Children's Hospital of Philadelphia PolicyLab

Paid Leave: Will COVID-19 be a Catalyst for This Essential Policy?

Family & Community Health

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Imagine that you are a working parent with COVID-19 symptoms and no access to paid sick leave—how do you balance the choice between income and the health of you, your family and your colleagues? It is overwhelmingly low-income workers, many of whom are “essential” workers and disproportionately racial and ethnic minorities, who face this unacceptable quandary. Nobody should have to make these choices and the societal failure to address these issues ultimately harms communities. Paid leave is a critical tool to ensuring the health and well-being of families and communities, and to addressing disparities.

What is paid leave?

The most commonly discussed types of leave are sick leave and family and medical leave. Sick leave is intended for workers to take off time for short-term illness, while family/medical leave is usually used for longer periods of illness, short-term disability or after the birth of a child. Both types of leave typically can be used either for workers themselves, or to care for a family member. However, even if workers have the ability to take time off without losing their jobs, both forms of leave are often unpaid. Taking necessary time off is thus financially not viable for many families.

How does paid leave improve family and community health?

Without access to paid leave, families and communities can suffer adverse health consequences, particularly during a pandemic. Paid sick leave is an important public health tool to limit the spread of illness. Employees

are more likely to report to work sick when they do not have access to paid sick days, increasing the likelihood of widespread disease transmission. Additionally, making progress on paid sick leave would support the reopening and safe functioning of schools and child care centers during the COVID-19 pandemic.

Paid family and medical leave is also essential to the health and well-being of families. For example, paid maternity leave is associated with improved physical and mental health of both mothers and children, including a decrease in postpartum maternal depression and intimate partner violence, improved infant attachment and child development, and reduced infant mortality. Countries that also have paid paternity leave have seen improved personal and economic family well-being as well. Researchers affiliated with our Intergenerational Family Services Portfolio, in which our work on paid leave is centered, have previously emphasized the importance of paid family and medical leave for caregivers of children with complex medical needs and children with autism.

Paid family/medical leave is even more essential in the midst of the COVID-19 pandemic. While the long-term effects of the illness are still not well understood, we already know that many people who are sick will struggle with the resurgence of symptoms for many months, sometimes rendering them unable to work. Paid sick leave will not be sufficient for these workers; they will require the longer-term protections of paid family and medical leave. Similarly, with the closure of schools and child care centers in the U.S in response to the pandemic, paid family and medical leave becomes an essential policy for working parents to weather this uncertain terrain.

How does paid leave improve equity?

Both paid sick leave and paid family/medical leave are also fundamentally issues of socioeconomic, gender and racial equity. In general, those with the least flexibility to take unpaid time off are often the least likely to have paid leave. Only half of low-wage workers (those in the bottom 25% of earnings) in the U.S. have access to paid sick leave. Certain industries (such as retail and food services) have particularly limited paid sick leave policies alongside higher likelihood of exposure to illnesses such as COVID-19. Immigrants are especially likely to lack access to paid sick leave.

In terms of family/medical leave, new mothers are often pressured to return to work shortly after birth, and this burden falls disproportionately on the most financially vulnerable. Roughly 23% of employed mothers return to work within 10 days of giving birth. There are also vast racial/ethnic disparities in access to both paid sick leave and paid family and medical leave.

Where do we currently stand on paid leave policies?

There is no federal requirement for paid sick leave. As of July 2020, 13 states and the District of Columbia have enacted laws to require paid sick leave (most predating the pandemic).

In terms of family/medical leave, in a review of 41 high-income countries by the Organization for Cooperation and Economic Development, the U.S. was the only country that does not mandate any paid leave for new parents. The Family Medical Leave Act (FMLA), passed in 1993, provides 12 weeks of unpaid leave and job protection for individuals to care for themselves or a family member. However, in 2015, only 13% of U.S. workers reported having any form of paid family leave available, and only 4% of the lowest-income workers reported having paid family leave. As of September 2020, only eight states and the District of Columbia have passed laws requiring paid family and medical leave, and in many, benefit payments have not yet begun.

Recent federal COVID-19 relief packages have included some provisions for paid leave—a welcome step as it was the first time that Congress required federal paid leave for private sector workers—but these provisions are limited in scope and duration. Specifically, the Families First Coronavirus Response Act included provisions for both paid sick leave and paid family leave through 2020, but only for some workers. Many employees are still not covered, particularly those at companies with more than 500 employees. Smaller businesses can apply for exemptions, which if pursued are likely to leave out low-wage workers.

Will the COVID-19 pandemic be a catalyst for paid leave?

Prominent paid family leave supporters include the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, which recognize the importance of maternal and caregiver well-being on infant and family health. Furthermore, public survey data indicates that most Americans support paid family leave. Specifically, 82% of Americans support paid leave for mothers after birth or adoption of a child.

There have been many efforts at reform for paid leave, including the proposed Family Act, which would create a shared family and medical leave insurance fund. However, as noted earlier, successful federal legislation to date has focused largely on time-limited policies and excludes many workers.

We welcome that Pennsylvania Governor Tom Wolf recently called for the state legislature to urgently take action on paid sick leave and family and medical leave. Implementing statewide paid leave policies was also a key recommendation from the PA Department of Health's COVID-19 and Health Equity Response Team's subgroup on low-income and low-wage populations, which PolicyLab facilitated.

Governor Wolf's announcement is an important step for moving on paid leave in Pennsylvania, and it is past time for national-level action on this essential policy that addresses public health and equity. Hopefully the COVID-19 pandemic can serve as a catalyst to recognizing the fundamental importance of paid leave and its benefit to not only individuals and families, but also our community as a whole.

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