

A National Imperative: State Disparities Demonstrate Urgent Need for Federal Paid Family and Medical Leave Law

DECEMBER 2015

Most working people in the United States do not have access to paid family or medical leave. Just 13 percent of workers in the country have access to paid family leave through an employer, and fewer than 40 percent have access to personal medical leave through an employer's short-term disability insurance program.¹ Only half of mothers take any paid time off in connection with the birth of their first child.² Nearly one-quarter of mothers return to work within two weeks of giving birth.³ And when family caregivers have to leave their paying jobs to provide care, they lose hundreds of thousands of dollars in income and retirement savings.⁴

Yet the benefits of ensuring people have access to paid family and medical leave are numerous and compelling. When women have access to paid maternity leave, they are more likely to be employed and to be paid higher wages in the year after their child's birth,⁵ and their children are more likely to be breastfed and to have had check-ups and immunizations.⁶ When mothers or fathers have paid leave, they are less likely to rely on public assistance in the year after a child's birth.⁷ And people who are sick are able to recover faster when paid leave is available to either them or their caregivers.⁸

The following analysis of leave policies and economic and health data at the state level shows that every state is in need of more family friendly workplace policies. The findings reveal that a few states have established paid family and medical leave laws, and some have adopted paid sick days laws or more expansive unpaid leave laws, but most have failed to take any meaningful action to support working families – and the people most in need of the benefits paid leave provides are the ones who live in states that do not guarantee access to it. **A national paid family and medical leave standard that ensures all workers get the support they need – no matter where they live or work – is critical.**

Assessing Need for Paid Family and Medical Leave

Many characteristics of a state’s population, workforce and economic conditions relate to the need for paid family and medical leave. This analysis focuses on 11 of those characteristics – or indicators – which are explained in detail in the appendix. These indicators reflect states’ overall economic well-being, levels of caregiving support, and needs and risks associated with children’s health. **Each indicator was chosen based on a growing body of evidence showing the positive effects of paid leave, specifically that:**

- ▶ **Paid leave provides tangible and needed support to economically vulnerable populations**, members of which often hold jobs that do not provide paid time off for health or family caregiving. For these reasons, each state’s poverty rate, rate of public assistance receipt and percentage of low-wage jobs were included as indicators that its economically vulnerable populations would benefit from paid leave.
- ▶ **Paid parental leave benefits mothers and children after the birth of a child**. For this reason, each state’s birth rate, infant and maternal mortality rates, percentage of low-birth weight babies, and childhood immunization rates were included.
- ▶ **Paid leave provides critical support for family caregivers who hold or want to hold paying jobs**, including those who provide care for seniors and those who care for children with special health care needs or developmental conditions, by allowing them to take time away from their jobs to provide care without risking their economic security. For these reasons, the percentage of people caring for older family members and measures that relate to the percentage of children with special needs in each state were included.

When aggregated, the data across all 11 indicators reveal the intensity of the health and economic need for paid leave by state, as shown in the map below.

The map also indicates which states have adopted paid or unpaid leave policies, specifically laws that guarantee private sector workers paid family or medical leave through state temporary disability insurance or family leave insurance programs; unpaid, job-protected leave that is more generous than the federal Family and Medical Leave Act (FMLA) requires;⁹ and/or earned paid sick time.¹⁰

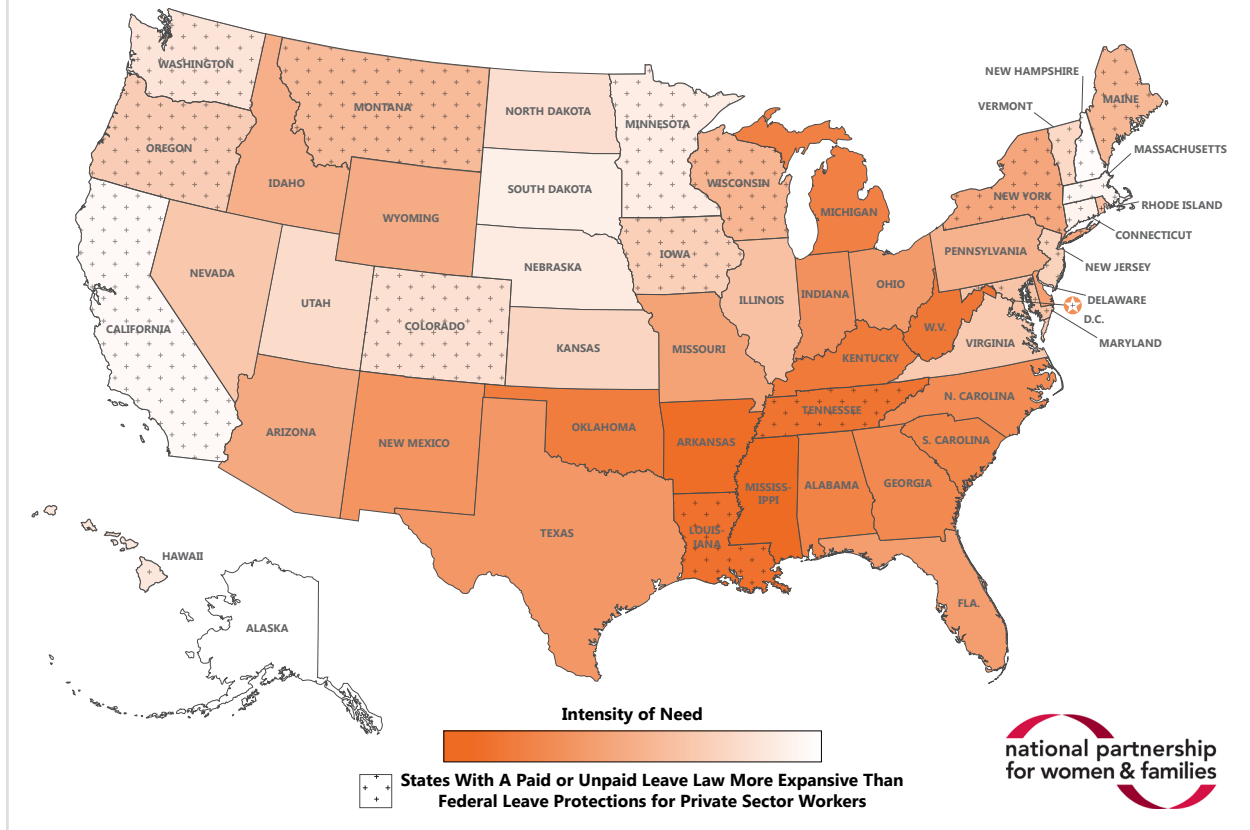
According to the analysis, the 10 states with populations most in need of paid family and medical leave and supportive workplace policies are:

- | | | | |
|----|---------------|-----|----------------------|
| 1. | Mississippi | 7. | Oklahoma |
| 2. | Arkansas | 8. | Michigan |
| 3. | Louisiana | 9. | Alabama |
| 4. | Tennessee | 10. | South Carolina (tie) |
| 5. | West Virginia | 10. | Georgia (tie) |
| 6. | Kentucky | | |

None of these 10 states guarantees workers any wage replacement when they need to take leave from work for family or medical reasons. Only two – Louisiana and Tennessee – have laws that go slightly beyond the 12 weeks of unpaid leave guaranteed to some workers by the FMLA. Louisiana guarantees women at smaller companies, including those who work part time, the ability to take unpaid time off to recover from pregnancy, childbirth or related medical conditions.¹¹ Tennessee guarantees parents up to four months of unpaid leave for a new child, but the state's eligibility standards are stricter than those in the FMLA.¹²

The Need for a National Paid Family and Medical Leave Program is Clear

A Comparison of State Policies and Health and Economic Well-Being Across 11 Indicators



(Click here for a larger version of this map.)

This analysis also makes clear that every state is in need of more family friendly workplace policies. Even states that are faring better than others have populations in significant need of better policies. For example, Washington has the fifth lowest percentage of children who are fully immunized in the country, and the percentage of households in the state that relied on food stamps in the last year is higher than the national average. Research suggests that increasing access to paid family and medical leave would help. Minnesota has the 7th highest birth rate in the nation and yet no law that guarantees new mothers or fathers paid time away from work for childbirth or bonding. And in Connecticut, nearly one-sixth of the population provides care to an adult with serious health needs and more than one-sixth of children have one or more emotional, behavioral or developmental conditions. Connecticut was the first state to guarantee some workers paid sick time for short-term health and caregiving needs, but the law has substantial coverage gaps and, by definition, paid sick days laws do not provide wage replacement when workers need time away from their jobs for *serious* family or medical reasons.

Overall, the picture is dire: Millions of working people across the country, particularly those who live in states with the greatest overall health and economic needs, have no guarantee of any wage replacement when they take family or medical leave.

Action at the Federal Level is the Best Solution

To date, just three states – California, New Jersey and Rhode Island – have adopted paid family leave insurance programs of their own. Those three states and two others – Hawaii and New York –

have temporary disability insurance laws in place that provide workers access to paid personal medical leave. Legislators and advocates in other states are considering their own policies and prospects are promising that some additional state-level progress is on the horizon, but it will not come quickly enough for millions of families at risk of hardship and poverty when they need family or medical leave. Ultimately, a state-by-state approach is very unlikely to ever ensure that all workers and families have the leave protections they need.

A national paid family and medical leave program that builds on state progress and covers all workers would be both more efficient and more effective in ensuring people can afford to take the time they need to care for loved ones and their own health – no matter where they live or work or what job they hold. Women, men, children and seniors across the country – and especially in the states with the greatest health, economic and caregiving needs – cannot afford to wait any longer.

Appendix: Methodology and Definitions

The health, economic and caregiving indicators included in this analysis were drawn from various sources, including the U.S. Census Bureau’s American Community Survey, the Corporation for Enterprise Development, the AARP Public Policy Institute, and the KIDS COUNT Data Center from the Annie E. Casey Foundation. Data on 14 different measures were compiled to determine the 11 indicators. States were evaluated according to each of the 11 indicators to show the population’s need for paid family and medical leave. Each indicator received equal weight.

The analysis of the policy landscape in each state, as it relates to existing federal standards, was drawn from the National Partnership for Women & Families’ online work and family policy database and report *Expecting Better: A State by State Analysis of Laws That Help New Parents*.¹³

INDICATOR	DEFINITION AND SOURCE
Public assistance	<i>Primary:</i> Percentage of households that received food stamp/SNAP benefits in the past 12 months. ¹⁴ <i>Secondary:</i> Percentage of children living in households that rely on public assistance (i.e., Supplemental Security Income (SSI), cash public assistance income, or food stamps/SNAP). ¹⁵
Poverty rate	<i>Primary:</i> Percentage of families with related children under the age of 18 that had incomes in the past 12 months that fell below the poverty level. ¹⁶ <i>Secondary:</i> Percentage of children under 18 living in poverty. ¹⁷
Low-wage jobs	Percentage of jobs considered “low-wage” because the median pay provided is below 100 percent of the poverty threshold for a family of four (\$23,283 in 2012). ¹⁸
Family caregivers	Percentage of population age 16+ serving as family caregivers. Caregivers include anyone who has a personal relationship with and provides a broad range of assistance for an adult with a chronic, disabling or serious health condition. ¹⁹
Birth rate	Percentage of all women age 15 to 50 years old who gave birth in the last 12 months. ²⁰
Infant mortality rate	Rate of deaths occurring to infants under one year of age per 1,000 live births. ²¹
Maternal mortality rate	Rate of maternal deaths calculated per 100,000 live born infants (2001 to 2006). ²²
Low-birth weight babies	Percentage of babies born weighing less than 5.5 pounds, or less than 2,500 grams. ²³
Children with special health care needs	Percentage of children under the age of 18 who are at increased risk of a chronic physical, developmental behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally. ²⁴
Child immunization rate	Percentage of immunized two-year-olds (based on a widely recommended immunization series known as “4:3:1:3:1” coverage). ²⁵
Child development	<i>Primary:</i> Percentage of children (ages two to 17) who have one or more emotional, behavioral or developmental conditions (e.g., autism, developmental delays, depression or anxiety, ADD/ADHD or behavioral/conduct problems). ²⁶ <i>Secondary:</i> Percentage of children (ages zero to five) who are at risk for developmental delays. ²⁷

Note: State evaluations were based on the primary indicator listed. In the event of a primary-indicator tie between states, the secondary indicator listed was used to differentiate.

Endnotes

- 1 U.S. Bureau of Labor Statistics. (2015, September). *Employee Benefits in the United States National Compensation Survey: Employee Benefits in the United States, March 2015* (Tables 16a and 32a). Retrieved 7 October 2015, from <http://www.bls.gov/ncs/ebs/benefits/2015/ownership/civilian/table16a.pdf> and <http://www.bls.gov/ncs/ebs/benefits/2015/ownership/civilian/table32a.pdf>
- 2 Laughlin, L. (2011). *Maternity leave and employment patterns of first-time mothers: 1961-2008*. U.S. Department of Commerce, Economics and Statistics Administration and U.S. Census Bureau Publication. Retrieved 7 October 2015, from <https://www.census.gov/prod/2011pubs/p70-128.pdf>
- 3 Klerman, J., Daley, K., & Pozniak, A. (2014, April). *Family and Medical Leave in 2012: Technical Report* (Exhibit 7.2.8, p. 142). Abt Associates Publication. Retrieved 7 October 2015, from <http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>
- 4 MetLife Mature Market Institute (2011). *The Met Life Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents*. MetLife Mature Market Institute and National Alliance for Caregiving Publication. Retrieved 7 October 2015, from <http://www.caregiving.org/wp-content/uploads/2011/06/mmi-caregiving-costs-working-caregivers.pdf>
- 5 Houser, L., & Vartanian, T. (2012, January). *Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public*. Rutgers Center for Women and Work Publication. Retrieved 7 October 2015, from <http://smlr.rutgers.edu/paymatters-cwwreport-january2012>
- 6 Berger, L., Hill, J., & Waldfogel, J. (2005). Maternity Leave, Early Maternal Employment and Child Health and Development in the US. *The Economic Journal*, 115(501), F44; Appelbaum, E., & Milkman, R. (2011). *Leaves That Pay: Employer and Worker Experiences with Paid Family Leave in California*. Center for Economic and Policy Research Publication. Retrieved 7 October 2015, from <http://www.cepr.net/documents/publications/paid-family-leave-1-2011.pdf>
- 7 See note 5.
- 8 Schuster, M. A., & Chung, P. J. (2014). Time Off to Care for a Sick Child—Why Family-Leave Policies Matter. *New England Journal of Medicine*, 371(6), 493-495.; See, e.g., Earle, A., Ayanian, J., & Heymann, J. (2006). Work Resumption After Newly Diagnosed Coronary Heart Disease: Findings on the Importance of Paid Leave. *Journal of Women's Health*, 15(4), 430-441.
- 9 For this analysis, FMLA expansion includes state policies that cover workers in smaller businesses, those who work part time and/or those who care for a broader definition of "family member," as well as pregnancy disability laws that provide women time away from work to address the physical effects of pregnancy, childbirth and related medical conditions.
- 10 For more information on state action on paid family and medical leave or expansion of the FMLA, see the National Partnership's work and family policy database at NationalPartnership.org/WFDB. Details about enacted paid sick days laws are available at NationalPartnership.org/PSDstatutes. Details about the three enacted paid family leave insurance programs in the country are available at NationalPartnership.org/StatePFLaws. And a summary of the five state temporary disability insurance programs is available at NationalPartnership.org/StateTDIPrograms.
- 11 La. Rev. Stat. §523:341(A). Louisiana law protects women for up to four months in some circumstances; however, it also says that no employer is required to provide more than six weeks of leave for a typical pregnancy. See La. Rev. Stat. §523:342(2)(b), 23:341(B)(1).
- 12 Tenn. Code §§ 4-21-408(a), (d)(2). Under Tennessee law, employers with more than 100 workers must provide full-time workers who have at least one year of job tenure with up to four months of unpaid leave "for adoption, pregnancy, childbirth and nursing an infant." The leave is available to both mothers and fathers.
- 13 National Partnership for Women & Families. (2014, June). *Expecting Better: A State by State Analysis of Laws That Help New Parents*. Retrieved 7 October 2015, from <http://www.nationalpartnership.org/research-library/work-family/expecting-better-2014.pdf>
- 14 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates 2014, Geographies: United States, Table DP03: Selected Economic Characteristics*. Retrieved 7 October 2015, from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_DP03&prodType=table
- 15 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates 2014, Geographies: United States, Table B09010: Receipt of Supplemental Security Income (SSI), Cash Public Assistance Income, or Food Stamps/SNAP in the Past 12 Months by Household Type for Children under 18 Years in Households*. Retrieved 7 October 2015, from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B09010&prodType=table
- 16 See note 14.
- 17 Ibid.
- 18 Corporation for Enterprise Development. (2015). *State Profile Report*. Retrieved 7 October 2015, from <http://scorecard.assetsandopportunity.org/latest/report/state-profile>
- 19 Reinhard, S., Feinberg, L., Choula, R., & Houser, A. (July 2015). *Valuing the Invaluable: 2015 Update Undeniable Progress, but Big Gaps Remain*. AARP Public Policy Institute Publication. Retrieved 23 July 2015, from <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>; U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates 2014, Geographies: United States, Table DP03: Selected Economic Characteristics*. Retrieved 7 October 2015, from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_DP03&prodType=table
- 20 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates 2014, Table DP02: Selected Social Characteristics in the United States*. Retrieved 7 October 2015, from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_DP02&prodType=table
- 21 KIDS COUNT Data Center. (2015, July). *Infant Mortality, 2013*. Annie E. Casey Foundation. Retrieved 7 October 2015, from <http://datacenter.kidscount.org/data/tables/6051-infant-mortality?loc=1&loct=2#detailed/2/2-52/false/36,868,867,133,38/any/12718,12719>
- 22 National Women's Law Center. (2010). *Maternal Mortality Rate (per 100,000)*. Retrieved 7 October 2015, from <http://hrc.nwlc.org/status-indicators/maternal-mortality-rate-100000>
- 23 KIDS COUNT Data Center. (2015, July). *Low-Birthweight Babies, 2013*. Annie E. Casey Foundation. Retrieved 7 October 2015, from <http://datacenter.kidscount.org/data/tables/5425-low-birthweight-babies#detailed/2/2-52/false/36,868,867,133,38/any/11984,11985>
- 24 KIDS COUNT Data Center. (2013, August). *Children with Special Health Care Needs, 2011-2012*. Annie E. Casey Foundation. Retrieved 7 October 2015, from <http://datacenter.kidscount.org/data/tables/29-children-with-special-health-care-needs?loc=1&loct=2#detailed/2/2-52/false/1021/any/298,299>
- 25 KIDS COUNT Data Center. (2015, September). *2-Year-Olds Who Were Immunized, 2014*. Annie E. Casey Foundation. Retrieved 7 October 2015, from <http://datacenter.kidscount.org/data/tables/8001-2-year-olds-who-were-immunized?loc=1&loct=1#detailed/2/2-52/false/869/any/15387> (The definition of "4:3:1:3:3:1" immunization coverage can be found at the U.S. Centers for Disease Control and Prevention at <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html>.)

26 KIDS COUNT Data Center. (2013, August). *Children Who Have One Or More Emotional, Behavioral, Or Developmental Conditions, 2011-2012*. Annie E. Casey Foundation. Retrieved 7 October 2015, from <http://datacenter.kidscount.org/data/tables/6031-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=12&loct=2#detailed/2/12/false/1021/any/12695>

27 KIDS COUNT Data Center. (2014, November). *Children Ages 0 To 5 Who Are At Risk For Developmental Delays, By Income Level, 2011-2012*. Annie E. Casey Foundation. Retrieved 7 October 2015, from <http://datacenter.kidscount.org/data/tables/8261-children-ages-0-to-5-who-are-at-risk-for-developmental-delays-by-income-level?loc=12&loct=2#detailed/2/12/false/1021/4325,4321,4322/16811>

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at www.NationalPartnership.org.

© 2015 National Partnership for Women & Families, All rights reserved.