Dear Member of Congress,

On behalf of the undersigned organizations and the tens of millions of working families we represent, we urge you to enact a universal, comprehensive paid leave policy as part of the Build Back Better package. In particular, we urge you to support House Ways & Means Committee Chairman Richard Neal’s paid family and medical leave plan in the Build Back Better Act. This plan, which builds off of the FAMILY Act, would create a national, universal, and comprehensive paid family and medical leave program to help ensure that people who work can take the time they need to address serious health and caregiving needs. It would help support working families’ economic security, promote racial and gender equity, create a more level playing field for businesses of all sizes and strengthen our economy. This is the national paid family and medical leave plan voters want and our country needs.

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

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

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

The Build Back Better Act would create a strong, inclusive national paid family and medical leave program and set a nationwide paid leave baseline centered on equity. First, the Build Back Better Act would cover nearly all working people across the country, regardless of where they live and work, including many younger, part-time, low-wage and contingent workers. Second, it would provide comprehensive and inclusive leave, allowing 12 weeks of time off for employees to address their own serious health issue, including pregnancy or childbirth; to deal with the serious health issue of a family member; to care for a new child; and for certain military caregiving and leave purposes; or three days of time off related to the death of a spouse, parent or child. Third, it would provide meaningful and equitable benefits, with employees earning an average of two-thirds of their wages for twelve weeks of benefits, and with the lowest-income employees earning up to 85 percent of their wages.

The Build Back Better Act builds on successful state programs. Paid leave programs currently exist in ten states, including the District of Columbia. Evidence from the existing state programs shows how meaningful they have been in the lives of working people, and how much they have benefited from access to paid leave. Analyses of California’s law show that both employers and employees benefit from the program. In New Jersey, the program’s costs have been lower than expected and public attitudes toward the program are favorable. Early research on Rhode Island’s program found positive effects for new parents, and a majority of small- and medium-sized employers were in favor of the program one year after it took effect. Paid leave programs also helped states quickly address health and caregiving needs in the early stages of the pandemic.

The Build Back Better Act would address the range of care needs people face, including the growing need to provide elder care. Changing demographics mean more adults will need elder care and the number of potential family caregivers is shrinking: For every person age 80 and older, the number of potential family caregivers will fall from about seven in 2010 to four by 2030, and then to less than three by 2050. It is also important to note that about three-quarters of people who take family or medical leave each year do so for reasons other than
maternity or paternity care. They take leave to care for family members with serious illnesses, injuries or disabilities or for their own serious health issue. The majority of parents, adult children and spouses who provide care for ill family members or family members with disabilities also have paying jobs, and on average work more than 30 hours per week while also managing their caregiving responsibilities. The majority of military caregivers – and more than three-quarters of caregivers for post-9/11 wounded warriors – are also in the labor force.

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

The Build Back Better Act also would strengthen large and small businesses and support entrepreneurs. Paid leave reduces turnover costs – typically about one-fifth of an employee’s salary – and increases employee loyalty. In California, nine out of 10 businesses surveyed reported positive effects or no impacts on profitability and productivity after the state’s paid leave program went into effect. Small businesses reported even more positive or neutral outcomes than larger businesses. Small business owners from across the nation know that a national paid leave program would help level the playing field with large corporations, improve worker retention, productivity and morale, and help protect their economic security if an accident or medical emergency occurs. By including self-employed people, the Build Back Better Act would also help entrepreneurs balance the risks of starting a new business with the need to ensure their families’ health and security.

National paid family and medical leave has broad support from voters across party lines. Nearly eight in ten 2020 voters support a permanent paid family and medical leave policy, including 67 percent of Republicans, 77 percent of independents and 93 percent of Democrats.

Working families need a nationwide paid family and medical leave standard that is comprehensive, inclusive, and sustainable. The Build Back Better Act is the paid family and medical leave proposal that meets the needs of the American people and eases the burden on working families. We urge you to support the inclusion of this proposal in the Build Back Better package.

Sincerely,
National
1,000 Days
American Association of University Women (AAUW)
American Public Health Association
Asset Funders Network
Association of Maternal & Child Health Programs
BOLD ReThink
Campaign for a Family Friendly Economy
Center for Economic and Policy Research
Institute for Family Caregiving, Inc.
Institute for Women’s Policy Research
March of Dimes
MomsRising
NARAL Pro-Choice America
National Education Association
National Employment Law Project
National Multiple Sclerosis Society
National WIC Association
National Women’s Law Center
NETWORK Lobby for Catholic Social Justice
Oxfam America
Paid Leave for All
Physicians for Reproductive Health
PL+US and PL+US Action
PL+US: Paid Leave for the United States
ROC United
Shriver Center on Poverty Law
The National Domestic Violence Hotline
The National Domestic Violence Hotline
TIME’S UP NOW
United State of Women
Voices for Progress
Women Effect Action Fund
Women’s Caucus, APA
YWCA USA
ZERO TO THREE

California
California Child Care Resource & Referral Network
Closing the Women’s Wealth Gap
Equal Rights Advocates
Legal Aid at Work
Work Equity
Illinois
Chicago Foundation for Women
Women Employed

Louisiana
Louisiana Families First Coalition

Michigan
Michigan League for Public Policy
Restaurant Opportunities Center United (ROC MI)

Mississippi
Restaurant Opportunities Center (ROC) United Mississippi

New Mexico
Center for Advancement of Public Policy

North Carolina
NC Families Care Coalition
NC Justice Center
NC State AFL-CIO
North Carolina Coalition Against Domestic Violence

Ohio
The Ohio Women's Public Policy Network

Pennsylvania
Casa San Jose
PA Religious Coalition for Reproductive Justice
Single Mom Defined
The Restaurant Opportunities Center of Pennsylvania (ROC PA)
Women & Girls Foundation of Southwest Pennsylvania
Women's Law Project

South Carolina
Women's Rights and Empowerment Network

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30 See note 15.

31 Ibid.
