stubbornly high poverty rates, particularly for families with children. As of 2017, nearly 40 million people (12.3 percent of the U.S. population) were living in poverty in this country.²¹ Two-thirds of children living in poverty

live with at least one worker, so the issue for these families is not the absence of work but parents struggling to support a family in low-wage work that offers too little stability and too few hours.

Paid family and medical leave is one of a crucial cluster of policies that, taken together, can have an important effect on child poverty. It can do so by supporting steady work and success on the job for young workers and others seeking to move up and by protecting families who have achieved stable incomes from being destabilized by a birth or family member's illness.

3. What a Comprehensive Paid Family and Medical Leave Program Should Include to Work for Low-Income Individuals and Families

The FAMILY Act is the best legislative proposal to implement a national paid family and medical leave program. By creating a national social insurance program, the FAMILY Act will allow payments and risk to be pooled across a large group of workers, making it affordable, accessible, and efficient. The FAMILY Act can also continue to be strengthened by drawing on the lessons and data from successful state programs.

a. The FAMILY Act would create a comprehensive program allowing time to address serious family and medical needs as well as care for new children.

Paid leave is critical for new parents, but a parental leave program alone would not meet all individuals' needs and could exacerbate gender and racial inequities.²² According to data from the U.S. Department of Labor, roughly 75 percent of people take leave to care for a seriously ill, injured, elderly or disabled loved one, a serious personal injury, illness or disability or to address the deployment or injury of a military service member, compared to the 21 percent of leaves taken for the birth or placement of a new child.²³ Data from the states also illustrate this—in California from 2004 to 2017, workers filed 9.5 million claims for their own disability in contrast to the 2.4 million claims they filed to care for a new child.²⁴

FIGURE 1

Only 21 percent of leaves were for a new child

Reason for leave among employed workers who took leave in the previous 12 months, as reported in 2012

■ Caregiving	18%
■ Own illness	55%
■ New child	21%
■ Other reason/unknown	6%



Source: Abt Associates Inc., "Family and Medical Leave in 2012: Technical Report" (2014), available at <https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>.



Sunny Frothingham and Sarah Jane Glynn, Rhetoric vs. Reality: 4 Myths About Paid Parental Leave, Center for American Progress, 2017.

A comprehensive policy will support the roughly one in five Americans who live with a disability, and the approximately one in four households with a child, adult, or senior with a disability, as well as their caregivers.²⁵ With a growing elderly population, many people are also providing care for an elder loved one. Today, 43.5 million people provide unpaid care to family members and most also have full-time, paying jobs.²⁶ Additionally, an estimated 5.5 million caregivers take care of wounded veterans and service members.²⁷ That’s why a number of the new states to adopt paid family and medical leave laws have explicitly broadened and included language about caring for a service member in their eligibility requirements, including New York, Washington and Massachusetts.

b. Paid leave should be available to all workers, regardless of sector or employer size and include part-time and self-employed workers.

Lessons from the Family and Medical Leave Act demonstrate that when leave policies are limited by employer size and eligibility restrictions, they actually exclude many workers. States have been more inclusive in covering small businesses and part-time workers. Additionally, most states allow self-employed workers to opt in to coverage. A national policy should cover all workers.

c. Paid leave should be inclusive of all families.

Comprehensive paid family and medical leave programs must reflect the diversity of families in the United States. In 2014, 85 million people nationwide were living in “extended families,” defined as families departing from the “nuclear family” model of married parents and their minor children.²⁸ The number of multi-generational family households in the U.S. has doubled since 1980.²⁹ People of color disproportionately live in extended families³⁰ and multi-generational families: about 25% of Latinos and African Americans, and about 27% of Asian Americans, live in multi-generational households.³¹ Many LGBTQ adults—especially older adults—do not have accessible relationships with biological relatives for several reasons, such as moving to a more LGBTQ-friendly area away from biological family, LGBTQ stigma within biological families, and family planning choices.³² Given the extraordinarily high rates of LGBTQ individuals living in poverty it is critical that paid family and medical leave programs be inclusive of all families.³³

Paid family and medical leave laws in Oregon and Connecticut, along with the recently expanded New Jersey paid family leave law, cover loved ones with whom a worker has a close relationship equivalent to a family relationship. In addition, New York’s and Massachusetts’ paid family leave laws have flexible domestic partner definitions that do not require legal registration and cover a range of loved ones. Existing state paid family leave laws show that an inclusive family definition provides important protection to workers without abuse or a significant increase in costs.

d. Paid leave should be funded and administered through a social insurance program.

International and state-based examples all illustrate that a social insurance model is the best mechanism to administer a paid family and medical leave program, and if designed well, can provide universal coverage that is portable at a very low per-person cost.³⁴ All the states that have passed paid family and medical leave programs are using a social insurance program, meaning workers and/or employers pay a small premium through their payroll taxes to a dedicated trust

fund. When workers need to use their paid family and medical leave, their wages are replaced through this fund. This allows each state to pool its funds and risk across a large group of workers and employers, including small businesses, and makes the coverage equitable and affordable.³⁵ None of the states have experienced any challenges administering the program through this mechanism, and some states, such as New Jersey and California, have expanded their programs.

e. Paid leave should include a wage replacement rate that keeps all families financially secure during a caregiving episode.³⁶

Evidence from California's first years suggests that an insufficient wage replacement rate will prevent many low-wage workers from taking leave for which they are eligible—and for which they have paid—because the low benefit level places them at risk of financial instability.³⁷ California implemented new wage replacement levels in 2018, with workers now receiving from 60 to 70 percent of their income and a higher percentage going to lower-income workers.³⁸ The WORLD Policy Analysis Center found that a higher wage replacement rate is necessary to keep families out of poverty, ensure middle-income families can meet essential needs during paid leave and ensure gender equity in leave-taking.³⁹ Many states use a progressive wage replacement model to provide affordable levels of wage replacement to workers.⁴⁰

f. Paid leave should include job protection and robust anti-retaliation provisions.

Job protection is critical to helping workers—particularly those being paid low wages, who are disproportionately women, people of color, and people with disabilities—retain their jobs at a critical moment in their lives when economic stability is especially important.⁴¹ A 2012 U.S. Department of Labor survey found that among employees needing leave for a qualified family and medical reason but not taking it, the fear of losing their job was the second most commonly cited reason (17 percent), behind unaffordability. Job protection also enhances the probability that men will take leave, which can help reduce gender inequality at home and in the labor market. Job protection may also improve women's likelihood of returning to their same employers after taking leave for the birth of a child. Indeed, a law that doesn't protect a worker's job while that worker is away from work is not really a leave law at all but rather just a law that provides financial benefits—which the worker must risk his or her job to access.

We know from the states that including job protection is feasible and critical. Massachusetts's law includes full job protection for all leave-taking, while Connecticut and Oregon provide job protection to all workers who have been employed with their employer for approximately three months. Rhode Island and New York's existing paid leave laws protect workers' jobs while they are on family leave. In addition, several states prohibit retaliation against workers for exercising their rights; for example, Massachusetts has particularly robust anti-retaliation provisions and New Jersey recently amended their law to add anti-retaliation language.

g. Paid leave should include leaves that are long enough to meet individual and family care needs.

Early last year, the WORLD Policy Analysis Center released a report on the health benefits and economic feasibility of paid family and medical leave. Its recommendations included six months of

paid parental leave to support health, economic benefits, and gender equity, with three months as the minimum.⁴² Not only can parents bond with their child, behavioral health research also finds that breastfeeding rates increase when mothers have access to paid leave.⁴³ These benefits also trickle down and provide children with several health benefits, including the time to visit the doctor for well-baby visits and timely immunizations.⁴⁴

Conclusion

Reaching all American workers demands national action. While state paid family and medical leave initiatives have been enormously important in covering workers and modeling successful approaches, a state-only strategy leaves out workers, families, and communities who need help the most. We cannot achieve the health, developmental, and poverty reduction benefits of paid family and medical leave without a national program and standard.

We know exactly what would work for our nation. We can learn from states across the country and the District of Columbia and consider and pass legislation currently pending in Congress that would provide comprehensive paid family and medical leave. The FAMILY Act would create a national paid family and medical leave insurance fund to help ensure that a working parent can care for a new child and all working people can take paid time to address their own or a family member's serious health issues. It would be available to every employee and every entrepreneur in this country. Congress should consider the FAMILY Act, with critical amendments based on lessons from the states.

Together with affordable quality child care and universal health care, paid family and medical leave allows individuals to stay employed steadily over the course of a career while also caring for loved ones and providing for their own health. We cannot afford as a nation to delay these solutions.

Endnotes

¹ Pronita Gupta et al., "Paid Family and Medical Leave is Critical for Low-wage Workers and Their Families," CLASP, 2018, https://www.clasp.org/sites/default/files/publications/2018/12/2018_pfmiscriticalfor_0.pdf.

² Board of Governors of the Federal Reserve System, "Report on the Economic Well-Being of U.S. Households in 2017," 2018, <https://www.federalreserve.gov/publications/files/2017-report-economic-well-being-us-households-201805.pdf>

³ Sarah Jane Glynn, *Breadwinning Mothers Are Increasingly the U.S. Norm*, CAP, 2016, <https://www.americanprogress.org/issues/women/reports/2016/12/19/295203/breadwinning-mothers-are-increasingly-the-u-s-norm/>.

⁴ Baum and Ruhm (2016). "The Effects of Paid Family Leave in California on Labor Market Outcomes." *Journal of Policy Analysis and Management* 35 (2): 333–56. Bartel et al., "Paid Family Leave, Fathers' Leave-Taking, and Leave-Sharing in Dual Earner Households." *Journal of Policy Analysis and Management* 37(1): 10-37 (2018). Rossin-Slater, Ruhm, and Waldfogel (2013). "The Effects of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes." *Journal of Policy Analysis and Management* 32(2): 224-245.

⁵ Ann Bartel, Charles Baum, Maya Rossin-Slater, Christopher Ruhm, and Jane Waldfogel, "California's Paid Family Leave Law: Lessons from the First Decade," U.S. Department of Labor, 2016, <https://www.dol.gov/asp/evaluation/WorkerLeaveStudy/WL-California-Paid-Family-Law.htm>; Joelle

Saad-Lessler and Kate Bahn, *The Importance of Paid Leave for Caregivers: Labor Force Participation Effects of California's Comprehensive Paid Family and Medical Leave*, Center for American Progress, 2017, <https://www.americanprogress.org/issues/women/reports/2017/09/27/439684/importance-paid-leave-caregivers/>.

⁶ Kelly M. Jones, PhD, "Paid Family Leave Increases Mothers' Labor Market Attachment," IWPR, 2020, <https://iwpr.org/publications/paid-family-leave-increases-mothers-labor-market-attachment/>

⁷ "The Economic Benefits of Paid Leave: Fact Sheet," Joint Economic Committee, Ranking Democrat Carolyn B. Maloney, United States Congress, <https://www.jec.senate.gov/public/cache/files/646d2340-dcd4-4614-ada9-be5b1c3f445c/jec-fact-sheet---economic-benefits-of-paid-leave.pdf>.

⁸ "The Cost of Doing Nothing: The Price We All Pay Without Paid Leave Policies to Support America's 21st Century Working Families," U.S. Department of Labor, 2015, <https://www.dol.gov/wb/resources/cost-of-doing-nothing.pdf>.

⁹ Barbara Gault et al., "Paid Parental Leave in the United States: What the data tell us about access, usage, and economic and health benefits," Institute for Women's Policy Research, 2014, <https://iwpr.org/publications/paid-parental-leave-in-the-united-states-what-the-data-tell-us-about-access-usage-and-economic-and-healthbenefits/>; Amy Raub, et al., "Paid Parental Leave: A Detailed Look at Approaches Across OECD Countries," WORLD Policy Analysis Center, 2018, https://www.worldpolicycenter.org/sites/default/files/WORLD_Report_-_Parental_Leave_OECD_Country_Approaches_0.pdf.

¹⁰ Ann P. Bartel, Elizabeth Doran, Christopher J. Ruhm, and Jane Waldfogel (2019) "California's Paid Family Leave Law Improves Maternal Psychological Health." Paper presented at the Population Association of American Annual Meeting, Austin, TX, April 2019. Ann P. Bartel, Jessica Pac, Christopher J. Ruhm, and Jane Waldfogel (2019). "The Effects of California's Paid Family Leave Law on Breastfeeding." Paper presented at the Work and Family Researchers Network Conference, Washington DC, June 2018.

¹¹ Amy Raub, et al., "Paid Parental Leave: A Detailed Look at Approaches Across OECD Countries," WORLD Policy Analysis Center, 2018, https://www.worldpolicycenter.org/sites/default/files/WORLD_Report_-_Parental_Leave_OECD_Country_Approaches_0.pdf; Ariel Marek Phil and Gaetano Basso (2019). "Did California Paid Family Leave Impact Infant Health?" *Journal of Policy Analysis and Management* 38(1): 155-180. Maya Rossin (2011). "The Effects of Maternity Leave on Children's Birth and Infant Health Outcomes in the United States," *Journal of Health Economics* 30(2): 221-239. Christopher J. Ruhm (2000). "Parental Leave and Child Health." *Journal of Health Economics* 19(6): 931-960.

¹² Maria Carmen Huerta, William Adema, Janeen Baxter, Wen-Jui Han, Metta Lausten, RaeHyuck Lee, and Jane Waldfogel (2014). "Fathers' Leave and Fathers' Involvement: Evidence from Four OECD Countries." *European Journal of Social Security* 16(4):308-347. Lenna Nepomnyaschy and Jane Waldfogel (2007). "Paternity Leave and Fathers' Involvement with Their Young Children: Evidence from the ECLS-B." *Community, Work, and Family* 10(4): 425-451. Sakiko Tanaka and Jane Waldfogel (2007). "Effects of Parental Leave and Working Hours on Fathers' Involvement with Their Babies: Evidence from the UK Millennium Cohort Study." *Community, Work, and Family* 10(4): 407-424.

¹³ Heymann. J. (2001, October 15). *The Widening Gap: Why America's Working Families Are in Jeopardy—and What Can Be Done About It*. New York, NY: Basic Books.

¹⁴ Pamela Winston, Ariel Pihl, Lincoln Groves, Colin Campbell, Elizabeth Coombs, and Sharon Wolf, "Exploring the Relationship Between Paid Family Leave and the Well-being of Low-Income Families: Lessons from California," U.S. Department of Health and Human Services, 2017, <https://aspe.hhs.gov/pdf-report/exploring-relationship-between-paid-family-leave-and-well-being-low-income-families-lessons-california>.

¹⁵ "At A Glance: The Case for Paid Medical Leave," A Better Balance, 2019, <https://www.abetterbalance.org/wp-content/uploads/2019/02/ABB-Medical-Leave-Talking-Pts-Factsheet-2.28.19.pdf>.

¹⁶ Juliana Menasce Horowitz, Kim Parker, Nikki Graf, and Gretchen Livingston,

An inside look at family and medical leave in America: The experiences of those who took leave and those who needed or wanted to but couldn't, Pew Research Center, 2017,

<https://www.pewsocialtrends.org/2017/03/23/an-inside-look-at-family-and-medical-leave-in-america-the-experiences-of-those-who-took-leave-and-those-who-needed-or-wanted-to-but-couldnt/>.

¹⁷ Heather Boushey and Sarah Jane Glynn, *There Are Significant Business Costs to Replacing Employees*, Center for American Progress, 2012, <https://cdn.americanprogress.org/wp-content/uploads/2012/11/CostofTurnover.pdf>.

¹⁸ Ann P. Bartel, Maya Rossin-Slater, Christopher J. Ruhm, and Jane Waldfogel, "Employer Attitudes to Paid Family Leave," Stanford University, 2017, https://web.stanford.edu/~mrossin/Bartel_et_al_EmployerAttitudesReport_Aug2017.pdf; Eileen Appelbaum and Ruth Milkman, "Leaves That Pay: Employer and Worker Experiences with Paid Family Leave in California," Center for Economic and Policy Research, 2011, <http://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>; National Partnership for Women and Families, "Paid Family and Medical Leave: Good for Business," 2018, <http://www.nationalpartnership.org/our-work/resources/workplace/paid-leave/paid-leave-good-for-business.pdf>; Sharon Lerner and Eileen Appelbaum, "Business As Usual: New Jersey Employers' Experiences with Family Leave Insurance," Center for Economic and Policy Research, 2014, <http://cepr.net/documents/nj-fi-2014-06.pdf>.

¹⁹ See, e.g., Trish Stroman, Wendy Woods, Gabrielle Fitzgerald, Shalini Unnikrishnan, and Liz Bird, *Why Paid Family Leave is Good Business*, Boston Consulting Group, 2017, <https://www.bcg.com/enus/publications/2017/human-resources-people-organization-why-paid-family-leave-is-goodbusiness.aspx>.

²⁰ U.S. Bureau of Labor Statistics, National Compensation Survey, "Table 31. Leave benefits: Access, private industry workers, March 2019," <https://www.bls.gov/ncs/ebs/benefits/2019/ownership/private/table31a.pdf>

²¹ "Child, Young Adult Poverty Rates Stagnate: Census Data Show Millions Left Behind," CLASP, 2018, <https://www.clasp.org/press-room/press-releases/child-young-adult-poverty-rates-stagnate-census-data-show-millions-left>.

²² Additionally, a parental-only policy may have unintended consequences affecting women. In enacting the FMLA, Congress included family and medical leave, in addition to parental leave, in part to minimize hiring discrimination against women of childbearing age. FMLA Findings and Purposes, 29 U.S.C. § 2601(b)(4) ("minimizes the potential for employment discrimination on the basis of sex by ensuring generally that leave is available for eligible medical reasons (including maternity-related disability) and for compelling family reasons, on a gender-neutral basis").

²³ Klerman et al., "Family and Medical Leave in 2012: Technical Report." Abt Associates Inc. (prepared for U.S. Department of Labor), 2012, <https://www.dol.gov/asp/evaluation/fmla/fmla-2012-technical-report.pdf>.

²⁴ National Partnership for Women and Families, "Paid Leave Works in California, New Jersey, and Rhode Island, 2018, <http://www.nationalpartnership.org/our-work/resources/workplace/paid-leave/paid-leave-works-in-california-new-jersey-and-rhode-island.pdf>.

²⁵ Suma Setty, Heather Koball, Seth Hartig, and TJ Sutcliffe, "Disability Perspectives on Paid Leave," The Arc and National Center for Children in Poverty, 2019, https://drive.google.com/file/d/1ytwaSqgtWcjQmZz_8x789aXqLTYcrdrs/view.

²⁶ *Caregiving in the U.S.: 2015 Report*, National Alliance for Caregiving and AARP Public Policy Institute, 2015, <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>.

²⁷ Rajeev Ramchand et al., "Hidden Heroes: America's Military Caregivers," RAND Corporation, 2014, https://www.rand.org/pubs/research_reports/RR499.html.

²⁸ Michela Zonta, *Housing the Extended Family*, CAP, 2016, <http://www.americanprogress.org/issues/economy/reports/2016/10/19/146422/housing-the-extended-family/>.

²⁹ Richard Fry & Jeffrey S. Passel, *In Post-Recession Era, Young Adults Drive Continuing Rise in Multi-Generational Living*, Pew Research Center (July 17, 2014), <http://www.pewsocialtrends.org/2014/07/17/in-post-recession-era-young-adults-drive-continuing-rise-in-multi-generational-living>.

³⁰ Michela Zonta, *Housing the Extended Family*, CAP, 2016, <http://www.americanprogress.org/issues/economy/reports/2016/10/19/146422/housing-the-extended-family/>.

³¹ Richard Fry & Jeffrey S. Passel, *In Post-Recession Era, Young Adults Drive Continuing Rise in Multi-Generational Living*, Pew Research Center, 2014, <http://www.pewsocialtrends.org/2014/07/17/in-post-recession-era-young-adults-drive-continuing-rise-in-multi-generational-living>.

³² “Still Out, Still Aging: The MetLife Study of Lesbian, Gay, Bisexual, and Transgender Baby Boomers,” MetLife Mature Market Institute and American Society of Aging, 2010, <https://www.asaging.org/sites/default/files/files/mmi-still-out-still-aging.pdf>.

³³ Lourdes Ashley Hunter, Ashe McGovern, and Carla Sutherland, eds., *Intersecting Injustice: Addressing LGBTQ Poverty and Economic Justice for All: A National Call to Action*, Social Justice Sexuality Project, Graduate Center, City University of New York, 2018, <http://socialjusticesexuality.com/files/2018/04/Poverty-Reports-Exec-Summary.pdf>.

³⁴ Sarah Jane Glynn, “State Paid Leave Administration, Center for American Progress, 2015, <https://cdn.americanprogress.org/wp-content/uploads/2015/09/30062044/StatePaidLeavereport1.pdf>.

³⁵ Sarah Jane Glynn, Alexandra L. Bradley, and Benjamin W. Veghte, “Paid Family and Medical Leave Programs: State Pathways and Design Options,” National Academy of Social Insurance, 2017, <https://www.nasi.org/sites/default/files/research/NASI%20PFML%20brief%202017-%20Final.pdf>.

³⁶ Kristin Smith, “Job Protection and Wage Replacement: Key Factors in Take Up of Paid Family and Medical Leave Among Lower-Wage Workers,” University of New Hampshire Carsey School of Public Policy, Spring 2019, <https://scholars.unh.edu/cgi/viewcontent.cgi?article=1363&context=carsey>.

³⁷ Appelbaum and Milkman, *Leaves that Pay*.

³⁸ Molly Weston Williamson, Sherry Leiwant, and Julie Kashen, “Constructing 21st Century Rights for a Changing Workforce: A Policy Brief Series; Brief 2: Paid Family and Medical Leave & Nonstandard Employees,” 2019, <https://www.abetterbalance.org/resources/report-constructing-21st-century-rights-for-a-changing-workforce-a-policy-brief-series-brief-2/>.

³⁹ “A Review of the Evidence on Payment and Financing of Family and Medical Leave,” WORLD Policy Analysis Center, 2018, https://www.worldpolicycenter.org/sites/default/files/WORLD%20Brief%20-%20Payment%20and%20Financing%20of%20Paid%20Family%20and%20Medical%20Leave_0.pdf.

⁴⁰ For full details on all the states, see “Comparative Chart of Paid Family and Medical Leave Laws in the United States,” A Better Balance, <https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/>.

⁴¹ Kristin Smith, “Job Protection and Wage Replacement: Key Factors in Take Up of Paid Family and Medical Leave Among Lower-Wage Workers, University of New Hampshire Carsey School of Public Policy, Spring 2019, <https://scholars.unh.edu/cgi/viewcontent.cgi?article=1363&context=carsey>.

⁴² “WORLD Policy Analysis Center, *supra* note 41.

⁴³ Gault, et al, *Paid Parental Leave in the United States*.

⁴⁴ Brigid Schulte et al., “Paid Family Leave: How Much Time is Enough?” *New America*, 2017, <https://www.newamerica.org/better-life-lab/reports/paid-family-leave-how-much-time-enough/>.