An evidence-backed policy framework for paid family and medical leave in Colorado

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Introduction

This report provides the state of Colorado with evidence-backed recommendations for how to structure a paid family and medical leave policy that is affordable, equitable, accessible, and adequate, especially for low-wage workers and others who are the least likely to have access to paid leave today. Demographic shifts mean that the state's labor force is rapidly aging, and the female share of the labor market is growing. Colorado's economic future depends on maximizing the workforce participation and productivity of older workers and women.[1] In the absence of policies that support working families in their efforts to juggle economic and caregiving responsibilities, the state's labor force participation rate – a key driver of economic growth – is likely to fall. The implementation of a robust paid family and medical leave policy for Colorado workers has the potential to not only provide a much-needed support for working families and their loved ones, but also to support continued robust economic growth for the state.[2]

The status quo in Colorado means that the federal Family and Medical Leave Act of 1993 is the sole public policy governing leave access for those in need of time away from work to bond with a new baby (parental leave), to provide care to a family member with a serious illness (caregiving leave), or to recover from a serious medical condition of their own (medical leave). While the FMLA provides a legal right to 12 weeks of job-protected unpaid leave, the law's dated eligibility requirements mean that about 40 percent of workers are excluded from this coverage. Those excluded from FMLA protections include small business employees, those who have not yet worked at their job for 12 months, as well as seasonal, part-year, and part-time workers who have worked less than 1,250 hours for a single employer in the last 12 months.[3]

Many of those without access to legally-protected unpaid leave are those who need it most. About half of all working parents and 43 percent of women of child-bearing age are ineligible for job-protected unpaid leave under FMLA.[4] Indeed, low-income women are disproportionately excluded from FMLA coverage due to the eligibility requirements, because they are especially likely to be employed in part-time, unstable, low-paying positions.[5] Despite the fact that women are less likely than men to voluntarily work part-time, they do so at far higher rates: 25 percent of employed women and ten percent of employed men in the U.S. work part-time.[6] In Colorado as of 2013, 31.2 percent of women worked part-tome, as compared to 15.6 percent of men.[7] FMLA's eligibility criteria also drive significant racial, ethnic, and socio-economic disparities in access to unpaid leave. Just 43 percent of Hispanic working parents have access to FMLA-protected leave, while 50 percent of white working parents and 54 percent of black working parents are covered.[8] Employees with

lower levels of educational attainment are more likely to be ineligible for FMLA leave, as are low-income employees who are disproportionately concentrated in jobs with higher turnover rates and uneven job tenures due to seasonality and less predictable work.[9]

Even amongst those who are covered by the FMLA, access to leave is curtailed because unpaid time away from work is simply unaffordable for a substantial share of the population. One in six U.S. workers employed in the past two years needed to take a medical or caregiving leave during this period, and nearly three out of four (72 percent) of these workers cited the consequent earnings losses as their main reason for foregoing leave. Black and Hispanic workers, those without a college degree, and workers in households with annual incomes below $30,000 were all even more likely to forego needed leave.[10]

While the share of private employers voluntarily offering paid leave programs to their workforce is growing, it remains a small minority of the private sector. Just 13 percent of private sector workers are covered by employer-based paid leave programs.[11] The share of workers with access to leave through an employer varies sharply by earnings. Amongst low-wage workers in the bottom quarter of the earnings distribution, only six percent have access to employer-based coverage for paid leave to care for a new child or an ailing family member. Employer-based provision of paid medical leave for one's own short-term disability is somewhat more widespread, covering about 39 percent of the civilian workforce. Yet just 19 percent of workers in the bottom earnings quintile have access to short-term disability leave, despite disproportionately high levels of serious health conditions amongst this share of the workforce. For most workers, if paid time off is available for leave, it is either via sick or vacation days rather than dedicated paid family medical leave.[12] But those at the bottom of the earnings ladder also have limited access to these types of leave. Less than a third of the bottom 10 percent of private-sector employees have any paid sick days, and just 42 percent have any paid vacation days.[13]

In response to the absence of federal action moving beyond the Family Medical Leave Act of 1993, a growing number of states have passed and implemented their own paid family and medical leave policies, which are altering the landscape of caregiving slowly but surely. Moreover, a growing body of research utilizing data from these existing state-level programs in the United States means that policymakers have an increasingly robust pool of high-quality, directly-relevant evidence on which to build paid leave policies. Four states have implemented paid leave programs: California (2004), New Jersey (2009), Rhode Island (2014), and New

York (2018). Four more have enacted paid leave legislation and are on their way to full implementation: Washington (enacted in 2017, implementation began in 2019, enacted available in 2020), Massachusetts (enacted in 2018, implementation began in 2019, benefits available in 2021), Connecticut (enacted in 2019, implementation begins in 2021, benefits available in 2022), and Oregon (enacted in 2019, implementation begins in 2022, benefits available in 2023). The District of Columbia has also enacted and is beginning implementation of a paid leave policy, with benefits available in 2020. These state-level policy innovations mean that approximately 20 percent of the total U.S. population live in a state or jurisdiction with a public paid family and medical leave insurance program.[14]

Building on a robust literature utilizing data from European and Canadian paid leave policies, these state-level programs are providing new evidence for the ways that well-designed paid leave policies can bolster family economic security and support macroeconomic growth, without getting in the way of business imperatives along the way. While the details of the policy parameters vary across the eight states and the District of Columbia, all are characterized by the same basic characteristics:

- The policies offer coverage for parental, caregiving, and medical leave;
- The policies utilize a social insurance model, collecting premiums from employees and/or employers in order to grow a state-administered trust fund that pays out benefits to eligible recipients;
- The policies require a basic eligibility test based on varying definitions of labor force attachment;
- The policies offer benefits as a percentage of wages and provide a cap on benefits for higher-earning workers.[15]

The first generation of state policies – in particular, California's Paid Family Leave insurance program, which has been providing benefits to California workers for 15 years – provides solid evidence of what works. As additional state policies with varying details go into full effect, researchers will be able to compare across programs to better understand which of the specific parameters provide the most powerful levers for expanding access to affordable, equitable, accessible, and adequate leave. While there is still more to be learned, however, the success of the existing programs means that the foundational knowledge necessary for policy are already in place.

The remainder of this report provides an overview of the current state of the research on paid family and medical leave policy design and its impacts on families, business, and the economy as a whole. In addition to

summarizing the evidence, each section also offers a recommendation for basic policy design principles that best reflect what we know to date about what works.

What types of leave should be covered?

Topline recommendations:

- Paid leave should cover parental, family caregiving, and medical leave, as well as leaves related to domestic or sexual violence, and those related to managing a family member's call to active duty.
- Parental leave should include both medical leave for recuperation from pregnancy and bonding leave for mothers and fathers.
- The definition of "family" should include a broad definition of family that includes not only workers' children and spouses, but also grandparents, grandchildren, and siblings.

Caregiving needs in the United States reach across the lifecycle. Everyday, nearly 11,000 babies are born; nearly 5,000 new cases of cancer are diagnosed; and over 1,300 people develop Alzheimer's disease.[16] Yet millions of working Americans do not have access to paid leave that allows them to care for their loved ones at these critical moments, or to take the time away from work necessary to recover and return to their jobs. Nearly one in ten Coloradans is acting as an unpaid caregiver to someone aged 50 or over, and 60 percent of those caregivers were also employed.[17] Too many are faced with an impossible choice between their caregiving responsibilities at home and their economic responsibilities at work. Workers who need time off to care for a new baby, a sick child, and aging family member, or their own health needs may do so at the expense of their financial well-being – or their jobs.

The research on the demand for and the impacts of access to paid leave for bonding with a new baby, caring for a seriously ill family member, or recovering from a serious medical condition of one's own is strong. Parental leave for both mothers and fathers has important health and economic effects for babies and their parents. Caregiving leave is an important component of a broader set of policies addressing the impacts of an aging population, as well as a key support for working parents with disabled children. Medical leave provides an important support for workers facing a serious illness, and as such plays an important role in workers' health and economic well-being.

Parental leave

Paid parental leave improves women's labor market outcomes.

Research conducted in states with paid family and medical leave policies provides compelling evidence of positive impacts for paid leave on labor supply in general, especially the benefits of paid parental leave for mothers' labor supply. Labor force participation is a key ingredient for healthy economic growth. Decades of economic research demonstrates that per capita incomes increase as labor force participation increases, and until recently, the increase in women's labor force participation has been the main engine for this growth.[18] Indeed, women's increased labor force attachment and educational attainment accounts for nearly all of the growth in middle-class incomes since 1970.[19] After several decades of increases in women's labor force participation, especially among mothers of young children, labor force participation rates for women ages 30 to 40 have decreased somewhat.[20] Research suggests that at least some of this plateau in women's labor force participation rates is due to the failure of the United States to implement work-life polices—not only paid leave, but also childcare, flexible schedules, and other policies designed to help families better balance the demands of life at home and at work.[21] While early education and childcare stand out as policy arenas where improvements in the U.S. context would have a dramatic impact on women's labor supply, paid family and medical leave also have an important role to play.

Research using administrative data in California and New Jersey finds that paid parental leave in both of these states was associated with increased labor force participation for women around the time of birth, and this finding was driven nearly exclusively by the increased labor force attachment of less-educated women.[22] Other research relying on survey data finds that paid family leave in California was associated with a 5 percentage point to 6 percentage point increase in the probability that a mother is employed at 9 months post-birth, a finding that persists through at least the end of the child's first year.[23]

The lion's share of the benefits of paid parental leave policies in those states accrued to workers at the bottom of the economic distribution. Research on California and New Jersey indicates that the paid leave-driven increase in labor force attachment in the months following a birth is due almost entirely to the policy's impacts on less-educated women's labor market behavior.[24] More than 20 percent of workers in low-quality jobs in California report that taking parental leave improved their ability to find childcare, which may help explain their increase in labor force attachment relative to peers without access to paid leave.[25] New research suggests that paid parental leave is also an effective anti-poverty policy. Amongst mothers of one-year-olds,

California's Paid Family Leave decreases the risk of poverty in the prior year by over ten percent, and increases household income over the same period by over four percent. These effects are concentrated amongst less-educated and low-income single mothers, who tend to have few others supports for combining work and caregiving.[26] Given that low-wage, less-educated workers are least likely to be covered by federal protections requiring access to unpaid leave, as well as least likely to be able to afford an unpaid leave in the presence of job-protected FMLA leave rights, it is not surprising that broadly-accessible paid leave policies in the states are proving to be the most beneficial for these groups of workers.

Research on the state programs suggests that these maternal labor market outcomes endure beyond the first year of a child's life. In California, new mothers were 18 percentage points more likely to be working a year after the birth due to paid leave, with both work hours and weeks worked predicted to rise by significant amounts in the following year.[27] During the second year of their children's lives, mothers' work hours increased by 18 percent and their weeks at work increased by 11 percent, relative to their peers prior to the implementation of the state's paid parental leave policy.[28] These increased work hours and weeks at work translate into higher earnings for mothers covered by paid parental leave policies. However, the enduring effects of paid leave appear to vary by earnings level at the time of the paid leave claim. High-earning mothers and fathers are more likely than lower earners to be continuously employed for 5 to 6 years following a claim.[29] Higher weekly benefit amounts boost labor force participation for mothers one to two years following leave, though due to the research design, this finding is limited to high-wage women whose earnings are near the benefit threshold.[30] These findings coupled with a long-standing literature on the importance of sustained labor force participation rates over the course of a lifetime suggest that an increase in women's labor force attachment has the potential for long-term benefits on women's employment outcomes.[31]

Paid parental leave improves children's health outcomes.

Paid parental leave's impact on children's health outcomes is a central and powerful argument for expanding access. International evidence looking across low- and high-income countries suggests that paid maternity leave delivers powerful benefits for infant mortality, a key indicator of population health.[32] These comparative studies suggest that the introduction of parental leave policies plays a critical role in lowering rates of infant mortality and low birth weight, and that longer leave policies correlate with better infant health and lower child mortality rates.[33] Yet context matters, as the countries studied have different health care, childcare, and labor policies that may interact with paid parental leave and make it difficult to extrapolate to the impacts of a potential Colorado policy.

Moreover, using cross-national comparisons creates methodological complications that can make it difficult to isolate effects meaningfully. Cross-national comparisons typically include both the introduction and extension of paid parental leave policies, but problems with endogeneity – i.e., the possibility that an unknown factor is driving both the extension of parental leave, as well as trends in the outcome of interest – make it difficult to interpret the findings in a meaningful way. Single-country studies typically find little impact of paid parental leave on health, but those limited consequences are probably because the variation available for study in single-country studies comes from extensions of existing policy rather than the introduction of new policy. Indeed, the main health effects of parental leave policy typically come from the introduction of new policy rather than extension of existing policy.[34] This is why new research from the U.S. states that have introduced paid family and medical leave policies is so critical. From a theoretical standpoint, there are good reasons to believe that paid parental leave may impact not only infant health but also children's health outcomes over the long term.

A small academic literature in the United States identifies promising evidence of positive outcomes for infant health associated with parental leave. Following the implementation of the FMLA, mothers' ability to take unpaid leave to care for a new baby resulted in a 10 percent reduction in infant mortality.[35] The reduction in infant mortality, however, was concentrated among mothers with more education; less-educated and single mothers saw no change in infant mortality rates as a result of FMLA. Given how poorly federal *unpaid* leave policies do in providing access to job-protected leave for low earners and other vulnerable populations, these findings are not especially surprising. Moreover, given that the high rates of infant mortality in the United States are driven entirely by the poor birth outcomes of low-income mothers, the findings also point to the potential for broader access to *paid* leave as a mechanism for substantially lowering infant mortality in the United States.[36]

New research from the states also shows glimmers of promise for paid parental leave as a mechanism for improving infant health. The introduction of paid parental leave in California resulted in a significant decrease in hospital admissions for pediatric head trauma for infants and young toddlers, a leading cause of child abuse maltreatment.[37] The researchers hypothesize that paid parental leave may have reduced parental stress, which, in turn, mitigated child abuse. In addition, paid maternity leave in California increased the rate and duration

of breastfeeding.[38] A long literature indicates myriad short- and long-term health benefits of breastfeeding for children, suggesting that health impacts of paid leave may also flow through this channel.[39]

While the impact of paid parental leave on infant health is an obvious starting place, paid time off early in a child's infant life may have significant ripple effects across the life cycle such that the health effects of paid leave may last significantly past early childhood. One study on the long-term benefits of paid parental leave in California finds improvements in health outcomes among kindergarteners, including lower rates of diagnoses of attention deficit/hypertension disorder, lower rates of obesity, lower rates of ear infections, and fewer hearing problems.[40] The benefits of paid parental leave were most apparent among children with lower socioeconomic status. And all of these health outcomes are negatively correlated with the infant health factors that other research suggests paid parental leave promotes, including breastfeeding, timely infant medical check-ups, lowers prenatal stress, and reduced non-parental care during infancy.

While most of the research on child health outcomes focuses on mothers as the primary channel mediating health outcomes, parental leave may also impact child health outcomes through fathers' interactions. Research establishes that the quality and quantity of interactions that a father has with his children in early life can contribute to their cognitive development over a lifetime, independent of mothers' levels of sensitivity.[41] Studies of California's paid leave program suggest that gender-neutral paid parental leave that allows both fathers and mothers to take bonding leave with a new child significantly boost men's take-up rates, compared to unpaid leave options. One rigorous study found that California Paid Family Leave policy raised the likelihood that a working father would take leave in the first year of his child's life by 0.9 percentage points—a large increase, given the very low levels of leave taken by fathers.[42] In short, while mothers are still more likely to take leave, fathers are far more likely to take parental leave if that leave is paid, and paternal leave-taking may be a channel mediating infant and child health outcomes. This report discusses the impacts of fathers' parental leave in greater detail a section below.

Paid parental leave improves mothers' health outcomes.

Paid parental leave also may result in significant health benefits for parents, especially mothers. The public paid maternity leave programs in the United States with the longest timeframe available for study are the four state Temporary Disability Insurance (TDI) programs. It is no coincidence that four of the states with longstanding TDI programs – Rhode Island (TDI established in 1942), California (TDI established in 1946), New Jersey (TDI established in 1948), and New York (TDI established in 1949) – were the first four states

to develop more comprehensive paid family and medical leave programs that built on top of these existing systems.[43] TDI programs provide medical leave in the form of disability benefits, and began providing maternity leave benefits under the legal requirement that pregnancy be recognized as a medical condition in accordance with the Pregnancy Discrimination Act of 1978.[44]

A small body of research in the United States connects paid maternity leave with maternal mental health outcomes. Longer maternity leaves are associated with lower rates of depression and higher overall levels of maternal health. Paternity leave also may be critical to maternal health, as mothers with spouses who did not take parental leave have higher rates of maternal depression than their peers with spouses who took leave, controlling for a host of other factors.[45] Short-term maternal health in the months following a birth may have significant long-term mental health consequences through a variety of mechanisms. For instance, temporarily removing the competing demands of work and family may eliminate "role overload" for new mothers, which can give rise to additional stressors that trigger a cascade of stress proliferation. Leave policies also may improve mother-child relationships and reduce later risks of disorders in children, thereby improving the maternal well-being of mothers as their children grow up. Finally, leave policies may impact mental health vis-à-vis the effects of leave on employment and earnings outcomes; higher levels of economic security may have positive externalities for late-life maternal mental health.[46]

The evidence in Europe of the benefits of paid leave and maternal mental health points is overwhelming. One study of European mothers finds that depression among women over the age of 50 was strongly negative correlated with the length of maternity leave for their first child. In other words, new mothers who were able to take lengthy parental leaves were far less likely to be depressed in their older years.[47] Of course, like other studies based on European data, these findings should be treated with caution when applied to the Colorado case, but they provide promising evidence for research lines to be mined.

A second major health impact of paid parental leave may be the link between breastfeeding and maternal health. Studies in California find that the introduction of paid parental leave increased exclusive breastfeeding rates by 3 to 5 percentage points and increased rates of any breastfeeding by 10 points to 20 points at several key timepoints of importance for an infant's nutrition and health.[48] Research linking maternity leave to increased rates of breastfeeding note the evidence of the importance of breastfeeding for maternal health, not just infant health, including both long- and short-term results.[49] In the short term, breastfeeding is associated

with a reduced risk of postpartum depression among new mothers, as well as a decreased risk of re-hospitalization following a birth.[50] In the long term, breastfeeding for 12 or more months is associated with a 32 percent reduction in Type 2 diabetes, a 26 percent reduction in the risk of breast cancer, and a 37 percent reduction in the risk of ovarian cancer.[51]

Paid parental leave for fathers has important impacts on mothers, children, and families.

Paid parental leave can increase the share of fathers taking leave to bond with a new child, though significant gender gaps persist in leave-taking. For instance, a recent study of California's parental leave policy finds that the policy significantly increased rates father's leave-taking from about 2 percent to about 3 percent).[52] In two-earner households, the policy increased men's probability of taking father-only leave (when a father takes leave to provide care for a new baby on his own) by 50 percent and boosted the likelihood of joint leave (when both the father and his partner take leave together to care for a new baby) by 28 percent. Notably, California's program increased father-only leave for fathers of sons only; fathers of daughters were no more likely to take their own leave than they were prior to the existence of the public leave program. This gender difference is also reflected in the probability that both parents are on leave at the same time. The increase in father-only leave-taking is entirely driven by leaves taken after first births and is concentrated among fathers who work in occupations with a high share of female workers.[53] In addition to their high probability of taking up paid post-pregnancy recovery leave through California's Temporary Disability Insurance program (the medical leave component of paid leave), women are far more likely than men to take the full six weeks of the bonding leave available through state Paid Family Leave program. Of those who take paternity leave, only four in ten fathers take advantage of the six weeks of bonding leave available to them; most of the remainder take between two to five weeks of bonding leave.[54]

In order to motivate fathers to take paternity leave, some countries with long-standing paid family leave policies have reformed their leave programs to increase compensation and to reserve some leave for fathers. These reforms have increased benefit take-up amongst fathers, and long-term evidence suggests that they have enduring impacts on the division of household labor, fathers' involvement in parenting, father-child relationships, and marital quality. For instance, when the Quebec Parental Insurance Program introduced increased parental leave benefits for both mothers and fathers coupled with additional "daddy-only" weeks of leave, fathers' participation rates increased by 250 percent, and paternity leave durations increased by three weeks. Research disentangling the effects of the benefits increased from the effects of the fathers' quota finds

that the combination of the two was what matters: benefits increases coupled with specific daddy-only labelling can have large effects on paternal involvement in babies' early lives.[55] Studies also suggest a causal link between paid paternity leave and long-term paternal involvement. Men with access to parental leave are more likely to share responsibilities with their wives or partners, which frees up time for women to engage in more paid work and ultimately contributes to a more equitable distribution of household and market labor.[56] In short, by facilitating a more even distribution of household responsibilities and increasing total time investments in children by *both* parents, paternity leave can help eliminate the trade-off between gender equity and parental time with children.

Paternity leave also benefits relationship quality between fathers and children, and between mothers and fathers. Research exploring paternity leave-taking and 9-year-old children's reports of their father-child relationships indicates that paternity leave, particularly leaves lasting at least two weeks, is positively associated with children's perceptions of fathers' involvement, father-child closeness, and father-child communication. The relationship between perceived father-child relationships and paternity leave at birth is explained at least in part by fathers' engagement, parental relationship satisfaction, and fatherhood identities – all of which are impacted by paternity leave-taking.[57] Fathers' leave-taking may also facilitate stronger parental relationships, because paternity leaves may allow men to not only spend time focused on their relationship with their child (and their role as a father) but also on their relationship with their co-parent. Having a child is a significant life event, and parents may be able to strengthen their relationship with each other by having time together after the birth of a child. Fathers' use of paternity leave may also facilitate higher-quality co-parenting and well-matched parental expectations, all of which can reduce stress and increase relationship quality between parents.[58] Overall, the research suggests that policies such as paid parental leave, which expands access to and take-up of paternity leave, may help strengthen families by nurturing high-quality father-child and parental relationships.

Caregiving leave

Family caregiving is a major element of millions of Americans lives, especially in the face of an aging population. The aging of the baby-boom generation means that a growing number of families are part of a "sandwich generation," juggling care for older parents and young children. In addition to time to care for an aging parent or spouse/partner, many will need time off from work to care for a seriously ill child. More than half of all adults ages 52 and older who have a living parent or parent-in-law with a recently deceased

spouse have parental caregiving responsibilities, and 18 percent of adults in this age group with a surviving or recently deceased spouse have or have had spousal caregiving responsibilities.[59] Recent studies suggest that the unmet need for caregiving leave is substantially larger than that of the unmet need for parental or medical leave.[60] While it is difficult to determine the precise number of workers who might need paid family care, a recent nationally representative survey from the Pew Research Center found that almost half of all working adults between the ages of 18 to 70 expressed the need for leave to care for a seriously ill family member with 23 percent saying they had taken leave of this kind during the job tenure, and 25 percent saying they had not yet taken leave of this kind but expected to do so in the future.[61]

A recent study finds that the cost of informal caregiving to older individuals in Colorado adds up to $3.7 billion. The vast majority of that cost –$2.9 billion – is due to foregone wages. An additional $202 million is lost due to lower retirement benefits and fewer health insurance benefits, along with $11 million in increase caregiver health costs due to the high physical and emotional burden of unpaid care.[62]

Unmet need – that is, workers' inability to take leave when needed – is especially high for family caregiving as compared to other forms of leave. During the two years prior to the Pew survey of caregiving needs, only four percent of respondents reported an unmet need for parental leave, while ten percent of respondents said they needed to take leave to care for a seriously ill family member but were unable to do so.[63] Unmet needs for family caregiving are especially high for black and Hispanic workers. While 13 percent of white workers were unable to take needed leave to care for a seriously ill family member, 26 percent of black workers and 23 percent of Hispanic workers experienced unmet need for family caregiving. Low-income families also experienced disproportionate unmet need: 30 percent of respondents with annual incomes less than $30,000 report unmet need for leave of all types, compared to only 14 percent of respondents with incomes more than $30,000.

The most recent U.S. Department of Labor FMLA survey, a nationally-representative survey of employees and employers assessing the share of the working population needing and taking covered leave under FMLA, finds that in the year preceding the study, just over 22 percent of eligible leave-takers took leave to care for a seriously ill-family member, while only 14.2 percent of ineligible leave-takers took this form of leave. However, employees who took leave to care for their own serious illness (medical leave) did so at similar rates regardless of their eligibility status, and employees who took FMLA leave to care for a new child

(parental/bonding leave) were actually more likely than not to be ineligible for FMLA leave.[64] These findings imply that eligibility status disproportionately obstructs leave-taking for those who need family care.[65]

Ineligibility for leave under FMLA also disproportionately impacts those who need leave to care for a seriously ill family member due to the relationship between low-income status and the probability of serious illness. People who are young, Hispanic, low-paid, or lack a high school degree are all less likely to be eligible for FMLA than their peers, because they are disproportionately employed at small firms, endure shorter job tenures, and juggle multiple part-time jobs across many employers in order to make ends meet. These same populations are more likely to endure health difficulties, and more likely to have family caregiving responsibilities due to family members' health issues. These relationships are due to longstanding racial and socio-economic differences in health status and wellbeing.[66] Health inequities accrue over a lifetime, and persist across generations. As a result, today's low-wage, minority workforce thus bears not only their own health risks, but also those of their children's and their parents' generation's.

Another reason for the high rates of unmet need for family caregiving leave under FMLA is the narrow definition of "family" covered under the 1993 law. Employees are permitted to take unpaid leave to care for a "spouse, son, daughter, or parent who has a serious health condition," with a spouse defined as "a husband or wife as defined or recognized in the state where the individual was married." As a result, the law bars employees from taking FMLA-protected leave to care for other close family members such as grandparents, grandchildren, siblings, or domestic partners. Yet many individuals rely on extended family members for care when they are ill. An estimated 85 million Americans live with extended family. In Colorado, nearly 36,000 grandparents have the primary responsibility of caring for their grandchildren.[67] Increasing numbers of Americans are opting not to marry the domestic partners with whom they live and raise children. In short, leave coverage limited to the traditionally-defined nuclear family does not account for many. Extended kin networks of care may be especially important for black, Hispanic, and Asian families, amongst others, especially those whose cultures place an emphasis on family caregiving.[68]

More than half of today's caregivers are employed, even in the absence of widespread availability of paid leave policies, and research shows that caregiving increases the likelihood of poverty and reliance on public assistance, as well as finding positive associations between caregiving during prime working-age years and lower incomes later in life.[69] Other studies find that caregiving is associated with both lower labor force

participation and lower net worth for family caregivers as compared to non-caregivers, with particularly detrimental consequences on spousal caregivers.[70] Recent surveys indicate that among leave-takers who received partial or no pay during their time off, 36.5 percent fell behind on bills, 30.2 percent borrowed money, and 14.8 percent enrolled in public assistance benefit programs.[71] A recent survey from the National Alliance for Caregiving and the AARP found that unpaid caregivers for adults spend over 24 hours a week providing care, on average, with 23 percent spending more than 40 hours per week. 60 percent of those caregivers for adults reported working in the last 12 months, and 56 percent of those who reported working were full-time employees.[72]

The absence of paid caregiving leave has negative consequences for workers, families, and the economy.

Despite the dramatic unmet need for family caregiving support, the vast majority of the research in both the United States and abroad focuses on the impact of *parental* leave on labor market outcomes, which means the current literature provides less evidence about the economic effects of paid caregiving leave (time off work to care for a seriously ill family member or loved one) and medical leave (time off work to care for one's own serious illness). One reason for this may be that state administrative data on paid family and medical leave programs suggest that caregiving leaves are much less common than either parental or medical leave. Over the first 10 years of California's program, workers registered more than 9 million medical leave claims, compared to nearly 1.6 million parental leave claims and just 175,198 caregiving claims.[73] In New Jersey, only one in five family leave claims are for caregiving.[74] However, utilization of paid family caregiving leave under all of the existing state programs is growing steadily, suggesting that some of the gap in take-up rates across types of covered leave may be due to a lack of knowledge about the program.

Research suggests that paid caregiving leave is a critical support for the families who need it most, and that it can have significant economic effects. Preliminary evidence from California suggests that paid caregiving leave increased the short-run labor force participation of caregivers by 8 percent in the first 2 years following implementation and by 14 percent in the first 7 years of the program.[75] Women made up the entirety of the increase in labor force participation, highlighting that even in the presence of paid caregiving leave, women continue to take on the majority of caregiving responsibilities across a family's generational life cycle. In the first 2 years following implementation, the majority of the increase in caregivers' labor force participation was among those from high-income households. In the longer term, however, labor force participation for low-income caregivers overtook those from higher-income households, indicating the particular importance of paid caregiving leave for promoting labor force attachment among lower-income workers. Another study

finds that the odds of a worker losing income increased by 48 percent if that worker lived with a child with special health needs, and by 29 percent if the worker is caring for an adult with health issues – but having access to dedicated paid family caregiving leave reduced the odds of income loss by 30 percent.[76]

While evidence for the impacts of paid caregiving leave is still emergent, far more is known about the consequences of the *absence* of paid caregiving leave. Without paid leave, employees with family caregiving responsibilities are often forced to restructure their lives and careers around caregiving. This may include reductions in work hours, switches to less-demanding jobs and part-time work, or early retirement in order to accommodate family responsibilities. Indeed, in a recent nationally-representative survey, 24 percent of caregivers for adults reported that they reduced their work hours, took a less demanding job, gave up work entirely, or retired early due to the demands of care and the absence of support allowing them to better balance work and family.[77] An earlier survey found that 25 percent of children with special health needs had a family member who cut back hours at work or stopped working entirely to provide care.[78] These factors have contributed to the persistence of the gender wage gap, as women continue to bear the majority of family caregiving responsibilities not only for babies and children, but also for parents and in-laws.[79]

Reductions in work hours and other family-care-driven career choices can result in lower wages, lost employer-provided benefits, and diminished long-term career prospects. Early retirement not only reduces earnings, but also lowers future Social Security benefits and any employer-based defined contribution retirement benefits.[80] For instance, one recent survey finds that 22 percent of retirees left the workforce earlier than planned because a family member needed care.[81] The MetLife Mature Markets Institute estimates that aggregate lost wages, pension, and Social Security benefits of caregivers of parents is nearly $3 trillion. A female worker loses an average of $143,693 in wages due to elder-care-driven early retirement, which, combined with estimated losses of $131,351 in Social Security benefits and a conservative estimated $50,000 loss in pension benefits, adds up to a caregiving-driven cost impact of $324,044 for an individual female caregiver bearing responsibility for a parent or in-law.[82]

Low-income workers are even more likely to incur financial consequences due to family caregiving responsibilities. According to the recent Pew survey, 57 percent of employees with house incomes less than $30,000 took on debt after a partially-compensated or uncompensated leave. Nearly half (48 percent) of this group went on public assistance during their unpaid leave, 46 percent delayed bill payments, and 45 percent

borrowed money from family or friends.[83] The high rates of these various widely-recognized metrics of economic hardship suggest that the absence of access to paid family caregiving leave is having dramatic consequences for families who were already struggling.

The absence of access to paid caregiving leave may also be costly to employers. Employees may be more productive when they are offered paid leave benefits. Employees who come to work in the midst of a family health crises may be stressed and preoccupied. The overlapping responsibilities of work and family may contribute to mental health issues. Try as they may, most workers cannot simply turn off their family responsibilities when they step into their work roles. The absence of policies that allow workers to better balance these two critical elements of their lives can be costly for firms, which may lose more money on employees who are not fully healthy and present at work than they would be covering for leave-taking employees.[84] In the absence of paid leave coverage, employers may be less able to keep their workers loyal, satisfied, and productive – all of which can impact business's bottom line.

Paid family leave programs may also provide a boost to businesses by improving employee retention rates. Studies find that in California, more than 80 percent of those who used the paid family leave program returned to their same position following leave. The effect on retention was particularly substantial for people in so-called low-quality jobs, who returned to their jobs nearly 10 percent more frequently than those who did not receive compensation during leave, with 82.7 percent of those who used paid family leave returning to their jobs, compared to 73.9 percent of non-compensated leave-takers.[85]

Paid caregiving leave can improve the health of caregivers and care recipients.

The absence of access to paid family caregiving leave also has health impacts for both the caregiver and the recipient of care. Research has established that the experience of providing care for a family member with a serious medical condition can either be rewarding or taxing – and while it almost always includes a mix of the two, caregiving in the face of serious financial stress creates an additional layer of hardship and stress.[86] Paid caregiving leave may help ease both financial and emotional stress, improving health outcomes for the caregiver. Improved health outcomes for caregivers may in turn flow into improved outcomes for care recipients.

Several studies suggest that paid caregiving leave can play an important role in improving caregiver health by alleviating both emotional stress (through the provision of time) and financial strain (through the provision of money). One study reports positive emotional health outcomes for parents caring for children with special needs who received caregiving leave, with higher positive outcomes for those who received paid caregiving leave compared to those for whom the leave was unpaid.[87] A second study suggests that paid leave combined with a supportive supervisor has powerful positive outcomes for caregivers' emotional health, especially for women.[88] A focus group with family caregivers receiving benefits from state paid leave programs in California, New Jersey, and Rhode Island suggests that the income provided from the programs relieve stress and resulted in self-reported improvements to physical and mental health for caregivers.[89]

Paid caregiving leave also may impact the health outcomes of the individual receiving care from a family member. One study reports positive physical and mental health outcomes for disabled children whose parent(s) are able to take paid caregiving leave.[90] Research suggests that the role of the family caregiver has become all the more critical in light of the way health care is delivered, especially for acute illnesses requiring hospitalization. For instance, hospitalists—doctors with specialized training to provide care for acute illnesses in a hospital setting—provide the bulk of inpatient care. The expertise and consistent availability of a hospitalist has had important positive impacts, but continuity of care has suffered. Patients may not know who is in charge of their care and often do not remember their doctors' names due to the constant shift-changes that bring new hospitalists in and out of a patient's room over the course of hospital stay. As a result, families have found it necessary—and are often encouraged by physicians—to be present at all times in order to monitor medications, to insure that tests are carried out and results are received, to alert the rapid-response team if need arises, and, in general, to serve as a patient advocate in the context of a health care system that makes this all the more necessary.[91] The connection between paid caregiving leave and patient outcomes is straightforward: If paid leave increases the prevalence of family caregiving, and family care improves patient outcomes, then paid caregiving leave is likely to have a direct impact on patient health.

Medical leave

The majority of unpaid leave claims under the Family and Medical Leave Act are for medical leave, and in both California and New Jersey, about one in two paid leave claims are filed for personal medical reasons not related to childbirth. In both states, claims filed for personal medical reasons are for substantially longer durations than claims filed for family caretaking. The most commonly given reasons for non-childbirth related

medical leave claims in New Jersey include "disabilities related to bones and organs of movement, and disabilities resulting from accidents, poisoning, and violence," according to the New Jersey Department of Labor and Workforce Development.[92] In contrast, the number of claims for caregiving leave is relatively small, which creates challenges for researchers due to the resulting small sample size available for study.

The U.S. Bureau of Labor Statistics' National Compensation Survey finds that 39 percent of all civilian workers have access to short-term disability insurance providing paid leave for one's own serious medical condition, but access is limited to just 19 percent of those in the bottom 25 percent of the wage distribution, and to just 13 percent of those in the bottom ten percent of the wage distribution. Just 15 percent of part-time civilian workers have access to short-term disability insurance, compared to 47 percent of full-time workers.[93] Indeed, nationally representative data from the Pew Research Center finds that 9 percent of respondents had an unmet need for leave to care for their own health, and 10 percent of respondents had an unmet need to take leave to care for a family member.[94] Higher-income workers are more likely to have access to paid leave than their lower-income counterparts. Pew reports that 74 percent of leave-takers earning $75,000 or more annually received payment during their leave. In contrast, only 38 percent of low-income leave-takers received payment, despite people with lower incomes being more likely to suffer from poor health than their wealthier counterparts.[95] The high variation in health across the socioeconomic spectrum, coupled with the existing upward skew of leave availability to those in higher-paying jobs, means that the demand for medical leave may vary sharply across the economic distribution.

Paid medical leave likely has positive economic and health impacts for workers, though more research is needed.

The most common type of paid leave claim made in the existing state programs is for time away from work to care for one's own health, suggesting that demand for paid medical leave is high. Yet little is known about the health or economic effects of paid medical leave. The paucity of research in this area may be because medical leave covers the need to take time away from work for a host of reasons such as intermittent leave for recurring cancer treatments or a concentrated period of leave for a hip replacement surgery. Pregnancy-related leave also is covered under medical leave component of these programs, including both leave prior to a birth and the post-birth recovery period. The wide variety of illnesses requiring leave may make it difficult to effectively isolate the role of paid leave in shaping labor market outcomes. For this reason, existing studies focus on a subset of workers or on one particular ailment.[96]

New research is pushing forward on uncovering the labor market effects of temporary disability insurance for medical leave. One recent study using administrative data from Rhode Island's medical leave program finds that recipients of temporary disability leave who also received vocational rehabilitation services were more likely to return to work and earn higher wages upon their return to work than those who did not receive those services.[97] Yet far more research is needed in order to have a robust evidence base on how medical leave impacts labor market outcomes. Access to paid medical leave may help with worker retention by providing workers who might otherwise drop out of the labor force with the time and financial security to recover and return to work, preserving upward career trajectories that might otherwise be derailed.

As is the case with the economic impacts of paid medical leave, the research on the health effects of paid medical leave is quite new and remains a promising opportunity for the generation of new evidence, particularly in light of advances in administrative data sharing that make it possible to study long-standing TDI programs as well as newer paid family and medical leave programs. The same challenges exist for studies of health impacts as do for the studies of economic impacts, including the variation in types of illness. Yet, a few studies provide excellent examples of how expanded access to paid medical leave might impact population health. For instance, research assessing the effects of paid leave on health outcomes for nurses who experienced heart attacks found that those with access to paid medical leave were more likely than those without paid leave to return to work following recovery.[98]

More robust research on the health impacts of paid leave looks specifically at the effects of universally accessible paid sick leave using U.S. data. Paid sick leave policy differs from paid medical leave along two key dimensions. First, sick leave typically guarantees access to a limited number of paid sick days, as opposed to the longer periods of time available under paid medical leave. Second, in the cases where public policy exists, paid sick leave is generally provided and paid for by employers because of a legal mandate that employers offer a minimum number of earned paid sick days to employees.[99] In contrast, all four states with paid family and medical leave policies have adopted a social insurance model funded by workers, employers, or both, and the policy design distinction likely results in meaningful differences in a variety of outcomes due to the differential treatment of both employers and employees. Nonetheless, the established connection between paid leave and health outcomes is a useful signal to both researchers and policymakers that lessening the trade-off between work and self care may have salutary outcomes for worker health, employers, and broader systems, including health care. One exemplary finding from the research on the impacts of paid sick leave

mandates finds that access to paid sick leave increases flu vaccinations by 1.6 million, which, in turn, leads to 63,800 fewer absences and 18,200 fewer health care visits due to illness.[100]

Other types of leave

In addition to paid leave for parental, caregiving, and medical leave, several of the existing state programs offer leave for workers who are balancing work and family responsibilities due to a family member's active military duty (or impending active duty), as well as those who are experiencing domestic violence, harassment, sexual assault, or stalking.[101]

Colorado's total active duty and reserve members of the military is the tenth largest in the U.S., with over 47,000 military personnel. As compared to other states, enlisted recruits make up a greater share of the young working age population.[102] Over 80 percent of enlisted military personnel are under 44, i.e. "sandwich generation" families of prime child-bearing age with aging parents. Military personnel are a racially and ethnically diverse workforce, with 43 percent of enlisted men and 56 percent of enlisted women identifying as either Hispanic, a non-white racial group, or both. The share of black men in all military branches other than the Marines is larger than the share of black men in the civilian workforce. While the share of women enlisted in the military has increased from 2 percent in 1973 to 16 percent today, men remain the vast majority of military personnel. [103] 92 percent of working-age military spouses are women, and over half (57 percent) of military spouses work.[104] Taken together, these data suggest that deployment can create major disruptions in military family's lives, and that women are often the ones left behind to handle not only their work responsibilities, but also caregiving arrangements in the absence of a partner. Black and Latino families are particularly impacted by the disruptions of a call to active duty. Providing job-protected, paid leave for the family members left behind when a soldier deploys has the potential to provide needed economic stability, along with encouraging labor force retention for military spouses.

Domestic violence and other forms of sexual predation create major strains for workers seeking safety. Domestic violence victims are typically advised to leave their abusers yet doing so requires a great more time and flexibility (and often money): meetings with attorneys, court appearances, relocation, and counseling create major work-life conflict. Anecdotal evidence suggests that the greatest barrier for domestic violence victims seeking to escape the cycle of violence is an inability to get time off of work. For many, the difference between leaving and staying may be a paid leave policy.[105] Yet most workers do not have access to job-

protected leave for domestic violence-related reasons, let alone paid leave. A recent survey from the International Foundation of Employer Benefit Plans found that 42 percent of U.S. employers do not offer leave, while another 19 percent "weren't sure" if they would cover it.[106] 85 percent of domestic violence victims are women. The experience of violence amongst certain racial and ethnic groups is common: four in ten non-Hispanic black women (43.7 percent), four in ten American Indian/Alaska Native women (46 percent) and more than half of all multi-racial women (53.8 percent) have experienced rape, physical violence, and/or stalking by an intimate partner. These rates are 30 to 50 percent higher than those experienced by Hispanic, white non-Hispanic, Asian and Pacific women. Sexual violence against men is also far more prevalent than commonly assumed, especially for American Indian/Alaska Native, black, and multi-racial non-Hispanic men. Nearly half of all American Indian men experience rape, physical violence, and/or stalking by an intimate partner during their lifetime.[107] Taken together, the disproportionately high risk of sexual victimhood for non-white, non-Hispanic workers suggests that access to paid leave for domestic violence survivors is an important equity component of a paid leave policy.

How should the program be designed?

Topline recommendations:

- Parental, caregiving, and medical leaves should be a minimum of 12 weeks annually, and intermittent leaves should be permissible across leave types. For new mothers, this would add up to a possible total of 24 weeks, including 12 weeks of medical leave (to recover from pregnancy/childbirth) and 12 weeks of parental leave.
- Benefit rates should include a sliding scale that allows lower-wage workers to receive a higher share of earnings replaced by benefits, with both a maximum and a minimum weekly benefit cap.
- In order to maximize both individual contributions and benefit eligibility for private-sector and self-employed workers, eligibility should be based on a basic level of work and earnings history as demonstrated through administrative data (e.g. Social Security work history), with benefits accruing to a given worker regardless of their job tenure with any one employer.
- Existing state paid leave trust funds have experienced no solvency problems, and most utilize an employee (and, in some cases, employer) contribution totaling no more than about 1 percent of annual wages.
- Self-employed workers and independent contractors should be allowed to opt-in to the program. Employer opt-out provisions have yet to be empirically evaluated but face the risk of creating an adversely-selected pool insured under the public program.
- Limits to job protection may depress benefit take-up by eligible low-wage workers, and may dampen the positive labor market outcomes generally associated with paid leave policies.

Leave duration

The scientific consensus suggests that a minimum of six months of maternity leave is necessary for maximizing both the short- and long-term health benefits to mothers and babies, though leaves as short as twelve weeks have significant health benefits.[108] The international standard for paid parental leave is four months for the purposes of childcare, over and above maternity leave, under the European Union's 2010 Parental Leave Directive.[109] Leave entitlements under one year can improve job continuity and labor force trajectories for women several years after childbirth, but leaves longer than a year may have adverse consequences of mothers' long-term career opportunities.[110] No consensus exists regarding the scientifically- appropriate time for caregiving or medical leave.

The U.S. states have taken a more modest approach to leave durations relative to international norms and the scientific consensus. Maximum allowable leave durations under the state policies vary by type of leave. All states with paid leave policies in place offer substantially more generous leave durations for medical leave (to attend to one's own serious illness, which includes pregnancy and related recovery from childbirth) as compared to parental and caregiving leave; Washington, DC is the sole exception, offering two weeks of medical leave as compared to eight weeks of parental and caregiving leave. Medical leave durations range from 52 weeks (California) to two weeks (Washington, DC), with most offering around 20-26 weeks. The standard for both parental and caregiving leave is now 12 weeks, in keeping with the FMLA allowance. Note that all states allow mothers to take combine medical leave for recuperation from pregnancy and childbirth with parental leave for bonding purposes, but some have caps on the total number of weeks of paid leave allowable in any given year. For instance, Massachusetts caps the total amount of allowable leave across purposes for any given individual at 26 weeks per year.[111]

Several states with longstanding leave programs have planned increases in available parental and caregiving leave benefits duration rolling out over the next several years, including California, Rhode Island, and New York. These planned benefit extensions are noteworthy for two reasons. First, California and Rhode Island are two of the longest-running programs in the country – California's program has been in effect since 2004, and Rhode Island's has been in effect since 2013.[112] The fact that both programs have chosen to expand benefits signals that the programs have remained solvent and that state administrators feel comfortable expanding benefits duration to better meet the needs of their populations. Second, the planned benefit

duration extensions present an important opportunity to study the causal impacts of expanded benefits on a variety of key outcomes associated with paid leave, including both economic and health outcomes.

Finally, just as the FMLA allows for intermittent leave, i.e. leave taken in incremental pieces rather than in large chunks, so do the existing state paid leave policies. Intermittent leave is likely to be especially important for caregiving and medical leave. An employee undergoing cancer treatment may need several days off a week for months in a row, for instance. A worker supervising care for an aging parent transitioning from in-home to nursing home care may need the same intermittent schedule. Parental leaves may also benefit from intermittency, particularly as more fathers take up leave. Parents transitioning back to the workforce following the birth of a child may also benefit from intermittent leave that allows parents to split the week into two part-time schedules for the latter portion of a leave, for example.

Replacement rate

A standard replacement rate is 66 percent of an individual's monthly wages, based on the highest annual earnings from the prior three years – in other words, benefit recipients receive two-thirds of their monthly wages. Benefits are typically capped at a monthly amount, which ideally would be indexed to a state average wage so that the benefits retain their value over time. However, some states have introduced a sliding scale for replacement rates. For instance, in California, workers whose quarterly earnings meet the minimum eligibility threshold of $929 but are under one-third of the state's average quarterly wage, the replacement rate is 70 percent of the worker's weekly wage. For workers whose quartlier earnings are one-third or more of the state's average quarterly wage, the weekly benefit amount is either 23.3 percent of the state average weekly wage or 60 percent of the workers' weekly wage, whichever is greater. Oregon's new policy is the most generous to date, with legislators looking at the increases in California and Rhode Island's programs as a sign that the early wave of state programs were too restrictive. When it goes into effect in 2023, eligible Oregon workers at the bottom of the wage distribution will receive up to 120 percent of the state's average weekly wage, with a minimum benefit of no less than five percent of the state's average weekly wage. Workers earning more than 65 percent of Oregon's average weekly wage are eligible for 65 percent of the state average weekly wage plus 50 percent of that employees' earnings above that amount.[113] In other words, states have experimented with benefit generosity, with a push toward more generous benefits as evidence has grown over time.

Benefit eligibility + portability

Given the failures of the FMLA's eligibility requirements to cover those in most need of leave, all of the existing state programs have created eligibility frameworks that allow for substantially more generous coverage while still tying benefits eligibility to work history. States have also been careful not to tie benefits eligibility to their Unemployment Insurance eligibility standards given longstanding issues with many state UI programs that exclude part-time workers, younger workers and those with short job tenure.[114] Most states simply require that an eligible individual have been paid a minimum threshold of total wages during a given base period. A simple eligibility threshold is to utilize the Social Security Disability Insurance work history (also known as "work credit") requirements, which allow younger, part-time, lower-wage, contingent, and self-employed workers to contribute to the social insurance funds through which states currently run their programs, and to receive benefits from it, regardless of their employer's size or their length of time on the job.[115] By tying benefit eligibility to workers' employment history independent of any specific employer, the existing state programs allow for broad eligibility for the private-sector work force, including gig and self-employed individuals.

Solvency – including opt-in/opt-out provisions

Despite concerns regarding trust fund solvency for the social insurance models used in all of the states with paid leave programs in effect currently, none to date have experienced issues. All of the state programs are funded by some combination of employer and employee contributions, typically adding up to no more than 1 percent of wages up to a fixed-dollar cap. For instance, California's decades-old program is funded by a 1 percent payroll-based contribution on the workers' first $118,371 in wages. New York funds the medical leave portion of its program through a combined employee-employer contribution wherein each worker contributes one half of one percent of the worker's wage, up to 60 cents per week, and the employer contributes the balance of the plan costs not covered by the employee. Unlike California, New York runs the medical leave portion of its program through its Workers' Compensation Board, which approves private insurance plans available to workers for coverage. Caregiving leave in New York is funded by an employee-only contribution of 0.153 percent of the workers' first $70,568.62 in wages, up to just under $108 annually.[116]

The early survey-based research on the firm-level effects of paid family and medical leave from the states suggest that businesses and workers generally view the policies favorably. Across the four states with existing

paid family and medical leave policies (California, New Jersey, New York, and Rhode Island), employers report significant benefits and minimal costs.[117] National public opinion polling suggests that more than seven in ten of those currently employed (including self-employed) are willing to contribute at least one cent of every dollar they earn (i.e. one percent) to pay for a paid family and medical leave program.[118] Taken together, both the absence of solvency issues and the positive opinions from businesses, including small businesses, and workers, suggests that the current ~1 percent contribution is a workable baseline.

All of the existing state programs have opt-in provisions for self-employed individuals and independent contractors.[119] Typically, the eligibility requirements for self-employed individuals and independent contractors mirror those of standard employees in terms of base period earnings and duration of contributions required for eligibility. For instance, in California, an employee may be eligible for paid family and medical leave benefits if they meet the eligibility threshold of at least $300 in earnings in the base period, and made a contribution to the program through mandatory payroll deductions at some point in the last 18 months. Likewise, a self-employed individual is eligible for the program if they have elected to contribute to optional elective coverage program, which is funded through quarterly premiums. Both traditionally-employed and self-employed/independent contractors then apply for benefits through the California Employment Development Department's claims website.

A recent study finds that the share of workers engaged in "alternate work arrangements" (including temporary help-agency workers, on-call workers, contract workers, and independent contractors or freelancers) rose from 10.1 percent in 2005 to nearly 16 percent in 2015.[120] Indeed, a stunning 94 percent of net employment growth between 2005 and 2015 was made up of growth in non-standard work.[121] According to Federal Reserve Board Enterprising and Informal Work Activity survey, 36 percent of adults undertook informal paid work to complement or as a substitute for more traditional/formal work arrangement.[122] Many of today's workers longer have a traditional "employer" with whom to share the burden of risk, which makes the opt-in provision in paid family and medical leave programs a key element of a policy designed to reach the greatest share of workers possible.

None of the paid family and medical leave plans that have been fully implemented allow for an employer opt-out, though they do allow employers to "top-up" benefits on top of those provided by the public program. However, several of the recently enacted programs include an opt-out provision for employers who provide

benefits through a private plan that meet or exceed those provided by the state program. In addition, several of the recently enacted programs include exceptions from the required employer contribution for small business. For instance, Washington state does not require employers with fewer than 50 employees to pay their share of the contribution, but they are eligible for state assistance if they do pay. Employers with fewer than 150 employees must pay, but are eligible for state assistance.[123]

Theoretically, an employer opt-out provision could result in decreased program participation, and issues with program solvency. The impact of a decrease in program participation will depend heavily on whether those opt-outs result in an adversely-selected pool for the public program. If employers who opt-out of the public program are those with an employee pool who are at unusually low-risk of utilizing paid family and medical leave (and therefore less expensive to insure under a private market plan), the opt-out provision is likely to impact program solvency, as the remaining pool contributing to and insured under the public plan will be over-representative of those who are more likely to utilize benefits. Similarly, if employers who opt-out of the public program in favor of private plans are characterized by a higher-wage workforce than those who remain in the public pool, the public program will potentially face solvency challenges. This is because the total contributions flowing into the programs will be smaller than they would be in the absence of an employer opt-out, because those funds would flow disproportionately from employers with low total wage bills. Because none of the programs with these employer opt-out provisions have been fully implemented, there is no direct evidence to date on the empirical impact of this element of policy design. However, a recent study examining the impact of an employer opt-out provision from the Dutch disability system suggest that such provisions do in fact result in adverse selection resulting in a higher-risk, more-expensive-to-insure public pool.[124]

Job protection

While the federal Family and Medical Leave Act does not offer pay for covered leaves, it does offer job protection. Many states have expanded FMLA protections for longer periods of time. Currently, Colorado provides employees with 13 weeks (520 hours) of job-protected leave for eligible purposes.[125] States with paid family and medical leave programs have taken a variety of approaches to job protection for workers taking covered leaves. All must provide a minimum of 12 weeks of job protected leave for all workers covered by FMLA (and in some cases more due to state FMLA expansions).

Yet all of the state programs have designed eligibility to expand coverage beyond the minority of the workforce currently covered by FMLA, and have made varying decisions about whether or not to extend job protection to this newly expanded pool. For instance, California's paid family and medical leave program provides job protection under FMLA and the California Civil Rights Act for beneficiaries of caregiving leave (excluding parental leave) and for medical leaves except for pregnancy. Parental leave is job-protected for individuals at employers with 20 or more employees, while pregnancy-related medical leaves are protected for individuals at employers with five or more employees. Connecticut's policy provides job protection if an employee has been employed for at least three months immediately preceding the leave request.

In general, the limits to job protection are designed to avoid unduly burdening employers, who must figure out how to cover a leave-taking employee's responsibilities while they are out on leave. Limiting job protection to beneficiaries with "reasonable" job tenure requirements such as those in Connecticut are one way to do this, so long as they are coupled with sufficient benefits (in terms of both benefit duration and wage replacement). The trade-off to utilizing job tenure requirements as a guide to limiting job protections is that vulnerable workers, including low-wage populations who are disproportionately less-educated and non-white, are therefore less likely to be eligible for job-protected leaves. In the absence of job protection, the labor force-related outcomes tied to paid leave may be diminished, as a worker who finishes their leave tenure without a job to return to may face lower rates of labor force participation, lower wages, and lower mobility prospects. Paid leave take-up rates may also go down in the absence of job protection, especially for vulnerable workers who are least able to weather an employment disruption.

To date, no study has addressed the empirical impacts of job protection. However, survey evidence from New Hampshire, which is also considering paid family and medical leave legislation, indicate that job protection would promote leave-taking for lower-wage employees. New Hampshire residents across the earnings distribution, across small- and large businesses, and across the political ideological spectrum are all strongly in support of job protection for all workers taking paid family and medical leave.[126]

Other implementation considerations

Role for third-party vendors[127]

Third-party vendors may play a role in program administration in a number of different ways. For instance, states sometimes share common information technology systems to administer federal programs. One

example of this is the use of state disability determination services (DDS) agencies to evaluate disability claims for federal Social Security Disability Insurance benefits. For many decades, DDS relied on one of five different IT systems to manage its processes. As a result, the federal Social Security Administration (SSA) struggled for many years with DDS to update the state systems and establish one system across the country. Recently, SSA has begun to phase in the Disability Case Processing System to replace those legacy state systems. A second example is that of the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC's Food and Nutrition Service developed the WIC Program State Agency Model Project (SAM) to develop and implement new information systems in WIC state agencies. FNS was responding to Office of Management and Budget guidance to "build it once and replicate it many times," and states built out SAM consortiums to develop the IT systems. The lesson here for those looking to third-party vendors for paid family and medical leave programs is to be wary of setting up IT systems that end up unnecessarily siloed or hard to integrate with other systems.

A second way that third-party vendors may play a role in program administration is the use of private databases for determining medical leave eligibility. In order to inform the leave determination process, private medical guidelines are available that indicate the duration of leave associated with a given medical condition. These guidelines utilize the International Classification of Diseases codes (ICD-9, or the more detailed ICD-10). These codes typically indicate a minimum, average, and maximum amount of leave for a given condition. In the United States, two private companies play a dominant role in this space: the Official Disability Guidelines (ODG) and MDGuidelines. Both companies began with and continue to focus on the administration of workers' compensation benefits. Some state leave programs rely exclusively on one of these companies for guidelines on leave duration.

However, the evidence base for the quality of these guidelines is mixed at best. The ODG and MDGuidelines data are a small subset of a much broader set of clinical guidelines. For many years, the U.S. Department of Health and Human Services Agency on Healthcare Research and Quality (AHRQ) maintained the National Guidelines Clearinghouse, designed to provide a high-quality clearinghouse of a variety of clinical guidelines databases. ODG and other disability management guidelines databases did not meet AHRQ's quality standards, and were dropped from the Clearinghouse in 2016.[128] Systematic comparisons of disability duration guidelines across different sources suggests wide variation in recommendations. To the maximum

extent possible, state paid family and medical leave programs should rely on high-quality disability duration guidelines in order to assure a fair and well-managed medical leave program.

Timeline

The state of Colorado wishes to evaluate the feasibility of a timeline that presumes a paid family and medical leave program is established by law by July 1, 2020, begins education and outreach on January 1, 2022, establishes the funding stream by January 1, 2023, and starts paying benefits on January 1, 2024. The table below provides a comparison to other states (and DC) that have developed new paid family and medical leave programs. Note that California, Rhode Island, New Jersey, and New York are all excluded from the table because these states build their new paid family and medical leave programs on top of existing state temporary disability insurance programs, thus implementation of their programs differed in critical ways from those state that started from scratch. As compared to other state programs, the proposed timeline appears generous. This is potentially a wise choice, given the complications of setting up a new insurance program from the ground up, especially in light of the knowledge likely to come on late from program administrators in states that are currently in the process of standing up new programs. However, as noted in the section below, the critical importance of education and outreach for program success means that beginning this piece of the process somewhat earlier on, perhaps a year following program passage, may prove advantageous to the ultimate success of the program.

Approximate time (in years) from program establishment until various benchmarks achieved

	Proposed	DC	WA	MA	CT	OR
Education/Outreach begins	1.5	unclear	1	0.5	unclear	unclear
Funding stream established	3	2	2	1	2	3
Benefits payments begin	4	3	3	3	3	4

Outreach

Even an impeccably designed program will do little good if eligible workers are not aware of the available benefits, or if the application process is too cumbersome for individuals to navigate. In California, under half of those who experienced a qualifying event for leave-taking were unaware of the state's paid family and medical leave options. Awareness is least common amongst those who need it most. Those who earn less than $15 per hour are nearly 30 percent less likely than those who earn more than $15 per hour to know about the state's paid leave program. Immigrants, Latinos, workers without access to paid sick or vacation days,

less-educated workers, and those who earn less than $80,000 annually are all less likely than their counterparts to be aware of California's paid leave options.[129] Research on program knowledge in New Jersey suggests similar gaps in awareness.[130]

These public awareness gaps are most likely due to significant under-investments in effective public outreach and education, especially to the communities of workers who are least likely to have access to other forms of paid leave. Shortly after California's original paid leave legislation went into effect, a new administration took over the state government and slashed funds for administration and outreach. California now has a built-in funding stream for public outreach ($6.5 million across states FY2015-2017), yet awareness remains low.[131] Some other programs lack advertising and public outreach funds, so program promotion falls to employers. Employers' appetite and ability to promote public paid leave varies dramatically. Studies note that some employers offer comprehensive explanations of their state's paid leave benefit programs, while other simply abide by minimum legislative requirements and post informational posters in their human resources offices or lunchrooms.[132] Without further efforts to publicize the availability of paid leave options, including state paid family and medical leave policies, these programs are unlikely to reach all eligible employees. In response, newly-launched state family leave programs (e.g. Washington, Massachusetts) are experimenting with new forms of public outreach and dedicated public funds for promoting awareness, especially in high-need communities.

What are the anticipated interactions between paid leave and other policies and risk-protection mechanisms?

Topline recommendation:

- Emerging research suggests that paid family and medical leave can have strong and positive interactions with myriad other public and private policies designed to help families insure against lost wages due to caregiving responsibilities, including cash benefits and health insurance. As new policies come on line, states ought to invest in data collection and technology that allow researchers to link evidence across systems in order to better quantify these important interactions.

Interaction with other public benefits

Caregiving comes with costs that may be shifted onto other public programs. The costs of delayed medical intervention, for example, may result in more expensive health care costs in the long term, with implications

for public programs such as Medicare and Medicaid. Early retirements by caregivers unable to balance work and family may result in stress to the Social Security retirement system. Labor force exits due to disability may result in elevated Social Security Disability Insurance applications and elevate costs to taxpayers, with long-term consequences for both SSDI costs and for labor force participation among individuals on the margins of the labor market. For instance, one study finds that paid family leave reduces applications to other social safety net programs, with women returning to work following a paid maternity leave having a 39 percent lower probability of receiving public assistance and a 40 percent lower chance of receiving Supplemental Nutrition Assistance Program benefits (commonly known as food stamps) in the year following a child's birth, compared to those who took no leave at all.[133]

Paid leave also may have important effects on the use of preventative care, as well as on the provision of timely medical care with better health outcomes, with implications for health care costs across a variety of programs and policies. Early research suggests that access to paid sick leave—distinct from paid medical leave, which provides leave for serious medical illnesses, as opposed to sick days for episodic minor illnesses such as the flu—results in patients seeking and receiving more effective preventative treatments (including flu shots and pap smears) and fewer patients visiting emergency rooms for medical care.[134] One study suggests a connection between an individual's access to paid family and medical leave and the likelihood of receiving a flu shot.[135]

While these early studies provide good reason to hypothesize positive outcomes for paid family and medical leave on broader health systems outcomes more generally, more research is needed to connect the dots between the individual- and family-level health outcomes, including those detailed at length above, and the overall systemwide consequences of improved health on both economic performance and on health care systems savings.[136] Moreover, the public health crisis of opioid addiction is one that may overlap substantially with the need for both paid medical leave and paid leave for family caregivers.

Taken together, the impact of paid family and medical leave may have meaningful consequences on health care, including health care costs, delivery, and efficacy, with macroeconomic results as well. For instance, researchers focused on the value of reducing infant mortality rates in the United States calculate a back-of-the-envelope figure suggesting that reducing infant mortality to the rate of Scandinavian countries would be worth approximately $84 billion annually.[137] Given the emerging literature suggesting the role that paid

parental leave can play in reducing infant mortality, the economic "cost" of paid family and medical leave deserves to be reconsidered in terms of potential benefits using these new tools and techniques.

Recent research on the impact of California's paid leave policy on nursing home utilization finds that paid leave led to an 11 percent reduction in the share of the elderly residing in nursing homes.[138] While the study does not allow for a test of a specific mechanism connecting paid leave to nursing home utilization, the authors hypothesize that paid caregiving leave allows family members to provide timely care to aging relatives, which, in turn, reduces the need for long-term institutionalization. Specifically, access to temporary paid leave for caregiving may allow for timely, engaged responses to assist with rehabilitation from acute incidents (postsurgical rehabilitation and early interventions for dementia and Alzheimer's), which, in turn, eliminates or delays the need for long-term institutional care.

The results of this research suggest that paid caregiving leave may not only provide valuable resources for families but also improve the broader fiscal picture—and thus the economy as a whole. For example, nursing home care accounts for the largest share of long-term care costs in the United States, which strains both family budgets and public finances. Medicaid—a joint state-federal program financed largely by the states—is the primary payer for 62 percent of nursing home residents, some of whom deplete their assets in order to become eligible for the program. Medicare, which is fully federally financed and mainly covers the cost of hospitalization following an acute incident, covers about 15 percent of nursing home utilization overall. In addition to the serious strain long-term care places on state and federal budgets, it is not especially popular. The majority of seniors prefer to receive family- or community-based care and to remain at home (or in a family member's home).[139]

Interaction with other employer-provided benefits

While a growing number of large employers have publicly celebrated their paid family leave policies, paid leave remains a rare benefit for most workers.[140] Even after controlling for a host of different demographics, geography, industry, and occupation, workers who are less educated, Hispanic, and employed part-time are significantly less likely than their counterparts to have access to any paid leave, including paid leave that comes from a general paid-time-off bank. Thus relying on employers to voluntarily provide paid leave is unlikely to address the shortfall in leave coverage, and the disparities in coverage.[141]

Mandating that employers provide paid caregiving leave to their workers essentially aggregates risk at the employer level, which raises a host of questions. First, would requiring employers to provide paid caregiving leave increase the probability of discrimination against those who are most likely to require caregiving leave, among them women of childbearing age, or older workers, both of whom already face significant labor market discrimination in the absence of paid leave mandates? Second, would some employers be systematically disadvantaged by the cost of leave due to a high concentration of workers more likely to need caregiving leave? One could imagine this playing out at the level of firms, occupations, or industries, particularly in light of high levels of occupational gender segregation.[142] For instance, more than 88 percent of all home health care aides are women, and these jobs are typically low-wage positions.[143] Low-wage home health care workers are unlikely to be able to save in order to self-insure against care-related interruptions to their work, and, given women's enduring role as family caregivers, the workforce as a whole is likely to be highly vulnerable to care-related interruptions. This is also an unanswered question.

Third, to what extent would requiring employer-based leave contribute to "job-lock," making it more difficult for worker to move from job to job? Decades of economic research teach us that job-to-job mobility is critical both for individual upward economic mobility as well as for maximizing labor market productivity and therefore economic growth.[144] Research on employer-based health insurance provides good evidence that it contributes to diminished worker mobility, reducing the voluntary worker turnover rate by 25 percent. [145] Further, employers have to pay a significant set of implicit taxes to bring on any full-time worker, contributing to this problem. Whether employer-provided paid family and medical leave contributes to job-lock remains an open research question.

Fourth, the changing structure of the U.S. labor market raises important fundamental questions about whether employers are an appropriate institutional home for insuring workers against work interruptions, including caregiving responsibilities. The rise of the gig economy means that workers are less likely to be employed by a single employer, which reduces the possibility that any one employer will provide benefits.[146] This reorganization of the structure of work collapses risk back onto the shoulders of the individual worker because firms are increasingly less likely to pool risk.

Taken together, and in light of the successful implementation of social insurance-based paid family leave policies in a growing number of states across the nation, both evidence and theory strongly suggest that paid family and medical leave ought to be a public program in order to achieve affordable, equitable, accessible, and adequate coverage, especially for low-wage workers and others who are the least likely to have access to paid leave today. To date, no evidence of "crowd-out" of other employer-provided benefits (e.g. paid sick days, vacation time, general PTO) exists.

Interaction with private savings/assets

A quick snapshot of most families' household balance sheets suggests that most workers are not in a position to use savings when they face a major—or even minor—interruption to employment for caregiving or medical-related recovery. The Federal Reserve Board's nationally-representative Survey of Household Economics and Decision-making finds that nearly half (46 percent) of people report that they do have $400 in the bank to cover an emergency expense. Higher income families are more likely than lower income ones to have some savings to cover an emergency. Blacks and Hispanics are less likely than whites to have access to emergency funds. The balance sheets of most U.S. households simply don't allow for self-insuring against economic shocks of any real magnitude Nearly a quarter of respondents to the Fed survey said they were unable to pay the current month's bills in full.[147] Only 67 percent of Colorado's workers are economically secure, meaning their family household income is enough to meet basic monthly expenses and to reach very modest asset development goals, according to one recent study.[148]

In short, most families do not have the savings to weather an income shock due to a caregiving episode, including the birth of a new child. One recent study finds that one in four mothers returns to work within two weeks of having a baby, a finding that is less surprising when one considers the absence of a financial cushion for the vast majority of families.[149] Future research that tracks families' overall household balance sheets, including wealth acquisition and savings behavior, as it relates to access to and take-up of paid family and medical leave would be a useful addition to the evidence as scholars and policymakers seek to better understanding whether and how paid family leave may impact family's short-, medium- and long-term financial health, economic security, and upward income and wage mobility over time.

Conclusion

Research from the states with paid family and medical leave programs suggests that employer responses have been predominantly neutral or positive. Prior to the passage of the laws, some businesses and business groups raised concerns about the potential costs associated with a paid leave entitlement, e.g. increased administrative burdens or the need for firms to hire temporary replacements to cover for workers on leave. Yet the majority of employers across all states with paid family and medical leave programs in effect report neutral to positive attitudes toward the laws – regardless of firm size, occupation, industry, and age- or gender-composition of their employees.[150] In a representative survey of California employers, 90 percent of employers reported that the paid family and medical leave program had positive or neutral impacts on profitability, and 8.8 percent reported that the program had saved their firm money.[151] Similarly, a study of New Jersey's paid family leave program found that 80 percent of employers reported neutral impacts on profits, while 10 percent reported that the program increased profitability.[152] A study comparing employer responses before and after the implementation of Rhode Island's paid family and medical leave law found no overall impact on employer attitudes, and two-thirds of employers were supportive or somewhat supportive of the policy. A similar study of New Jersey business attitudes before and after implementation of the law found that two-thirds of employers were supportive of the law.[153]

Why are businesses in states with paid family and medical leave policies in effect so positive about the programs, despite the business outcry during the debates over those policies before they became law? One reason may be that employers are able to avoid hiring a new employee during the leave period of the absence employee, instead distributing the leave-taker's work to other employees. Another reason is that employers who previously relied on their own private paid leave provisions are now able to decrease their compensation costs by allowing the state payroll taxes to foot the bill rather than paying for workers themselves. A third reason is that many businesses who did not provide leave before are now able to offer that benefit to their employees. Public opinion research suggests that access to paid leave is an important factor driving worker's choices about where to work – more than 25 percent of Americans who are either currently in the workforce or are looking for work cited paid leave as the benefit that would help them most. Amongst those who had taken leave in the past, 38 percent cited paid leave as the most important benefit.[154] The ability to offer paid leave coverage to their workforce may be especially valuable to small businesses, who were previously at a competitive disadvantage compared to large firms, due to the difficultly providing paid leave benefits through a private benefits system with a small pool of insured workers.

Finally, paid leave programs can improve employee retention rates. Hiring and training a new employee is costly for managers, who spend less time on other productive activities as a result. And new workers require time to get fully up to speed in their new positions. Prior research on the cost of turnover suggests that replacing an employee costs about one-fifth of that worker's salary, based on a combination of the cost of recruitment, selection, and training.[155] The cost of hiring a replacement when a worker leaves equals about 33 percent of that workers' annual salary, or about $15,000 per worker for an employee earnings a median salary of about $45,000 annually.[156] Data from states with paid family and medical leave policies suggests that these programs can improve worker retention, which benefits not only workers (especially low-income workers for whom employment insecurity and brief job tenure play a critical role in cutting off career ladders and upward mobility) but also businesses seeking to improve productivity and save on hiring costs. More recent studies using administrative data from California bolster the results from the earlier wave of survey research in the state. Analysis of paid family and medical leave policy in California finds no evidence of higher turnover or a higher wage bill for employers over the decade-long period that the state policy has been in place. In fact, the opposite is true: The average California firm has a lower per-worker wage bill and a lower turnover rate now than it did before the paid leave policy was introduced.[157] Other research using both administrative and survey data from the states illustrates the efficacy of paid family and medical leave as a worker retention policy.[158] For instance, in a study utilizing California's administrative data, the authors find that men and women who take leave and remain employed four quarters after the claim are more likely to have returned to their pre-claim firm than to have moved to a new firm, regardless of the duration of their leave.[159]

The evidence is clear that designing a paid family and medical leave policy that is affordable, equitable, accessible, and adequate for even those who are least likely to have access to benefits today is not out of reach. Indeed, states around the country have provided models for successful programs, and a growing body of high-quality research suggests that these policies are yielding real results for families without creating undue burdens on businesses or straining the public purse. The share of families who are balancing work and caregiving responsibilities is growing daily, which means that putting this evidence to good use in order to expand access to meaningful paid family and medical leave benefits is critical.

Endnotes

[1] "Colorado Labor Force Forecast" (Colorado Department of Local Affairs State Demography Office, 2014), https://demography.dola.colorado.gov/economy-labor-force/labor-force/.

[2] Labor force participation rates amongst women in the U.S. has fallen relative to our global competitors, and the absence of family-friendly policies is a prime explanation for this troubling trend. In 1990, the U.S. had the sixth highest female labor force participation rate amongst 22 OECD countries. By 2010, the U.S. had fallen to 17th. One recent study finds that the expansion of "family-friendly policies such as parental leave and part-time work entitlements" in other OECD countries explains 29 percent of the decrease in labor force participation rates for U.S. women. See Francine D. Blau and Lawrence M. Kahn, "Female Labor Supply: Why Is the US Falling Behind?," *The American Economic Review* 103, no. 3 (May 2013): 251–56.

[3] In the private sector, FMLA protections only apply to employers with 50 or more employees within 75 miles of the work place, and to employees who have worked for a given employer for no less than 12 months and for at least 1,250 hours in the last year.

[4] diversitydatakids.org, "Inequities in Eligibility for FMLA Leave" (Waltham, MA: Brandeis University Heller School for Social Policy and Management, n.d.), http://www.diversitydatakids.org/files/Policy/FMLA/Capacity/Inequities%20in%20FMLA%20eligibility.pdf.

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[6] Ann O'Leary, "How Family Leave Laws Left Out Low-Income Workers," *Berkeley Journal of Employment and Labor Law* 28, no. 1 (2007): 1–62.

[7] "Status of Women in the States: Colorado" (Washington, D.C.: Institute for Women's Policy Research, 2018), https://statusofwomendata.org/explore-the-data/state-data/colorado/#employment-earnings.

[8] The racial and ethnic differences in FMLA coverage for working parents is due to sectoral differences in employment. A disproportionate share of black workers hold jobs in the public sector, where all public agencies are covered by FMLA regardless of size. As a result, black working parents have relatively high rates of access to FMLA-protected unpaid leave. See diversitydatakids.org, "Inequities in Eligibility for FMLA Leave."

[9] diversitydatakids.org.

[10] Juliana Horowitz et al., "Americans Widely Support Paid Family and Medical Leave, but Differ Over Specific Policies" (Washington, DC: Pew Research Center, March 2017).

[11] Sarah Donovan, "Paid Family Leave in the United States," CRS Report for Congress (Washington, DC: Congressional Research Service, September 12, 2018), https://fas.org/sgp/crs/misc/R44835.pdf.

[12] Note that paid sick days and paid medical leave are distinct policies. Paid sick leave generally covers only a short and unexpected illness that requires days, rather than weeks or months, of recuperation. In addition to voluntarily-provided benefits, a growing number of states, counties, and municipalities have adopted paid sick leave laws and ordinances, which mandate that employers in these jurisdictions provide "earned" sick leave that workers accrue based on tenure on the job. The growth of mandated paid sick leave means that about 72 percent of the civilian workforce is able to accrue paid sick days, according the Bureau of Labor Statistics, though low-wage workers are far less likely to have access than those at the top of the wage distribution. Colorado does not currently have a paid (or unpaid) sick days law. For more on the difference between paid sick days and paid medical leave, see AEI-Brookings Working Group on Paid Family Leave, "The AEI-Brookings Working Group Report on Paid Family and Medical Leave: Charting a Path Forward" (Washington, DC: American Enterprise Institute and the Brookings Institution, September 2018), https://www.aei.org/wp-content/uploads/2018/09/The-AEI-Brookings-Working-Group-Report-on-Paid-Family-and-Medical-Leave.pdf.

[13] U.S. Bureau of Labor Statistics, "National Compensation Survey: Employee Benefits in the United States, March 2017" (Washington, DC: U.S Department of Labor, September 2017).

[14] Author's calculations based on U.S.Census Data. See United States Census Bureau, "NST-EST2018-01: Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010-

July 1, 2018," 2018 National and State Population Estimates, December 10, 2018, https://www.census.gov/newsroom/press-kits/2018/pop-estimates-national-state.html.

[15] For a comparison of state policies by detailed program parameters, see "State Paid Family and Medical Leave Insurance Laws" (Washington, DC: National Partnership for Women and Families, June 2019), http://www.nationalpartnership.org/our-work/resources/workplace/paid-leave/state-paid-family-leave-laws.pdf.

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