



Statement for the Record
American College of Physicians
To the United States Senate Committee on Health, Education, Labor and Pensions
On
“Paid Leave for Working Families: Examining Access, Options, and Impacts”
May 18, 2021

The American College of Physicians (ACP) is pleased to submit this statement and offer our views regarding paid family leave for American workers, including physicians, residents, and medical students, an issue that has become more pressing due to the public health emergency (PHE) caused by the Coronavirus (COVID-19). We greatly appreciate that Chair Murray, Ranking Member Burr, and the Health, Education, Labor and Pensions (HELP) Committee have convened this hearing, “Paid Leave for Working Families: Examining Access, Options, and Impacts,” held on May 18, 2021. ACP would like to share its input and recommendations surrounding paid family leave, including the need for at least six weeks paid leave for families and updating the Family and Medical Leave Act (FMLA) to expand flexibility in paid leave policies to care for various family members, including parents in-law and grandparents.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 163,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

The Need for Paid Family Leave in the U.S.

The United States is currently the only developed country that does not have some form of federal paid maternity leave. In 2016, only 13 percent of private sector workers had access to any kind of paid family leave, which includes parental leave or leave to care for a sick family member. The rate of new mothers’ access to maternity leave is stagnant, with no discernable increase among women who took maternity between 1994 and 2015. Less than half of the women who did take maternity leave in 2015—47.5 percent—were compensated. Caregivers—up to 75 percent—are women and those who care for a close relative are at higher risk for health issues because of the physical and emotional toll of caregiving. The 1993 Family and Medical Leave Act (FMLA) made certain employees eligible for up to 12 weeks of unpaid leave but did not require a paid leave standard. Workers employed at public agencies and companies with 50 or more employees can use FMLA unpaid leave, but only for a newborn child, adoption, foster care, care of a sick immediate family member or a serious health

condition. The FMLA defines “immediate family member” as a spouse, child, or parent but excludes grandparents and family members through marriage or domestic partnership.¹

The Public Health Emergency (PHE) Caused by the COVID-19 Pandemic

The public health emergency (PHE) caused by the COVID-19 had deep impacts among the workforce, especially lower wage workers. In response, Congress passed the Families First Coronavirus Response Act (FFCRA), H.R. 6201, in March 2020 which permitted some workers to take up to 10 paid sick days and up to 10 weeks of paid family and medical leave due to COVID-19 related sicknesses either for the worker or within their family. The FFCRA was notable because it was the first time that Congress mandated paid leave for workers in the private sector, but these provisions expired at the end of 2020. The provisions then became voluntary for employers with tax credits offered through March 31, 2021. The American Rescue Plan Act (ARPA), H.R. 1319, unfortunately did not include any expansion of required paid leave but did extend the tax credits available to employers that voluntarily offered FFCRA leave through September 30, 2021. While FFCRA paid leave was an important and a needed first step, moving forward, workers need more robust paid family and medical leave protections that are also permanent.

Congress Should Enact Paid Family and Medical Leave

ACP strongly supports paid family and medical leave at the federal level. Accordingly in, [Women's Health Policy in the United States: An American College of Physicians Position Paper](#), **ACP stated that it supports the goal of universal access to family and medical leave policies that provide a minimum period of six weeks' paid leave and calls for legislative or regulatory action at the federal, state, or local level to advance this goal.** For example, paid leave policies can improve health outcomes for women and their families after the birth of a child which can have significant physical and emotional effects. The birthing process is physically taxing, and women continue to have physical and hormonal changes for weeks or months afterward. An analysis of mothers at various periods after childbirth showed a relationship between leave duration and decreases in depressive symptoms until six months postpartum. Paid maternity leave is associated with increased likelihood of breastfeeding initiation and continuation at six months compared with no paid leave. In addition, paid parental leave for men can reduce stress on families and encourage father– child bonding.²

Paid leave policies should include minimum standards for paid leave and dedicated funding to help employers provide such leave. Guaranteeing at least six weeks' paid leave for both men and women allows employees already experiencing major life changes to focus on their physical health and the health of their families without added stress. Analyses of states with paid leave policies show an overall positive effect. A study of California's policy showed that access to the benefits increased new mothers' leave by three weeks, positively affected children and mothers, and did not cause problems for most employers (around 90 percent reported positive effects). Paid leave makes economic sense for employers as well as employees. Employers who offer paid leave are more likely to retain employees and are more attractive to job seekers. In New Jersey, approximately 76 percent of workers view the law favorably, and businesses claim they have adjusted well.³

Paid leave policies should ensure increased flexibility for caregivers to care for family members, including children (biological or adopted), spouses, partners, parents, parents-in-law, or

grandparents. Policymakers should also consider revising FMLA to reflect the current workforce and more flexible family structures that may include grandparents or in-laws. Despite the availability of FMLA to about 60 percent of the American workforce, some caregivers still cannot afford to take unpaid time off, and existing public policies do not sufficiently support women or their families in a way that does not risk economic stability or position in the workforce. Reforms should be structured to minimize disruption for employers while providing the same standard of job protection for employees and consideration of the financial hardships and stress experienced by caregivers and their families.⁴

Legislation to expand paid leave should consider potential burdens on employers while upholding the intent of the programs through dedicated funding, necessary accommodation, and assistance to help small businesses transition to a minimum of 6 weeks of paid leave. ACP recognizes that universal access to at least six weeks of paid family leave may bring unique challenges for smaller employers, including private physician practices and nonprofit organizations.⁵

Additional studies are needed to determine the optimal amount of paid time off to maximize the associated health benefits for employees including: discouraging the “motherhood penalty,” in which women face bias and wage gaps resulting from their potential or actual taking of leave; examining whether paid leave policies should be integrated into or administered by unemployment insurance programs; balance the economic benefit for employers against costs; determining an appropriate level of imbursement during leave; and researching additional mechanisms that may help finance paid leave, such as payroll taxes or reforms of existing programs (for example, Social Security).⁶

ACP believes that Congress should enact comprehensive paid leave legislation and that the PHE caused by the COVID-19 pandemic has only highlighted the urgency of the need for paid family and medical leave for workers and their families. ACP is supportive of two proposals, one legislative proposal already introduced in the House and the Senate, and the other a proposal from the Biden administration as part of the American Families Plan (AFP), that would require paid family leave at the federal level:

- **The Family and Medical Insurance Leave (FAMILY) Act (H.R. 804/S. 248)** The Family and Medical Insurance Leave (FAMILY) Act would provide up to 12 weeks of partial income to workers who need leave from their job for a serious personal health issue or care for a family member such as a child, parent, spouse or domestic partner, care for a newborn or newly adopted child, or for care associated with a military deployment or serious injury; would be funded through payroll contributions from employers and employees of two-tenths of one percent each (two cents per \$10 in wages), split between employers and employees; would guarantee that the coverage is portable; would provide 66 percent of wage replacement, up to \$4,000 per month; and would cover workers in all companies, no matter how many employees. ACP would recommend that the FAMILY Act could be improved by updating the FMLA’s existing definition of eligible caregiving. As referenced above, ACP policy calls for increased flexibility in paid leave policies to care for various family members, including parents in-law and grandparents; however, parents in-law and grandparents are omitted from existing FMLA regulations.

- **National Paid Family and Medical Leave in the American Families Plan (AFP) Proposal**
The AFP proposed by the Biden administration would eventually guarantee 12 weeks of paid parental, family, and personal illness/safe leave. The pay would be equal to two-thirds of the worker's average weekly wages, up to \$4,000 per month. Workers in the lowest wage cohort would have 80 percent of their average weekly wages replaced. The proposal would allow workers to bond with a new child, care for a seriously ill loved one, adjust to a military deployment, find safety from sexual assault, stalking or domestic violence, cope with their own serious illness or grieve the death of a loved one. It will also require employers to allow workers to accrue seven days of paid time off to seek preventive medical care for themselves or their family. As referenced above, ACP policy is for Congress to pass legislation that provides universal access to family and medical leave for a minimum period of six weeks of paid leave that should be mandated and funded, with flexibility that allows for the caring of family members. ACP recommends that AFP paid family and medical leave should be flexible enough to accommodate care for a diverse array of family structures, including updating the FMLA to include grandparents or in-laws. Paid leave benefits are especially needed after the devastating effects caused on families, the loss of their jobs and health following the COVID-19 pandemic.

Conclusion

We commend you and your colleagues for working in a bipartisan fashion to examine paid leave for working families at the federal level. We wish to assist in the HELP Committee's efforts in this area by offering our input and suggestions about ways that Congress can implement paid family leave for all Americans. Thank you for consideration of our recommendations that are offered in the spirit of providing the necessary support to physicians, patients, and their families going forward. Please contact Jared Frost, Senior Associate, Legislative Affairs, by phone at (202) 261-4526 or via email at jfrost@acponline.org with any further questions or if you need additional information.

¹ Daniel H, Erickson SM, Bornstein SS. Women's Health Policy in the United States: An American College of Physicians Position Paper. *Ann Intern Med.* 2018; 168:874-875. doi:10.7326/M17-3344.

² Daniel H, Erickson SM, Bornstein SS. Women's Health Policy in the United States: An American College of Physicians Position Paper. *Ann Intern Med.* 2018; 168:874-875. doi:10.7326/M17-3344.

³ Daniel H, Erickson SM, Bornstein SS. Women's Health Policy in the United States: An American College of Physicians Position Paper. *Ann Intern Med.* 2018; 168:874-875. doi:10.7326/M17-3344.

⁴ Daniel H, Erickson SM, Bornstein SS. Women's Health Policy in the United States: An American College of Physicians Position Paper. *Ann Intern Med.* 2018; 168:874-875. doi:10.7326/M17-3344.

⁵ Daniel H, Erickson SM, Bornstein SS. Women's Health Policy in the United States: An American College of Physicians Position Paper. *Ann Intern Med.* 2018; 168:874-875. doi:10.7326/M17-3344.

⁶ Daniel H, Erickson SM, Bornstein SS. Women's Health Policy in the United States: An American College of Physicians Position Paper. *Ann Intern Med.* 2018; 168:874-875. doi:10.7326/M17-3344.