

# Paid Family and Medical Leave Policy Statement

## POSITION

Comprehensive paid family and medical leave (PFML) policies are a global tool for improving family-friendly workplace policies, including reducing or preventing communicable disease transmission,<sup>1</sup> improving parent and child health and connectedness,<sup>2</sup> protecting the health of elder relatives, reducing health disparities, and supporting other public health improvements.<sup>3,4,5</sup> State and territorial health agency support for comprehensive paid leave policies is critical to the creation and implementation of state PFML policies which will improve the overall health of families caring for children, elder relatives, or dependents experiencing illness or injury.

## BACKGROUND

Supportive PFML policies provide workers with at least six weeks of flexible time off while replacing as close to 100% of wages as practicable.<sup>6</sup> While the laws governing PFML vary greatly, reasons for workers' eligibility for either leave type can include but are not limited to:

- Family Leave: caring for a family member's serious health condition, bonding with a child during the first 12 months after birth, caring for a family member who was injured serving in the armed forces, and managing the affairs of a family member on military deployment.
- Medical Leave (i.e., "Sick Leave"): caring for one's own illness or serious health condition.<sup>7,8</sup>

Comprehensive PFML policies are equitable when they also include part-time workers, contract workers, and other forms of employment.

While federal-level solutions have been proposed and public interest in the topic is growing, as of October 2022, 12 states and Washington, D.C. have already implemented or plan to implement mandatory PFML laws.<sup>9,10</sup> Although funding approaches vary, most jurisdictions support employers through premiums or other state assistance.<sup>11</sup> Newer programs in development are exploring novel methods of organizing and funding these benefits, learning the lessons from previously launched state insurance programs.<sup>12,13</sup>

Support from state and territorial public health leadership, along with the growing body of evidence, can provide needed expertise and encourage creating and implementing policies that support the United States' diverse labor force and improve the public's health.<sup>14</sup>

## PUBLIC HEALTH BENEFITS

The potential for a state-level paid family leave policy to improve health outcomes and reduce health disparities in parents and infants is profound. Paid family leave-taking can increase postpartum care

### *Summary of Recommendations:*

- Develop comprehensive paid family and medical leave (PFML) policies that include anti-discrimination protections.
- Promote involving communities, advocates, and other stakeholders in the rulemaking process and in implementation activities, paying particular attention to, and centering, marginalized communities.
- Advance health and racial equity by leveraging PFML policies that are understandable, accessible, and inclusive of all (but especially lower income) workers.
- Encourage developing and implementing paid family leave policies that promote family-centered care and bonding by extending family leave to fathers, non-birth giving partners, adoptive parents, and guardians.
- Improve workforce development and data collection by supporting employers of any income or size in providing PFML and in using disaggregated data to identify and understand variation across demographics.
- Promote quality improvement of existing leave enrollment and benefits claims policies and encourage developing user-friendly, accessible enrollment and benefit claims systems.

access, increase initiation and duration of breastfeeding, increase engagement in physical exercise, reduce household food insecurity, reduce rehospitalizations after birth, and decrease the risk of postpartum depression, especially for single and low-income mothers.<sup>15,16,17,18,19</sup> For infants, paid family leave can reduce mortality rates, improve early brain development (including better language outcomes in toddlerhood), and improve birthweights.<sup>20,21</sup> Evidence suggests that paid family leave policies that account for the impact of racism and discrimination on racial and ethnic disparities in leave coverage and leave-taking could produce both short- and long-term benefits to parents, children, and families from disadvantaged communities.<sup>22,23,24,25</sup>

Additionally, there are health benefits in separating paid medical leave (also referred to as sick leave) from other forms of leave (such as family and personal leave).<sup>26,27</sup> In the private sector, paid medical leave coverage reduces employee emergency department utilization and presenteeism (continuing to work when unwell).<sup>28,29,30</sup> Additional public health benefits of paid medical leave include workers being more likely to access and receive preventative care (thereby reducing long-term healthcare costs), experience shorter hospital stays, and reduce the risk of disease transmission from family to workplace (and vice versa).<sup>31</sup> The paid medical leave coverage gap between short- and long-term medical needs could be effectively managed through more permanent paid medical leave policies that allow workers to spend time at home with growing families, manage the health and wellbeing of a parent, spouse/partner, or other dependents, and safely recover from illness and injury.<sup>32,33</sup>

## ECONOMIC BENEFITS

PFML policies benefit individuals, employers, and the American economy. Economic security for employees impacts their physical and mental health, as discussed in the section above, and gives individuals and families the ability to purchase health insurance and medical care, engage in healthy lifestyle choices like access to healthy foods, and afford safe homes and neighborhoods.<sup>34</sup> PFML policies have been linked to increased worker productivity, loyalty, morale, and retention; labor force participation; lifetime earnings; and retirement security, especially among women.<sup>35,36</sup> Employers can consider PFML policies as investments (instead of expenses) when considering that these policies are associated with reduced job turnover, presenteeism, and workplace injuries (both fatal and nonfatal).<sup>37</sup> Paid leave policies improve business competitiveness in the domestic market, as well as the nation's competitiveness in the global economy.<sup>38</sup> Providing universal three months of paid parental leave plus personal and family illness leave for the entire United States paid at 100% of full- and part-time wages up to the median is estimated to cost \$183 billion yearly.<sup>39</sup> Equalizing women's and men's labor force participation would equal up to a \$2.64 to \$4.3 trillion per year increase in the United States GDP. Since PFML supports female workers (as they disproportionately provide caregiving responsibilities), even narrowing that gap by a modest 15% would result in nearly \$400 billion per year in GDP savings.<sup>40</sup>

## RECOMMENDATIONS

ASTHO supports federal policy proposals that support comprehensive paid family and medical leave and encourages state and territorial health agencies to implement the following, both as an employer and as a public health authority:

- 1. Leverage evidence-based and promising public health practices and partnerships.**
  - a. Develop comprehensive PFML policies that include anti-discrimination protections.
  - b. Promote effective community engagement strategies to involve communities, advocates, and other stakeholders in the rulemaking process and in implementation activities, paying particular attention to, and centering, marginalized communities.<sup>41</sup> ("Centering" refers to taking an inclusive approach towards engaging marginalized communities by using a variety of values-based, participatory strategies that prioritize the perspectives and needs of the marginalized communities being discussed.<sup>42,43</sup>)

- c. Develop comprehensive and systematic approaches for working with partners and stakeholders across disciplines to improve coverage and access to PFML.<sup>44</sup>
  - d. Leverage trusted stakeholders and partners (such as the Society of Human Resource Management, chambers of commerce, and prominent business leaders) to champion the benefits of PFML for improving public health outcomes.<sup>45</sup>
  - e. Support federal efforts to develop and implement national family and medical leave policy standards.<sup>46</sup>
- 2. Advance health and racial equity.**
- a. Leverage and encourage the development of PFML policies that are more accessible to all communities, so they are equitably utilized, meaning they are understandable, accessible, and inclusive of all (but especially lower income) workers, regardless of race, ethnicity, immigration status, gender, sex, and employment type (including part-time, contract, and other forms of employment).<sup>47,48</sup>
  - b. Encourage the development of culture- and language-specific information campaigns, specifically to reach workers of color and low-income workers, that provide education on how to apply for and enroll in benefits.<sup>49</sup>
  - c. Encourage developing and implementing paid family leave policies that promote family-centered care and bonding by extending family leave to fathers, non-birth giving partners, adoptive parents, and guardians.
  - d. Advocate for workers with caregiving responsibilities by promoting flexible work hours in workplace policies.<sup>50,51</sup>
- 3. Improve workforce development and data collection.**
- a. Invest in comprehensive, tailored information and educational campaigns for employers and workers.<sup>52,53</sup>
  - b. Promote quality improvement of existing leave enrollment and benefits claims policies and encourage the development of user-friendly, accessible enrollment and benefit claims systems.<sup>54,55</sup>
  - c. Encourage employers to use disaggregated data to identify and understand variation across demographics.

## APPROVAL DATES

Community Health and Prevention Policy Committee Approval: January 25, 2023

Board of Directors Approval: March 6, 2023

Policy Expires: March 31, 2026

*ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.*

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