

# Evidence and Policy Options for Federal Paid Leave in the United States

WORLD Policy Analysis Center at UCLA Submission in Response to Questions of the Bipartisan, Bicameral Congressional Working Group on Paid Leave

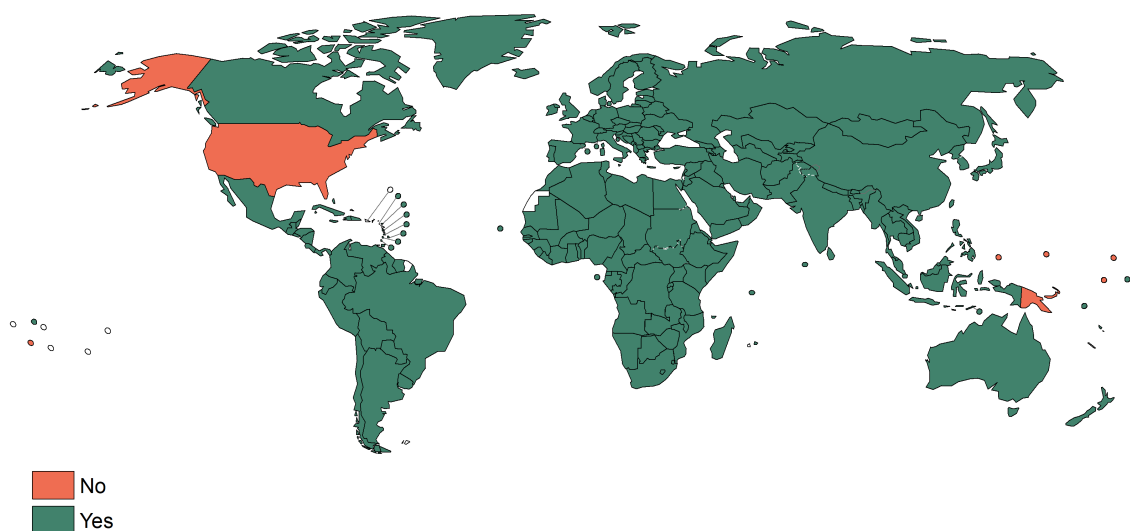
**1. What should the federal role be, if any, in providing, promoting, and/or incentivizing paid leave? And how should this interact with the role of state government programs, and/or employer programs?**

The federal government should provide paid leave to all Americans through a social insurance system, similar to Social Security for retirement. All people in the U.S., regardless of where they live or work, need and deserve paid family and medical leave, just as people receive across the world.

The U.S. stands nearly alone in failing to provide paid leave at the national level:

- 186 out of 193 countries provide paid leave to mothers; only the U.S., Papua New Guinea, and five small Pacific Island nations have yet to do so<sup>1</sup>
- All other OECD countries and 123 countries globally also provide leave to fathers<sup>2</sup>
- 184 out of 193 countries provide paid leave for personal illness<sup>2</sup>—whereas the U.S.’s lack of sick leave led to preventable deaths when the COVID-19 pandemic began

## Is paid leave available to mothers of infants?



Source: WORLD Policy Analysis Center, Adult Labor Database, 2022

While the adoption of paid leave by a minority of states and employers has provided valuable lessons on ways that leave supports workers' health and employment, states and employers alone have not covered the whole country.

**Providing paid leave at the federal level is in the U.S.'s national interest, and would strengthen the country's performance in areas where it is lagging behind its peers:**

- **Infant and maternal health:** as of 2020, the U.S. had the fourth highest maternal mortality rate in the OECD,<sup>3</sup> behind only Mexico, Colombia, and Costa Rica—despite spending nearly twice as much on health as other OECD countries.<sup>4</sup> Paid maternity leave reduces infant mortality.<sup>5 6 7 8</sup>
- **Women's labor force participation:** from 2000 to 2021, among the 36 countries that were members of the OECD throughout that period, the U.S. dropped from 7th to 28th on women's labor force participation.<sup>9</sup> Paid maternity and paternity leave and paid leave to care for ill family members increase female labor force participation.<sup>10 11 12</sup>
- **Mortality rates:** from 2019 to 2021, the decrease in U.S. life expectancy was more than triple that of other OECD countries.<sup>13</sup> Paid leave for personal illness reduces mortality.<sup>14 15</sup>

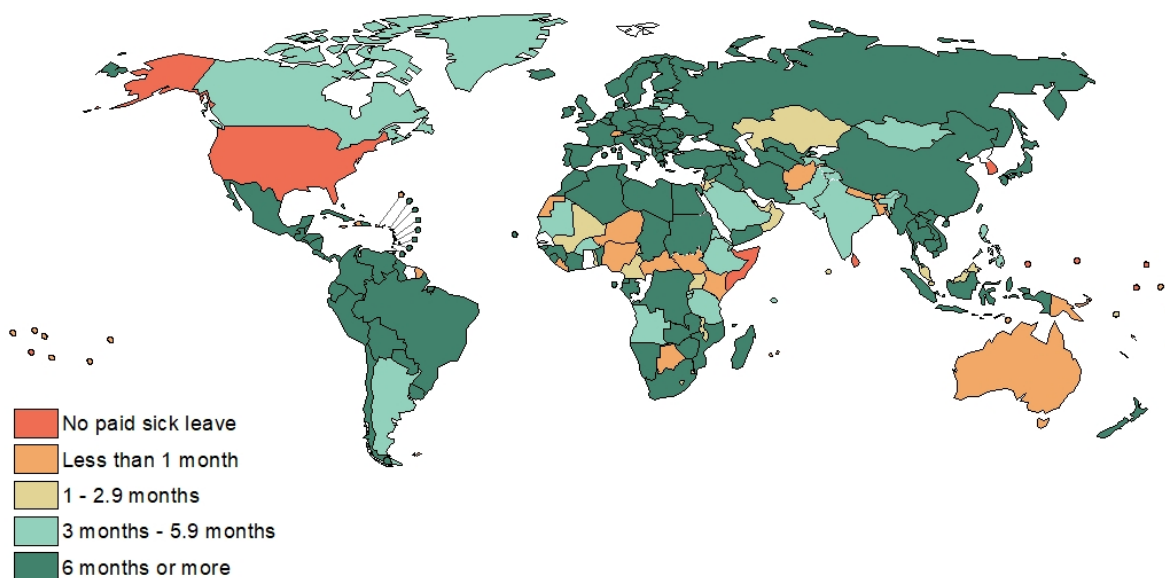
**2. What types of leave should a potential federal program cover, at what length, and why? How should different types of leave be prioritized? Should different types of leave be treated differently or does doing so create adverse effects?**

**A federal program should cover paid parental leave for all parents, paid leave to care for family members' health, and paid leave to care for one's own health.** Providing a minimum of 12 weeks of paid leave would provide a foundation for realizing its potential to improve health and economic outcomes; providing longer leave would yield further benefits and bring the U.S. in line with its peers.

Among the 38 OECD countries,

- All but the U.S. guarantee paid leave to both parents
  - 28 guarantee at least 6 months of paid leave to mothers
  - 24 guarantee at least 6 months of paid leave to fathers
- 35 guarantee paid leave to care for an ill family member, including:
  - 25 that provide 3 months or more to care for a seriously ill child
  - 12 that provide 3 months or more to care for a seriously ill adult family member
- 36 guarantee paid leave for personal illness, including 31 that guarantee 6 months or more

## For how long are workers guaranteed paid sick leave?



*\*The Republic of Korea does not provide paid leave specifically for illness, but it does provide 15 days of general paid leave that can be used for illness as well as other needs.*



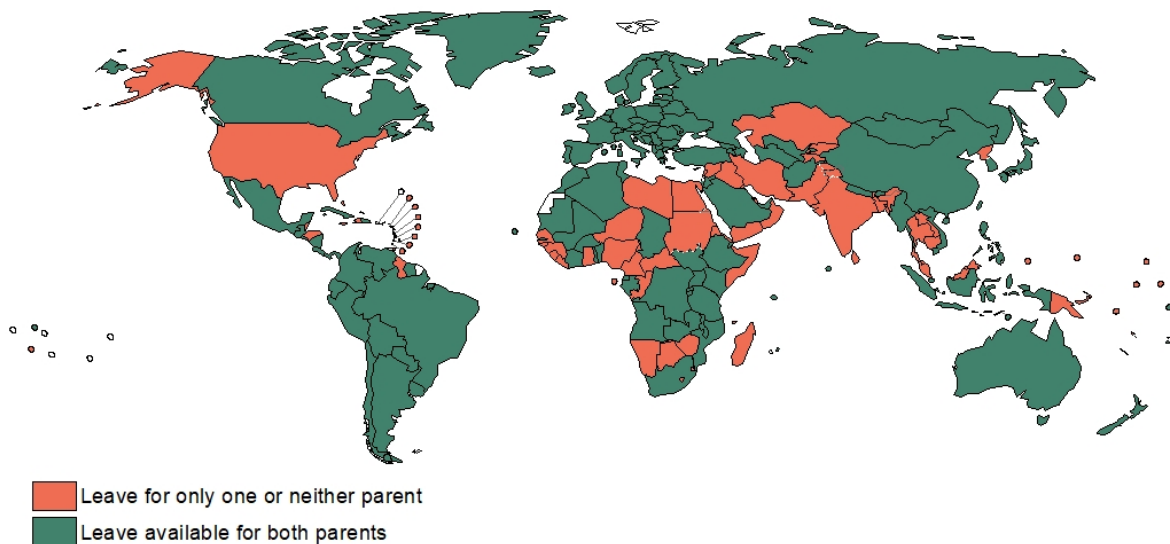
Source: WORLD Policy Analysis Center, Adult Labor Database, 2022

**Providing leave for the full range of personal health and family caregiving needs has long had broad bipartisan support**—among the public,<sup>16 17 18</sup> among elected officials,<sup>19</sup> and even in the judiciary.<sup>20</sup> While it would be reasonable to build off the existing guarantee of 12 weeks of unpaid leave in the Family and Medical Leave Act (FMLA), **the health and economic benefits of longer leaves are substantial:**

- **Infant health:** six months of paid leave would importantly advance meeting the targets for breastfeeding duration set by the CDC and the World Health Organization.<sup>21 22</sup>
- **Maternal health:** at least three months of paid leave for each parent supports women's recovery from birth and overall health,<sup>23 24</sup> reduces postpartum depression,<sup>23 24 25</sup> and facilitates breastfeeding,<sup>26 27 28 29</sup> which reduces long-term risks of breast cancer and may also lower risks of osteoporosis, ovarian cancer, and heart disease.<sup>30 31</sup>
- **Treatment for serious illness:** up to 6 months may be needed for treatment and recovery from major illnesses including cancer.<sup>32 33 34 35</sup> Three months of paid medical leave would be an important step forward; it is notable that nearly three-quarters of high-income countries provide at least six months.
- **Gender equality:** reserving an adequate amount of paid parental and family medical leave for men is important for gender equality in the workplace and at home.<sup>36 37 38 39 40</sup> An individual entitlement of at least three months would meaningfully support these outcomes.<sup>41 42</sup>

For family caregiving leave, providing a minimum of 12 weeks per ill family member (rather than per worker) appropriately recognizes that many Americans will experience care needs for more than one family member per year. Making this leave universal, however, also helps encourage family members to share caregiving responsibilities.

## Is paid leave available for both parents of infants?



Source: WORLD Policy Analysis Center, Adult Labor Database, 2022

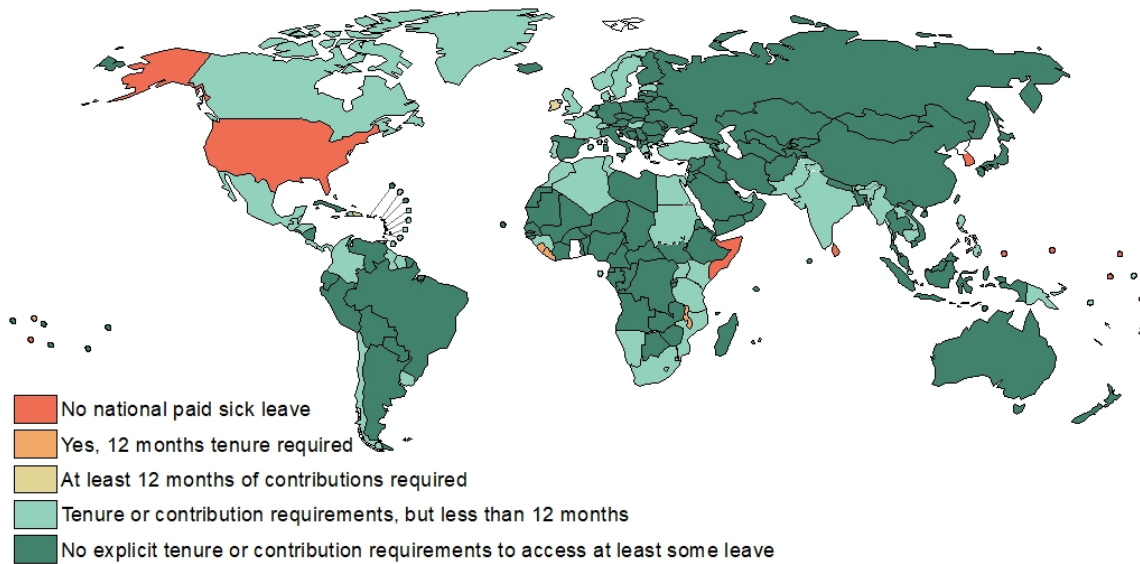


### **3. Please describe your recommended framework/s, focusing on what you believe could be a bipartisan and passable solution/s to expanding paid leave nationally?**

We would recommend a minimum of 12 weeks of job-protected family and medical leave, administered through Social Security as an additional benefit, covering all workers at businesses of 5 or more as well as the self-employed.

- **The wage replacement rate and benefits caps for leave should be progressively structured to ensure that no household falls below the federal poverty level for the full duration of their leave.**
- **To ensure broad coverage of Americans of all backgrounds, as well as those who recently began new jobs, paid leave should not include minimum tenure and work hour requirements, which are uncommon globally.** For example, among the vast majority of countries worldwide that provide paid sick leave, 93% cover all part-time workers; only four countries require at least 12 months of employment, which is the FMLA threshold.<sup>43</sup> Excluding workers who have not reached a minimum hours requirement at a given job disproportionately excludes women, as well as millions of Americans who work multiple part-time jobs.

# Are workers required to have worked for their employers for a year to receive paid sick leave benefits?

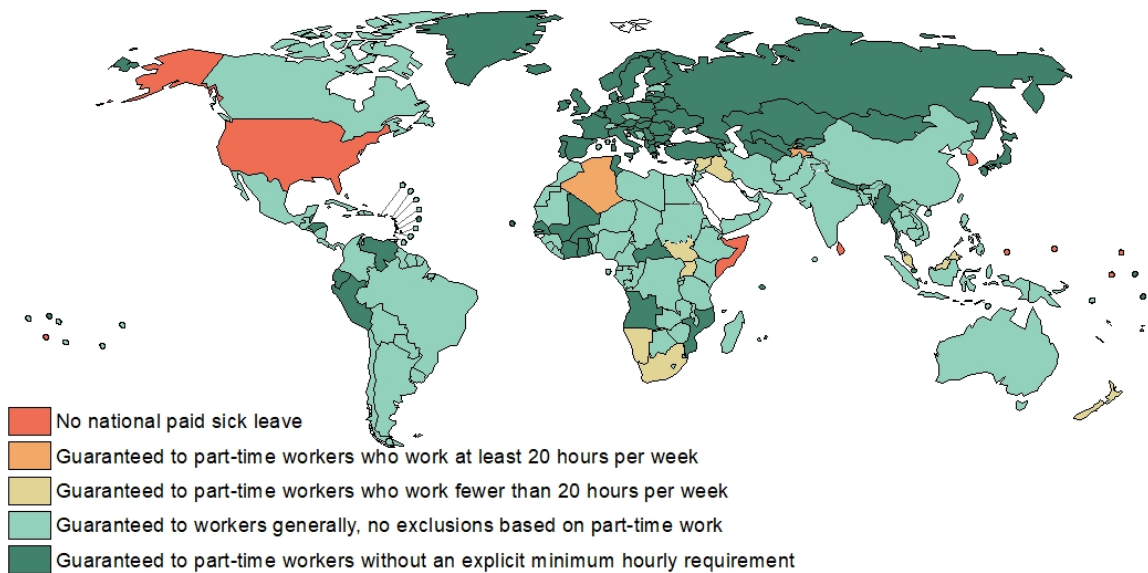


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Source: WORLD Policy Analysis Center, Adult Labor Database, 2022

# Do countries guarantee part-time workers access to paid sick leave?



*\*The Republic of Korea does not provide paid leave specifically for illness, but it does provide 15 days of general paid leave that can be used for illness as well as other needs.*



Source: WORLD Policy Analysis Center, Adult Labor Database, 2022

**4. Please describe alternative ways any proposed framework can be financed, including possible payfors. What financial mechanisms should be considered to expand paid leave?**

Countries around the world have demonstrated the feasibility of paying for paid leave while remaining economically competitive.<sup>44</sup> **The vast majority of OECD countries finance leave fully or partially through social insurance or public funds.**

Importantly, **any evaluation of the economic feasibility of paid leave should include an estimate of increases in revenue together with costs.** There is substantial reason to believe that paid leave will increase revenue by increasing women's employment:

- **U.S. studies show that passing paid leave increases women's labor force participation.**<sup>10 11 12 45</sup>
- **Increasing women's labor force participation in turn drives economic growth:**
  - The OECD has estimated that closing gender gaps in labor force participation alone could add 12% to GDP across high-income countries<sup>46</sup>—equivalent to around \$2.8 trillion in the U.S.
  - Likewise, McKinsey has estimated that fully closing the gender gaps in the U.S. economy, including gender disparities in labor force participation, could add \$4.3 trillion to annual GDP.<sup>47</sup>

Any new legislation to establish paid leave should build in an evaluation of the policy's impacts on labor force participation and the related impacts on revenue.

**5. How can proposed paid leave frameworks avoid creating unintended distortions, such as marriage penalties, reductions of private sector paid leave coverage, etc.?**

Most Americans working for private sector employers do not have access to paid parental, medical, and family medical leave. Unlike health insurance, which is available to 70% of private sector workers through their jobs,<sup>48</sup> just 24% have any employer-provided paid family leave.<sup>49</sup> For companies that already do offer leave, a national program can supplement these benefits, just as Social Security supplements company-provided retirement plans.

Providing paid leave at the national level also allows companies to focus on their core business activities. If paid leave is structured as social insurance, as in most highly competitive countries, companies can simply pay into funding for paid leave, just as they do for Social Security or unemployment benefits, rather than taking on the role of providing insurance directly. Recognizing its benefits for business, over 350 companies—including many with existing employer-provided paid leave programs—have urged Congress to pass a national paid leave policy.<sup>50</sup>

**6. Should government support for paid leave be focused only on the most vulnerable individuals in our society, or on all Americans regardless of means or need?**

**Providing paid leave to all Americans is critical to the welfare of the full population.**

- Moreover, universal coverage matters to efficiency: evidence from other means-tested programs has demonstrated how complex eligibility requirements substantially increase administrative costs while reducing take-up among eligible populations.<sup>51 52</sup>

- Further, even higher-income Americans lack paid leave through their employers: just 37% of private sector employees in the top quarter of the income distribution reported access to paid family leave in 2021.<sup>53</sup> When paid leave is unavailable, workers across income levels—disproportionately, women—are more likely to leave jobs to meet caregiving needs.
- Overwhelmingly, countries around the world provide paid leave regardless of financial need.

### **7. What supports do small and mid-sized businesses need from the federal government to provide paid leave to workers?**

The federal government can make it feasible for small and mid-sized businesses to provide paid leave to workers by structuring leave as social insurance, rather than an employer mandate. Small businesses already pay into Social Security through a small payroll tax. The same model would be effective for ensuring broad, affordable paid leave coverage.

### **8. What does research say about the impact of providing paid leave on worker health, job satisfaction, economic mobility, child development, breastfeeding rates and related health outcomes, fertility rate, infant mortality, elderly health, public assistance levels, family income, and recruitment and retention efforts?**

Extensive research from around the world and across U.S. states that have passed paid leave has documented its wide-ranging benefits.<sup>54 55</sup>

#### **Wide-Ranging Health Benefits of Paid Leave**

- **Infant mortality decreases**, especially in the post-neonatal period (28 days to one year of age).<sup>7 56 57</sup> Longitudinal research on 16 European countries found that a 10-week extension in paid maternity leave reduced post-neonatal deaths.<sup>8</sup>
- **Breastfeeding rates increase**,<sup>26 27 28 29</sup> powerfully supporting the short-term and long-term health of both children and mothers. Paid leave for both mothers and fathers supports increases in breastfeeding initiation and duration.<sup>58</sup>
- **Child health improves**, with studies showing positive impacts on birth weights and on-time immunizations.<sup>59 60 61</sup>
- **Worker health improves**, including through reduced food insecurity and better sleep, improved mental health, and a decrease in cancer mortality rates.<sup>62 63 64</sup>
- **The health of aging adults improves**, and more older Americans are able to continue working and to age at home.<sup>65 66</sup>

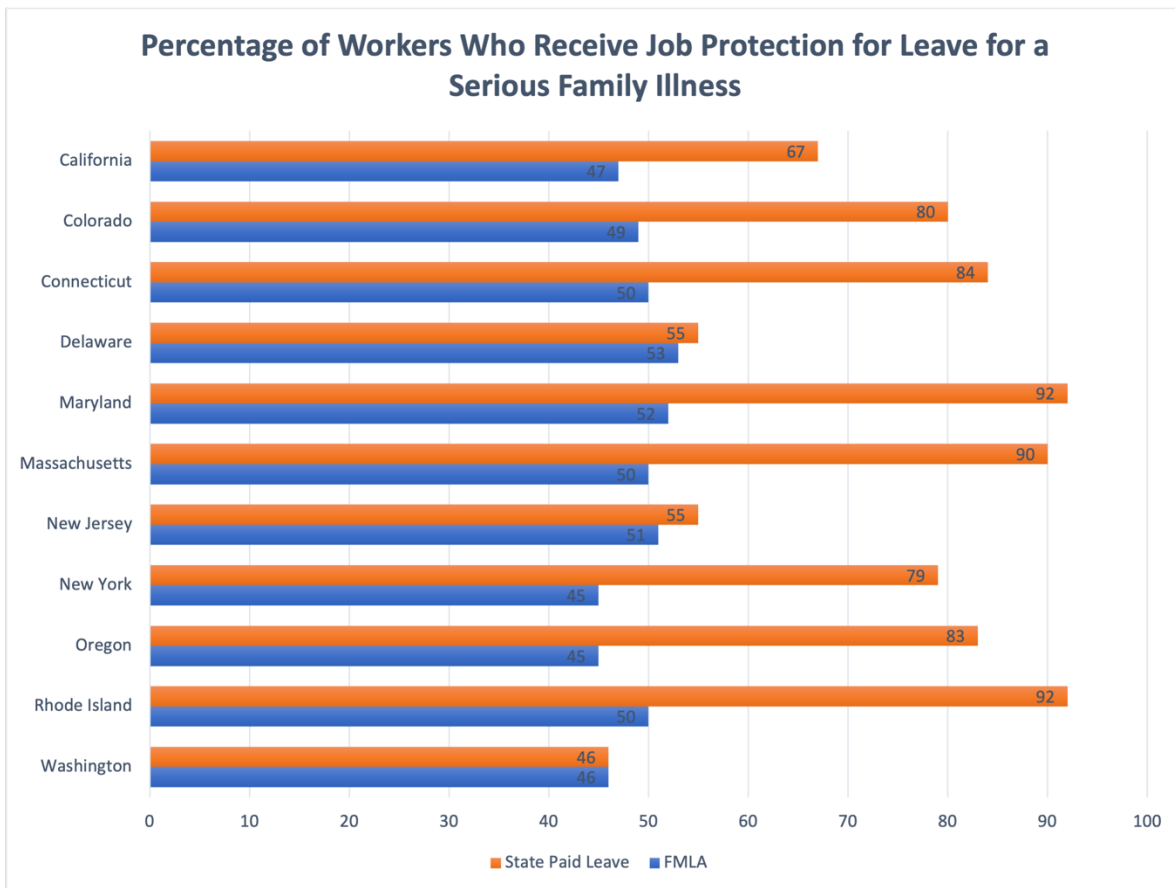
#### **Wide-Ranging Economic Benefits of Paid Leave**

- **Companies experience less turnover**, with workers more likely to remain employed after the birth of a child, when an older child has complex health needs, or when a spouse or parent is hospitalized.<sup>67 68 69 70 71</sup>
- **Families face lower risks of poverty**, including households that have recently exited public assistance.<sup>62 72 73</sup>

- **Women’s labor force participation and long-term earnings increase**, boosting family income while also fueling economic growth. Leave for men as well as women supports these benefits.<sup>10 11 12 45 74 75 76</sup>
- **Workers with serious illnesses report less financial burden**, which in turn supports better health.<sup>77 78 79</sup>

**9. What lessons should the federal government learn from successful or failed attempts at expanding paid leave in U.S. states or other countries?**

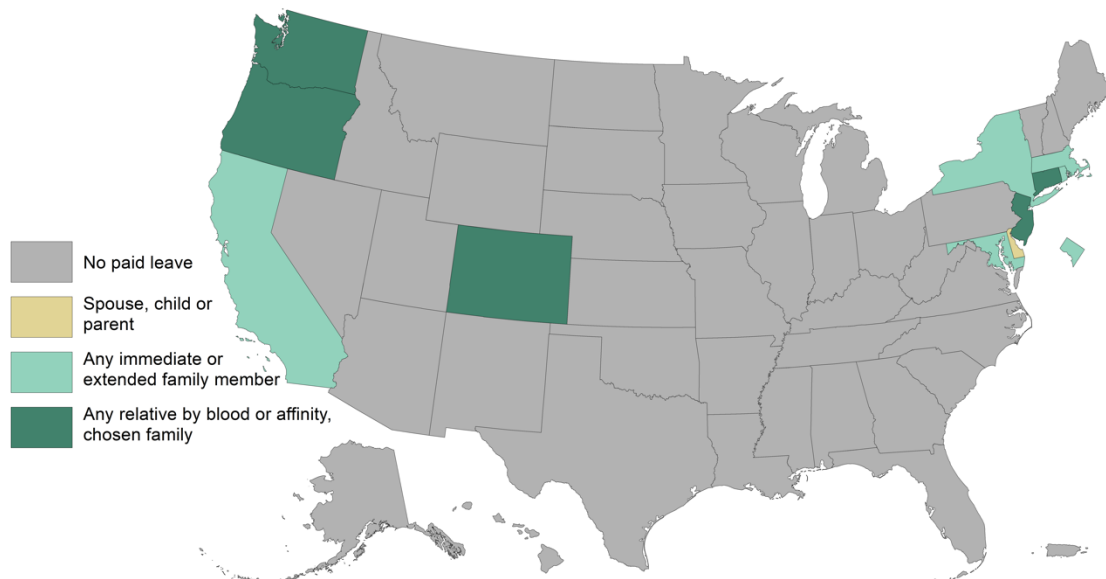
- **Paid leave has the potential to yield substantial and long-term health and economic benefits**, improving outcomes for families, companies, and the country as a whole.
- **To ensure wide coverage, paid leave should cover workers at small businesses, part-time workers, and workers who recently started new jobs.**
  - The FMLA’s eligibility rules exclude over half of private sector workers; its 50-person firm size rule excludes over a third of workers on its own.<sup>43</sup>
  - States that have passed paid leave have broadened coverage, to varying degrees, by lowering minimum firm size, hours, and tenure requirements. For full details, access our briefs on state-level paid leave and equitable policy design.<sup>80</sup>





- **Paid leave must be affordable to achieve broad take-up among Americans of all backgrounds:**
  - While state leave policies have had important impacts, current benefit levels in a range of states would cause a substantial share of workers to fall into poverty while on leave, and do not yet fully address disparities in access across race and class.<sup>81</sup>
- To ensure all Americans can provide and receive care, **paid leave for family caregiving should cover a wide range of relationships**, including family-equivalent relationships:
  - Many workers live at a significant distance from their families of origin.
  - Ensuring that even people who are not formally related can care for one another during health crises strengthens communities.

### For which family members can an employee take paid family leave for serious illness?



Source: WORLD Policy Analysis Center US Paid Family and Medical Leave Policy Database, 2022



<sup>1</sup> WORLD Policy Analysis Center, “Is paid leave available to mothers of infants, including maternity and parental?” <https://www.worldpolicycenter.org/policies/is-paid-leave-available-to-mothers-of-infants-including-maternity-and-parental>

<sup>2</sup> WORLD Policy Analysis Center, Adult Labor Database.

<sup>3</sup> OECD, Health status: Maternal and infant mortality, <https://stats.oecd.org/index.aspx?queryid=30116> (visited 16 Jan. 2024).

<sup>4</sup> OECD, Health expenditure and financing, <https://stats.oecd.org/Index.aspx?DataSetCode=SHA> (visited 12 Jan. 2024).

<sup>5</sup> Burtle, A., & Bezruchka, S. (2016, June). Population health and paid parental leave: what the United States can learn from two decades of research. In *Healthcare* (Vol. 4, No. 2, p. 30). MDPI.

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<sup>7</sup> Tanaka, S. (2005). Parental leave and child health across OECD countries. *The Economic Journal*, 115(501), F7-F28.

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<sup>8</sup> Ruhm, C. J. (2000). Parental leave and child health. *Journal of health economics*, 19(6), 931-960.

<sup>9</sup> OECD, LFS by Sex and Age - Indicators,

[https://stats.oecd.org/viewhtml.aspx?datasetcode=LFS\\_SEXAGE\\_I\\_R&lang=en](https://stats.oecd.org/viewhtml.aspx?datasetcode=LFS_SEXAGE_I_R&lang=en) (visited 16 Jan. 2024)

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<sup>11</sup> Beddard, K., and Rossin-Slater, M. 2016. "The Economic and Social Impacts of Paid Family Leave in California: Report for the California Employment Development Department." Available at:

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<sup>12</sup> Kang, J. Y., Park, S., Kim, B., Kwon, E., & Cho, J. 2019. "The effect of California's paid family leave program on employment among middle-aged female caregivers." *The Gerontologist* 59(6): 1092-1102.

<sup>13</sup> Health at a Glance 2023: Highlights for the United States (OECD, 2023).

<https://www.oecd.org/unitedstates/health-at-a-glance-United-States-EN.pdf>

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<sup>15</sup> Kim, D. (2017). Paid sick leave and risks of all-cause and cause-specific mortality among adult workers in the USA. *International journal of environmental research and public health*, 14(10), 1247.

<sup>16</sup> "Americans Overwhelmingly Support Paid Family And Medical Leave," Navigator, 23 Sept. 2022, <https://navigatorresearch.org/americans-overwhelmingly-support-paid-family-and-medical-leave/>

<sup>17</sup> "Americans Widely Support Paid Family and Medical Leave, but Differ Over Specific Policies," Pew Research Center, 23 March 2017, <https://www.pewresearch.org/social-trends/2017/03/23/americans-widely-support-paid-family-and-medical-leave-but-differ-over-specific-policies/>

<sup>18</sup> "Survey Findings Show Broad and Deep Support for Paid Parental, Family and Medical Leave," Lake Research Partners, November 2023, [https://irp.cdn-](https://irp.cdn-website.com/167e816a/files/uploaded/Lake.Paid.Leave.for.All.Poll.Press%20Memo.pdf)

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<sup>19</sup> H.R. 1 (103rd): Family and Medical Leave Act of 1993, <https://www.govtrack.us/congress/votes/103-1993/s11> (accessed 17 Jan. 2024).

<sup>20</sup> See Nevada Department of Human Resources v. Hibbs, 538 US 721, 737 (2003), opinion of Chief Justice William Rehnquist: "By setting a minimum standard of family leave for *all* eligible employees, irrespective of gender, the FMLA attacks the formerly state-sanctioned stereotype that only women are responsible for family caregiving, thereby reducing employers' incentives to engage in discrimination by basing hiring and promotion decisions on stereotypes."

<sup>21</sup> US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030: infants. Accessed Jan. 16, 2024. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants>

<sup>22</sup> Sprague, A., Earle, A., Moreno, G., Raub, A., Waisath, W., & Heymann, J. (2023). National Policies on Parental Leave and Breastfeeding Breaks: Racial, Ethnic, Gender, and Age Disparities in Access and Implications for Infant and Child Health. *Public Health Reports*, 00333549231151661.

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<sup>24</sup> Dagher, R. K., McGovern, P. M., & Dowd, B. E. (2014). Maternity leave duration and postpartum mental and physical health: implications for leave policies. *Journal of health politics, policy and law*, 39(2), 369-416.

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