



**Written Testimony of Debra Ness  
Subcommittee on Workforce Protections  
Hearing on the Family and Medical Leave Act  
April 10, 2008**

Good Morning, I am President of the National Partnership for Women & Families, a non-profit, non-partisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care, and policies that help workers in the United States meet the dual responsibilities of work and family.

The National Partnership for Women & Families leads a broad, diverse coalition of more than 200 groups dedicated to defending and expanding the Family and Medical Leave Act (FMLA) on behalf of workers across the country. The coalition reaches across a wide spectrum of concerned citizens and includes religious, women's, seniors, veterans, and disability groups.

Our leadership of this coalition is a natural extension of our original role as drafter of the FMLA and leader of the broad-based coalition advocating for its passage.

I am especially pleased to be here today because this year marks the 15<sup>th</sup> anniversary of the FMLA. Its passage was a watershed moment for government support of working families in the United States. The law guarantees eligible workers up to twelve weeks of unpaid leave each year to care for immediate family members or to address serious personal health concerns. By making job-protected leave available to all eligible workers, and requiring that health insurance continue through the leave, the law has enabled both women and men to meet their responsibilities for their families without sacrificing their jobs and long-term economic stability. The law also helps combat gender discrimination and pernicious stereotypes about gender roles because both male and female workers can take FMLA leave. The law helps to ensure that women are not penalized or unfairly denied job opportunities simply because of assumptions about their family care giving responsibilities.

To celebrate this anniversary, the National Partnership for Women & Families launched a new website, [www.thanksfmla.org](http://www.thanksfmla.org), for workers to learn about the FMLA and to share their stories about how the law has helped in their lives.

Many of us in the room today were instrumental in the long fight to pass the FMLA. We braved an unrelenting stream of attacks from businesses that claimed the law would be the end of them. Fifteen years later, the law is well established and businesses have flourished. It is important to

remember that lesson when we talk about expanding the FMLA and creating a way to include wage replacement while workers are on leave. We will undoubtedly hear that the same scare tactics and predictions that the sky will fall again. It did not fall when we passed the FMLA, and it will not fall if we make this basic family support available and accessible to more workers. In fact, as we explain in more detail below, the strongest economies in the world are in countries that provide paid family leave to all workers. The FMLA is good for families, and it is good for business. Expanding it will make it even more so.

It is an exceptionally sweet anniversary for supporters of the FMLA because this year also marks the first time the law has been expanded since its inception. Now under the FMLA, military families will be able to take up to 26 weeks of leave to help care for their soldiers injured in combat. These families have sacrificed so much for our country, and we are very pleased that the expansion of the FMLA will help them access a necessary support – leave to care for a wounded soldier. Additionally, military family members will be able to use FMLA leave to help them cope with the deployment of a close relative.

While the anniversary and expansion of the FMLA are cause for celebration, we are also very concerned for the vitality of the law given the proposed changes put forward by the Department of Labor in February. Comments to these changes are due tomorrow, April 11<sup>th</sup>. The National Partnership for Women & Families has drafted a comprehensive response to the proposed changes and to the questions raised by DOL regarding the implementation of the expansion of the FMLA for military families. As my testimony will make clear, the FMLA is working and working well. The law does not need any significant regulatory changes. Rather, we should be looking at how we can expand it so more workers can realize its promise of job-protected leave in times of need.

## **I. The FMLA is Working Well**

Since 1993, workers have used the FMLA approximately 100 million times to take the unpaid time off that they need to care for themselves or their families.<sup>1</sup> This includes employees from all walks of life. Twenty seven percent of leave takers earn less than 30,000/year; 51 % of leave takers earn between \$30,000 and \$74,999/year; and 22% of leave-takers earn \$75,000/year or more.<sup>2</sup> A significant number of leave takers are men (42 %),<sup>3</sup> who use the FMLA for both their

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<sup>1</sup> The Family and Medical Leave Act Regulations: A Report on the Department of Labor's Request for Information 2007 Update (U.S. Department of Labor June 2007) ("DOL 2007 Report") at 129. We based this estimate on multiplying the Employer Survey Based Estimate by 15.

Unfortunately, the data we have on FMLA leave use is quickly becoming out of date. The Department of Labor last surveyed employers and employees on the FMLA in 2000. Since then, the Department has not conducted any national survey on the FMLA. In its most recent Request for Information and Report, the Department appeared to question the data from its 2000 Report, although it did not offer substitute data, nor has it attempted any more recent national survey. The Department needs to conduct scientifically sound survey research on the FMLA so that policy decisions can be made based on that information, rather than on selected employers' complaints.

<sup>2</sup> David Cantor et al, *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys 2000 Update*, (U.S. Department of Labor, Washington, DC, 2000) ("DOL 2000 Report") at 3-7.

<sup>3</sup> *Id.*

own serious illness (58 %) and to care for seriously ill family members (42 %).<sup>4</sup> When taken, leave is usually quite short: the median length is just 10 days.<sup>5</sup>

Workers overwhelmingly support the FMLA. In 2006, DOL issued a Request for Information about the FMLA and received thousands of comments from individual workers concerning how incredibly important the FMLA is in their lives. Indeed, DOL observed that it could have “written an entire report” based solely on the individual stories supplied by workers.<sup>6</sup> Some of the stories included by DOL in its report illustrate why the FMLA is so important:

As a cancer survivor myself, I cannot imagine how much more difficult those days of treatments and frequent doctor appointments would've been without FMLA. I did my best to be at work as much as possible, but chemotherapy and radiation not only sap the body of energy, but also take hours every day and every week in treatment rooms.<sup>7</sup>

FMLA has tremendously helped my family. I have a child born w/[asthma], allergies & other medical issues. And, there are times I'm out of work for days[. If I didn't have FMLA I would have been fired [a long] time ago. I've been able to maintain my employment and keep my household from having to need assistance from the commonwealth.<sup>8</sup>

The FMLA has also been accepted and welcomed by employers. Data from the most recent national research on it, conducted by the U.S. Department of Labor, show that the vast majority of employers in this country report that complying with the FMLA has a positive or neutral effect on productivity (83 percent), profitability (90 percent), growth (90 percent), and employee morale (90 percent).<sup>9</sup> The Act benefits employers in numerous ways, most notably the savings derived from retaining trained employees, from productive workers on the job, and from a positive work environment.

The Department of Labor agrees that the FMLA is working well. According to its 2007 Report:

[The] Department is pleased to observe that, in the vast majority of cases, the FMLA is working as intended. For example, the FMLA has succeeded in allowing working parents to take leave for the birth or adoption of a child, and in allowing employees to care for family members with serious health conditions. The FMLA also appears to work well when employees require block or foreseeable intermittent leave because of their own truly serious health condition. Absent the protections of the FMLA, many of these workers might not otherwise be permitted to be absent from their jobs when they need to be.<sup>10</sup>

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<sup>4</sup> *Id.* at 4-17.

<sup>5</sup> *Id.* at 2-4.

<sup>6</sup> DOL 2007 Report at iv.

<sup>7</sup> *Id.* at 1.

<sup>8</sup> *Id.* at 2.

<sup>10</sup> DOL 2007 Report at v.

Of course, we recognize that the FMLA is only working well for those employees who can access its protections. In the rest of my statement, I will discuss where we should expand the law to cover more employees. At the same time, we should also look at how we need to fix the law—a good example of that is making sure that flight attendants are covered under the FMLA, and there is a bill to make that happen currently pending in Congress.

## **II. The Department of Labor’s Proposed Regulations**

In February, the Department issued new proposed regulations for the FMLA. Taken as a whole, the proposed changes are cause for concern for workers. The proposed changes upset the careful balance struck by the FMLA between the needs of employers and workers to favor the employers. If these regulations are enacted, workers will find that they must give more notice, more information, have more medical examinations, and respond to employer requirements in shorter time frames. Employers, on the other hand, would have more time to respond to employees’ request for FMLA leave and more ways to delay or deny FMLA leave.

These proposed changes that could make it harder for workers are almost entirely based on anecdotal information from employers. DOL has not conducted any rigorous analysis or surveys of how the law is working since 2000. We believe that lacking such data, DOL should not be making wide ranging policy changes. Furthermore, in the proposed regulations, DOL has provided for limited additional education for employees to learn about these changes and the FMLA in general. We already know that many employees do not take FMLA leave because they are simply unaware that they have the right to do so. These proposed regulatory changes may make it even more difficult for employees, including those who know about the FMLA, to take their FMLA leave. Thus, DOL should be proposing a major mandatory FMLA education campaign for workers and employers to accompany any changes it makes.

At the same time that we are opposing many of DOL’s proposed changes for the FMLA, we are also submitting comments supporting the expansion of the FMLA for military family members. Military families need this expanded FMLA leave now and clearly Congress intended the provisions to be effective immediately. Thus, we have asked DOL to issue interim regulations for the military provisions as rapidly as possible. DOL should not link the issuance of regulations for the military provisions to the regulations they’ve proposed for the rest of the FMLA. Our hope is that the military regulations will move forward immediately while DOL studies the comments it receives on the other parts of their proposed regulations.

It is also important to note that during the Request for Information process employers and their advocates asked for a broad range of changes that would have severely curtailed FMLA rights. In part because of the strong support shown by workers, FMLA advocates, and law makers for the FMLA, DOL did not chose to put forward some of the most damaging employer suggestions.

Among the proposed changes that DOL did put forward, the ones about which we are most concerned are the following:

- *Making it More Difficult to Use Paid Leave While on FMLA Leave*  
Being unable to afford to take unpaid leave is the most common reason that workers who qualify for and need FMLA leave do not take it. Currently, workers are relatively free to

use their earned paid leave (vacation time and personal time) while on FMLA leave so they are able to be paid while on FMLA leave. Under the proposed regulations, in order to use that earned vacation or personal time while on FMLA leave, workers will have to meet the employer's rules for using vacation or personal time. Many employers require advance notice for using vacation leave, require that it be used in day long increments, or refuse to allow vacation leave during certain times of the year. Because of these employer policies, this change would make it more difficult for workers to use their accrued paid time off while on FMLA leave. Many workers may not be able to take the FMLA leave they need because they cannot afford to miss a paycheck.

- *Increased Requirements for Workers Seeking Leave*

If enacted, the proposed regulations will shorten the time in which employees must give notice of their need for leave, increase the amount of information they must give their employers, require them to follow certain employer practices for notification, and increase the number of medical re-certifications and fitness for duty certifications employees must produce. Employees who fail to meet these new standards may find their FMLA leave delayed or denied. Meanwhile, the proposed regulations extend the time employers have to respond to employee requests for leave.

- *Increased Direct Contact between the Employer and the Employee's Health Care Provider*

Currently, if an employer wants to clarify information on a worker's FMLA medical certificate or authenticate the information, the employer has to follow a two step process. First, the employer has to obtain the employee's permission to talk to her doctor and then the employer has to have a medical professional talk directly with the worker's doctor. Under the proposed rule, to clarify information on the medical certification, an employer could contact an employee's health care provider after obtaining a medical release from the employee; there would not longer be a requirement that the employer use a health care provider to make this contact. If the employee refuses to allow the employer access to the health care provider, FMLA leave could be delayed or denied.

If the employer wants to check that the health care provider listed on the certificate actually saw the employee and filled out the certificate, under the proposed rules the employer could contact the health care provider directly, without getting the employee's permission.

Employees, especially those with serious health conditions that carry social stigma, are very concerned that employers will now have more direct access to their health information.

### **III. Expanding the Number of Employees Covered by the FMLA**

Rather than working to limit employees' access to family and medical leave, we should be examining how we can make FMLA a reality for more employees. Currently, close to 40% of

workers in the United States work for employers with less than 50 employees and thus are not covered by the minimal protections the FMLA provides. Analysis by the National Partnership shows that reducing the employer-size threshold to 25 workers would extend FMLA protections to approximately 13 million more workers. This would reduce the percentage of employees not covered by the FMLA from 40% of the workforce to 29%.<sup>11</sup>

Some states have already expanded their FMLA laws to cover small business. For example, Maine covers employers with 25 or more employees, Vermont covers employers with 15 or more employees, and Oregon covers employers with 25 or more employees.

It is also important to cover more employees by removing the requirements that limit employees from being eligible for FMLA leave because they have not been on the job long enough. FMLA leave is a basic labor standard. With very few exceptions, we do not allow other labor standards, such as minimum wage or basic workplace safety standards, to be accessed only by employees who have been on the job for a certain length of time. According to 2006 Bureau of Labor Statistics data, approximately 25% of all employees had 12 months or less of tenure on the job. This is true for men and women, African Americans and Asians. Hispanics have an even greater percentage of lower tenure employees (30%), and younger employees also have lower tenure (50% of employees ages 20-24 have 12 months or less tenure).<sup>12</sup> Removing job tenure requirements would give part time workers or workers employed at more than one job access to FMLA leave and ensure they are better equipped to meet critical family responsibilities without risking their jobs.

#### **IV. Expanding the Family Members Covered by the Family and Medical Leave Act**

Families in the United States are not “one size fits all,” and the FMLA needs to be expanded to recognize this reality. For example, several states have extended the protections of their state family and medical leave laws to domestic partners; Maine did so just last year. Ideally, the federal FMLA should be extended to all domestic partners. Furthermore, as families are more spread apart geographically than ever before and caregiving requirements are increasing as the population ages,<sup>13</sup> extended family members like grandparents, siblings, adult children, and parents-in-law are either needing care or stepping forward to take care of family members in need. Currently, the FMLA does not recognize these relationships for the purposes of caregiving, leaving these caregivers without access to FMLA leave when they desperately need it.

I am glad to report that the new military leave provisions of the FMLA accommodate this dynamic and extend FMLA leave to qualifying “next of kin” rather than simply the family

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<sup>11</sup> National Partnership for Women & Families. Expanding the Family and Medical Leave Act to cover businesses with 25–49 Employees: The Impact in the US and in Each State. Washington, DC: National Partnership for Women & Families, 1997

<sup>12</sup> Bureau of Labor Statistics, Distribution of employed wage and salary workers by tenure with current employer, age, sex, race, and Hispanic or Latino ethnicity, January 2006 (available at <http://www.bls.gov/news.release/tenure.t03.htm>).

<sup>13</sup> Individuals 65 years and older represent 12.4% of the population in 2006 and are expected to be 20% of the population in 2030. Department of Health and Human Services, Administration on Aging, Statistics on the Aging Population, (available at <http://www.aoa.gov/prof/Statistics/statistics.asp>).

members currently covered in the FMLA. To truly support working families, we need for this expansion to apply to more than just military families.

## **V. Paid Sick Days- The Next Minimum Labor Standard:**

FMLA coverage for illnesses is limited to serious, longer-term illnesses and the effects of long term chronic conditions. The statute is predicated on the belief that workers have access to sick time off in order to deal with illnesses that do not meet the FMLA standard of “serious” and for routine medical visits for themselves and their families. However, in reality, many workers do not have sick time and even those covered by the FMLA may not have job-protected sick time or sick time that they may use to care for a family member. In order to address this issue, we urge Congress to pass the Health Families Act, a law that guarantees seven paid sick days a year for full time workers and a pro-rated amount for part time workers employed in businesses with 15 or more workers.

Nearly 50% of all private sector workers do not have paid, job-protected sick days.<sup>14</sup> Seventy-nine percent of low income workers do not have a single paid sick day,<sup>15</sup> and 94 million workers do not have paid sick days that can be used to care for a sick child.<sup>16</sup> The problem is particularly acute for working women, who are still predominantly responsible for meeting family caregiving needs. Almost half (49%) of working mothers report that they must miss work when a child is sick. And of these mothers, 49% do not get paid when they miss work to care for a sick child.<sup>17</sup>

The lack of paid sick days is a public health concern. Workers who disproportionately lack paid sick days work with the public every day. Only 22 % of food and public accommodation workers have any paid sick days. Workers in child care centers, retail clerks, and nursing homes also disproportionately lack paid sick days.<sup>18</sup>

No state requires private employees to provide paid sick days. Last year, San Francisco passed the first local ordinance requiring that private employers provide paid sick days. Reports after the first year show that the policy is working well and that businesses have been able to provide paid sick time with minimum difficulty. Last month, the District of Columbia became the second municipality to require paid, job-protected sick days.

Over a dozen cities and states are working to pass paid sick days laws to ensure this basic labor standard becomes a right for all workers. But illness knows no geographic boundaries, and access to paid sick days should not be dependent on where you happen to work. Paid sick days should be a basic labor standard like the minimum wage – there should be a federal minimum standard of paid sick days that protects all employees, with states free to go above the federal standard to meet the needs of their residents.

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<sup>14</sup> Testimony of Dr. Heidi Hartmann, Institute for Women’s Policy Research, before the U.S. Senate Committee on Health, Education, Labor, and Pensions, 2006 (hereinafter “Hartmann 2006”).

<sup>15</sup> Jody Heymann, *The Widening Gap: Why America’s Working Families are in Jeopardy and What Can Be Done About It*, Basic Books, 2000.

<sup>16</sup> Hartmann, 2006.

<sup>17</sup> Kaiser Family Foundation, “Women, Work and Family Health: A Balancing Act,” Issue Brief, April 2003.

<sup>18</sup> Vicky Lovell, *Valuing Good Health: An Estimate of Costs and Savings for the Healthy Families Act*, Institute of Women’s Policy Research, 2005.

## VI. Paid Family and Medical Leave

Politicians and lawmakers often speak passionately about building a nation that values families, and the FMLA was a monumental step toward this goal. But it was only a first step. Millions of Americans cannot afford to take advantage of the protections it affords. We strongly support expanding the FMLA to make it more accessible to all working families and to make paid family and medical leave an option for working families who simply cannot afford to take the unpaid leave the FMLA provides.

Without some form of wage replacement, the FMLA's promise of job-protected leave is a chimera for too many women and men. In fact, 78% of employees who qualified for FMLA leave and needed to take the leave did not because they could not afford to go without a paycheck.<sup>19</sup> More than one-third (34%) of the men and women who take FMLA receive no pay during leave, and another large share of the population have a very limited amount of paid leave available to them.<sup>20</sup>

Two months ago, we received a story from a woman in Colorado that illustrates how devastating the lack of wages while on leave can be:

I needed to take FMLA when I was pregnant. My job didn't offer paid leave when I gave birth to my daughter. Because of FMLA I was guaranteed time off when I was put on bed rest. Because it was unpaid I had to work from my bed and go back to work before my daughter was ready for me to go back. Financially I needed to go back to work. My daughter was 4 weeks old and on oxygen. I had to make special arrangements for a family friend to watch her instead of the childcare facility because of her age and special needs.<sup>21</sup>

When a personal or family medical crisis strikes, workers frequently have no choice but to take unpaid leave or leave their jobs. As a result, for many workers, the birth of a child or an illness in the family forces them into a cycle of economic distress. Twenty-five percent of all poverty spells begin with the birth of a child, according to The David and Lucile Packard Foundation.<sup>22</sup>

The lack of paid family and medical leave hits low-income workers hardest, almost three in four low-income employees who take family and medical leave receive no pay, compared to between one in three and one in four middle-and upper-income employees.<sup>23</sup> In addition, low-income workers, as well as their children and family members, are more likely to be in poor health in large part because many lack health insurance and are not eligible for coverage under Medicaid and SCHIP.<sup>24</sup>

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<sup>19</sup> DOL 2000 Report at 2-16.

<sup>20</sup> *Id.* at 4-5—4-6.

<sup>21</sup> Email Received by the National Partnership for Women & Families, [www.thanksfmla.org](http://www.thanksfmla.org), on February 5, 2008.

<sup>22</sup> The David and Lucile Packard Foundation, 2001. *The Future of Children: Caring for Infants and Toddlers*. Richard Behrman, ed. Los Altos, California:11(1).

<sup>23</sup> DOL 2000 Report at 4-5 and A-2-31 Table A2-4.1.

<sup>24</sup> Kaiser Family Foundation. 2007. *The Uninsured: A Primer. Key Facts About Americans Without Health Insurance*. <http://www.kff.org/uninsured/upload/7451-03.pdf>.

Providing paid family and medical leave helps ensure workers can perform essential caretaking responsibilities for newborns and newly-adopted children. Parents who are financially able to take leave are able to give new babies the critical care they need in the early weeks of life, laying a strong foundation for later development. Paid family and medical leave may even reduce health care costs. Studies have shown that when parents are able to be involved in their children's health care, children recover faster.<sup>25</sup>

Paid family and medical leave will also help the exponentially growing number of workers who are caring for older family members. Thirty-five percent of workers, both women and men, report they have cared for an older relative in the past year.<sup>26</sup> Roughly half of Americans 65 years of age and older participate in the labor force. Many require time away from work to care for their own health or the health of a family member.<sup>27</sup>

A national paid family and medical leave program will help businesses. Studies show that the costs of losing an employee (advertising for, interviewing and training a replacement) is often far greater than the cost of providing short-term leave to retain existing employees. The average cost of turnover is 25% of an employee's total compensation.<sup>28</sup> When businesses take care of their workers, they are better able to retain them, and when workers have the security of paid family leave, they experience increased commitment, productivity, and morale, and their employers reap the benefits of lower turnover and training costs. Finally, establishing a national paid family and medical leave program will help small business owners because it will allow them to offer a benefit that they could not afford to provide on their own. This will help level the playing field with larger businesses, making it easier for small businesses to compete for the best workers.

As described below, only a handful of states offer paid family and medical leave programs for workers in their states. At the federal level, Senators Christopher Dodd and Ted Stevens have introduced the first-ever bipartisan bill that would provide wage replacement for workers on family and medical leave. The Family Leave Insurance Act would provide up to eight weeks of partially paid leave to people who need to take time off work for those reasons allowed under the FMLA. The bill would create a "Family Leave Insurance Fund," paid for by small contributions from both employers and workers, to allow for pooled risk and lower costs. The payments would be issued through employers' regular payroll system, to make it simple to administer, with prompt reimbursement from the Family Leave Insurance Fund. In the House, Representatives Stark and Miller plan to offer a companion to the Dodd-Stevens bill.

The public strongly supports paid family and medical leave. This fall, the National Partnership released national polling data that shows consistent support for paid family and medical leave. Respondents were asked whether they would support a plan in which workers and employers pay

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<sup>25</sup> Palmer S.J., Care of sick children by parents: A meaningful role. *J Adv Nurs*. 18:185, 1993.

<sup>26</sup> Families and Work Institute, Highlights of the 2002 National Study of the Changing Workforce, 2002.

<sup>27</sup> AARP Public Policy Institute, *Update on the Aged 55+ Worker*, 2005.

<sup>28</sup> Employment Policy Foundation 2002. "Employee Turnover – A Critical Human Resource Benchmark." HR Benchmarks (December 3): 1-5 ([www.epf.org](http://www.epf.org), accessed January 3, 2005).

a dollar each every week for paid family and medical leave. 76% of the total sample were supportive. Hispanics and African Americans were even more strongly supportive—86% and 84% respectively. Neither gender nor age affected support for the proposal: 73% of men and 78% of women supported it as did, as noted above, a large majority of respondents of all ages.<sup>29</sup>

### **A. States Leading the Way**

Realizing the importance of paid family and medical leave, state programs are starting to provide it. Already, the six states with temporary disability programs (California, Hawaii, New Jersey, New York, Rhode Island and Puerto Rico) provide wage replacement for women during the period of disability due to pregnancy.

#### *California*

In 2004, California became the first state to provide wage replacement while a worker is on family leave.<sup>30</sup> The most comprehensive of its kind, the law has given more than 13 million California workers (nearly one-tenth our country's workforce) partial income replacement (roughly 55% of wages) while they care for a new child or seriously ill family member. Premiums for the program are paid entirely by workers and are incorporated into the state's temporary disability fund. Critically, the wage replacement program covers all California workers who pay into the system; it is not limited to those who are covered by the federal or state family medical leave act. Thus, the program reaches workers who may need it the most—those who are not covered because they work for small businesses or do not have a long tenure at their current job. Studies of workers using the wage replacement offered by the law show that 88% do so to care for a new baby and 12% do so to take of another family member.<sup>31</sup>

#### *Washington State*

In May of 2007, Washington State became the second state in the country to enact a paid parental leave program. Washington's program will provide \$250.00 per week for five weeks to new parents who are staying home with their child. Although not as expansive as California's, Washington's program also covers more workers than the FMLA and provides job-protected leave for employees who work in establishments with over 25 employees.

#### *New Jersey*

This week, New Jersey passed a paid family and medical leave program. New Jersey expanded its existing temporary disability insurance program to add six weeks of paid family leave, providing two-thirds of a worker's salary while they are on leave, and making it available to all workers in the state.

#### *Wage Replacement or Income Insurance Campaigns in Other States*

More states are engaging in efforts to provide the necessary income for workers to be able to take the leave they need. In the past year there have been active campaigns to make family and

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<sup>29</sup> Lake Research Partners, *Nationwide Polling on Paid Family and Medical Leave Poll*, conducted June 20-27, 2007.

<sup>30</sup> California's temporary disability system already provided payment when a worker was unable to work because of the worker's own disability, including disability due to pregnancy.

<sup>31</sup> California Employment Development Department, Press Release, July 1, 2005 (available at <http://www.edd.ca.gov/nwsrel05-36.pdf>).

medical leave affordable by guaranteeing some wage replacement in New York, Illinois, and Oregon. Additionally, Massachusetts, Pennsylvania, Arizona and Texas all introduced bills to create paid family and medical leave.

## **VII. Where We Stand Internationally**

The United States stands alone among industrialized nations in its complete lack of a national program to ensure that workers are financially able to take leave when they have a new baby or need to care for an ill family member or recover from an illness. A Harvard/McGill study of 173 nations found that 169 guarantee paid leave to women in connection with childbirth, and 66 ensure that fathers can take paid paternity leave. The United States is the only industrialized country without paid family leave, and guarantees no paid leave at all for mothers. It is in the company of just three other nations: Liberia, Papua New Guinea, and Swaziland.<sup>32</sup>

## **VIII. Conclusion**

It is time – past time – we join the rest of the world and make sure our families do not have to risk their financial health when they do what all of us agree is the right thing—take care of a family member who needs them. Now is the time to put family values to work by protecting the FMLA from burdensome regulations that could make it harder for workers to utilize it, and by expanding it to cover more workers and help those who urgently need paid leave.

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<sup>32</sup> Jody Heymann, et al., *The Work, Family, and Equity Index: Where Does the United States Measure Up?*, 2007. Harvard School of Public Health, Project on Global Working Families, Boston, MA.