

Paid Leave for Personal and Family Illness: Impacts of State Policy Design on Coverage and Access by Race, Gender, and Education Level

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Abstract

Context: Paid leave for serious personal and family illnesses can significantly improve health outcomes. With no federal paid family and medical leave (PFML) policy, states are increasingly adopting their own. Yet eligibility criteria for paid leave and job protection vary markedly across states, as does benefit adequacy, affecting coverage and equity.

Methods: The authors developed a database of state-level paid leave policies to systematically analyze each state's eligibility criteria for leave and job protection. They applied the policy database's detailed criteria to employment data from the US Current Population Survey Annual Social and Economic Supplement to analyze eligibility by race/ethnicity, gender, and education. They measured benefit adequacy by analyzing whether family income would drop below the federal poverty threshold during a worker's leave.

Findings: Minimum earnings, tenure, and hours rules disproportionately exclude workers with less education and women from paid leave and/or job protection. Minimum firm size disproportionately excludes workers with less education and Latinx workers from job protection. Black and Latinx workers' family income is more likely to fall below poverty during leave.

Conclusions: State-level PFML has expanded coverage in the absence of a federal policy. Remaining gaps and inequities could be reduced by lowering or eliminating requirements for minimum firm size, tenure, and hours; raising wage replacement rates; and ensuring full job protection.

Keywords state policy design, socioeconomic disparities, equity, paid leave, racial disparities

A serious illness or accident can be devastating not only to health but also to economic security, which in turn affects long-term health. Every year, millions of workers leave the workforce or are terminated because of a health condition (Ben-Shalom 2016). Caregivers of seriously ill family members

likewise report substantial employment impacts. According to AARP (2020), 15% of Americans who are caring for an ill or aging family member reported reducing their work hours, while 6% stopped working entirely and 5% retired early. Among workers who are caregivers as well as those facing personal health crises, members of historically marginalized groups face some of the most substantial consequences. For example, one study found that Latina women were twice as likely as white women to lose their jobs after a breast cancer diagnosis (Mujahid et al. 2011). Similarly, Black and Latinx caregivers, a majority of whom are women, disproportionately experience income loss and other forms of economic hardship linked to care (AARP 2020).

Many workers also delay seeking needed care or treatment for serious health conditions. These gaps and delays can have substantial individual health consequences while also exacerbating racial and socioeconomic health disparities. Even a one-month delay in obtaining treatment for cancer can increase mortality rates by 6%–13% (Hanna et al. 2020). For laryngeal cancer in particular, Kompelli and colleagues (2019) found that a delay between diagnosis and treatment exceeding 73 days is associated with a 16.1-month decrease in median survival; in addition, Black patients in the study were 44% more likely to experience a delay than white patients, while Latinx patients were 83% more likely to have a treatment delay than their non-Latinx counterparts.

Lack of paid leave is one significant barrier to better health and economic outcomes for workers needing care and for working caregivers. For example, studies of cancer patients have found that they are more likely to report delaying care if they are unable to take time off work (Casilla-Lennon et al. 2018; Knight et al. 2018). Overall, workers without paid leave are twice as likely as those with paid leave to forgo needed medical care (Boyens, Karpman, and Smalligan 2023). The consequences for labor market outcomes are also pronounced. A 2023 survey found that 72% of prime-age adults not in the labor force had exited because of either personal health or caregiving needs. Among those caring for adult family members, 46% said they would likely have remained in their last job if paid family caregiving leave had been available; likewise, 33% of those who left jobs because of personal health said they would have stayed if they had paid medical leave (BPC 2023). Indeed, among caregivers of people with serious illnesses, a lack of paid leave is one of the most commonly cited reasons for stopping work (AARP 2020). Although short-term sick days are one critical support, longer-term leave can make it possible to complete a course of treatment for a serious illness, which may require weeks or months; to access periodic care for a chronic condition; or to recover from surgery or a hospitalization.

Yet in contrast to the majority of high-income countries, the United States provides no paid leave at the national level to meet personal or family health needs (Heymann, Sprague, and Raub 2023). The Family and Medical Leave Act (FMLA) offers 12 weeks of job-protected, unpaid leave to recover from a “serious health condition” or care for a family member with such a condition, but only around half of Americans are eligible to take it (Heymann et al. 2021). Furthermore, unpaid leave is inherently inequitable, given that only those workers with adequate economic resources can afford to take it (Mays et al. 2021). Historic and contemporary discrimination have produced massive racial disparities in wealth as well as income, and the resulting gaps in leave affordability compound the disparate racial impacts of medical bills and risks of being underinsured.

Moreover, when paid leave is left to employers, stark inequities result. In 2023, among private-sector employees in the bottom tenth of the wage distribution, just 39% reported access to any paid sick leave and 5% had access to paid family leave, compared to 96% and 51%, respectively, of those in the top tenth (BLS 2023). Furthermore, although many small employers have shown it is feasible to provide at least a few paid sick days, smaller businesses are often unequipped to fully fund paid leave for the lengthier time periods needed to complete treatment, recover from a major illness, or cope with a chronic condition.

Increasingly, states are enacting their own paid leave policies, which are typically funded through some combination of employer and employee contributions (Shabo 2023). Thirteen states and Washington, DC, now provide workers paid leave to cover their own and/or a family member’s “serious health condition,” either through a single paid family and medical leave program or through a combination of paid family and medical leave and temporary disability insurance; states including Rhode Island, California, New Jersey, and New York introduced the latter in the mid-20th century before programs covering both personal and family health needs became more commonplace (Remick 2023).

In some states, the iterative development of paid leave policies over time has produced legal frameworks that apply different eligibility criteria to different important aspects of leave, such as eligibility for pay during leave (hereinafter, “benefit eligibility”) and eligibility for job protection. States have also expanded and modified their various leave policies over time (Milkman and Appelbaum 2004). As a result, there is significant variation among state-level paid family and medical leave policies across parameters including the extent to which leave is job protected, the wage replacement rate, and benefit eligibility criteria—specifically, minimum tenure, contributions, hours, and firm-size requirements.

Notably, analogous eligibility requirements as embodied in the FMLA have disparate impacts on coverage across race, ethnicity, and gender. To qualify for unpaid, job-protected FMLA leave, a worker must have at least one year of tenure with the same employer and at least 1,250 hours of work with that employer, and must work for an employer with at least 50 employees within a 75-mile radius of their worksite. Latinx workers are most likely to be excluded from FMLA coverage because they work for a small business, and women are significantly more likely than men to be excluded because they work part time (Heymann et al. 2021).

Whether state paid leave programs have helped narrow these gaps in coverage, and whether they provide comprehensive coverage overall, is consequential. Evidence suggests paid leave has substantial potential for impact for workers facing personal and family health crises or caring for their own or a family member's chronic illness (Bartel et al. 2022; Chung et al. 2007). Studies have demonstrated that paid leave is associated with higher job retention and better financial outcomes among people providing care to ill family members or seeking treatment for their own serious illnesses, thus supporting long-term health (Earle, Ayanian, and Heymann 2006; Goodman and Schneider 2021; Veenstra et al. 2015, 2018). For example, workers who underwent bone marrow transplants for blood cancer reported less financial burden and better health when they had paid leave (Albelda et al. 2019).

A small number of longitudinal studies, all focused on California, have also shown causal impacts of state-level paid family and medical leave. In California, the adoption of paid leave to care for seriously ill family members increased labor force participation among women caring for spouses and/or aging parents (Braga et al. 2022; Kang et al. 2019) while increasing the share of caregivers in the labor force (Saad-Lessler 2020). California's paid leave program also increased the amount of time older adults spent caring for aging parents (Abramowitz and Dillender 2024), lowered nursing home utilization (Arora and Wolf 2018), and reduced the share of women leaving their jobs when their spouses were hospitalized by 7 percentage points (Coile, Rossin-Slater, and Su 2022). These studies complement the more extensive causal literature on the health and economic benefits of state-level paid sick days, which includes studies spanning states and examining outcomes including influenza transmission, attending work while sick, access to other employment benefits, and women's employment and earnings (Callison and Pesko 2022; Maclean, Pichler, and Ziebarth et al. 2025; Pichler, Wen, and Ziebarth 2021; Pichler and Ziebarth 2020; Slopen 2024; Stearns and White 2018).

Beyond extending these benefits more broadly, states' enactment of leave policies has the potential to address the socioeconomic and racial gaps in access to employer-provided paid leave. Moreover, adequate and equitable paid leave access across race/ethnicity, socioeconomic status, and gender matters for addressing racial and occupational health disparities, women's overrepresentation in caregiving and the associated economic consequences, and historically produced racial/ethnic wealth gaps that shape the ability to withstand a health shock.

By passing paid leave, states have begun to address a major gap in the federal safety net. Nevertheless, the details of each state's policy design may sharply affect its impacts and implications for racial, gender, and socioeconomic equity. Yet no study has systematically mapped the approaches states are taking to eligibility for benefits and job protection, which in many states has evolved from multiple pieces of legislation and amendments over time. At a time when more and more states are considering adopting their own paid leave policies or expanding existing policies in the absence of federal legislation, understanding existing feasible policy approaches and how the details of these policies shape who can access and provide care can meaningfully inform policy design. Moreover, although past research has examined how states' adoption of paid sick days has expanded coverage (Pomeranz et al. 2022), no previous studies have examined how state-level paid leave policies for serious personal and family illnesses are shaping coverage overall as well as access by race, ethnicity, gender, and education level, with implications for health and economic disparities. This article systematically examines state paid leave policies and measures how features of their design shape their coverage and accessibility across race/ethnicity, education level, and gender.

Methods

Policy Database

To determine whether individuals were eligible for paid leave benefits and job protection during leave, the authors created a database of paid family and medical leave policies legislation passed by US states as of December 2022 (WORLD n.d.).¹ Unpaid and voluntary leave policies are not included. Only

1. The District of Columbia has also introduced paid leave, but this leave only applies to individuals employed in DC. Unlike many of the states included in analysis, a large number of people travel in and out of DC for work, making it difficult to accurately estimate who is covered by the paid leave policy.

paid leave policies that cover private-sector workers are included. In some states, public-sector workers are covered by separate legislation. In building this database, we expanded on the methodology developed and refined for coding global policy databases (Raub et al. 2022) with input from state-based nonprofit organizations coordinated by Family Values at Work on policy features with particular importance in the US context. Because of the complexity of state-level legislation, where multiple laws and amendments have been used over time to expand different aspects of eligibility for paid leave and job protection, original legislation from each state was coded independently by researchers using a common framework who then met to reconcile their answers. We verified particularly complex aspects of policy coding and whether we had identified all relevant complementary legislation or regulations, using a small number of trusted secondary sources: official state websites and state paid leave policy summaries. We made final revisions following a review by state-based experts of core elements of the database.

Policy Variables

Types of Leave Policies. *Paid medical leave*, “medical leave,” or “paid leave for personal illness” is defined as paid leave that can be used for a worker’s “serious health condition” or “serious illness,” as specified in state law; in some states, this is referred to as “disability insurance.”

Paid leave for family illness is defined as paid leave that can be used to care for a family member with a serious health condition. In most states, this leave is classified as “family leave.” In Rhode Island, this leave is referred to as “caregiving” leave.

Job protection is defined as a requirement that employers reinstate leave-takers to their former job (or an equivalent) when they return from leave.

Eligibility Criteria. Eligibility for benefits may differ from eligibility for job protection because some states address these two aspects of leave in separate legislation (or do not provide job protection through state law). To understand the extent to which states narrow or perpetuate the inequities embedded in the federal FMLA eligibility criteria, we examined eligibility separately for both benefits and job protection based on the three main elements of FMLA eligibility:

Employer size captures when legislation specifies that workers must be employed by an employer with a minimum number of employees to be eligible.

Hours of work captures when legislation specifies that employees must work a minimum number of hours over a given time period to be eligible.

Tenure captures when legislation specifies that employees must have worked for the same employer for a minimum period of time to be eligible.²

In addition to or instead of these criteria, some states condition eligibility on previous earnings.

Earnings captures the minimum earnings requirement during a 12-month qualifying period in order to be eligible. For states that specified a different qualifying period, we converted the earnings period to annual using a conversion of 52 work weeks per year. Dollar amounts were converted to match the year of worker earnings using the Bureau of Labor Statistics Consumer Price Index.

Benefit Level. To enable analysis of how paid leave benefit levels would affect family income across different demographics, we captured three aspects of benefit generosity:

Duration separately captures the number of weeks of paid leave and job protection.

Wage replacement rate captures the percentage of previous wages that workers receive while on paid leave.

Maximum benefit amount captures the maximum amount that will be paid while on leave. In many states, workers earning more than the average wage will receive the maximum benefit amount instead of the amount calculated using the wage replacement rate.

Employment Data Source

To understand how policy design decisions affect benefit and job protection eligibility as well as benefit adequacy, we translated the detailed criteria from the policy database and analyzed household survey data from the Annual Social and Economic Supplement (ASEC) to the US Current Population Survey (CPS). The CPS uses a complex, stratified sampling design that provides estimates of the characteristics of noninstitutionalized civilian population of individuals aged 16 and older representative at the national and state level and for the District of Columbia. To maximize sample size, we pooled data from the five most recent survey

2. One state, Hawaii, has a minimum employment requirement rather than a minimum tenure requirement, which does not require that the specified minimum duration of employment be with the same employer. This requirement applies only to medical leave, as Hawaii does not have paid leave for family illness.

supplements, 2018–2022. Respondents are interviewed between February and April of each year and are asked to report on their employment and jobs during the previous calendar year (in this study, 2017–2021). Because this period includes two years when COVID-19 had the strongest economic impact (2020 and 2021), we also ran analyses excluding data on employment/jobs held in 2020 and 2021, and there were no substantive changes to the findings. The results are available on request.

The CPS was selected over the other large survey allowing state-level estimates, the American Community Survey (ACS), because although the ACS has a larger sample size, it covers a broad range of topics including employment, whereas the CPS was designed specifically to produce national and state-level monthly employment data and includes more detailed questions relating to a person's employment status, employers, and jobs. Furthermore, as a result of the design and interview scheduling of the ACS, one can only estimate employment at some point during the survey year, not the number of weeks employed during the year.

We limited our sample to adults ages 18–64 in private-sector, wage, and salary employment who resided in the 12 US states that had passed paid family and/or medical leave as of December 31, 2022,³ which are: California (unweighted $n=29,146$), Colorado ($n=3,943$), Connecticut ($n=2,855$), Delaware ($n=3,152$), Hawaii (medical leave only) ($n=4,019$), Maryland ($n=6,681$), Massachusetts ($n=2,144$), New Jersey ($n=5,840$), New York ($n=11,270$), Oregon ($n=4,528$), Rhode Island ($n=2,625$), and Washington ($n=5,836$). We excluded self-employed workers. We also excluded public-sector workers because many are covered through separate legislation, including federal government workers and state and/or local government workers in some states.⁴ The analytic sample size for analysis of state paid medical leave is 82,039. The analytic sample for analysis of paid leave for family illness, not available in Hawaii, is 78,202.

Employment Measures. For each individual in the CPS, *access to paid leave* is defined as comprising three dimensions: (1) benefit eligibility (eligibility for wage replacement), (2) eligibility for job protection, and (3) benefit adequacy.

3. We also ran our analyses of disparities by education level on a sample of individuals 25 years of age or above to account for the substantial share of degree completion that takes place between the ages of 18 and 25. There were no substantive changes to the results.

4. Also, paid leave coverage of public-sector workers in five states (CA, CT, NY, RI, and, for medical leave only, NJ) and for municipal employees in MA depends on successful collective bargaining and/or one's employer choosing to participate in the state program, which makes it infeasible to determine coverage among state and municipal workers in those states. Federal workers are separately covered through the Federal Employee Paid Leave Act of 2019.

1. *Eligible for benefits* was a binary indicator of whether all eligibility requirements for receiving wage replacement during the duration of leave set out in state law were met.
2. *Eligible for job protection* was a binary indicator of whether all eligibility requirements for job protection were met, whether through a state law (in some states, the same law that provides benefits; in others, a separate law) or the FMLA.
3. *Benefit adequacy* was as a binary indicator of whether family income during leave, taking into account the leave-taker's lost wages, was above the federal poverty threshold during leave, adjusted for family size.

Types of Eligibility Requirements for Paid Leave Programs and Job Protection During Leave. Minimum firm size. To classify whether an adult's employer met the minimum firm-size requirement, we used employee reports of the number of people who worked for their employer at all locations. When the state's minimum firm size fell in between two of the thresholds provided in the CPS response options, we conservatively coded all workers at the lower threshold as eligible. For example, New Jersey's minimum firm size required for job protection coverage for paid leave for family illness is 30 employees, which falls between the 25-employee and 100-employee thresholds captured by the CPS. Individuals were classified as eligible if they selected the 25-employee threshold in contrast to the higher 100-employee response option.

Minimum hours worked. We calculated annual hours by multiplying the total number of weeks worked at any job last year by usual hours per week last year. Since the CPS measure of hours per week on the main job contains a substantial minority of "hours vary" and missing values (11%–17% across states), we used the total number of hours per week at any job. This measure provides a lower-bound estimate of those not covered for two reasons. First, some individuals coded as eligible may have had multiple jobs but insufficient hours at their main job. Second, some workers may have worked on their main job for fewer than the total number of weeks reported.

Minimum tenure. To estimate whether someone met a minimum tenure requirement, we used the total number of weeks worked in the preceding year and an indicator of having only one employer that year. Since most workers hold a single job at a time, we used the number of weeks worked at any job so as to overestimate eligibility.

Earnings. Earned income during the qualifying period was measured using a variable constructed by IPUMS reflecting gross income (before

taxes and deductions) from wages and salary during the preceding calendar year.⁵ Earnings were then compared with the eligibility threshold specified in state law. When state law specified minimum earnings during a period shorter than a year, we calculated the relevant proportion of annual earnings (assuming earnings were distributed evenly over the year, which was the only option available, as the CPS does not provide earnings by week or job).

Benefit Adequacy. We assessed the adequacy of paid leave benefits by measuring the share of workers whose family income would fall below or remain below the federal poverty threshold, adjusted for family size, during their leave period. Specifically, we first determined the worker's lost wages, calculated based on the worker's state's wage replacement formula, taking into account the base percentage of wages replaced, any reduced percentage applied to earnings above a threshold, and the minimum and maximum benefit amounts. We then subtracted this amount from total family income from all sources, measuring how family income would change during leave, both during weeks when benefits are received and weeks when no wages are replaced. We calculated these indicators, assuming that the worker taking leave was the only earner in the household who took leave and that there were no changes to other family members' income or to the household's receipt of public benefits during the leave period. All sources of income collected in the ASEC are included in total family income. For California, we used the wage replacement scheme going into effect in 2025.

Demographic Characteristics and Disparities. We examine differences in access to leave by gender, education, and race/ethnicity. Gender was based on survey data available, which asks for the respondent's sex and limits options to male or female. Education level measures highest degree completed and was collapsed into three categories: less than a high school degree; high school degree or equivalent; and college or higher degree. Race/ethnicity was defined based on survey respondents' self-identification. We coded as "Latinx" those who identified as "Spanish, Hispanic, or Latino" irrespective of the race(s) they reported. Those who did not self-identify as Latinx were coded according to the single-race categories available: "Black," "Asian," and "white." In our analyses of race/ethnicity, we were

5. When earnings across employers are included, INCWAGE was used, and when earnings from a single job were allowed, INCLONGJ was used. Earnings were then adjusted if the qualifying period was fewer than 12 months.

not able to include respondents who identified as “American Indian/Alaskan Native,” “Native Hawaiian/Pacific Islander,” or multiple races because of small survey sample sizes. Moreover, as different groups of multiracial individuals have different experiences of discrimination, a disaggregated analysis would be needed. In using racial categories for analysis, we recognize that these categories are social and legal constructs; our goal in using these measures is to analyze structural racism rather than race itself as a driver of potential disparities in leave access (Boyd et al. 2020).

Analysis

Using a pooled sample of 2018–2022 data from the CPS ASEC of individuals from each US state with paid leave for personal and family illness, we calculated the percentage of workers in each state (separately) that were *eligible for leave*, *eligible but would have family income below the poverty threshold during leave*, and *eligible for job protection* during a 12-week leave for personal illness, the standard duration across states and the FMLA. We focused on eligibility to highlight the extent to which state-level leave policies have extended coverage to workers who may not otherwise have paid leave, while also illustrating the share of workers excluded by current policy designs. We then separately undertook the same calculation for a 6-week leave for family illness, recognizing that family members may share caregiving responsibilities for a seriously ill relative and may thus take sequential periods of paid leave to provide care that are shorter than the duration of leave needed for someone seeking treatment or recovering from their own serious medical condition.

For each type of leave, we conducted separate analyses of benefit eligibility and eligibility for job protection by gender, race/ethnicity, and education level.⁶ Next, we examined the role of specific eligibility criteria in shaping benefit and job protection eligibility for each type of leave. We then conducted analyses of benefit adequacy across demographics. Analyses were weighted using survey sampling and IPUMS replicate weights. Logistic regression analyses were conducted to test for differences between subgroups. For simplicity, we have grouped some results in the text; in these instances, the differences for all comparisons were significant at at least the

6. For education level, for clarity of presentation and because results typically followed a stepwise pattern, analyses separately compare differences between workers with a high school degree and those with less than a high school degree and between workers with a college degree and those with a high school degree (denoted in text as “college vs. high school” and “high school vs. less than high school”). Small sample sizes of workers with less than a high school degree (4%–11% across states) reduced statistical significance of differences versus workers with a high school degree in less populated states.

p value designated. Pearson's chi-square tests were conducted to assess overall associations between eligibility and race/ethnicity, gender, and education level. We used Stata version 18.0 for analysis.

Results

Variation in State-Level Paid Family and Medical Leave Policy Design: Benefit Eligibility

As of December 2022, 12 states had passed paid medical leave, and 11 had passed paid leave for family illness. Private-sector workers at small businesses are eligible for paid leave benefits in all states but one, Delaware, where the paid leave policy only covers employers of 25 or more (table 1).

All states with paid leave cover at least some part-time workers. Only four have explicit minimum hour requirements, which range from 680 to 1,250 work hours per year.

Many states with paid leave cover workers with minimal work history. Only one state has a tenure requirement of 1 year, and others range from 4 to 26 weeks. Eight states have minimum earnings requirements, which in 2022 ranged from \$300 to \$13,800 in the base period.

Differences in Paid Leave Benefit Eligibility Across States

All states that have passed paid leave guarantee more paid leave than the federal government, which provides no coverage to private-sector workers. Moreover, most states cover the substantial majority of workers. With the exception of one state, Delaware, which covers only 55% of workers, all states with paid medical leave cover 87% to 99.8% of the private-sector workforce. Similarly, between 79% and 99.8% of workers are eligible for paid leave for family illness across all states except Delaware, which again covers 55%. (Results not shown.)

States also vary in the duration of leave provided and the circumstances in which it can be taken. For paid medical leave, states guarantee between 6 and 52 weeks. For paid leave for family illness, durations range from 6 to 12 weeks. All states with paid leave for family illness allow workers to take leave to care for a sick parent or sick child. All states but Delaware also provide leave to care for an ill spouse, sibling, grandparent, or parent-in-law, and some states also indicate that leave can be taken to care for a partner, a sibling's spouse or partner, and grandchildren. Several states take a broad approach, allowing paid leave to care for any family members related by blood or affinity, for individuals with an association "equivalent

Table 1 Basic Policy Design Features: Benefit Eligibility

	Paid medical leave				Paid leave for family illness			
	Firm size	Tenure	Hours	Earnings	Firm size	Tenure	Hours	Earnings
California	n/a	n/a	n/a	\$300/year	n/a	n/a	n/a	\$300/year
Colorado	n/a	n/a	n/a	\$2,500/year	n/a	n/a	n/a	\$2,500/year
Connecticut	n/a	n/a	n/a	\$2,325/quarter	n/a	n/a	n/a	\$2,325/quarter
Delaware#	25	1 year	1,250/year	n/a	25	1 year	1,250/year	n/a
Hawaii	n/a	14 weeks	20/week	\$400/week	No paid leave			
Maryland	n/a	n/a	680/year	n/a	n/a	n/a	680/year	n/a
Massachusetts	n/a	n/a	n/a	\$5,700/year and 30x weekly benefit	n/a	n/a	n/a	\$5,700/year and 30x weekly benefit
New Jersey	n/a	20 weeks for weekly earnings threshold	n/a	\$12,000/year or \$240/week	n/a	20 weeks for weekly earnings threshold	n/a	\$12,000/year or \$240/week
New York	n/a	4 weeks	n/a	n/a	n/a	26 weeks for F/T workers; 175 days for P/T	F/T: 20/week; P/T: fewer than 20/week	n/a
Oregon	n/a	n/a	n/a	\$1000/year	n/a	n/a	n/a	\$1,000/year
Rhode Island	n/a	n/a	n/a	\$13,800/year*	n/a	n/a	n/a	\$13,800/year*
Washington	n/a	n/a	820/year	n/a	n/a	n/a	820/year	n/a

Notes: Full details, including relevant base periods and exceptions from these standards, are available at <https://www.worldpolicycenter.org/maps-data/data-download>. Criteria including earnings thresholds are as of 2022 for states that had implemented paid leave as of 2022. Otherwise, criteria reflect amounts specified in legislation.

Delaware only provides 6 weeks of paid leave in a 24-month period. The FMLA's 50-person firm size rule would apply to any unpaid leave taken after that. * Alternatively, one quarter's wages of at least \$2,300, total annual wages of at least 1.5 times the highest quarter of earnings, and annual earnings of at least \$4,600.

to a family relationship,” or for anyone who has an “expectation” of care from the covered employee.

Disparities in Paid Leave Benefit Eligibility Within States

Some states provide paid leave with few to no differences in eligibility across education level, race/ethnicity, or gender. In a majority of states with paid leave, however, disparities in benefit eligibility persist across one or more of these dimensions.

Overall, workers with lower levels of education are less likely to be eligible for state paid medical leave (fig. 1) ($p < 0.05$ for college vs. high school and for high school vs. less than high school in 8 of 12 states), with gaps ranging from 0 to 26 percentage points. Workers with lower levels of education are also significantly less likely to be eligible for paid leave for family illness ($p < 0.05$ for college vs. high school and for high school vs. less than high school in 8 of 11 states) (fig. 1).

While disparities and gaps in access to paid leave across states are not driven solely by program rules, specific eligibility criteria play a role in producing or reinforcing inequalities. In nearly all states with minimum earnings requirements, these rules contribute substantially to disparities in eligibility by education level ($p < 0.05$ for college vs. high school and for high school vs. less than high school for both kinds of leave in all states, with the exception of Hawaii) (appendix tables 1b, 2b). In half of the states with paid medical leave and all the states with paid leave for family illness that have minimum tenure requirements, these rules are also significant drivers of gaps in eligibility by education level ($p < 0.05$ for college vs. high school for all states, and high school vs. less than high school for at least half the states).⁷

Disparities in benefit eligibility also vary by gender, ranging from 0 to nearly 7 percentage points. Women are significantly less likely than men to be eligible for paid medical leave in five states ($p < 0.01$ in all states) and paid leave for family illness in five states ($p < .05$ or smaller in all states) (fig. 2). Minimum hours requirements contribute to gender gaps in benefit eligibility in all four states that have these requirements ($p < .001$ in all states), with the largest effect seen in the state with the highest hours requirement, Delaware (appendix table 1a).

7. In New York, the pattern for paid medical leave is reversed because of trends among part-time workers: Those with higher education are more likely to change employers during a 12-month period and thus less likely to meet the tenure requirement. The differences in eligibility across education groups are relatively small, so the experiences of part-time workers, even though a minority of all workers, are sufficient to reverse the trend.

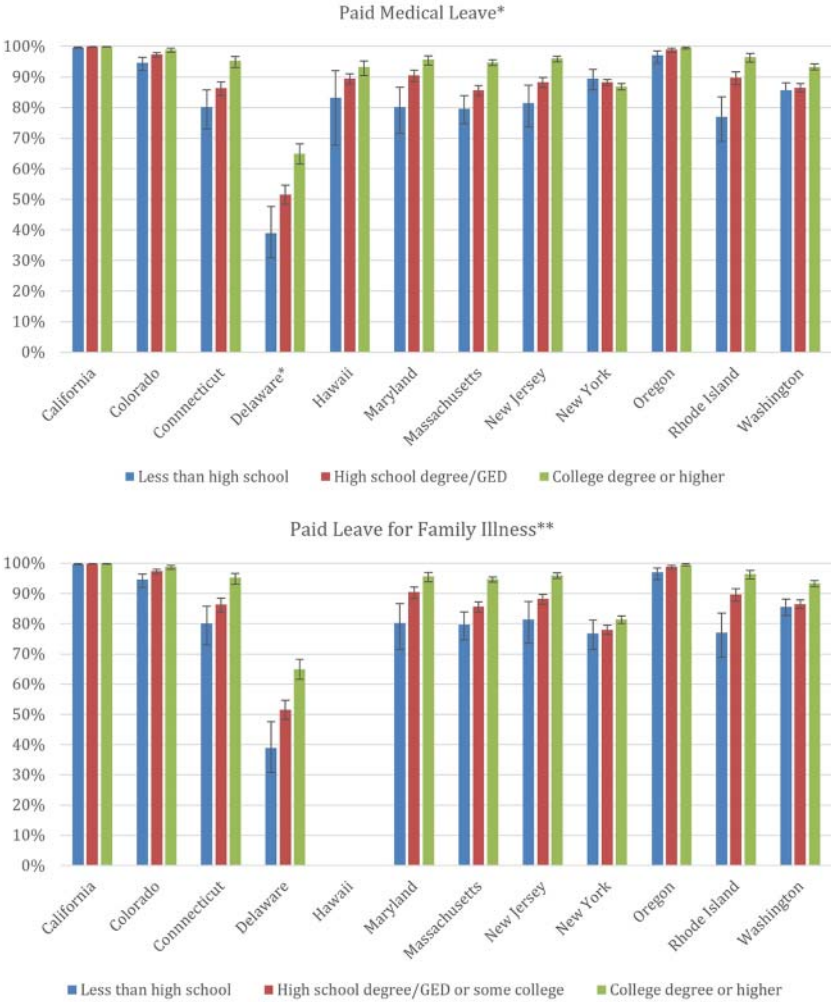


Figure 1 Percentage of workers eligible for paid leave benefits by education level.

Notes: * Includes states providing at least 12 weeks of paid medical leave. Delaware provides 6 weeks of paid medical leave every 24 months.

** Includes states with at least 6 weeks of paid leave for serious family illness. Hawaii does not have paid leave for serious family illness.

Source: Authors' calculations using the Current Population Survey's Annual Social and Economic Supplement, 2018–2022. Survey sampling and replicate weights were used to produce estimates and standard errors; 95% confidence intervals are indicated by error bars.

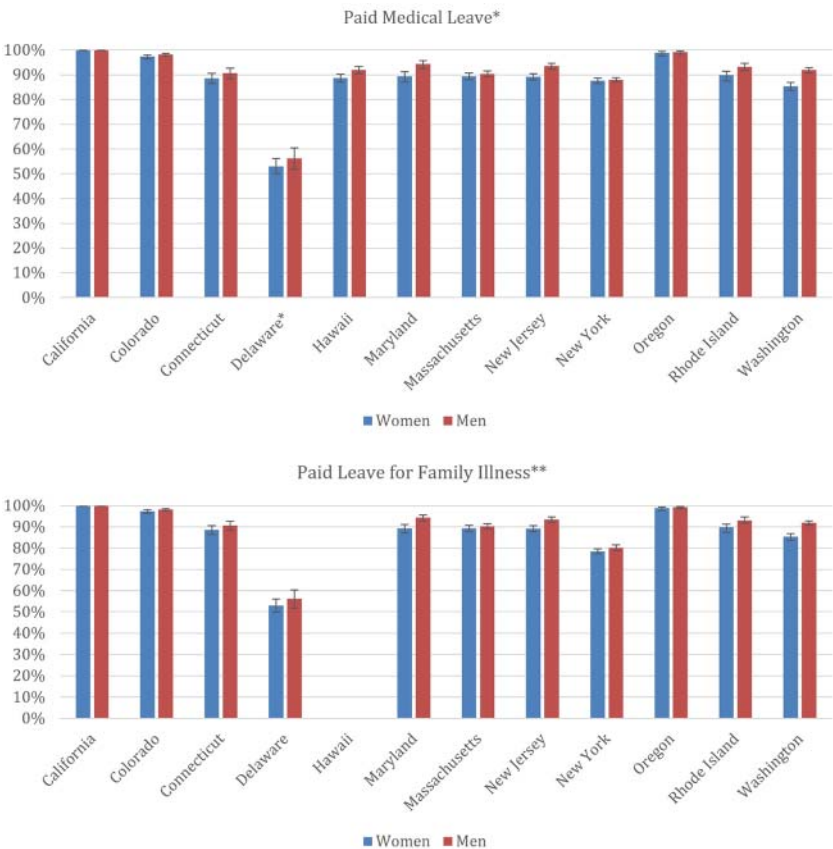


Figure 2 Percentage of workers eligible for paid leave benefits by gender.

Notes: * Includes states providing at least 12 weeks of paid medical leave. Delaware provides 6 weeks of paid medical leave every 24 months.

** Includes states with at least 6 weeks of paid leave for serious family illness. Hawaii does not have paid leave for serious family illness.

Source: Authors' calculations using the Current Population Survey's Annual Social and Economic Supplement, 2018–2022. Survey sampling and replicate weights were used to produce estimates and standard errors; 95% confidence intervals are indicated by error bars.

Differences in benefit eligibility by race/ethnicity vary but are generally modest. (Results not shown.) However, in Delaware, Latinx workers are at least 11 percentage points less likely than workers from other racial groups to be eligible for paid medical leave or for paid leave for family illness (13 percentage points vs. Asian workers, 11 vs. Black workers, and 12 vs. white workers; $p < .05$ for every comparison).

Variation in State-Level Policy Design: Job Protection During Leave

Job protection—the guarantee that a worker will be able to return to their same or an equivalent position after leave—matters to accessibility and affordability in practice. Eight states provide job protection for paid medical leave through a state law, as do 11 states for paid leave for family illness. Hawaii relies solely on the FMLA for job protection during paid leave, and the requirements in Washington’s state law are the same as requirements for FMLA (table 2).

For the states where job protection eligibility derives from or aligns with the FMLA, workers must meet the federal standards: at least 1,250 work hours, 1 year of tenure with the same employer, and a firm size of at least 50 employees within 75 miles of their worksite. Among states with their own job protection laws, tenure requirements vary from 90 days to 1 year. Work requirements in states with their own job protection laws range from 680 to 1,250 hours in a 12-month period, and minimum firm size thresholds in state legislation range from 5 to 50 (table 2).

Differences Across States in Eligibility for Job Protection During Leave

The overall share of workers with job protection during paid leave for personal illness ranges from 45% in Hawaii to 92% in Maryland. For paid leave for family illness, job protection coverage ranges from 46% in Washington to 92% in Rhode Island. (Results not shown.)

Among the 10 states that took at least one approach to expanding job protection beyond the FMLA—by lowering or eliminating tenure requirements, reducing or eliminating firm-size requirements, and/or reducing or eliminating minimum hours requirements—coverage during paid leave for family illness ranges from 55% to 92%. The two states with more than 90% job protection coverage for both kinds of leave, Maryland and Massachusetts, have fully eliminated the tenure and firm-size requirements while maintaining modest hours or earnings requirements.

Disparities Within States in Eligibility for Job Protection During Leave

Workers with less formal education are universally less likely to be eligible for job protection during medical leave ($p < 0.01$ for all states for college

Table 2 Basic Policy Design Features: Job Protection

	Primary source of job protection			Paid medical leave			Paid leave for family illness			
	FMLA	State law	Firm size	Tenure	Hours	Earnings	Firm size	Tenure	Hours	Earnings
California		X	5	1 year	1,250	n/a	5	1 year	1,250	n/a
Colorado		X	n/a	180 days	n/a	\$2,500	n/a	180 days	n/a	\$2,500
Connecticut		X	n/a	3 months	n/a	\$2,325/quarter	n/a	3 months	n/a	\$2,325/quarter
Delaware		X	25	1 year	1,250	n/a	25	1 year	1,250	n/a
Hawaii	X		50	1 year	1,250	n/a	No paid leave			
Maryland		X	n/a	n/a	680	n/a	n/a	n/a	680	n/a
Massachusetts		X	n/a	n/a	n/a	\$5,700/year and 30x weekly benefit	n/a	n/a	n/a	\$5,700/year and 30x weekly benefit
New Jersey#	X (Medical)	X (Family)	50	1 year	1,250	n/a	30	1 year	1,000	n/a
New York	X (Medical)	X (Family)	50	1 year	1,250	n/a	n/a	F/T: 26 weeks; P/T: 175 days	F/T: 20+ hours/week; P/T: fewer than 20 hours/week	n/a

Table 2 (continued)

Oregon##	Primary source of job protection		Paid medical leave				Paid leave for family illness			
	FMLA	State law	Firm size	Tenure	Hours	Earnings	Firm size	Tenure	Hours	Earnings
		X	n/a	90/180 days	n/a	\$1,000 for 90-day tenure requirement	n/a	90/180 days	n/a	\$1,000 for 90-day tenure requirement
Rhode Island###	X (Medical)	X (Family)	50	1 year	1,250	n/a	n/a	n/a	n/a	\$13,800*
Washington	X		50	1 year	1,250	n/a	50	1 year	1,250	n/a

Notes: Full details, including relevant base periods and exceptions from these standards, available at <https://www.worldpolicycenter.org/maps-data/data-download>. Criteria include earnings thresholds as of 2022 for states that had implemented paid leave as of 2022. Otherwise criteria reflect amounts specified in legislation.

The New Jersey Family Leave Act provides 12 weeks of job-protected family leave during a 24-month period. FMLA provides 12 total weeks of job protected family and medical leave during a 12-month period.

In addition to job protection through Oregon's paid family medical leave, the Oregon Family Leave Act (OFLA) provides 12 weeks of job protection during a medical and family leave to workers with at least 180 days of tenure without an earnings requirement. OFLA leave must run concurrent with paid family medical leave as of 2022.

The Rhode Island Parental and Family Medical Leave Act provides job protection (13 weeks in a 24-month period), but the requirements are more stringent than those for FMLA job protection.

* Alternatively, one quarter's wages of at least \$2,300 and total annual wages of at least 1.5 times the highest quarter of earnings, and annual earnings of at least \$4,600.

vs. high school; $p < 0.01$ in 9 of 12 states for high school vs. less than high school), and in six states the gap between college degree holders and those with less than a high school degree is greater than 25 percentage points (fig. 3). Similarly, in all 11 states with paid leave for family illness, workers with a high school degree face lower rates of eligibility for job protection than college degree holders ($p < 0.05$). In 7 of 11 states, workers with less than a high school degree face lower rates of eligibility for job protection than workers with a high school degree ($p < 0.01$ in all 7 states) (fig. 4).

Minimum hours rules produce significant gaps in eligibility on the basis of education level as well as gender ($p < 0.01$ in all states for gender, for college vs. high school, and for high school vs. less than high school for both kinds of leave) (appendix tables 3a, 3b, 4a, 4b). Minimum tenure rules also contribute to large gaps overall and consistently create disparities on the basis of education ($p < 0.05$ for all but two states with minimum tenure requirements for college vs. high school and high school vs. less than high school for both kinds of leave) (appendix tables 3b, 4b).

The impacts of minimum firm size rules are also pronounced. In all states with firm size restrictions, Latinx workers and workers with less formal education are disproportionately excluded ($p < 0.001$ for all states for college vs. high school and high school vs. less than high school degree for both kinds of leave; $p < 0.01$ for Latinx workers versus all other racial/ethnic groups for both kinds of leave) (appendix tables 3b, 3c, 4b, 4c). Indeed, among states that establish a minimum firm size threshold of at least 20, these rules alone produce gaps in eligibility for job protection between Latinx workers and workers from other racial/ethnic groups of 8 to 20 percentage points.

Disparities in Benefit Adequacy Across States and Populations

By providing some level of wage replacement during leave, all states that have enacted paid family and medical leave have broadly increased the affordability of leave-taking. With only unpaid FMLA leave available, 36% of US workers' households, on average, would newly fall below the federal poverty threshold during a 12-week family or medical leave.

However, even among states with paid leave, many families would fall into poverty during the leave period. State policy choices about wage replacement rates and caps, as well as existing state poverty rates, shape these results. Across states, 1%–8% of families with one worker taking paid leave would newly fall below 100% of the federal poverty threshold during leave because of the decrease in their household income, presuming the

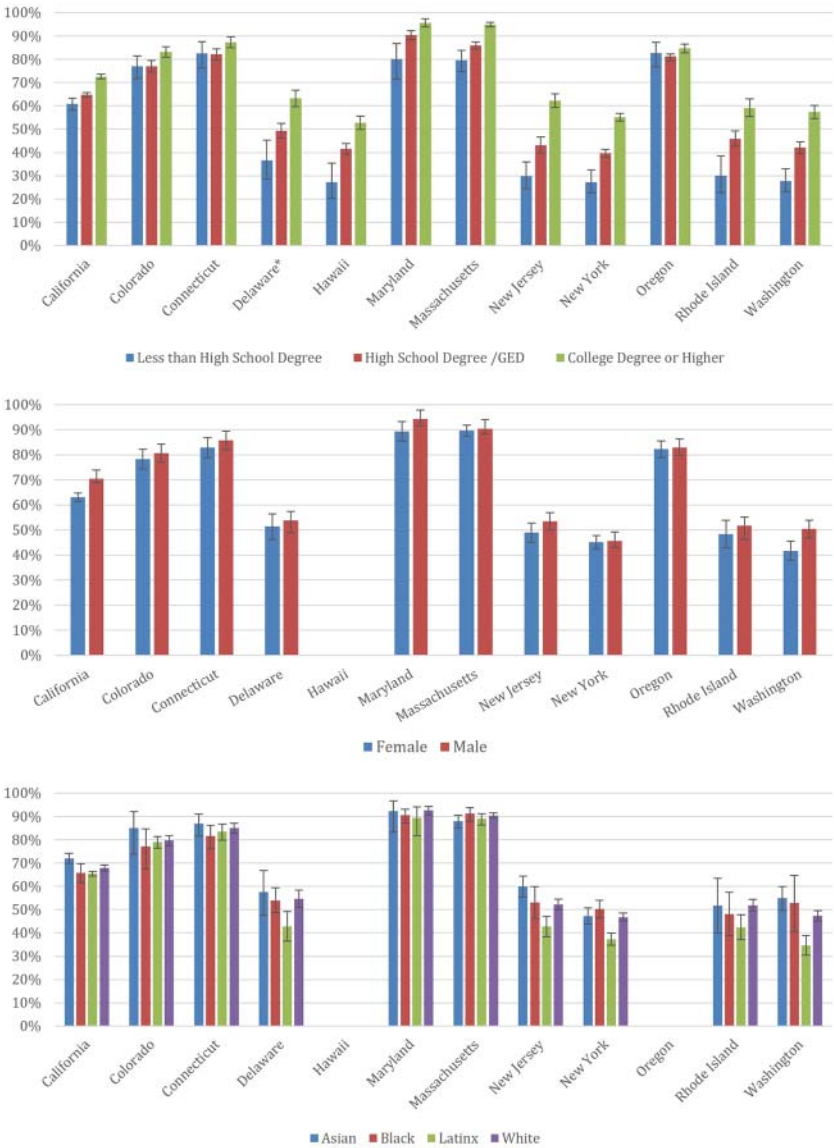


Figure 3 Percentage of workers with job protection during paid medical leave.

Notes: * Includes states providing at least 12 weeks of paid medical leave. Delaware provides 6 weeks of paid medical leave every 24 months.

Source: Authors' calculations using the Current Population Survey's Annual Social and Economic Supplement, 2018–2022. Survey sampling and replicate weights were used to produce estimates and standard errors. Oregon and Hawaii excluded from analysis of eligibility by race because of small sample sizes; 95% confidence intervals are indicated by error bars.

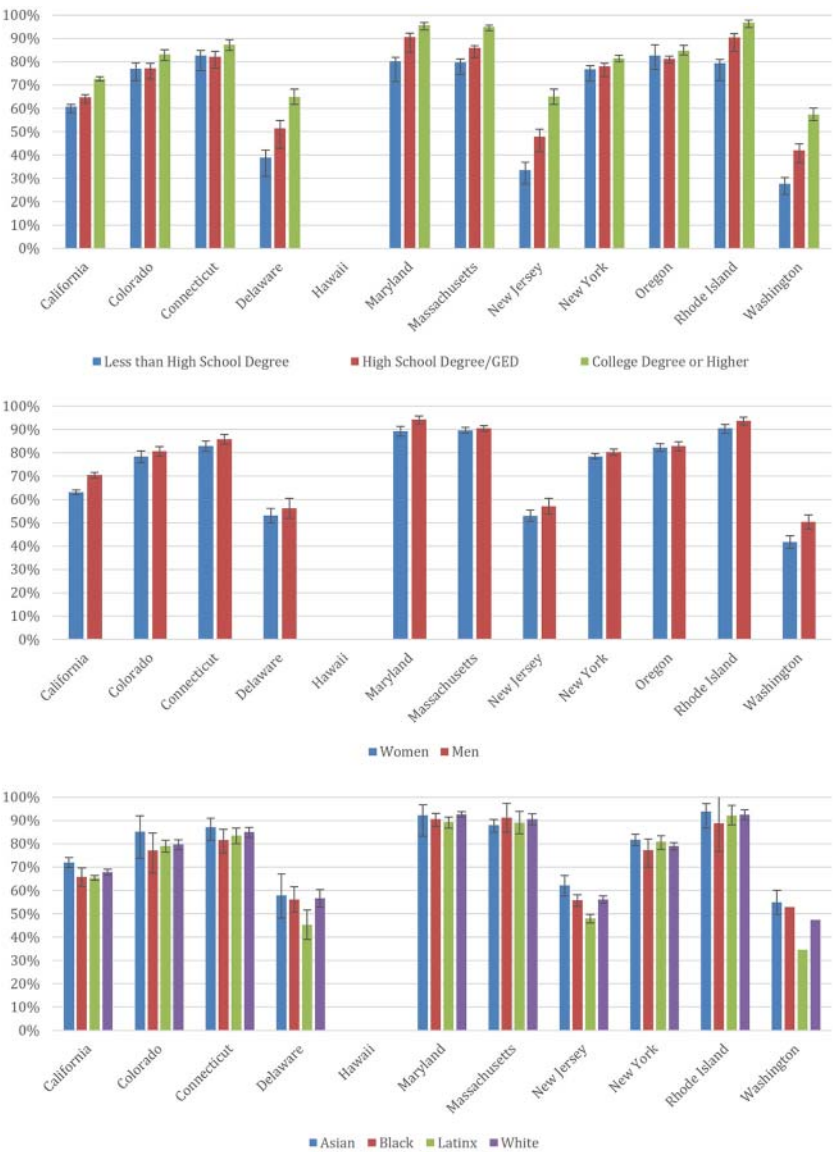


Figure 4 Percentage of workers with job protection during paid leave for family illness.

Notes: Includes states providing at least 12 weeks of paid medical leave. Hawaii does not have paid leave for severe family illness.

Source: Authors' calculations using the Current Population Survey's Annual Social and Economic Supplement, 2018–2022. Survey sampling and replicate weights were used to produce estimates and standard errors; 95% confidence intervals are indicated by error bars.

household does not experience other income changes during the leave period. Moreover, households with at least one leave-eligible worker that were already in poverty before leave—between 1.3% and 4.8% across states—would remain at the same income level or fall further into poverty during the leave period.

Workers with the least formal education are most likely to have family income below the poverty threshold during leave. Between 7.6% and 24.2% of all households in which the worker taking leave has less than a high school education would fall or remain below the federal poverty threshold during paid family leave (fig. 5) ($p < 0.01$ for less than high school vs. high school and vs. college for all states). This reflects both preexisting disparities in rates of poverty and near-poverty by education level and state policy choices around wage replacement rates, tiers, and caps. In some states the risks of newly falling into poverty during leave are relatively low and largely consistent across education level, but in others the impacts are large, and the gaps among education levels are wide. In Rhode Island, for instance, nearly twice as many workers with only a high school education as with a college degree would newly fall into poverty during a six-week paid family leave (18.6% vs. 9.5%, $p < 0.001$). The risks for workers with less than a high school degree compared with those with a high school degree are equally stark, at 9.5% vs. 4.6% ($p < 0.001$).

Black and Latinx workers taking leave are also more likely to have their family's income remain below or fall below poverty during paid leave for family illness than white workers ($p < 0.01$ for Latinx workers and $p < 0.05$ for Black workers, except for Washington and Colorado) (fig. 6). Similarly, Black and Latinx workers are more likely than Asian workers to have family income remain below or drop below poverty during leave in about half the states ($p < 0.05$ in six states vs. Latinx workers and 5 states vs. Black workers). As with education level, pre-leave racial disparities in income primarily drive these gaps. At the same time, state policy choices around benefit adequacy influence their magnitude (fig. 6).

Discussion

All states that have passed paid leave for personal and family illness have taken a major step toward filling a critical gap in federal law by providing some earnings replacement during leave to eligible workers. Providing pay during leave has been particularly critical to increasing leave accessibility across race and education level. Moreover, many states that have passed their own paid leave have closed some of the gaps in job protection

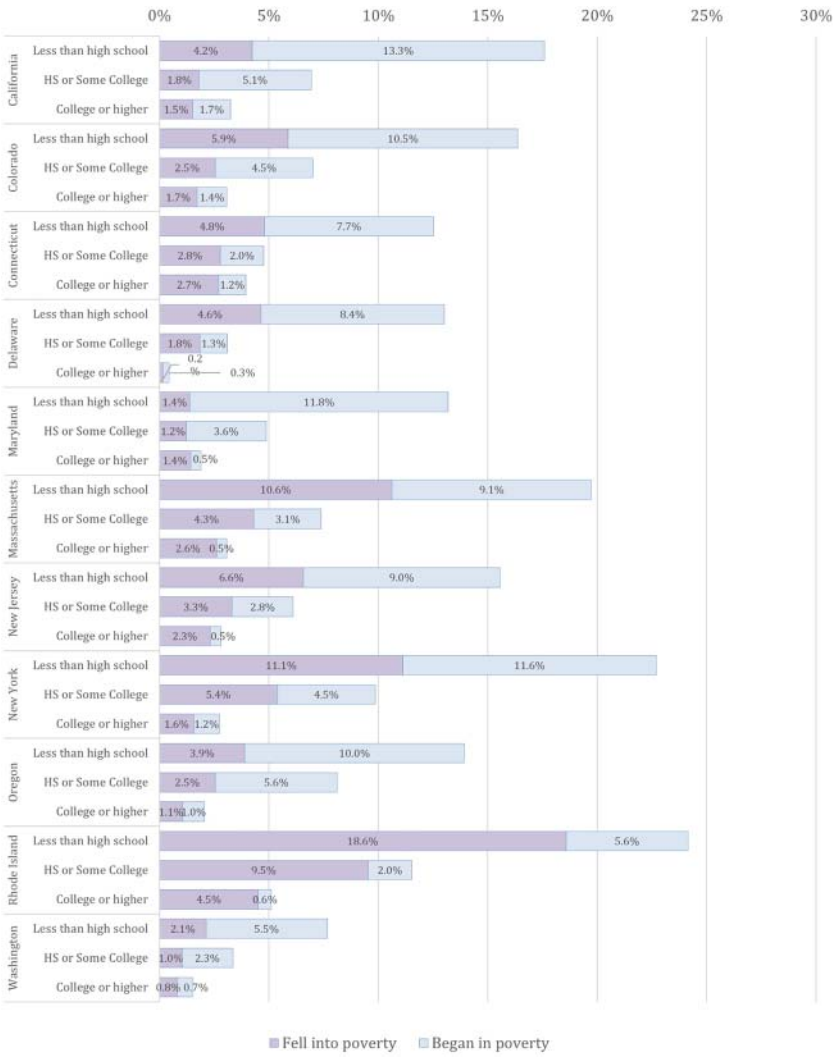


Figure 5 Percentage of workers whose family falls into poverty during paid leave for family illness.

Notes: Survey sampling and replicate weights were used to produce estimates and standard errors. Hawaii does not have paid leave for severe family illness.

Source: Authors' calculations using the Current Population Survey's Annual Social and Economic Supplement, 2018–2022.

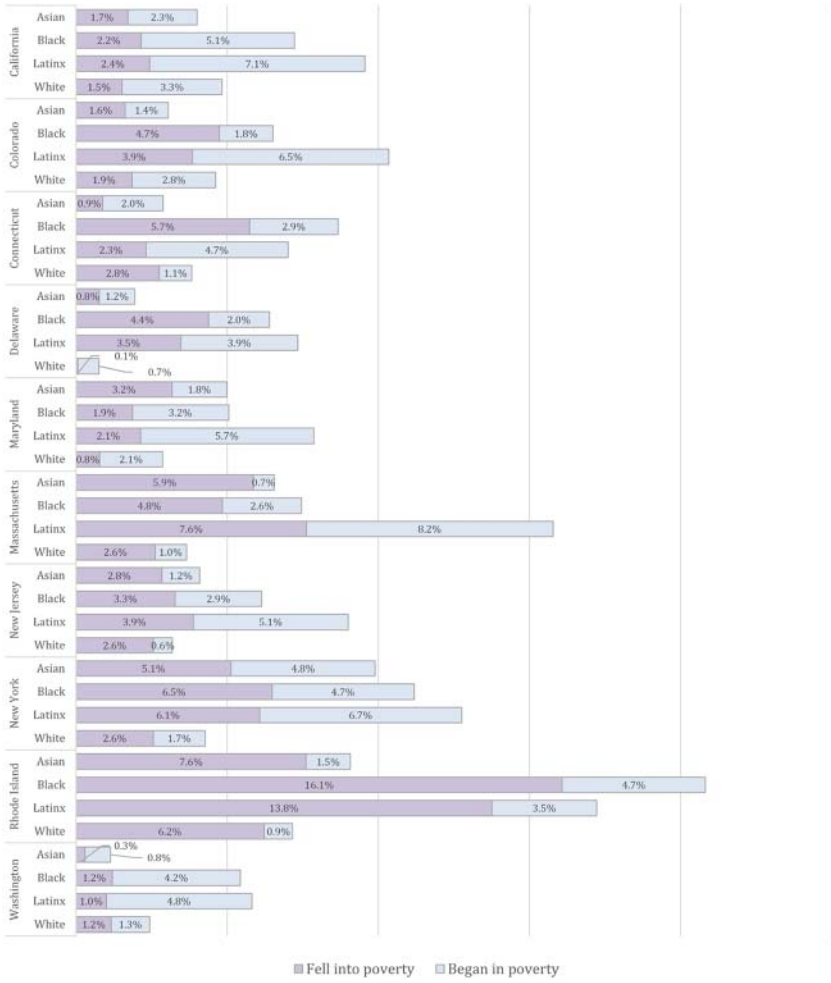


Figure 6 Percentage of workers whose family falls into poverty during paid leave for family illness.

Notes: Survey sampling and replicate weights were used to produce estimates and standard errors. Hawaii does not have paid leave for severe family illness. Oregon excluded because of small sample sizes.

Source: Authors' calculations using the Current Population Survey's Annual Social and Economic Supplement, 2018–2022.

coverage resulting from the strict eligibility requirements of the FMLA, which excludes half of private-sector workers (Joshi et al. 2023).

At the same time, where restrictive eligibility criteria persist, they are limiting state policies' reduction of disparities as well as overall coverage, which ranges across states from a little more than half of workers to nearly all workers. Gaps in access to paid leave by education level, one indicator of socioeconomic status, range from 0 to 26 percentage points, with workers with less education consistently disadvantaged. Gaps in access by gender range from 0 to 7 percentage points. Minimum hours, earnings, and tenure requirements all contribute to these gaps and disparities in benefit eligibility. However, some states have managed to cover nearly all workers by using very low earnings requirements, such as California (\$300 over a 12-month qualifying period) and Oregon (\$1,000 over a 12-month period), with no additional tenure, hours, or firm-size requirements.

Even in states with broad eligibility for leave benefits, however, gaps in job protection coverage make leave inaccessible to many workers in practice. Latinx workers and workers with a high school degree or below face particularly low rates of eligibility for job protection. At the same time, these gaps affect a substantial share of workers overall. In six states—Delaware, Hawaii, New Jersey, New York, Rhode Island, and Washington—roughly half of workers do not qualify for job protection while taking paid medical leave, creating a major barrier to uptake. Eligibility restrictions based on firm size, which apply to benefits in only one state but apply to job protection in seven states, are driving both overall gaps and inequities. For example, across five out of the six states that have a minimum firm-size requirement of 25 or more for job protection during medical leave, workers with less than a high school education are more than twice as likely as those with a college degree to be excluded by this requirement. The two states with the highest job protection coverage for paid medical leave—Maryland and Massachusetts—have no minimum firm-size requirement as well as lower work history requirements than the FMLA.

State-level policy variation demonstrates how small changes in eligibility requirements can make a substantial difference. For example, by establishing a lower tenure requirement (4 weeks) to qualify for paid medical leave compared to paid leave for family illness (26 weeks), all else being equal, New York increased the share of eligible workers by almost 9 percentage points, equivalent to nearly 650,000 more individuals who can take paid leave to meet their serious health needs. Leveling up eligibility for job protection with existing eligibility for benefits also has the potential to markedly increase coverage while reducing administrative complexity. In California, if policy makers aligned requirements for

job protection during paid leave with the existing requirements for benefits—thereby eliminating the minimum tenure, hours, and firm-size requirements in favor of a \$300 earnings requirement—approximately 5.2 million more workers would gain access to job-protected paid leave.

Nevertheless, without further attention to wage replacement rates, tiers, and caps, leave will remain unaffordable to many. Even though wage replacement rates have reached 90% or above in some states, others only offer 50%–60% of a worker's typical wages and often impose a relatively low cap on benefits compared to average wages. As a result of these policy choices, between 1% and 8% of workers across states who take paid family leave for 6 weeks would see their family income newly fall below 100% of the federal poverty threshold. As a result of historic and ongoing structural discrimination that has led to racial disparities in income, as well as disparities in wage income as a percentage of family income (Joshi et al. 2021), Black and Latinx workers' families are most likely to fall into (or further into) poverty during leave, as are the families of workers with less formal education. Historically rooted racial wealth gaps further widen inequities in accessibility and affordability (Hernández Kent and Ricketts 2024) because using savings is the top “pay-covering strategy” of workers who have to take unpaid or partly paid leave (Lenhart, Swenson, and Schulte 2019).

Our static model of benefit adequacy and poverty rates assumes no additional changes to a household's earned income or receipt of public benefits during a 6- or 12-week leave. In the event that someone in the household sought additional work or government assistance to offset the lost wages from a worker taking paid leave, our methods would overestimate impacts on poverty rates. At the same time, the challenges of seeking and securing additional household income during a relatively short (6–12 week) time frame, particularly in the case of government benefits that may have their own complex eligibility and administrative requirements, may be considerable. Furthermore, we may be overestimating affordability for households in which more than one person needs to take leave simultaneously, such as when one household earner is recovering from a serious illness or injury and another family member needs to take leave to care for them. Altogether, this study's findings on benefit adequacy underscore the importance of both relatively high benefit caps and progressively structured wage replacement rates as well as the broader importance of a living wage.

To be sure, providing paid leave to all workers is an investment. Nevertheless, states in all parts of the country have now demonstrated the

feasibility of filling this gap without passing unreasonable costs on to workers or employers (Shabo 2023). Furthermore, existing research suggests that these programs are paying dividends in terms of reduced retention costs (Bedard and Rossin-Slater 2016) and higher labor force participation among caregivers (Braga et al. 2022; Kang et al. 2019), not to mention the long-term gains from improved health. States have also shown that it is feasible to provide paid sick days, a complementary policy that facilitates preventive care, screening, and early detection of serious conditions (Callison et al. 2023; Koo and Glied 2021). Reducing longstanding racial inequities in access to paid sick days (Goodman, Richardson, and Dow 2022; Heymann and Egleston 1996) could have marked impacts on morbidity, mortality, and racial disparities in health outcomes (Etzioni et al. 2003; Siegel et al. 2022).

This study has limitations. First, as a result of small sample sizes, the CPS limited our ability to measure coverage for sizable but proportionately smaller racial and ethnic groups, and for workers with less than a college degree in some states. Analysis of coverage across related intersecting grounds was not feasible. Furthermore, CPS sex response categories are limited to “male” and “female,” which does not allow for full analysis across gender identity. A small number of state-level surveys, such as the California Health Interview Survey, allow respondents to choose from a range of gender identities and oversample less-studied subpopulations (UCLA n.d.). Researchers could make a valuable contribution to the literature and extend our findings by analyzing these surveys when enough become available.

Measures of employment in household surveys also have gaps. The CPS ASEC captures important aspects of jobs and employment in the previous year, extensive information on sources of income and earnings, and household structure, which makes it particularly useful for an analysis of eligibility and affordability. However, the response options for employer size, alongside the lack of job-specific hours and tenure, did not always allow for exact alignment with all of the states’ varying eligibility criteria. In these instances, we implemented a conservative approach to ensure we overestimated eligibility and affordability. Our findings represent a lower bound on the magnitude of ineligibility and unaffordability.

Finally, although our study captures barriers and inequalities in leave accessibility embedded in eligibility requirements and affordability, we do not examine implementation. Past research on awareness of state paid leave programs indicates that greater attention to outreach to eligible workers, especially low-wage and immigrant workers, will be important

for increasing uptake (Milkman and Appelbaum 2013; Schuster et al. 2008). Moreover, states' efforts and choices around implementation—including the accessibility of their websites, the availability of information on paid leave in a wide range of languages, and administrative barriers to participation—may markedly shape access in practice and have further implications for equity.

Conclusion

Nearly all countries worldwide have shown that providing paid leave for personal and family illness at the national level is feasible (Heymann et al. 2020). In the United States, policy makers have recently renewed debate about the potential structure and eligibility criteria for a national paid leave policy (Caldwell 2024). State experiences can offer valuable insights about policy choices that matter to health and economic equity, including coverage of part-time workers and workers at small businesses, alongside the critical need for full job protection and an adequate wage replacement.

In the meantime, states will continue to play an important role in helping to fill the gaps in availability of paid leave for personal and family illness through their own policies. Among states with existing policies, lowering or eliminating requirements for minimum firm size, tenure, and hours—both for income and job protection during leave—would help close socioeconomic, gender, and racial gaps in access. Among states that have yet to enact their own paid leave policies, doing so should be a priority. This analysis can inform inclusive policy design.

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Acknowledgments

We are grateful to Callahan Moriyasu for her valuable assistance with the development of our US paid family and medical leave database. We are also deeply appreciative of the time and insights shared by Family Values at Work's state-based partners as we were undertaking initial coding.

References

- AARP (AARP Family Caregiving and the National Alliance for Caregiving). 2020. "Caregiving in the US: 2020." May 14. <https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>.
- Abramowitz, Joelle, and Marcus Dillender. 2024. "Effects of California's Paid Family Leave Law on Caregiving by Older Adults." *Journal of Aging and Social Policy* 36, no. 4: 490–507.

- Albelda, Randy, Emily Wiemers, Theresa Hahn, Nandita Khera, Diana Salas Coronado, and Gregory A. Abel. 2019. "Relationship Between Paid Leave, Financial Burden, and Patient-Reported Outcomes Among Employed Patients Who Have Undergone Bone Marrow Transplantation." *Quality of Life Research* 28, no. 7: 1835–47.
- Arora, Kanika, and Douglas A. Wolf. 2018. "Does Paid Family Leave Reduce Nursing Home Use? The California Experience." *Journal of Policy Analysis and Management* 37, no. 1: 38–62.
- Bartel, Ann, Maya Rossin-Slater, Christopher Ruhm, Meredith Slopen, and Jane Waldfogel. 2023. "The Impacts of Paid Family and Medical Leave on Worker Health, Family Well-Being, and Employer Outcomes." *Annual Review of Public Health* 44: 429–43.
- Bedard, Kelly, and Maya Rossin-Slater. 2016. "The Economic and Social Impacts of Paid Family Leave in California: Report for the California Employment Development Department." October 13. https://web.archive.org/web/20250124211459/https://edd.ca.gov/siteassets/files/disability/pdf/PFL_Economic_and_Social_Impact_Study.pdf.
- Ben-Shalom, Yonatan. 2016. "Steps States Can Take to Help Workers Keep Their Jobs After Injury, Illness, or Disability." Mathematica Policy Research. https://www.dol.gov/sites/dolgov/files/odep/topics/pdf/saw-rtw_pap_states.pdf (accessed June 3, 2024).
- BLS (US Bureau of Labor Statistics). 2023. "Employee Benefits in the United States, March 2023." <https://www.bls.gov/ebs/publications/employee-benefits-in-the-united-states-march-2023.htm> (accessed October 2, 2023).
- Boyd, Rhea W., Edwin G. Lindo, Lachelle D. Weeks, and Monica R. McLemore. 2020. "On Racism: A New Standard for Publishing on Racial Health Inequities." *Health Affairs Forefront*, July 2. <https://www.healthaffairs.org/content/forefront/racism-new-standard-publishing-racial-health-inequities>.
- Boyens, Chantel, Michael Karpman, and Jack Smalligan. 2023. "Workers Without Paid Leave Are More Likely to Forgo Needed Medical Care Because of Difficulty Taking Time off Work." Urban Institute, August 22. <https://www.urban.org/research/publication/workers-without-paid-leave-are-more-likely-forgo-needed-medical-care>.
- BPC (Bipartisan Policy Center). 2023. "Non-Worker Challenges and Policy Solutions Quantitative Research Report." <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/08/BPC-Workforce-Report-August-30-2023.pdf> (accessed June 3, 2024).
- Braga, Breno, Barbara A. Butrica, Stipica Mudrazija, and H. Elizabeth Peters. 2022. "Impacts of State Paid Family Leave Policies for Older Workers with Spouses or Parents in Poor Health." IZA Institute of Labor Economics, Discussion Paper No. 15007. January. <https://www.iza.org/publications/dp/15007/impacts-of-state-paid-family-leave-policies-for-older-workers-with-spouses-or-parents-in-poor-health>.
- Caldwell, Leigh Ann. 2024. "House Lawmakers Release Bipartisan Paid Family Leave Plan." *Washington Post*, January 8. <https://www.washingtonpost.com/politics/2024/01/08/house-lawmakers-release-bipartisan-paid-family-leave-plan/>.

- Callison, Kevin, and Michael F. Pesko. 2022. "The Effect of Paid Sick Leave Mandates on Coverage, Work Absences, and Presenteeism." *Journal of Human Resources* 57, no. 4: 1178–1208.
- Callison, Kevin, Michael F. Pesko, Serena Phillips, and Julie A. Sosa. 2023. "Cancer Screening After the Adoption of Paid-Sick-Leave Mandates." *New England Journal of Medicine* 388, no. 9: 824–32.
- Casilla-Lennon, Marianne M., Seul Ki Choi, Allison M. Deal, Jeannette T. Bensen, Gopal Narang, Pauline Filippou, Benjamin McCormick, et al. 2018. "Financial Toxicity Among Patients with Bladder Cancer: Reasons for Delay in Care and Effect on Quality of Life." *Journal of Urology* 199, no. 5: 1166–73.
- Chung, Paul J., Craig F. Garfield, Marc N. Elliott, Colleen Carey, Carl Eriksson, and Mark A. Schuster. 2007. "Need for and Use of Family Leave Among Parents of Children with Special Health Care Needs." *Pediatrics* 119, no. 5: 1047–55.
- Coile, Courtney, Maya Rossin-Slater, and Amanda Su. 2022. "The Impact of Paid Family Leave on Families with Health Shocks." National Bureau of Economic Research, NBER Working Paper 30739, December. <https://www.doi.org/10.3386/w30739>.
- Earle, Alison, John Z. Ayanian, and Jody Heymann. 2006. "Work Resumption After Newly Diagnosed Coronary Heart Disease: Findings on the Importance of Paid Leave." *Journal of Women's Health* 15, no. 4: 430–41.
- Etzioni, Ruth, Nicole Urban, Scott Ramsey, Martin McIntosh, Stephen Schwartz, Brian Reid, Jerald Radich, Garnet Anderson, and Leland Hartwell. 2003. "The Case for Early Detection." *Nature Reviews Cancer* 3, no. 4: 243–52.
- Goodman, Julia M., and Daniel Schneider. 2021. "The Association of Paid Medical and Caregiving Leave with the Economic Security and Wellbeing of Service Sector Workers." *BMC Public Health* 21: 1–8.
- Goodman, Julia M., Dawn M. Richardson, and William H. Dow. 2022. "Racial and Ethnic Inequities in Paid Family and Medical Leave: United States, 2011 and 2017–2018." *American Journal of Public Health* 112, no. 7: 1050–58.
- Hanna, Timothy P., Will D. King, Stephane Thibodeau, Matthew Jalink, Gregory A. Paulin, Elizabeth Harvey-Jones, Dylan E. O'Sullivan, Christopher M. Booth, Richard Sullivan, and Ajay Aggarwal. 2020. "Mortality Due to Cancer Treatment Delay: Systematic Review and Meta-Analysis." *BMJ* 371: article ID m4087. <https://doi.org/10.1136/bmj.m4087>.
- Hernández Kent, Ana, and Lowell R. Ricketts. n.d. "The State of US Wealth Inequality." Federal Reserve Bank of St. Louis. <https://www.stlouisfed.org/institute-for-economic-equity/the-state-of-us-wealth-inequality> (accessed June 12, 2024).
- Heymann, Jody, Amy Raub, Willetta Waisath, Michael McCormack, Ross Weistroffer, Gonzalo Moreno, Elizabeth Wong, and Alison Earle. 2020. "Protecting Health During COVID-19 and Beyond: A Global Examination of Paid Sick Leave Design in 193 Countries." *Global Public Health* 15, no. 7: 925–34.
- Heymann, Jody, Aleta Sprague, Alison Earle, Michael McCormack, Willetta Waisath, and Amy Raub. 2021. "US Sick Leave in Global Context: US Eligibility Rules Widen Inequalities Despite Readily Available Solutions." *Health Affairs* 40, no. 9: 1501–9.

- Heymann, Jody, Aleta Sprague, and Amy Raub. 2023. *Equality Within Our Lifetimes: How Laws and Policies Can Close—or Widen—Gender Gaps in Economies Worldwide*. University of California Press.
- Heymann, S. Jody, Alison Earle, and Brian Egleston. 1996. "Parental Availability for the Care of Sick Children." *Pediatrics* 98, no. 2: 226–30.
- Joshi, Pamela, Maura Baldiga, Alison Earle, Rebecca Huber, Theresa Osypuk, and Dolores Acevedo-Garcia. 2021. "How Much Would Family and Medical Leave Cost Workers in the US? Racial/Ethnic Variation in Economic Hardship Under Unpaid and Paid Policies." *Community, Work, and Family* 24, no. 5: 517–40.
- Joshi, Pamela, Abigail N. Walters, Elizabeth Wong, Leah Shafer, and Dolores Acevedo-Garcia. 2023. "Inequitable Access to FMLA Continues." Brandeis University, March 1. <https://www.diversitydatakids.org/research-library/data-visualization/inequitable-access-fmla-continues>.
- Kang, Ji Young, Sojung Park, BoRin Kim, Eunsun Kwon, and Joonyoung Cho. 2019. "The Effect of California's Paid Family Leave Program on Employment Among Middle-Aged Female Caregivers." *Gerontologist* 59, no. 6: 1092–1102.
- Knight, Thomas G., Allison M. Deal, Stacie B. Dusetzina, Hyman B. Muss, Seul Ki Choi, Jeannette T. Bensen, and Grant R. Williams. 2018. "Financial Toxicity in Adults with Cancer: Adverse Outcomes and Noncompliance." *Journal of Oncology Practice* 14, no. 11: e665–73.
- Kompelli, Anvesh Reddy, Hong Li, and David Michael Neskey. 2019. "Impact of Delay in Treatment Initiation on Overall Survival in Laryngeal Cancers." *Otolaryngology–Head and Neck Surgery* 160, no. 4: 651–57.
- Koo, Hansoo, and Sherry A. Glied. 2021. "Associations Between a New York City Paid Sick Leave Mandate and Health Care Utilization Among Medicaid Beneficiaries in New York City and New York State." *JAMA Health Forum* 2, no. 5: article ID e210342.
- Lenhart, Amanda, Haley Swenson, and Brigid Schulte. 2019. "Lifting the Barriers to Paid Family and Medical Leave for Men in the United States." New America, December 4. <https://www.newamerica.org/better-life-lab/reports/lifting-barriers-paid-family-and-medical-leave-men-united-states/>.
- Macleane, Johanna Catherine, Stefan Pichler, and Nicolas R. Ziebarth. "Mandated Sick Pay: Coverage, Utilization, and Crowding-in." 2025. *Journal of the European Economic Association*, February 22. <https://doi.org/10.1093/jea/jvaf008>.
- Mays, Vickie M., Susan D. Cochran, Aleta Sprague, and Jody Heymann. 2021. "Social Justice Is Not the COVID-19 Vaccine Alone: It Is Addressing Structural Racism Through Social Policies That Shape Health." *American Journal of Public Health* 111, suppl. 2: S75–79. <https://doi.org/10.2105/AJPH.2021.306442>.
- Milkman, Ruth, and Eileen Appelbaum. 2004. "Paid Family Leave in California: New Research Findings." California Center for Population Research. https://ccpr.ucla.edu/wp-content/uploads/2024/04/Paid-Family-Leave-in-California_-New-Research-Findings.pdf (accessed June 3, 2024).
- Milkman, Ruth, and Eileen Appelbaum. 2013. *Unfinished Business: Paid Family Leave in California and the Future of US Work-Family Policy*. Cornell University Press.

- Mujahid, Mahasin S., Nancy K. Janz, Sarah T. Hawley, Jennifer J. Griggs, Ann S. Hamilton, John Graff, and Steven J. Katz. 2011. "Racial/Ethnic Differences in Job Loss for Women with Breast Cancer." *Journal of Cancer Survivorship* 5: 102–11.
- Pichler, Stefan, Katherine Wen, and Nicolas R. Ziebarth. 2021. "Positive Health Externalities of Mandating Paid Sick Leave." *Journal of Policy Analysis and Management* 40, no. 3: 715–43.
- Pichler, Stefan, and Nicolas R. Ziebarth. 2020. "Labor Market Effects of US Sick Pay Mandates." *Journal of Human Resources* 55, no. 2: 611–59.
- Pomeranz, Jennifer L., Diana Silver, Sarah A. Lieff, and José A. Pagán. 2022. "State Paid Sick Leave and Paid Sick-Leave Preemption Laws Across 50 US States, 2009–2020." *American Journal of Preventive Medicine* 62, no. 5: 688–95.
- Raub, Amy, Aleta Sprague, Willetta Waisath, Arijit Nandi, Efe Atabay, Ilona Vincent, Gonzalo Moreno, Alison Earle, Nicholas Perry, and Jody Heymann. 2022. "Utilizing a Comparative Policy Resource from the WORLD Policy Analysis Center Covering Constitutional Rights, Laws, and Policies Across 193 Countries for Outcome Analysis, Monitoring, and Accountability." *Journal of Comparative Policy Analysis: Research and Practice* 24, no. 4: 313–28.
- Remick, Elizabeth J. 2023. "Gender and Disability in US State Temporary Disability Systems 1942–1949." *Journal of Policy History* 35, no. 3: 309–32.
- Saad-Lessler, Joelle. 2020. "How Does Paid Family Leave Affect Unpaid Care Providers?" *Journal of the Economics of Ageing* 17: article ID 100265. <https://doi.org/10.1016/j.jeoa.2020.100265>.
- Schuster, Mark A., Paul J. Chung, Marc N. Elliott, Craig F. Garfield, Katherine D. Vestal, and David J. Klein. 2008. "Awareness and Use of California's Paid Family Leave Insurance Among Parents of Chronically Ill Children." *JAMA* 300, no. 9: 1047–55.
- Shabo, Vicki. 2023. "Explainer: Paid Leave Benefits and Funding in the United States." *New America*, May 3. <https://www.newamerica.org/better-life-lab/briefs/explainer-paid-leave-benefits-and-funding-in-the-united-states/>.
- Siegel, Rebecca L., Kimberly D. Miller, Hannah E. Fuchs, and Ahmedin Jemal. "Cancer Statistics 2022." *CA: A Cancer Journal for Clinicians* 72, no. 1: 7–33.
- Slopen, Meredith. 2024. "The Impact of Paid Sick Leave Mandates on Women's Employment and Economic Security." *Journal of Policy Analysis and Management* 43, no. 4: 1129–51.
- Stearns, Jenna, and Corey White. 2018. "Can Paid Sick Leave Mandates Reduce Leave-Taking?" *Labour Economics* 51: 227–46.
- UCLA (UCLA Center for Health Policy Research). n.d. "California Health Interview Survey." <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis> (accessed December 20, 2023).
- Veenstra, Christine M., Paul Abrahamse, Todd H. Wagner, Sarah T. Hawley, Mousumi Banerjee, and Arden M. Morris. 2018. "Employment Benefits and Job Retention: Evidence Among Patients with Colorectal Cancer." *Cancer Medicine* 7, no. 3: 736–45.
- Veenstra, Christine M., Scott E. Regenbogen, Sarah T. Hawley, Paul Abrahamse, Mousumi Banerjee, and Arden M. Morris. 2015. "Association of Paid Sick Leave

with Job Retention and Financial Burden Among Working Patients with Colorectal Cancer.” *JAMA* 314, no. 24: 2688–90.

WORLD (WORLD Policy Analysis Center). n.d. “Paid Leave and Job Protection for Parents, People Who Are Sick, and People Who Have Sick Family Members in the United States.” <https://www.worldpolicycenter.org/maps-data/data-download/paid-leave-and-job-protection-for-parents-people-who-are-sick-and-people-who-have-sick-family-members-in-the-united-states> (accessed June 3, 2024).