



WOMEN AND GIRLS
FOUNDATION

**Testimony in Support of SB 479
Presented to the Pennsylvania Senate Committee on Labor and Industry
April 17, 2018**

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About the Women and Girls Foundation:

The WOMEN AND GIRLS FOUNDATION (WGF) is a non-profit organization based in Pittsburgh, Pennsylvania and engaged in statewide programming and policy work. The mission of WGF is to achieve equality for women and girls, now and for generations to come. In pursuit of this mission, WGF breaks down barriers so that every girl can rise and every woman can soar. Our vision is for women and girls in Pennsylvania to have equal access, opportunity, and influence in all aspects of their public and private lives. WGF has identified the lack of access to paid family and medical leave as a key contributor to our state's significant gender wage gap. Increasing access to paid leave is a tangible way we can work together as a community to decrease and eventually eliminate the wage gap. For more information visit: www.wgfpa.org

First, I would like to thank the Committee for holding hearings to discuss the need for increased access to Family and Medical Leave for workers in Pennsylvania. With special gratitude to the Committee's Chairs Senator Ward and Senator Tartaglione for their leadership on this committee. At the Women and Girls Foundation, we run a program called GirlGov, which many of you participate in, during which female high school students have the opportunity to shadow state legislators.

Senators you both serve as wonderful role models to our next generation of female leaders. As they come up in the ranks, I hope they will look to you for guidance and models for how one can govern and lead, representing the values and needs of your constituents back home.

The bill we are here to discuss today is a wonderful example of this kind of policy work. SB 479 is a piece of policy which was inspired by – and drafted because of – a desperate need of the constituents and citizens of the commonwealth. In a state with one of the oldest populations in the country, and that also is experiencing increasingly high cancer and diabetes rates, when a family member is struck with a critical illness, families are left struggling, not just to manage overwhelming medical bills and the stress and sadness of illness, but they also must worry about the strong chance that they might lose their jobs if they need to take a few weeks off of work to provide critical rehabilitative or palliative care to a family member.

In this country, only 14% of workers have access to any form of paid family and medical leave. It is important to remember that the bill we are here to discuss today, SB 479, will only provide UNPAID leave by extending the definition of FMLA to include siblings, grandchildren, and grandparents, – and only to those employees who are already covered by FMLA policy.

This is an important place to start, and I urge you to vote yes on SB 479, because so many children today are being raised by grandparents, and as our population ages, it becomes more likely that grandchildren will be relied upon to take care of elders, when parents who themselves are in their seventies can no longer take care of parents who are in their late nineties. SB 479 can have immediate positive impacts on workers and families, ensuring that fewer of our most vulnerable elders and critically ill, are left to struggle with their ailments alone. However, what SB 479 cannot do is sustain the fiscal stability of workers, employers, and families throughout a Family Leave because the leave it will provide is still UNPAID.

Fortunately, six other states have developed solutions to provide PAID family and medical leave to almost all workers in their state without placing the financial burden of these leaves on corporations. The solution these states have developed is called a State Paid Family and Medical Leave Insurance Fund.

Our neighboring states of New Jersey, New York, and Rhode Island have all passed legislation establishing these funds. Washington DC and Washington State approved legislation this year. Maryland, Massachusetts, Connecticut, New Hampshire, and North Carolina legislatures are all currently reviewing legislation. And California has had a state Paid Family and Medical Leave Insurance Fund established in their state for over ten years.

Maryland, New Jersey, Connecticut, Washington DC, Rhode Island, New York – these are nearly all of our East Coast neighbors. Many of our largest and strongest corporations, that have headquarters in Pennsylvania also have additional headquarters or large employee populations in these other states.

Large national businesses would benefit from our state developing a Paid Family and Medical Leave Insurance Fund, similar to those that currently exist in the other states where they are already doing business. And small business owners would benefit because currently they cannot afford to compete with big business and offer these benefits on their own.

The recent report on Paid Family and Medical Leave in Pennsylvania released by the Pennsylvania Department of Labor showed broad support for a state paid leave program. When asked, employers reported that the number one reason that they did not currently provide paid family and medical leave to their employees was that they could not afford to pay for the leave on their own. The Paid Family and Medical Leave Insurance Fund model which the Department of Labor explored in their study, was funded 100% by small contributions from employee wages with no employer contribution. This insurance fund model relieves employers from carrying the burden of providing paid leave while still providing reliable income to workers while they take a few weeks off of work to care for a new child or critically ill family member.

A majority of employers (56%) reported being in favor of the development of a state program to provide paid family and medical leave to employees. And across gender, age, educational attainment level, household income level, marital status, parental status, multigenerational households, and employment status, a strong majority of Pennsylvania adults favor (78% favor; 64% strongly favor) the development of such a state program.ⁱ

I was invited to present testimony in regards to SB 479, and I am in favor of this legislation. But I want to stress strongly to the committee today that if you are concerned with the long-term economic health of our commonwealth, its workers and industry, then we must work together to find a long-term solution to provide PAID family and medical leave to employees.

The recent report released by the Pennsylvania Department of Labor and Industry provides this committee with a strong place to start to begin to develop that solution for Pennsylvania.

A state Paid Family and Medical Leave Insurance Fund can provide increased access to paid family and medical leave to workers throughout Pennsylvania while also decreasing attrition costs for employers; increasing economic security for families; increasing job retention for women; decreasing reliance on public welfare by low wage workers; and improving health outcomes for infants and seniors.

I know it sounds too good to be true, right? But it isn't. But here is what is too good to be true. The idea that workers – most often women – can continue to survive economically while struggling to provide critical care to themselves and those in their family. **In fact, the data shows that women who are family caregivers are 2.5 times more likely than non-caregivers to live in poverty and five times more likely to receive Supplemental Security Income (SSI).**

According to a 2000 survey of family leave-taking, almost one-tenth of workers using unpaid FMLA leave after the birth of a child used public assistance during their leave. While women who took paid leave were 39% less likely to be on public assistance the year following their child's birth. Imagine the cost savings to the state if we were able to decrease the number of individuals on public assistance by helping individuals remain economically stable and help employers retain workers during these temporary leaves.

60% of family caregivers are employed. The typical family caregiver is a 49-year-old woman caring for her widowed 69-year-old mother who does not live with her. She is married and employed. Approximately 66% of family caregivers are women. More than 37% have children or grandchildren under 18 years old living with them.ⁱⁱ

73% of family caregivers who care for someone over the age of 18 either work or have worked while providing care; **66%** have had to make some adjustments to their work life, from reporting late to work to giving up work entirely; and 1 in 5 family caregivers have had to take an unpaid leave of absence.ⁱⁱⁱ

I look around this room and I cannot imagine any of you being able to leave a beloved sister to struggle through one last round of debilitating chemotherapy on her own or abandon a beloved grandmother to spend her remaining few weeks in the hospital afraid, suffering, and alone. And fortunately, most of you will never have to make that choice because all of you have jobs that would not be at risk, should you need to take time off to care for someone in your family. The citizens of the commonwealth would not fire you if next month you had to take two weeks off because your brother was dying of lung cancer. But that is exactly the predicament of most workers in our state. And you have the ability to change that. As committee members, and as legislators, you can accomplish great things. You can adapt the laws of Pennsylvania to serve the people and families of the commonwealth. I urge you to vote YES on SB 479 and, perhaps even more importantly, to work together and with our State Department of Labor and Industry to attain a long-term solution for businesses and workers to this critical need by developing a Paid Family and Medical Leave Insurance Fund for the State of Pennsylvania.

ⁱ Paid Family and Medical Leave in Pennsylvania. Pennsylvania Department of Labor. November 2017.
https://www.dol.gov/wb/media/Pennsylvania_Final_Report.pdf

ⁱⁱ Study conducted by researchers at Rice University and data compiled from the Health and Retirement Study funded by the National Institute of Aging and conducted by the University of Michigan, 1992-2004
MetLife Study of Working Caregivers and Employer Health Costs;

National Alliance for Caregiving and MetLife Mature Market Institute. February 2010

ⁱⁱⁱ Caregiving in the United States; National Alliance for Caregiving in collaboration with AARP. November 2009