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Access to Paid Leave Is Lowest among Workers with the Greatest Needs

Findings from the December 2021 Well-Being and Basic Needs Survey

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Nearly every worker encounters the need to take time off from their job because of illness or injury, to welcome a new child, or to care for an ill family member. The COVID-19 pandemic has only increased the need for leave while highlighting the difficulties workers were already facing trying to balance work and care. Workers have had to contend with increased needs for sick leave, as well as time off to isolate or quarantine, stay home with children in quarantine or whose schools and day cares closed, and care for older adults and people with disabilities whose facilities or special services closed. However, many workers cannot take paid time off for these needs, and many do not have the right to take unpaid time off and keep their job.

Policymakers in a number of states and localities have taken steps to address the need for paid leave by enacting paid sick days and paid family and medical leave laws.[1] The federal government also enacted the first emergency paid leave legislation with the Families First Coronavirus Response Act, and some employers voluntarily expanded paid leave policies.[2] In addition, the momentum to establish a permanent federal paid family and medical leave program grew with recent proposals from the Biden administration and leaders in Congress, as well as House passage of the Build Back Better Act (HR 5376).[3]

In this brief, we use data from the Urban Institute's Well-Being and Basic Needs Survey (WBNS) to examine current rates of access to paid family and medical leave. We begin by providing background on paid family and medical leave benefits available to workers and findings from existing surveys of access to, and usage of, paid family and medical leave. We then examine patterns in access to paid leave among

workers ages 18 to 64 who participated in the December 2021 round of the WBNS and reported working for an employer (i.e., were not self-employed) at their main job. Launched in 2017, the WBNS is a nationally representative survey that tracks individual and family well-being as policymakers consider changes to federal safety net programs. The 2021 survey provides unique insights on access to different types of paid leave (medical, caregiving, and parental), duration of paid leave, and differences in access among workers by their employment, demographic, and socioeconomic characteristics. It also allows us to examine how levels of material hardship differ between workers with and without paid leave access.

Our analysis of the WBNS shows significant disparities in access to paid leave, and workers without paid leave are at a higher risk of experiencing material hardship. We find the following:

- Despite federal, state, local, and voluntary employer actions to expand paid leave in response to COVID-19, large gaps in access to paid leave persist. In December 2021, about 67 percent of workers said they could take paid leave for their own illness, while 54 percent could take paid family leave for the birth or adoption of a child or to care for an ill family member. Approximately 30 percent reported not having or not knowing if they had access to any form of paid leave.
- Access to paid leave remains highly skewed toward adults with higher incomes (81 percent), with college degrees (79 percent), and who work full time (79 percent).
- Ethnic and racial disparities exist in access to paid leave. Although 72 percent of white workers reported having access to at least one form of paid leave, only 58 percent of Hispanic/Latinx[4] adults and 67 percent of Black adults reported having access to at least one form of paid leave. In addition, 41 percent of Hispanic/Latinx workers said they could take time off for the birth or adoption of a child and 40 percent for care of an ill family member compared to 57 percent of white workers who said they could take time off for both types of leave.
- Access to paid leave for the birth or adoption of a new child is limited and poorly targeted. Women ages 18 to 34 reported the lowest rates of access to all types of leave, including paid leave for birth or adoption (45 percent), despite being the most likely to give birth to a new child. Among those with access to paid parental leave, 16 percent are limited to two weeks of leave, and 55 percent reported they could take more than two paid weeks off for this reason. Similarly, about 30 percent of those with paid leave said they could only take two weeks off to care for an ill family member. Many were unsure how many weeks of paid leave they could take for any reason.
- Workers without access to paid leave are more likely than workers with paid leave to experience financial and material hardships, including being more than twice as likely to be unable to pay for rent or utilities and twice as likely to experience food insecurity.
- Workers without access to paid leave are also more likely to be uninsured, have trouble paying for medical bills, and have an unmet need for medical care because of the cost. A quarter are not confident they could come up with $400 for an unexpected emergency.

Our findings suggest that the current system of providing paid family and medical leave benefits primarily through voluntary employer benefit plans leaves many low-income working adults and families at risk of losing wages or their job when they confront a health crisis, have a baby, or care for a seriously ill family member. These gaps in access to paid leave also have a disproportionate effect on people of color. As more states implement new paid family and medical leave programs and federal policymakers consider national legislation to expand access to paid leave, they could consider options such as broad worker coverage and eligibility, progressive wage replacement, job protections, and significant worker outreach and education to address existing disparities.

Background

Paid leave refers to a range of programs and benefits that allow workers to receive full or partial wage replacement while taking time off work for family and medical reasons. In the United States, the most commonly available form of paid leave is **paid sick leave**, sometimes referred to as having paid sick days. Sick leave is often accrued per hour worked and capped, typically at two weeks of leave. Workers usually receive full wage replacement while they are on leave. Paid sick leave is generally offered by employers on a voluntary basis, but some state and local governments have also established mandated paid sick leave laws.

For leave lasting longer than a few days or weeks, eligible workers may have access to **paid and unpaid family and medical leave**. Unpaid leave is covered by federal law under the Family and Medical Leave Act (FMLA). The FMLA guarantees the right to unpaid leave for workers who are employed by a firm with 50 or more employees and have worked for the employer for a year and a minimum of 1,250 hours.[5] Some states have also passed similar laws expanding the right to unpaid time off.[6] In addition, 11 states plus the District of Columbia have enacted paid family and medical leave programs.[7]

Paid and unpaid family and medical leave laws are distinct from paid sick leave laws and typically cover at least four purposes, including the following:

- **Medical leave (short-term or temporary disability insurance)** to address an individual's own serious health condition, including the birth of a child
- **Parental (or bonding) leave** to care for and bond with a newborn, newly adopted child, or newly placed foster child
- **Family caregiving leave** to care for a family member with a serious health condition
- **Military deployment leave** to address certain military family needs

Paid medical leave may be available to workers through paid medical leave programs, or employer-sponsored short-term disability insurance or state temporary disability insurance (TDI). Paid medical leave benefits generally start where paid sick leave ends, and they provide wage replacement for a specified number of weeks, typically ranging from 12 weeks to 6 months, with some plans providing benefits for a year or more. Workers usually receive partial wage replacement, with private employer plans typically replacing two-thirds of a worker's salary. State-based paid leave programs vary in the

amount of wages replaced, but provide 60 percent or greater wage replacement, with many programs using a progressive benefit structure that replaces more earnings for lower-wage workers.[8]

Paid family leave is often used as an umbrella term to refer to both **parental** and **family caregiving leave**. In states with paid family and medical leave programs, the wage replacement rate for family leave is the same as TDI or paid medical leave, but in some cases, fewer weeks may be covered. Most state programs offer at least 12 weeks of paid family leave and the total number of weeks of leave available for all purposes is capped. Paid family leave is less commonly provided by employers on a voluntary basis, though some workers who accrue paid sick leave may be able to use their accumulated sick leave for these family care purposes.

Existing Surveys of Access to and Use of Paid Leave

Access to paid leave is measured through a variety of government surveys, and each takes a different approach on sample frame and questions. The Bureau of Labor Statistics American Time Use Survey (ATUS) measured access to paid leave through supplemental questions in 2011 and 2017–18. ATUS surveys found overall access to one or more forms of paid family and medical leave increased from 60 percent in 2011 to 66 percent in 2017–18. The WBNS found that a similar share of workers ages 18 to 64 (69 percent) reported having access to some form of paid family and medical leave in December 2021.

The Department of Labor periodically measures access to paid and unpaid leave through a survey of employers and employees. The department's latest FMLA survey was conducted in 2018 (Brown et al. 2020) and found 73 percent of employees reported having access to paid leave for their own illness or medical care, 58 percent for illness of another family member, 38 percent for elder care, and 36 percent for non-health-related child care. Like the ATUS, the FMLA survey also showed access varies by income and other demographic and occupational factors. Fewer low-wage workers (52 percent) reported having access to paid leave for their own illness or medical care than did other workers (80 percent).

Bureau of Labor Statistics also measures access to types of paid leave through the National Compensation Survey of employers. The National Compensation Survey found paid sick leave was available to 79 percent of civilian workers in March 2021. Only a subset of those with access to paid sick leave also had short-term disability insurance or state paid medical leave. The National Compensation Survey also found just 23 percent of private-sector workers had access to paid family leave through their jobs.[9] Access to sick and family leave also varied by income and other demographic and occupational factors.

Overall, the WBNS is most similar to the ATUS supplemental survey on paid leave, though differences in sample design limit direct comparisons. In addition, the WBNS is one of the few surveys to measure access to paid leave amid the COVID-19 pandemic and include measures of material hardship. The survey shows that serious gaps in access to paid leave persist, as we discuss in more detail below.

Results

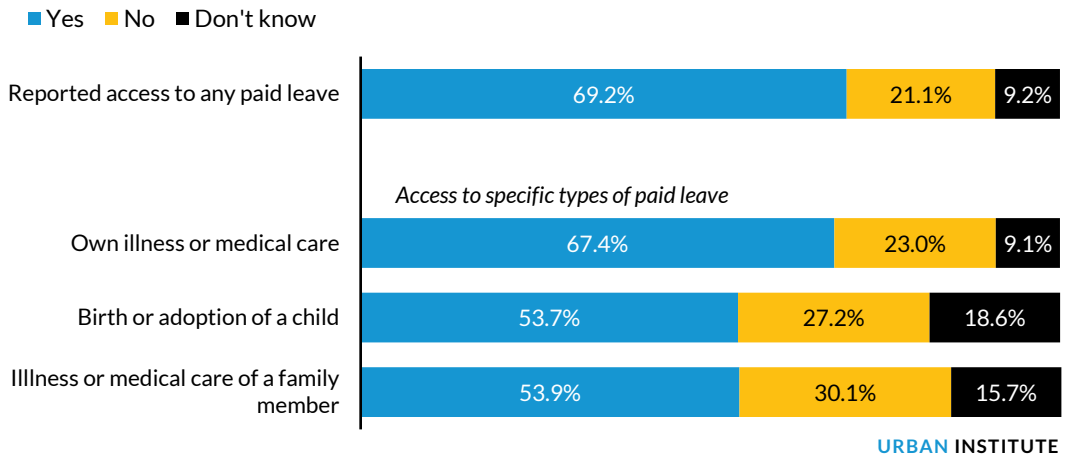
Access to Paid Leave by Reason

Overall, 69.2 percent of workers reported having access to at least one form of paid leave. Respondents were most likely to report having access to leave to address their own illness or medical care need (67.4 percent). About half said they could take time off to care for an ill family member (53.9 percent) or the birth or adoption of a child (53.7 percent).

FIGURE 1

Access to Paid Leave among Adults Ages 18 to 64 Who Work for an Employer

December 2021



Source: Well-Being and Basic Needs Survey, December 2021.

Notes: Estimates for access to any paid leave include workers reporting paid leave for any reason, having no paid leave for all three reasons, or not knowing if they have paid leave for one or more reasons. Estimates are not shown for those who did not answer whether they have paid leave for their own illness or medical care (0.5 percent), the illness or medical care of a family member (0.3 percent), birth or adoption of a child (0.5 percent), or one or more reasons (0.5 percent).

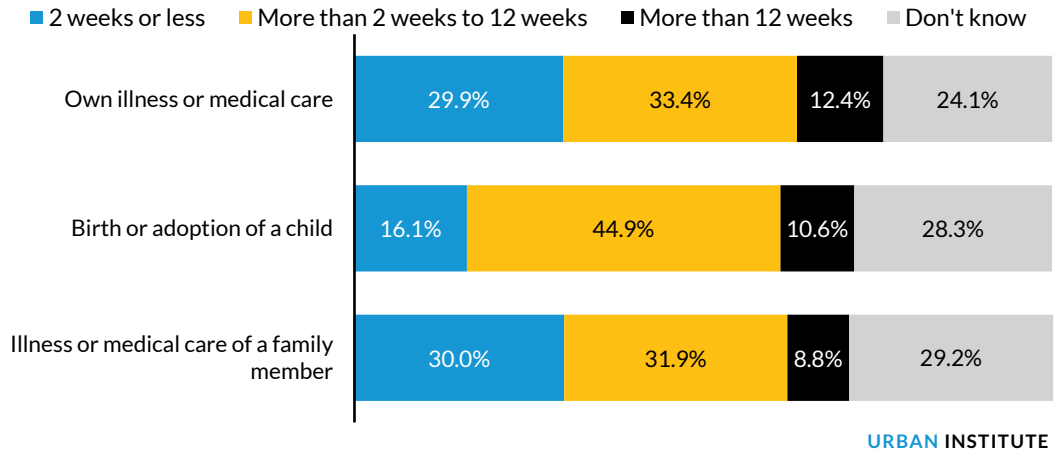
The overall reported rates of access to paid leave include both short-term paid sick leave and longer-term paid family and medical leave. To better understand access to each, the survey asks the length of leave available. The data show that many workers who reported access to paid leave are limited to just two weeks of leave or less, suggesting they may be relying on paid sick leave for their care needs and do not have access to comprehensive paid family and medical leave lasting several weeks or months. As shown in figure 2, among workers who reported having access to paid parental leave, 16.1 percent were limited to two weeks of leave or less and 55.4 percent could take more than two weeks. These data suggest that among all employed workers, 29.8 percent had access to paid parental leave that is distinct from paid sick leave. Similarly, the share of all workers reporting access to paid medical and paid family caregiving leave that is distinct from paid sick leave is 30.9 percent and 22.0 percent, respectively. Importantly, between 24.1 percent and 29.2 percent of workers with paid leave did not know how much time was available to them for each purpose. This suggests that many workers do not

understand their paid leave benefits, which could lead to lower use of these benefits. Research on participation rates for publicly provided paid parental leave benefits has identified a lack of awareness of leave benefits as a significant factor in lower rates of participation among Black and Hispanic/Latinx women (Goodman, Williams, and Dow 2021).

FIGURE 2

Weeks of Paid Leave among Adults Ages 18 to 64 Who Work for an Employer and Have Access to Paid Leave

December 2021



Source: Well-Being and Basic Needs Survey, December 2021.

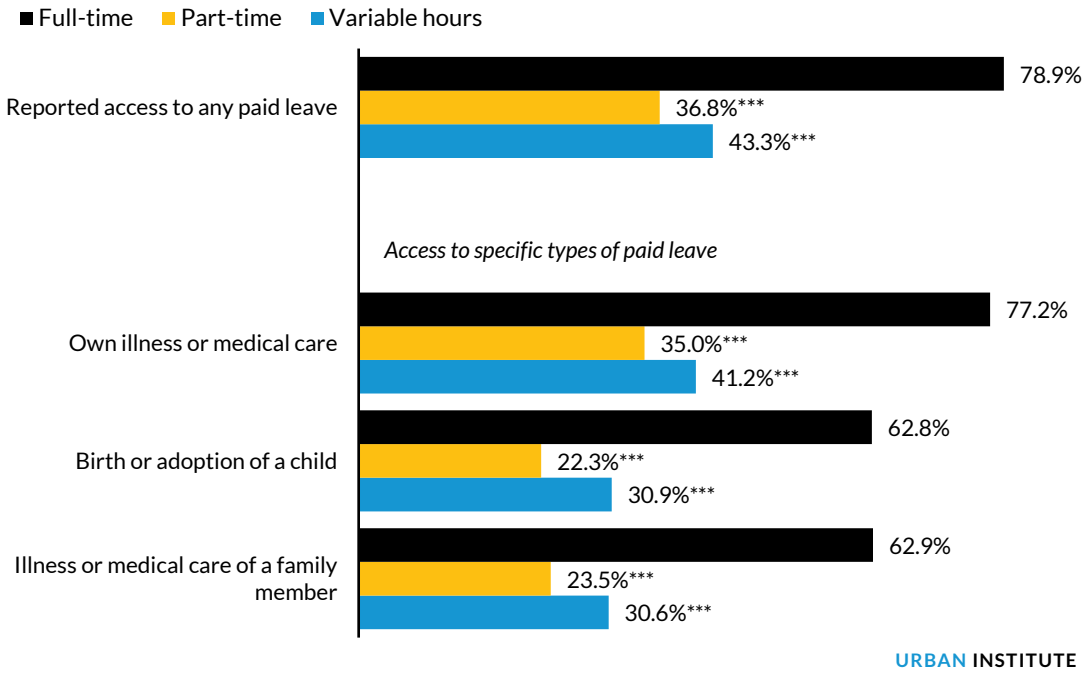
Access to Paid Leave by Employment and Socioeconomic Characteristics

Responses to the WBNS show that access to paid family and medical leave is not evenly distributed. Access is lowest for individuals who work part time, are paid hourly, have lower family incomes, are noncitizens, have less education, are younger, and are Hispanic/Latinx. The largest difference in access was between full-time and part-time workers (those who usually work less than 35 hours a week at their main job). Full-time workers are more than twice as likely to report access to paid leave compared with part-time workers (78.9 percent and 36.8 percent, respectively; figure 3). Similarly, salaried workers were substantially more likely to report some type of access to paid leave (85.7 percent) than hourly workers (56.1 percent; data not shown).

FIGURE 3

Access to Paid Leave among Workers Ages 18 to 64 Who Work for an Employer, by Usual Hours Worked per Week

December 2021



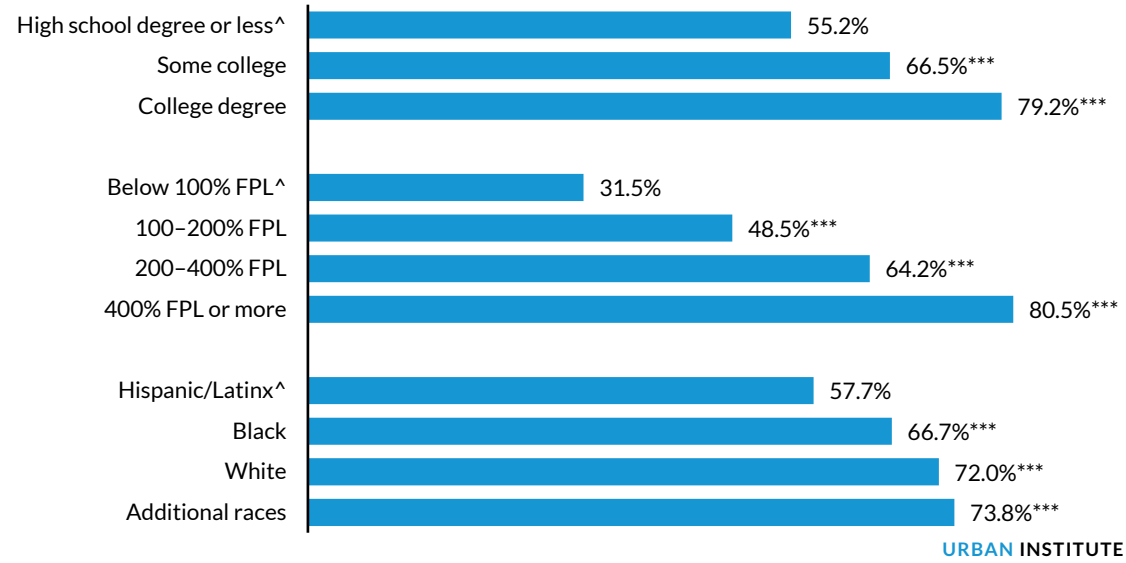
Source: Well-Being and Basic Needs Survey, December 2021.
Note: Full-time workers are those who usually work at least 35 hours per week at their main job.
*/**/*** Estimate differs from that of full-time workers at the 0.10/0.05/0.01 levels, using two-tailed tests.

Workers in higher-income families are substantially more likely to have access to paid family and medical leave compared with those in moderate- and low-income families, with the gap widest for access to paid leave for care of a family member or birth of a child. Approximately 80.5 percent of workers in families with incomes four times or greater than the federal poverty level[10] have paid leave, while only 31.5 percent of workers in families under the poverty level had access, with steadily decreasing rates of access for workers as family income declines (figure 4). These findings are consistent with results from ATUS, which show workers in the bottom quartile having substantially lower rates of access compared to the second, third, and fourth family-income quartiles.

FIGURE 4

Access to Paid Leave among Adults Ages 18 to 64 Who Work for an Employer, by Educational Attainment, Family Income, and Race/Ethnicity

December 2021



Source: Well-Being and Basic Needs Survey, December 2021

Notes: FPL is federal poverty level. Black and white adults are not Hispanic/Latinx. Adults of additional races are non-Hispanic/Latinx adults who are not Black or white or who are more than one race.

*/**/*** Estimate differs from reference group (^) at the 0.10/0.05/0.01 levels using two-tailed tests.

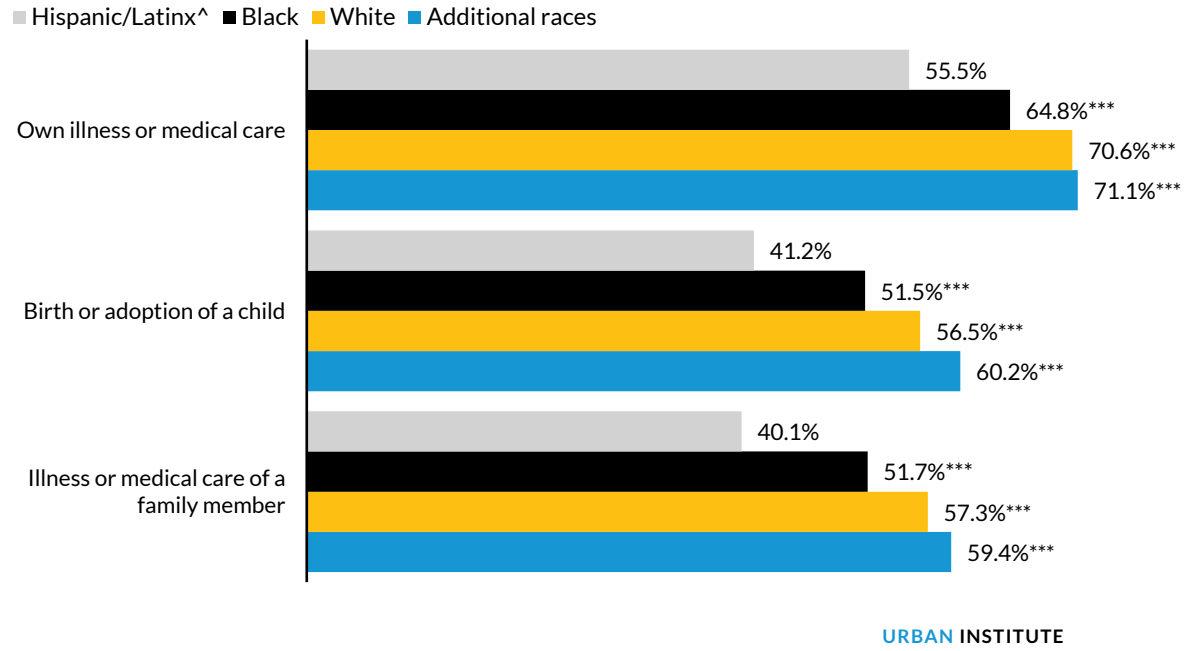
Access by Race/Ethnicity, Age, Gender, and Citizenship Status

Access to paid leave varies significantly by race and ethnicity. White workers reported considerably greater access to paid leave compared to Hispanic/Latinx workers (72.0 percent and 57.7 percent, respectively; figure 4). Black workers also reported lower access to paid leave compared to white workers (66.7 and 72.0 percent, respectively). Only 41.2 percent of Hispanic/Latinx workers reported access to paid leave for the birth or adoption of a child and 40.1 percent to care for an ill family member, compared with approximately 52 percent of Black adults and 57 percent of white adults who reported access to paid leave for each of these reasons (figure 5).

FIGURE 5

Access to Paid Leave at Work among Adults Ages 18 to 64 Who Work for An Employer, Overall and by Race/Ethnicity

December 2021



Source: Well-Being and Basic Needs Survey, December 2021.

Notes: Black and white adults are not Hispanic/Latinx. Adults of additional races are non-Hispanic/Latinx adults who are not Black or white or who are more than one race.

*/**/*** Estimate differs from reference group (^) at the 0.10/0.05/0.01 levels, using two-tailed tests.

The relative magnitude of the differences between white, Hispanic/Latinx, and Black workers is consistent with findings from other surveys and studies.[11] When gender is factored in, Hispanic/Latinx men are found to have the lowest rate of access to paid leave (56.8 percent), followed by Hispanic/Latinx women (58.9 percent) and Black women (67.0 percent; data not shown).[12]

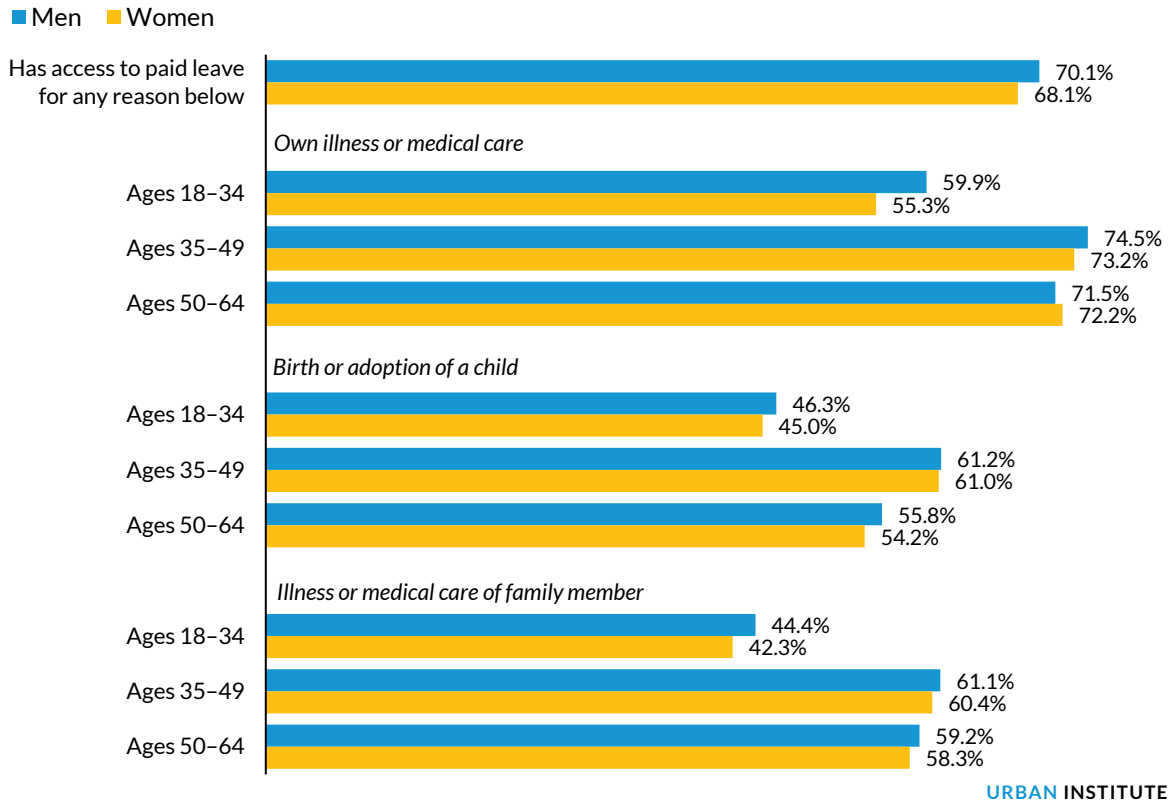
In addition, large disparities in access to paid leave exist by immigration and citizenship status. Fewer noncitizens reported having access to paid leave (52.3 percent) than US-born citizens (70.3 percent; data not shown).

Younger workers are less likely to have access to paid family and medical leave. In addition, although no significant difference in access to paid family and medical leave exists between men and women, women ages 18 to 34 reported the lowest rates of access to all types of leave, including paid leave for birth or adoption (figure 6). Despite most births occurring to women in this age group, less than half (45.0 percent) have any leave for this purpose. This may reflect more of an overrepresentation for women than men in part-time and low-wage employment.

FIGURE 6

Access to Paid Leave among Adults Ages 18 to 64 Who Work for An Employer, by Gender and Age

December 2021



Source: Well-Being and Basic Needs Survey, December 2021.

Frequency of Material Hardship for Workers Who Lack Access to Paid Leave

Workers who reported not having access to paid leave were significantly more likely to report experiencing material hardship in the past 12 months across every measure used in the survey (figure 7). Importantly, workers without access to paid leave reported more problems with medical costs. Although 10.0 percent of workers with access to paid leave reported having trouble paying family medical bills, this jumps to 15.1 percent for workers without access to paid leave. Similarly, 11.4 percent reported an unmet need for medical care for themselves because of cost compared with 17.5 percent of those without access to paid leave.

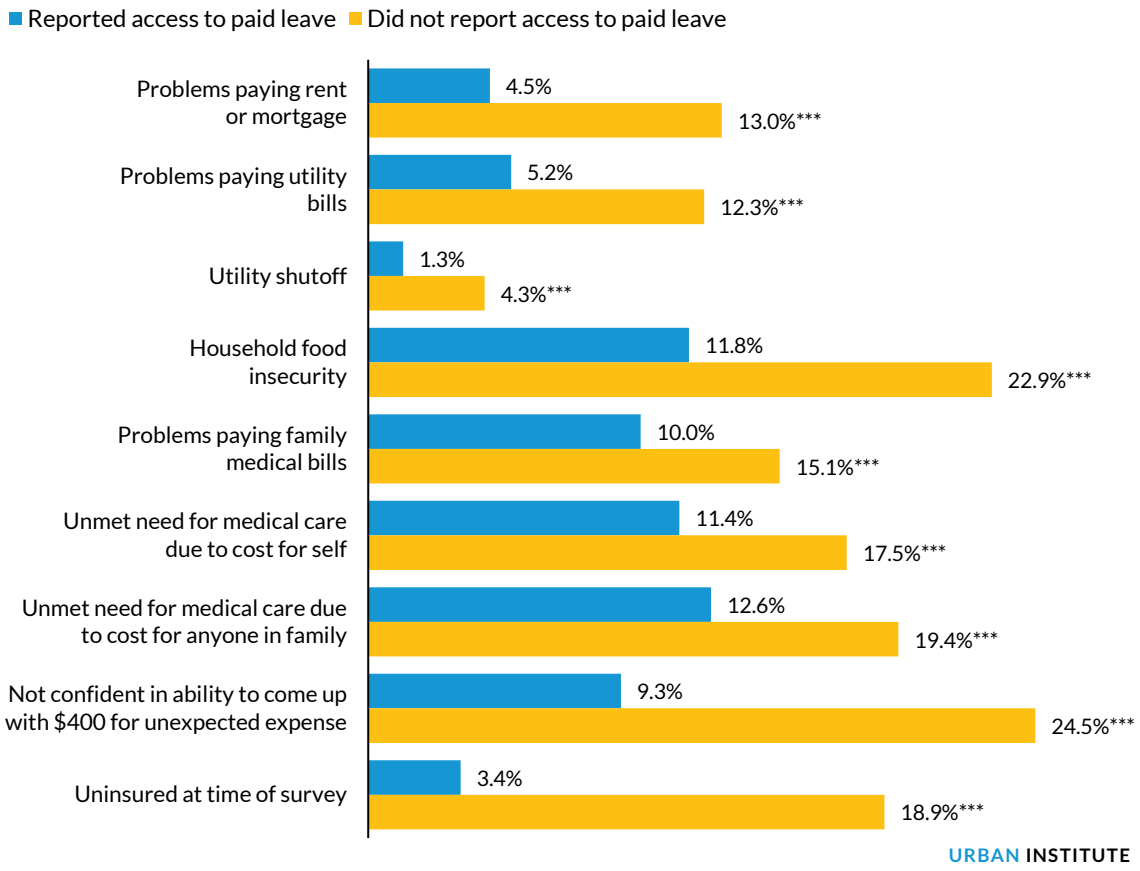
Workers without paid leave for medical and family reasons were also more likely to report other financial difficulties, including being three times more likely to report having problems paying rent or a mortgage. Nearly a quarter of workers without access to paid leave were not confident they could come up with $400 to cover an unexpected expense, compared with 9.3 percent of workers with paid leave. Wide disparities also exist for problems paying a utility bill or experiencing a utility shutoff and for household food insecurity. Approximately 18.9 of percent workers without access to paid leave were

uninsured, compared with 3.4 percent of workers with paid leave. The combination of a lack of paid medical leave and health insurance coverage may substantially increase financial risks for workers who must take time off for medical reasons, both in the form of lost earnings and exposure to higher out-of-pocket health care costs.

FIGURE 7

Material Hardship, Financial Insecurity, and Lack of Health Insurance Coverage among Adults Ages 18 to 64 Who Work for An Employer, by Access to Paid Leave

December 2021



Source: Well-Being and Basic Needs Survey, December 2021.

Note: Problems paying the rent, mortgage, utility, and medical bills; utility shutoffs; household food insecurity; and unmet needs for medical care because of costs are reported for the past 12 months.

*/**/*** Estimate differs from that of workers with access to paid leave at the 0.10/0.05/0.01 levels using two-tailed tests.

Workers without access to paid family and medical leave also reported higher participation in public benefit programs that help families address material hardships. Among workers with family incomes below 400 percent of the federal poverty level, 30.3 percent of those without paid family and medical leave lived in a family that participated in Medicaid or the Children's Health Insurance Program in the past year, 18.6 percent received Supplemental Nutrition Assistance Program benefits, and 5.1 percent

received rental assistance, compared with 19.6 percent, 11.7 percent, and 2.7 percent, respectively, for those who had paid family and medical leave (data not shown). Expanding paid family and medical leave to serve more lower-wage workers could support economic stability for low-income families when they are faced with care demands, including both planned events like the birth of a child and unforeseen health shocks like a new serious injury or illness. Importantly, paid family and medical leave benefits often include a continuation of employer-provided medical insurance, which can be vital when taking leave to address one's own health condition or that of a family member.

Discussion

Before the COVID-19 pandemic, access to paid leave was highly skewed. The pandemic increased the need for paid leave for all workers and gave new visibility to the issue, including a new emphasis on its importance to public health. Research on access to emergency paid sick leave in response to the COVID-19 pandemic indicates that increased access is associated with lower rates of coronavirus transmission (Pichler, Wen, and Ziebarth 2020). Access to family and medical leave is associated with a range of positive outcomes for workers, children, businesses, and the economy. This includes improving child and maternal well-being (Huang and Yang 2015; Pihl and Basso 2018), enhancing economic stability (Stancyk 2019), having positive or neutral impacts on women's labor force participation (Abbott 2020; Rossin-Slater and Stearns 2020; Bailey et al. 2019; Timpe 2019) and reporting positive or neutral effects on employee retention and productivity by most businesses (Elisabeth 2018, 2022).[13]

Our findings from the WBNS show that gaps in access to paid leave continue to exist, including for workers already at higher risk of material hardship. Workers without access to paid leave are more likely to experience a range of financial and medical hardships, from difficulty paying basic costs of living to affording medical care. For low-income workers, taking weeks of leave to address health conditions without wage replacement would be very difficult, even without existing material hardships (Smalligan and Boyens 2020).

Since the onset of the COVID-19 pandemic, policymakers at the federal, state, and local levels have taken steps to expand access to paid leave. Since 2020, 4 states have enacted new paid family and medical leave programs, bringing the total to 11, plus the District of Columbia.[14] Some states and localities enacted or expanded their own paid and unpaid leave laws, and some employers voluntarily provided new benefits to workers (Long and Rae 2021). At the federal level, the first emergency national paid leave program was enacted under the Families First Coronavirus Response Act (FFCRA). FFCRA required certain employers to provide paid sick leave and paid family and medical leave to workers for COVID-19-related reasons and provided employers with tax credits to cover the full cost of benefits up to a capped amount.[15] FFCRA was enacted in March 2020 and expired December 31, 2020. It was extended and modified twice, first under the Consolidated Appropriations Act of 2021 through March 31, 2021, then by the American Rescue Plan Act through September 30, 2021.

Although the original FFCRA legislation included an employer mandate to expand paid leave coverage, it also excluded businesses with more than 500 employees and allowed employers with fewer

than 50 employees to exempt themselves. As a result, large portions of the workforce were not covered (Gately, Gitis, and Sprick 2021). This includes many of the same workers who lacked access to paid leave at the outset of the pandemic, including adults who work part time, have lower incomes, have less education, and who are Hispanic/Latinx or Black. In addition, under both extensions, the mandate that required employers to provide paid leave was removed, making participation by employers voluntary. Knowledge of the benefits also appeared to be low, and many workers did not have job protections, such as the right to return to work or not be retaliated against after taking leave (Jelliffe et al. 2021). As a result, use of the credits has been far lower than originally expected. As of May 2021, approximately $7.4 billion in paid leave tax credits were claimed by employers under all three laws, whereas FFCRA was originally estimated to cost $105 billion over ten years (GAO 2021).[16]

The recent House-passed Build Back Better Act[17] and the proposed FAMILY Act[18] would expand paid leave at the federal level by creating a permanent, comprehensive paid family and a medical leave program that includes features that could help ameliorate some of the existing disparities. These programs would fill significant gaps in access to paid leave by ensuring nearly universal worker coverage. These proposals also borrow from important aspects of state policies, including eligibility that is inclusive of part-time workers, workers with short tenure at a particular employer, and workers in businesses of all sizes (expanding from the protections of the FMLA to include many more workers); benefits that replace a higher share of lower-wage workers' earnings; and significant outreach and education investments to ensure that workers know about the program and can access it. Robust job protections are also needed to ensure workers can take the leave available to them without losing their jobs or health insurance and without fearing retaliation.

Conclusion

Results from the WBNS show that despite increased demand for paid leave during the pandemic and newly enacted policies at the federal, state, and local level, long-standing disparities in access to paid leave continue. These gaps in access leave many working adults and families with the fewest resources at risk of losing wages or their job when they confront a health crisis, have a baby, or care for a seriously ill family member. As policymakers consider legislation to increase access to paid family and medical leave, they can address disparities in access and enhance equity by broadening worker coverage, expanding eligibility criteria, increasing wage replacement rates, and ensuring job and antiretaliation protections.

Data and Methods

This brief draws on data from a nationally representative sample of 8,142 adults ages 18 to 64 who participated in the December 2021 round of the Urban Institute's WBNS. The WBNS is an internet-based survey designed to monitor changes in individual and family well-being as policymakers consider changes to federal safety net programs. For each round of the WBNS, we draw a stratified random sample (including a large oversample of adults in low-income households) from the KnowledgePanel, a probability-based internet panel maintained by Ipsos that includes households with and without

internet access. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of nonelderly adults based on benchmarks from the Current Population Survey Annual Social and Economic Supplement and the American Community Survey. Participants can complete the survey in English or Spanish. For further information about the survey design and content, see Karpman, Zuckerman, and Gonzalez (2018).[19]

Our analysis focuses on the 4,383 adults who reported they were working at the time of the survey and worked for an employer at their main job (i.e., the job for which they usually worked the most hours, if they worked multiple jobs). These respondents were asked the following question about paid leave access that was adapted from the ATUS: "We're interested in whether you can take paid leave from your [main] job if you had to miss work for the following reasons. [Thinking about your main job, can] you take paid leave for (1) your own illness or medical care, (2) the illness or medical care of another family member (such as a spouse, child, or parent), (3) the birth or adoption of a child, including caring for a new child." Respondents could report yes, no, or don't know for each of these reasons. Those reporting yes were asked a follow-up question about how many weeks of paid leave they can take for each reason: two weeks or less, more than two weeks to eight weeks, more than eight weeks to twelve weeks, more than twelve weeks, or they don't know.

We compare estimates of paid leave access by various employment, demographic, and socioeconomic characteristics. We define full-time workers as those who usually work 35 hours per week at their main job and part-time workers as those who usually work less than 35 hours per week. About 15 percent of workers who work for an employer reported their hours vary at their main job. We also examine material hardships experienced in the past 12 months among workers with and without access to paid leave based on measures used in previous WBNS analyses (Karpman and Zuckerman 2021).

Notes

1 National Partnership for Women and Families, "State Paid Family & Medical Leave Insurance Laws," May 2022, https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf.

2 Families First Coronavirus Response Act, H.R.6201, 116th Congress (2019–20), https://www.congress.gov/bill/116th-congress/house-bill/6201.

3 Build Back Better Act, H.R.5376, 117th Congress (2021–22), https://www.congress.gov/bill/117th-congress/house-bill/5376#:~:text=Passed%20House%20(11%2F19%2F,the%20Build%20Back%20Better%20Act.).

4 This brief uses the term Hispanic/Latinx to describe people of Hispanic or Latin American origin living in the US. The authors use this term because the term helps them be inclusive of the ways in which a diverse group of people self-identify.

5 Family and Medical Leave, 29 USC Ch. 28, Title 29 (2022), https://uscode.house.gov/view.xhtml?path=/prelim@title29/chapter28&edition=prelim.

6 National Conference of State Legislatures, "State Family and Medical Leave Laws," April 29, 2022, https://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx.

[7] A Better Balance, "Comparative Chart of Paid Family and Medical Leave Laws in the United States," last updated June 21,2022, https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/.

[8] Vicki Shabo, "Explainer: Paid Leave Benefits and Funding in the United States," New America, December 17, 2021, https://www.newamerica.org/better-life-lab/briefs/explainer-paid-leave-benefits-and-funding-in-the-united-states/.

[9] William W. Beach, and Martin J. Walsh, "National Compensation Survey: Employee Benefits in the United States, March 2021," tables 17 and 33, US Department of Labor and US Bureau of Labor Statistics, September 2021. https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf.

[10] Federal poverty guidelines vary by family size. In 2021, the federal poverty guideline for a family of four is $26,500. For more information, see Office of the Assistant Secretary for Planning and Evaluation, "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs," February 1, 2021, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines#threshholds.

[11] The ATUS survey in 2017 and 2018 found a similar difference in access between white and Black workers as well as a similar relative gap between white and Hispanic/Latinx workers with rates of access of 66.3 percent and 49.9 percent, respectively.

[12] Estimates for Black men are not reported because of sample size limitations.

[13] Council of Economic Advisors, "The Economics of Paid and Unpaid Leave," White House Archives, June 2014, https://obamawhitehouse.archives.gov/sites/default/files/docs/leave_report_final.pdf.

[14] In addition to the District of Columbia, states with paid family and medical leave programs include California, Colorado, Connecticut, Delaware, Oregon, Maryland, Massachusetts, New Jersey, New York, Rhode Island, and Washington. For more details on state programs, see A Better Balance, "Comparative Chart of Paid Family and Medical Leave Laws in the United States, " last updated June 21, 2022, https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/.

[15] Families First Coronavirus Response Act, H.R.6201, 116th Congress (2019–20), https://www.congress.gov/bill/116th-congress/house-bill/6201.

[16] Families First Coronavirus Response Act, H.R.6201, 116th Congress (2019–20), https://www.cbo.gov/publication/56316.

[17] Build Back Better Act, H.R.5376, 117th Congress (2021–22), https://www.congress.gov/bill/117th-congress/house-bill/5376.

[18] FAMILY Act, H.R.804,117th Congress (2021–22), https://www.congress.gov/bill/117th-congress/house-bill/804/all-info.

[19] The WBNS survey instrument is available at https://www.urban.org/policy-centers/health-policy-center/projects/well-being-and-basic-needs-survey.

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