

**Testimony in support of SB 500,
Labor and Employment – Family and Medical Leave Insurance Program –
Establishment
Submitted to the Senate Finance Committee on March 5, 2019 by Molly Weston
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I am submitting this testimony on behalf of A Better Balance, a legal advocacy organization whose mission is to fight for policies that will protect American workers from having to choose between caring for themselves and their families and maintaining their economic security. To that end, we have been working on paid family and medical leave issues in states throughout the country for over a decade. We were proud to testify before the state taskforce that led to this bill in 2017 and we are delighted that a paid family and medical leave bill has been introduced in Maryland and submit this testimony in support of this important bill.

I. The need for Maryland to pass a paid family and medical leave law is overwhelming.

Shockingly, the United States remains one of only two countries in the world, along with Papua New Guinea, with no national paid parental leave benefit of any kind.¹ Only 16% of private sector workers receive paid family leave through their employers to bond with a new child or care for a seriously ill or injured family member; among low-income workers, the number is even lower.²

This lack of access has predictable and devastating consequences for American families. Women without paid leave are more likely to be pushed into lower-paying jobs or to drop out of the work force entirely.³ In contrast, women who take paid leave after a child's birth are more likely to be employed nine to twelve months after the child's birth than working women who take no leave and new mothers who take paid leave are also more likely to report wage increases in the year following the child's birth.⁴ For working fathers, taking longer paid family leave means increased satisfaction in their contact with their children⁵ and greater engagement in their children's lives.⁶

Lack of paid leave also hurts children. When parents cannot take the leave they need, babies are less likely to get checkups and important vaccinations, less likely to breastfeed, and more likely to develop behavioral problems.⁷ For foster children, the first few months are a critical adjustment period in the transition to a new placement,⁸ during which children need time to bond with their foster parents. Seriously ill children benefit when their parents can afford time off to care for them. Research shows that ill children have better vital signs, faster recoveries, and reduced hospital stays when cared for by parents.⁹

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Nor is the need for family leave limited to new parents: today, nearly one in three U.S. households provide care for an adult loved one with a serious illness or disability.¹⁰ With an aging population, these numbers will only increase in the future. Family caregivers can help these individuals recover more quickly and spend less time in hospitals.¹¹ Policies that support family caregiving create savings that benefit all Maryland taxpayers. Unpaid family caregivers not only help to ease the burden on our crowded hospitals and long-term care facilities but also create enormous financial savings. For example, recipients of family caregiving are less likely to have nursing home care or home health care paid for by Medicare.¹² Because most caregivers providing care for adults are employed,¹³ the demands of providing care are in constant tension with earning a much-needed income.

Workers also need time off to address their own serious health needs. Nationwide, about 3 in 5 private sector workers lack access to short-term disability insurance through their employers, leaving them vulnerable when they need time off from work to address their serious health needs.¹⁴ Among low-income workers, these numbers are even more stark. Over 80% of those in the bottom quarter of earners and nearly 90% of those in the bottom tenth of earners lack access to short-term disability insurance through their employers.¹⁵ When workers do not have the leave they need, they may defer or forego necessary medical treatment.¹⁶ For example, paid medical leave helps cancer patients and survivors determine a course of treatment, follow through with and avoid that treatment, and manage side effects.¹⁷

Medical problems are a leading cause of personal bankruptcy in this country¹⁸ and a frequent contributor to home foreclosures.¹⁹ Without paid leave, those dealing with a disabling illness are often pushed onto public benefits.²⁰ Nearly 1 in 3 seriously ill workers either lose their jobs or have to change jobs as a result of their illness.²¹ Paid medical leave can help workers' balance their health needs with work and keep their jobs. Paid medical leave also helps keep workers safe on the job, increasing productivity and decreasing employer costs. Workers with paid medical leave are significantly less likely to suffer dangerous injuries on the job²² or deaths on the job.²³ When workers must return to work before a chronic condition is stabilized or before they have healed from an injury, they are more likely to relapse or re-injure themselves while working.²⁴ Paid leave allows workers to recover and return to full productivity more quickly than they would by continuing to work.

Finally, military families lack the protections they need when their loved ones are called to active duty service of our country. In one recent national survey, the amount of time service members spend away from family was ranked as the top issue of concern for service members and military spouses.²⁵ Families that make these sacrifices deserve the

paid time off they need to address the effects of deployment on their families and their lives. Moreover, due to the impacts of the military lifestyle, a shocking 30% of military spouses are unemployed, despite actively seeking employment, and many more are underemployed.²⁶ 52% of military spouses reported that unemployment and underemployment are the main obstacles to financial security.²⁷ Ensuring that these patriots can take the time away they need and then return ready to work can help them maintain employment and better support their loved ones serving abroad and those who remain at home.

The Business Case for Paid Leave

Four states, California, New Jersey, Rhode Island, and New York, have already implemented paid family and medical leave programs, with programs in the works under laws passed in Washington, D.C., Washington State, and Massachusetts.²⁸ The experiences of these states have shown that paid family and medical leave laws can provide critically needed benefits at an affordable cost and without burdening businesses.

Contrary to opponents' claims, paid leave does not hurt businesses and can even help. In California, 92.8% of employers reported that paid family leave had a positive or neutral effect on employee turnover,²⁹ saving employers the costly step of replacing an existing employee.³⁰ A majority of California employers also reported positive or neutral effects on productivity (88.5%), profitability/performance (91.0%), and employee morale (98.6%).³¹

Nor is it true that paid family and medical leave is bad for small businesses. Without a state program, small businesses that cannot afford to offer the same generous leave benefits as larger companies are at a competitive disadvantage in hiring.³² Providing paid leave through a social insurance program levels the playing field for small businesses. That is why, for example, one year after Rhode Island's paid family leave law went into effect, a majority of small employers reported they were in favor of the program.³³

While critics charge that employees will abuse the program, the evidence does not support that claim. Studies in California³⁴ and New Jersey³⁵ show little to no abuse of the programs.

II. This proposal contains the most important aspects of a good paid family and medical leave program.

The bill before you contains key policy elements for a strong paid family and medical leave program. Crafted along the same lines as the successful programs in the states that have enacted paid family and medical leave, it is an insurance program financed by small contributions that will

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enable workers who need to take time off when they and their families need it the most. These are the key policy points in the current bill that should not be changed.

12 weeks is a minimum length of leave time to serve the purposes of this legislation.

We are glad to see that the current proposed bill would provide at least twelve weeks of paid family and medical leave. This minimum benchmark, which is also consistent with the FMLA, ensures that workers have the time they need to attend to their own or a family member's serious health needs, address the impact of a family member's military deployment, or bond with a new child. Providing twelve weeks of coverage would also match the length of paid family leave coverage in New York (once the program is fully phased in), New Jersey (starting next year), and Massachusetts and of paid family and medical leave coverage in Washington State. We are also glad to see that workers who need leave to recover from their own serious health needs can take an additional 12 weeks of leave for some other purposes for a combined total of 24 weeks.

The health benefits of providing 12 weeks of leave for bonding are overwhelming for children, mothers, and fathers. Children whose mothers do not return to work full time in the first 12 weeks are more likely to receive medical checkups and critical vaccinations.³⁶ Mothers who take at least 12 weeks of leave are also more likely to breastfeed, with important lasting health benefits for their children.³⁷ Fathers who take longer leaves experience greater engagement in their children's lives,³⁸ greater paternal engagement has cognitive and developmental advantages for children.³⁹ For foster children, the first few months are a critical adjustment period in the transition to a new placement,⁴⁰ during which children need time to bond with their foster parents. Experts including the American Academy of Pediatrics recommend that healthy full-term infants should not be enrolled in child care until they are at least 12 weeks old due to rapid developmental changes and the risk of developing severe undetected illness.⁴¹

For new birth mothers, having less than 12 weeks of family leave is associated with increased symptoms of postpartum depression.⁴² For working fathers, taking longer paid family leave means increased satisfaction in their contact with their children.⁴³

Workers need a decent wage replacement in order to be able to take time off, especially workers at the bottom of the economic spectrum.

The proposed bill would provide a strong, progressive wage replacement system to ensure that all workers can afford to take the leave they need. Specifically, the bill would provide 90% of a worker's regular weekly income up to an amount equal to 50% of the statewide average weekly wage and 50% of a worker's regular weekly income above an amount equal to 50% of the statewide average weekly wage. Benefits will be capped at a maximum of \$1,000 per week, to be adjusted for inflation annually. We support this key

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piece of the proposal, which strikes a reasonable balance between meeting the needs of low-wage workers and offering a reasonable maximum benefit to help protect the solvency of the fund.

The wage replacement rate (the percentage of their own income workers receive while on leave) is an extremely important element of a paid family and medical leave law: if the rate is too low, workers will not be able to afford to take the leave they need. This problem can be especially acute for low-income workers living paycheck to paycheck, who need every dollar of their income to pay their bills. Moreover, because the proposed program would be partially worker-funded, it is particularly essential to ensure that workers will not be required to pay for a program they cannot afford to use.

Though low-income workers are the most vulnerable, workers of any income level can find themselves unable to afford to take leave if the wage replacement rate is too low. In a major California study, workers across income levels reported that the 55% wage replacement level made it difficult to afford to use the program, potentially contributing to low rates of use.⁴⁴ For this reason, California amended their statute to raise the wage replacement rate, especially for low-wage workers. By adopting the current proposal, Maryland would learn from the experience of existing programs and create a benefit level that works for workers.

For purposes of family care, all close family members should be covered.

We are happy to see the inclusion of the close family members for whom many workers will feel responsible and will therefore need leave to provide care should there be a serious illness. This thoughtful definition will help reflect and protect the diversity of Maryland's families. In today's families, many grandparents are raising grandchildren and both grandparents responsible for their grandchildren and grandchildren who owe their grandparents the care given them should be covered. Adult children with a serious illness are no less in need of care from their parents than any other adult to whom the worker is related. And many siblings look to their sisters or brothers as the first person to whom they would turn for care in the event of a serious illness.

We are also especially excited that the bill would give covered workers the right to paid leave to care for their chosen families, loved ones to whom they may not have a legal or biological relationship. Nearly 600,000 households in Maryland, or 27% of households in the state, consist of an individual who lives alone.⁴⁵ In an emergency or during an illness, many individuals rely on care from chosen family—like close friends and loving neighbors—or extended family. Approximately 344,000 Maryland residents live with nonrelatives—such as roommates, friends, or significant others.⁴⁶ When an individual is sick or has a medical emergency, they often rely on individuals they live with—even

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absent a blood or legal relationship—for help and caregiving. In a 2016 national survey conducted by the Center for American Progress, 32% of people in the United States reported that they took time off work to provide care for a chosen family member. Higher rates were reported by LGBTQ participants (42%, compared with 31% of non-LGBTQ participants) and participants with disabilities (42%, compared with 30% of participants without disabilities).⁴⁷ While many people rely on their chosen families for care, chosen families can be especially important to LGBTQ people, particular LGBTQ older adults, who are especially likely to rely on those loved ones.⁴⁸

Self-employed workers deserve the opportunity to get coverage if they choose.

We are glad to see that the proposed bill would allow self-employed workers, including independent contractors and freelancers, to opt in to coverage. By even conservative measures, more than one in ten American workers are self-employed (as of 2015),⁴⁹ though some counts place the number even higher.⁵⁰ A disproportionately high number of caregivers—in one study, as many as one in six—are self-employed.⁵¹ Self-employment can be a double-edged sword for the ability to take leave, trading off (at least theoretically) greater control of one’s work schedule with less reliable income and fears of losing clients or work due to absence.

Recently, the rise of the so-called “gig economy” has placed increasing importance on ensuring basic protections for independent contractors and other self-employed workers, even as it raises significant questions regarding whether these workers are in fact employees who have been misclassified as contractors.⁵² Despite their claims to provide flexibility, in practice platform companies like Uber often punish workers for not being available during profitable time slots, making it risky to take needed leave.⁵³ Moreover, as with other low-income workers, taking unpaid time away from work may be economically unfeasible for many gig economy workers who struggle to find enough hours of work.⁵⁴ New laws like Maryland’s must, therefore, account for the needs of these workers and ensure that they can access the tools they need to take real leave regardless of whether they are considered traditional “employees,” as this thoughtful proposal would do.

Outreach and education are important.

Especially in a program in which employees are paying in part for the benefit, it is very important that workers know about the benefit if there is a covered event in their lives. We strongly support the inclusion of provisions committing the state to providing outreach and education on the new program.

III. Job protection is critical to the ability of a worker to take this benefit for which the worker is paying.

We urge you to ensure job protection for all workers covered by program—without it, the program simply is not leave. This is especially important for low-income workers, who change jobs more often than other workers⁵⁵ and are more likely to be working part time⁵⁶ (including many part-time workers who would prefer to be working full time).⁵⁷ Massachusetts will provide job protection to all employees covered by its paid family and medical leave law, while New York and Rhode Island already provide job protection to all employees covered by their paid family leave laws.

The need for paid family and medical leave occurs at some of the most stressful times in a person’s life: the arrival of a new child, a health crisis in the family, or a looming deployment. At these times, workers shouldn’t have to worry whether they will have a job to return to after their leave. Without job protection, workers will pay for a program they can’t use. Without a legal right to get their job back, many workers will be unable to take the leave they need—the risk to their long-term economic security will be too great. In one California study, fear of being fired was a commonly cited reason workers who were eligible for paid family leave under that state’s program did not take it.⁵⁸ In Rhode Island, 45% of workers who took leave under their state’s paid family leave law (which provides job protection) said that without the law they would not have taken leave for fear of losing their job.⁵⁹

Job protection keeps workers attached to the workforce. When workers are unable to take short-term leave and then return to their job, they are often pushed out of the workforce altogether. One study estimated that men who leave the labor force early due to caring for an aging parent lose almost \$90,000 in wages, while women who do so lose over \$140,000 in wages.⁶⁰ Women who take paid leave after having a baby are more likely to be working 9 to 12 months after the birth than women who take no leave.⁶¹ And keeping workers on the job saves taxpayers money. Both men and women who return to work after taking paid leave are much less likely to be receiving public assistance or food stamps in the year following their child’s birth than those who return to work without taking family leave.⁶²

Maryland has taken an important step forward today in advancing this bill. We thank you for the opportunity to submit this testimony and for all your efforts to enact the crucial protections working families need.

¹ INTERNATIONAL LABOUR ORGANIZATION, MATERNITY AND PATERNITY AT WORK: LAW AND PRACTICE ACROSS THE WORLD 16 (2014), *available at*

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http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf.

² *National Compensation Survey: Employee Benefits in the United States, Mar. 2018*, U.S. Bureau of Labor Statistics, Table 32 (2018),

<https://www.bls.gov/ncs/ebs/benefits/2018/ownership/private/table32a.htm>.

³ Sara Cohen, *Have Your Cake and Eat It Too: How Paid Maternity Leave in the United States Could End the Choice Between Career & Motherhood*, 36 WOMEN'S RTS. L. REP. 1, 9 (2014).

⁴ Linda Houser & Thomas Vartanian, *Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public*, CENTER FOR WOMEN AND WORK (2012), p. 6-7, available at <http://www.nationalpartnership.org/research-library/work-family/other/pay-matters.pdf>.

⁵ Linda Haas & C. Phillip Hwang, "The Impact of Taking Parental Leave on Fathers' Participation in Childcare and Relationships with Children: Lessons from Sweden," *Community, Work & Family*, 11:1, 85-104.

⁶ Maria del Carmen Huerta *et al.*, *Fathers' Leave, Fathers' Involvement and Child Development Are They Related? Evidence from Four OECD Countries* (2013).

⁷ Lawrence M. Berger, Jennifer Lynn Hill, and Jane Waldfogel, *Maternity Leave, Early Maternal Employment and Child Health and Development in the US*, 115 THE ECON. J.L. no. 501, F29, F45 (2005).

⁸ Annette Semanchin Jones and Susan J. Wells, *PATH/Wisconsin-Bremer Project: Preventing Disruptions in Foster Care* (2008).

⁹ See S. J. Heymann, A. Earle & B. Egleston, *Parental Availability for the Care of Sick Children*, *Pediatrics*, Vol. 98 No. 2 (Aug. 1996), p. 226-30; S.J. Heymann, *THE WIDENING GAP: WHY AMERICA'S WORKING FAMILIES ARE IN JEOPARDY AND WHAT CAN BE DONE ABOUT IT* (2000), p. 57.

¹⁰ Catherine Albiston & Lindsey Trimble O'Connor, *Just Leave*, 39 HARV. J. L. & GENDER 1, 16 (2016).

¹¹ See, e.g., A. Houser & M.J. Gibson, *Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update*, AARP Public Policy Institute (Nov. 2008), pp. 1-2, 6; *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, AARP (June 2007), p. 6.

¹² Houser and Gibson, *Valuing the Invaluable*, p. 6.

¹³ *Caregiving in the U.S.*, AARP & National Alliance for Caregiving (June 2015), p. 56, available at <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>.

¹⁴ U.S. Bureau of Labor Statistics, *Employee Benefits Survey: Mar. 2018*, Table 16 (2018), <https://www.bls.gov/ncs/ebs/benefits/2018/ownership/private/table16a.pdf>.

¹⁵ *Id.*

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¹⁶ See Abt Associates Inc., *Family and Medical Leave in 2012: Technical Report* 131 (Sep. 2012), <https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>.

¹⁷ Elizabeth Harrington & Bill McInturff, *Key Findings -- National Surveys of Cancer Patients, Survivors, and Caregivers*, American Cancer Society Cancer Action Network (2017),

<https://www.acscan.org/sites/default/files/ACS%20CAN%20Paid%20Leave%20Surveys%20Key%20Findings%20Press%20Memo%20FINAL.pdf>. The results of this survey strongly suggests that other workers with chronic or serious illnesses will have better access to treatment and care when they are able to take paid time off from work.

¹⁸ See David U. Himmelstein, Deborah Thorne, Elizabeth Warren, Steffie Woolhandler, *Medical Bankruptcy in the United States, 2007: Results of a National Study*, 122 AM. J. OF MED. 742 (2009).

¹⁹ Christopher Tarver Robertson, Michael Hoke, & Richard Egelhof, *Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures*, 18 HEALTH MATRIX 65, 68 (2008).

²⁰ See Anne L. Alstott, *Why the EITC Doesn't Make Work Pay*, LAW & CONTEMP. PROBS. 285, 311-12 (Winter 2010).

²¹ The Commonwealth Fund, The New York Times, & Harvard T.H. Chan School of Public Health, *Being Seriously Ill in America Today* 8 (Aug. 2018), <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2018/10/CMWF-NYT-HSPH-Seriously-Ill-Poll-Report.pdf>.

²² Abay Asfaw *et al.*, *Paid Sick Leave and Nonfatal Occupational Injuries*, 102.9 AMERICAN JOURNAL OF PUBLIC HEALTH e59-e64 (2012), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482022/>.

²³ Daniel Kim, *Paid Sick Leave and Risks of All-Cause and Cause-Specific Mortality Among Adult Workers in the USA*. 14.10 Int. J. of Env. Research and Pub. Health 1247 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5664748/pdf/ijerph-14-01247.pdf>.

²⁴ T.G. Hollo, *Evaluating family and medical leave insurance for Washington state*, 11 Economic Opportunity Institute (May 2012), <http://www.opportunityinstitute.org/wp-content/uploads/family-leave-insurance/EvaluatingFamilyandMedicalLeave-Jan13.pdf>.

²⁵ *Military Family Lifestyle Survey: Comprehensive Report*, BLUE STAR FAMILIES, p. 20 (2018), available at <https://bluestarfam.org/wp-content/uploads/2019/02/2018MFLS-ComprehensiveReport-DIGITAL-FINAL.pdf>.

²⁶ *Id.* at 10

²⁷ *Id.*

²⁸ Paid family and medical leave benefits will begin in Washington State and Washington, D.C. in 2020 and in Massachusetts in 2021.

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²⁹ Eileen Appelbaum and Ruth Milkman, *Leaves That Pay: Employer and Worker Experience with Paid Family Leave in California* (2011), CENTER FOR ECONOMIC AND POLICY RESEARCH, p. 8, available at <https://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>.

³⁰ Replacing an employee costs 50-75% of an hourly employee's annual pay and up to 150% of a salaried employee's annual pay. Jodie Levin-Epstein, *Getting Punched: The Job and Family Clock* (2006), CENTER FOR LAW AND SOCIAL POLICY, p. 9, available at <http://www.clasp.org/resources-and-publications/files/0303.pdf>.

³¹ Appelbaum and Milkman, *Leaves That Pay*, p. 8.

³² Eileen Appelbaum and Ruth Milkman, *Achieving a Workable Balance*, CENTER FOR WOMEN AND WORK (2006), p. 23, available at <http://cww.rutgers.edu/sites/cww.rutgers.edu/files/images/workingfamilies/achieving%20a%20workable%20balance%202006%20Appelbaum.pdf>.

³³ 56% of employers with 10-19 employees and 59% of employers with 20-49 employees were in favor of the program. Ann Bartel, Maya Rossin-Slate, Christopher Ruhm, and Jane Waldfogel, *Assessing Rhode Island's Temporary Caregiver Insurance Act: Insights from a Survey of Employers* (2016), p. 7, available at https://www.dol.gov/asp/evaluation/completed-studies/AssessingRhodeIslandTemporaryCaregiverInsuranceAct_InsightsFromSurveyOfEmployers.pdf.

³⁶ Lawrence M. Berger, Jennifer Lynn Hill, and Jane Waldfogel, "Maternity Leave, Early Maternal Employment and Child Health and Development in the US," *The Economic Journal* 115, no. 501 (2005).

³⁷ *Id.*

³⁸ Maria del Carmen Huerta *et al.*, *Fathers' Leave, Fathers' Involvement and Child Development Are They Related? Evidence from Four OECD Countries* (2013).

³⁹ Ann Sarkadi *et al.*, "Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies," *Acta Paediatrica* 97: 153-158 (2008).

⁴⁰ Annette Semanchin Jones and Susan J. Wells, *PATH/Wisconsin-Bremer Project: Preventing Disruptions in Foster Care* (2008).

⁴¹ American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education, *Caring for Our Children: National Health and Safety Performance Standards*, Third Edition (2011).

⁴² Pinka Chatterji and Sara Makowitz, "Family Leave After Childbirth and the Mental Health of New Mothers," *The Journal of Mental Health Policy and Economics* 15, 61-76 (2012).

⁴³ Linda Haas & C. Phillip Hwang, "The Impact of Taking Parental Leave on Fathers' Participation in Childcare and Relationships with Children: Lessons from Sweden," *Community, Work & Family*, 11:1, 85-104.

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⁴⁴ *Paid Family Leave Market Research* (Dec. 2015), p. 70, CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT, available at http://www.edd.ca.gov/Disability/pdf/Paid_Family_Leave_Market_Research_Report_2015.pdf.

⁴⁵ See *Selected Social Characteristics in the United States: Maryland*, U.S. Census Bureau, 2012-2017 American Community Survey 5-Year Estimates, Table DP02, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP02&prodType=table%20c (last accessed January 2019) (showing that 29.1% of households consist of an individual living alone).

⁴⁶ *Id.*

⁴⁷ Katherine Gallagher Robbins *et al*, *People Need Paid Leave Policies That Cover Chosen Family*, Washington: Center for American Progress (2017), available at <https://www.americanprogress.org/issues/poverty/reports/2017/10/30/441392/people-need-paid-leave-policies-that-coverchosen-family/>.

⁴⁸ *Still Out, Still Aging: The MetLife Study of Lesbian, Gay, Bisexual, and Transgender Baby Boomers*, MetLife Mature Market Institute and American Society of Aging (March 2010), p. 15-17, <https://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-still-out-still-aging.pdf>.

⁴⁹ Steven F. Hipple & Laurel A. Hammond, *Self-employment In The United States*, U.S. Bureau of Labor Statistics (Mar. 2016) <https://www.bls.gov/spotlight/2016/self-employment-in-the-united-states/pdf/self-employment-in-the-united-states.pdf>.

⁵⁰ See Freelancer's Union & Upwork, *Freelancing in America* (Oct. 2018), <https://www.upwork.com/i/freelancing-in-america/2018/> (finding that more than one in three Americans freelanced in the past year); Shayna Strom & Mark Schmitt, *Protecting Workers in a Patchwork Economy*, The Century Found. (Apr. 7, 2016) <https://tcf.org/content/report/protecting-workers-patchwork-economy/>; Lawrence F. Katz & Alan B. Krueger, *The Rise and Nature of Alternative Work Arrangements in the United States, 1995-2015*, (Mar. 29, 2016) http://scholar.harvard.edu/files/lkatz/files/katz_krueger_cws_v3.pdf?m=1459369766.

⁵¹ AARP Pub. Policy Instit. & Nat'l Alliance for Caregiving, *Caregiving in the U.S.* 11 (June 2015) <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>.

⁵² See, e.g., Rebecca Smith & Sarah Leberstein, *Rights On Demand: Ensuring Workplace Standards and Worker Security in the On-Demand Economy*, Nat'l Emp't Law Project (Sept. 2015) <http://www.nelp.org/content/uploads/Rights-On-Demand-Report.pdf>.

⁵³ *Id.* at 6.

⁵⁴ See *id.* at 5-6.

⁵⁵ Jacquelyn Anderson, Linda Yuriko Kato, & James A. Riccio, *A New Approach to Low-Wage Workers and Employers*, MDRC 5 (Mar. 2006) https://www.mdrc.org/sites/default/files/full_9.pdf.

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⁵⁶ *Who Are Low-Wage Workers?* Office of the Assistant Sec’y for Planning & Eval., U.S. Dep’t of Health & Human Servs. (Feb. 2009)

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