

# Paid Family and Medical Leave: How States Should Support Direct Care Workers

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**In times of personal difficulty,  
direct care workers often face a terrible dilemma...**

**... how to care for themselves or their families  
without losing wages – or even their jobs?**



What circumstances might create this dilemma?



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**Here are three examples.**

## Sonia

“I have been working as a home health aide for almost a year. My mother broke her hip recently and needs surgery, and I am the one who will take care of her. I’m afraid that if I take time off, though, I won’t have a job to come back to.”



## Anna

“I love my job as a certified nursing assistant. I’ve been doing it for nearly 10 years. But I’m expecting a baby next month – and I don’t know how I’m going to make ends meet while I’m at home caring for my newborn.”



## Mary

“I’m a personal care assistant and I really care about my clients. I know that what I do matters. But I need a knee replacement. I could get treatment but I can’t afford to take the time off – so the problem just keeps getting worse.”





**Paid family and medical leave could help direct care workers like Sonia, Anna, and Mary navigate these challenges.**

What is paid family and medical leave?

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2. Care for a family member with a serious medical condition; or
3. Bond with a newborn or newly adopted child.



What federal family and medical leave laws protect U.S. workers?

**There is currently no federal provision for paid family and medical leave in the United States.<sup>2</sup>**



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- ▶ Have worked for their employer for at least one year;
- ▶ Worked at least 1,250 hours during the past year; and
- ▶ Work for an employer with at least 50 employees.

**Because of these restrictions, only 60 percent  
of all U.S. workers benefit from this federal law<sup>4</sup>...**

... including less than half of all low-income workers,  
such as direct care workers.<sup>5</sup>

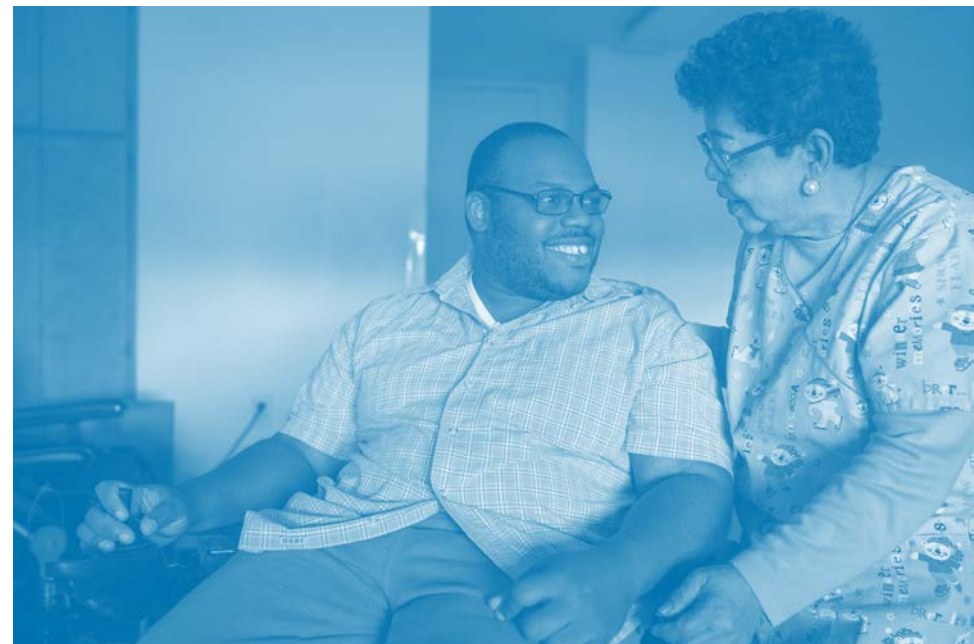
Further, even when workers are covered by the Family and Medical Leave Act, many can't afford to take unpaid time off from their jobs.<sup>6</sup>



What are states doing to provide workers  
with paid family and medical leave?



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- California (2002)
- New Jersey (2008)
- Rhode Island (2013)
- New York (2016)
- Washington, DC (2017)
- Washington State (2017)



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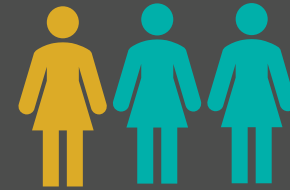
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- Time off: Ranges from 4 to 12 weeks
- Wage replacement: Ranges from 50 to 90 percent of the worker's average wage
- Funding: Programs are typically funded through payroll taxes, but some state laws include additional employer contributions

Why is paid family and medical leave important for direct care workers?

Among direct care workers who took time off in the past five years for family care or medical reasons, **only 35 percent** were able to take paid leave.<sup>9</sup>





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- Given the high rate of poverty among direct care workers, many of these workers cannot afford any interruption in their earnings.<sup>10</sup>
- Many direct care workers have their own caregiving responsibilities, often including both children and parents.<sup>11</sup>
- Without paid leave protections, workers may lose their jobs when managing personal challenges, contributing to high turnover in the field.



How can states ensure paid family and medical leave policies benefit direct care workers?

## Recommendation #1

Enact statewide paid family and medical leave laws that address the needs of all workers.

## Recommendation #2

Ensure that workers' jobs will be protected when they take paid leave—this is especially important for low-income workers, who may fear losing their jobs if they take time off.

## Recommendation #3

Ensure that wage replacement levels are adequate for low-income workers, including direct care workers—otherwise, they may not be able to afford to take leave.



## Recommendation #4

Create paid family and medical leave laws that account for the realities of direct care jobs, including inconsistent or part-time hours and multiple employers.

## Recommendation #5

Through targeted communications, educate workers and employers on paid family and medical leave laws.

## Recommendation #6

To ensure the needs of low-income workers are met, collect data to evaluate how paid family and medical leave laws are developed, passed, and implemented.

**If protected by paid family and medical leave laws...**



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**... Sonia could support her mother's recovery  
without worrying about losing her job.**



**If protected by paid family and medical leave laws...**

**... Anna would still have an income  
while she cares for her new child.**



**If protected by paid family and medical leave laws...**

**... Mary could keep caring for her clients in the long term  
by taking care of her own health now.**



**If protected by paid family and medical leave laws...**

**... direct care workers would be better able to retain their jobs and maintain financial stability during difficult times—ultimately ensuring higher-quality care for their clients.**



## Notes

- <sup>1</sup> Certain paid family and medical leave policies also include leave to address a military service member's deployment. National Partnership for Women & Families. October 2017. *Paid Family and Medical Leave: An Overview*. Washington, D.C: <http://www.nationalpartnership.org/research-library/work-family/paid-leave/paid-family-and-medical-leave.pdf>.
- <sup>2</sup> Addressing this gap, the [Family and Medical Insurance Leave \(FAMILY\) Act](#) was introduced in 2017; funded through a payroll tax, it would provide workers with up to 12 weeks of paid family and medical leave. Another parental leave proposal in circulation would require parents to “borrow” from their future Social Security earnings (see Favreault, Melissa M. and Richard W. Johnson. 2018. *Paying for Parental Leave with Future Social Security Benefits*. Washington, DC: Urban Institute. [https://www.urban.org/sites/default/files/publication/98101/paying\\_for\\_parental\\_leave\\_with\\_future\\_social\\_security\\_benefits\\_0.pdf](https://www.urban.org/sites/default/files/publication/98101/paying_for_parental_leave_with_future_social_security_benefits_0.pdf)).
- <sup>3</sup> US Department of Labor. “FMLA (Family & Medical Leave).” <https://www.dol.gov/general/topic/benefits-leave/fmla>. Accessed March 9, 2018.
- <sup>4</sup> Klerman, Jacob, Kelly Daley, and Alyssa Pozniak. 2014. *Family and Medical Leave in 2012: Technical Report*. Cambridge, MA: Abt Associates. <http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>.
- <sup>5</sup> Jorgenson, Helene & Eileen Appelbaum. 2014. *Expanding Federal Family and Medical Leave Coverage: Who Benefits From Changes in Eligibility Requirements?* Washington, D.C: Center for Economic and Policy Research. <http://cepr.net/documents/fmla-eligibility-2014-01.pdf>.
- <sup>6</sup> Klerman, Daley, and Pozniak. 2014.
- <sup>7</sup> National Partnership for Women & Families. 2017.
- <sup>8</sup> Glynn, Sarah, Alexandra Bradley, and Benjamin Veghte. September 2017. *Paid Family and Medical Leave Programs: State Pathways and Design Options*. Washington, D.C: National Academy of Social Insurance. <https://www.nasi.org/sites/default/files/research/NASI%20PFML%20brief%202017-%20Final.pdf>.
- <sup>9</sup> U.S. Census Bureau. 2017. Current Population Survey (CPS), January 2012 to December 2017 Basic Monthly CPS. [https://thedataweb.rm.census.gov/ftp/cps\\_ftp.html](https://thedataweb.rm.census.gov/ftp/cps_ftp.html); analysis by PHI (April 27, 2018).
- <sup>10</sup> PHI. “Workforce Data Center.” Last modified November 10, 2017. <https://phinational.org/policy-research/workforce-data-center/>.
- <sup>11</sup> The average direct care worker is a 41-year-old woman, which places many within the “sandwich generation” – adults who are caring for both a child and a parent. Parker, Kim and Eileen Patten. 2013. “The Sandwich Generation.” *Pew Research Center*. <http://www.pewsocialtrends.org/2013/01/30/the-sandwich-generation/>.

## About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care. Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

For more information, visit our website at [www.PHInational.org](http://www.PHInational.org) or [www.60CaregiverIssues.org](http://www.60CaregiverIssues.org)



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