

**Statement of Elyse Shaw  
Testimony Before the U.S. House of Representatives  
Education & Workforce Committee  
Workforce Protections Subcommittee**

**“Balancing Careers and Care: Examining Innovative Approaches to Paid Leave”**

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Thank you, Mr. Chairman, Ranking Member Omar, and members of the Workforce Protections Subcommittee. My name is Elyse Shaw. I am the Director of Education, Labor, and Worker Justice at the Center for Law and Social Policy (CLASP), an anti-poverty organization that promotes effective federal and state policy for families and individuals with low incomes. I am truly honored to come before this subcommittee to speak to the importance of paid family and medical leave for all workers, especially for low-income workers, parents, children, women, seniors, and people of color.

I bring to this testimony almost 15 years of expertise on paid family and medical leave at both the state and federal levels. In addition to our national and state research and policy analysis on paid leave, one of my main responsibilities at CLASP is to oversee the Paid Leave Administrators' Network, a unique learning community where administrators of state paid leave programs come together to share knowledge and resources around implementing paid leave programs. Prior to joining CLASP, I was the Director of the Office of Policy and Programs at the Department of Labor's Women's Bureau, where we provided research and policy analysis on women's employment and economic security, child care, and paid family and medical leave, along with technical assistance to Congress, including the House Bipartisan Paid Family Leave Working Group.

I can also personally attest to the importance of access to paid family and medical leave, both for the birth of my daughter as well as to care for my own medical needs. While my daughter was born right here in Washington, D.C., it was 2014, prior to D.C.'s passage of paid leave. Luckily, and unlike the majority of American workers, I had access to paid family and medical leave through my employer. I was able to take 16 weeks of paid leave - with partial wage replacement. Being able to stay home those first four months gave me the space to learn how to properly latch while breastfeeding, taught me the importance of tummy time, and that our dog would forever be my daughter's favorite family member. It also allowed me the time and space to proactively address my postpartum depression and take care of my own physical and mental health. The ability to take time to be with my family and care for my own medical needs while

getting paid, and with the knowledge that I had a job to return to, was invaluable. Six years later, I started getting migraines that would leave me too dizzy to walk or stand. The ability to take paid leave to rest, go to numerous doctors appointments with a variety of specialists for testing, and attend physical therapy was what allowed me to return to full-time work.

My story is not unique. Almost all working people will experience a caregiving need at some point in their lives, whether to welcome a new child, care for a seriously ill loved one or treat their own serious illness. And, while parental paid leave is needed, it is not enough for the majority of caregiving needs that workers actually need and take. Evidence shows that effective access to paid family and medical leave can improve the health of mothers and children; reduce racial disparities in wage loss between workers of color and white workers; improve employer experience by boosting employee retention and reducing turnover costs; and increase women's labor force participation, which can lead to greater economic security for a family and strengthen the overall economy.<sup>i</sup> Though the Family and Medical Leave Insurance (FAMILY) Act (H.R. 5390) was first introduced in 2013, and though we have continued to collect evidence that comprehensive paid family and medical leave would benefit all American workers, we do not yet have a national comprehensive paid leave program.

My testimony will cover: 1) the current landscape of paid family and medical leave; 2) the lessons we have learned from state paid leave programs about what works; and 3) why we need comprehensive paid family and medical leave now more than ever.

### **Current Paid Leave Landscape**

When workers in the United States face a serious illness or need to care for a loved one, they often have nowhere to turn. Paid family and medical leave programs enable workers to address these needs and take extended leave from work while receiving a portion of their pay for major life events such as:

- Caring for a new child, including adoptive or foster children
- Addressing one's own serious health condition or that of a family member, including those who need assistance with medical treatment, recovery, or ongoing elder care
- Attending to needs related to one's current or upcoming active-duty military service or that of a family member
- Addressing the impact of domestic violence, sexual assault, or other forms of gender-based violence and harassment on their lives and the lives of their family members.<sup>ii</sup>

Both paid family and medical leave programs and paid sick time policies allow workers to take time off work to address their health needs, but they differ in scope, duration, and structure. Paid family and medical leave is intended for longer-term or extended absences, while paid sick time covers shorter-term needs and can often be used in hourly or daily increments. Additionally, while paid family and medical leave generally provides partial wage replacement, paid sick time typically offers full wage replacement. Paid parental leave differs from paid family and medical leave as it only covers paid leave for parents after the birth or adoption of a new child and often differs in duration for birth and non-birth parents.

### ***Access to Paid Leave Remains Limited and Inequitable***

The United States is the only Organisation for Economic Cooperation and Development (OECD) country that does not provide paid leave to its workers, and is only one of seven countries in the world that do not guarantee paid parental leave.<sup>iii</sup>

Without a national paid family and medical leave program, access to paid leave remains limited and inequitable. Only one in every four private sector workers in the U.S. has access to paid family leave through their employers, leaving 106 million workers without dedicated time to welcome a new child or address a loved one's health needs.<sup>iv</sup> A majority of highly paid workers (65 percent) have access to private paid medical leave through employer-provided temporary disability insurance, but only 10 percent of the lowest-paid workers have access to these same benefits.<sup>v</sup>

The Family Medical Leave Act of 1993 (FMLA) offers job-protected leave but it does not guarantee pay, making it inaccessible for workers who cannot afford extended periods without pay. Its strict eligibility requirements, which include employer size, hours worked, and length of tenure excludes almost half (44 percent) of the workforce.<sup>vi</sup> These exclusions disproportionately impact workers of color as Asian American, Black, Hispanic, multiracial, Native American and Pacific Islander workers who are less likely to be eligible for FMLA than their white counterparts.<sup>vii</sup>

To address these disparities, 13 states and the District of Columbia have passed laws to provide paid family and medical leave for their workers and communities.<sup>viii</sup> However, the majority of the U.S. workforce still does not have access to paid leave.

In states without a paid leave program, nearly one-third of all leaves are taken without pay, creating serious financial hardship for millions of families.<sup>ix</sup> However, many workers cannot afford to take unpaid leave. A 2018 survey, conducted in collaboration between the Department of Labor's Wage and Hour Division and Abt Associates, echoed this and found that cost was the most common reason workers did not take needed leave.<sup>x</sup> As a result, workers often do not take the leave they need, or they return to work before they are ready. Each year, more than eight million needed leaves go untaken in states without a paid leave program.<sup>xi</sup>

A 2024 CLASP report found that geography and regional demographics play a key role in the lack of accessibility of paid leave for women and people of color.<sup>xii</sup> Notably, comprehensive paid leave programs remain largely absent in the South, which is home to over half the U.S. Black population and half of the nation's rural poor.<sup>xiii</sup> Only the region's northernmost jurisdictions (D.C., Delaware, and Maryland) have enacted such programs, leaving millions of Southerners without critical protections.

### ***Paid Family and Medical Leave Improves the Physical, Mental, and Economic Well-Being of Workers and our Nation***

Workers will experience major life events once, if not multiple times, throughout their lives and careers. Paid family and medical leave programs address this and help shape our economy

around this reality. These programs improve health outcomes, reduce financial hardship, and support a stronger economy.

Paid leave programs allow workers and their families to take time to attend necessary checkups, manage chronic conditions, and recover and heal from any illnesses or injuries.<sup>xiv</sup> For instance, a 2017 survey found that having access to paid medical and family leave improved the ability of cancer patients to receive and complete treatment and maintain continuity of care.<sup>xv</sup> For new parents, paid leave facilitates critical bonding and supports physical recovery.<sup>xvi</sup> A 2023 systematic review of paid leave and mental health showed that at least 2-3 months paid leave is a protective factor against adverse mental health in the postpartum period.<sup>xvii</sup> Previous research on California's paid leave program has shown that access to these programs can further benefit parents and children by increasing the likelihood of breastfeeding.<sup>xviii</sup> Children are also positively impacted as research links paid leave to lower rates of infant mortality, fewer hospitalizations, and for seriously ill children, hospital stays that are 31 percent shorter.<sup>xix</sup>

Without paid leave protections, workers face uncertainty and have no guarantee of pay when they need time away from work to welcome a new child, heal from a serious illness or injury, or be a caregiver. Each year the lack of access to paid leave causes workers to lose more than \$34 billion in wages annually.<sup>xx</sup> This creates significant financial instability for workers, disproportionately harming workers in low-wage industries who are less likely to be able to handle unexpected expenses or extended periods without pay. For instance, a 2025 report by the Federal Reserve found that families earning less than \$25,000 a year were 51 percentage points less likely to have savings to cover three months of expenses (the maximum length of most state paid family and medical leave programs) than families earning \$100,000 a year.<sup>xxi</sup>

Many people are also forced out of the workforce when they face a major life event but lack access to paid family and medical leave or paid sick days. A national survey of low-wage workers found that as many as one in seven low-wage workers and one in five low-wage working mothers have lost a job because of an illness or caregiving responsibility.<sup>xxii</sup> A national paid family and medical leave program has the potential to address some of these disparities. Economic modeling of the FAMILY Act indicates that a comprehensive, federal paid family and medical leave program would lower poverty rates by over 16 percent among families who receive benefits.<sup>xxiii</sup>

Paid leave is also critical for promoting gender equity in the workplace. Women, who are more likely to take on caregiving responsibilities, face greater barriers to staying in the workforce.<sup>xxiv</sup> Paid leave programs can mitigate this and improve labor force participation. Prior literature has shown that paid leave laws, such as those in California and New Jersey, are associated with an increase in the labor force attachment of women, both directly preceding or following childbirth and in the long-term.<sup>xxv</sup> Furthermore, analysis from the Department of Labor, Women's Bureau found that approximately five million more women would join the workforce if the U.S. women's labor force attachment matched that of peer countries with a federal paid family and medical leave program, translating to an annual increase in the U.S. GDP by \$775 billion.<sup>xxvi</sup>

Employers also benefit. Paid leave reduces turnover, improves employee retention, and increases productivity.<sup>xxvii</sup> In contrast, a 2017 Pew Research Center survey found that more than one in four workers who took unpaid leave did not return to their previous employer.<sup>xxviii</sup> Paid family and medical leave programs help businesses, especially small businesses, offer more competitive benefits and attract and retain talent in a tight labor market. This can save employers thousands of dollars per employee in the long term, as employers often spend around one-fifth of an employee's annual pay to replace them.<sup>xxix</sup> Paid leave programs have proven to be a tool for building a more resilient and stable workforce.

The lack of paid family and medical leave has a direct impact on the U.S. economy. For instance, within this committee members' home states, the need for comprehensive leave is apparent:

- In Florida, workers need, but don't take: 247,000 medical leaves, 87,000 family leaves, and 122,000 parental leaves. These untaken leaves result in an estimated \$2.7 billion dollars of lost wages.
- In Kentucky, workers need, but don't take: 56,000 medical leaves, 18,000 family leaves, and 35,000 parental leaves. These untaken leaves result in an estimated \$611 million dollars of lost wages.
- In Virginia, workers need, but don't take: 102,000 medical leaves, 33,000 family leaves, and 61,000 parental leaves. These untaken leaves result in an estimated \$1.3 billion dollars of lost wages.
- In Texas, workers need, but don't take: 288,000 medical leaves, 138,000 family leaves, and 213,000 parental leaves. These untaken leaves result in an estimated \$4.6 billion dollars of lost wages.<sup>xxx</sup>

***Establishing a federal floor for comprehensive paid leave is more critical now than ever***

As outlined in CLASP's 2026 report, the Trump Administration's first year back in the White House has proven devastating for workers and families. The administration has prioritized restricting access to health care, food assistance, and the economic supports families rely on to afford their basic needs. On July 4, 2025, Donald Trump signed H.R. 1 into law, establishing the largest cuts to Medicaid and SNAP in U.S. history, in favor of tax breaks for the wealthy and corporations as well as increased funding for the administration's crusade against immigrants.<sup>xxxi</sup>

The current economic landscape only makes the passage of a comprehensive paid family and medical leave more important than ever. With the rising cost of living and basic necessities, more Americans than ever say their incomes aren't stretching to meet their expenses. Nearly half of workers who are paid less than \$50,000 a year worry about being able to afford basic necessities.<sup>xxxii</sup>

At the same time, the National Database of Childcare Prices shows that in 2022, families spent between 9 and 16 percent of their median income for full-day care for one child.<sup>xxxiii</sup> While the cost of child care varies across the country, it is typically untenable for families, costing almost one-fifth of a family's annual income for just one child. To put this in perspective, that is more than the cost of rent across the 100 largest U.S. metro areas.<sup>xxxiv</sup> Child care costs have only continued to rise in recent years. And while H.R. 1 includes provisions meant to help families, they don't actually help those most in need: the increase in the maximum Child Tax Credit to \$2,200 per child adjusts for inflation, but remains unavailable to families with little to no earnings. Moreover, the Trump Accounts, which are savings accounts with a one-time investment from the federal government, will likely widen the country's wealth gaps due to the way these accounts are structured.<sup>xxxv</sup>

The rising cost of care and the lack of paid leave in the U.S. has had drastic impacts on women's labor force participation: more than 455,000 women left the workforce in 2025, with the steepest declines in labor force participation among women with children under the age of five.<sup>xxxvi</sup> According to a recent survey, almost half of women reported that caregiving responsibilities, including the rising cost of child care, drove their decision to leave the workforce. Additionally, more than a third of women who exited the workforce reported working in jobs without schedule flexibility, flexibility that is vital to be able to balance work with personal and family care needs.<sup>xxxvii</sup>

Without access to paid leave or universal child care, workers are left with difficult choices to make, choices that impact overall economic security. At a time when people are increasingly worried about being able to afford basic necessities, access to job protected paid leave would make a vital difference for American families. When workers have access to paid family and medical leave, they are more likely to stay employed and maintain their family's economic security.<sup>xxxviii</sup>

### **State PFML Programs Demonstrate Best Practices After Decades of Learning**

Over the last two and a half decades, 13 states and the District of Columbia, have led innovation in comprehensive paid family and medical leave. Programs have incorporated lessons learned from earlier models, other states, and firsthand experience in their legislation, rule making, and amendments. A federal paid family and medical leave program should build on these learnings and include the following best practices concerning eligibility, qualifying reasons, duration, anti-retaliation, wage replacement, and family definitions.

#### ***Comprehensive Eligibility to Cover All Workers***

To meet its intended goals of strengthening economic stability and improving job quality, a federal paid leave program should provide comprehensive, inclusive coverage across the workforce—encompassing employees and independent contractors, part-time and full-time workers, and public and private sector employees, without exceptions based on wages earned, industry or employer size.

Previous federal legislation has shown that restrictive eligibility requirements in leave policies exclude a majority of workers.<sup>xxxix</sup> By imposing employer size thresholds, minimum hours requirements, and tenure conditions, the FMLA's stringent eligibility requirements excludes 44 percent of workers from accessing its protections.<sup>xi</sup> Comprehensive eligibility recognizes that time off for health concerns and caregiving responsibilities is a universal need, not limited to one population.<sup>xii</sup>

### ***Qualifying Reasons: Needs Go Beyond Parental Leave***

Most state programs allow workers to take leave to bond with a new child, treat a serious health condition, care for a seriously ill loved one, address needs related to military deployment, or take safe leave to address the impact of domestic violence, sexual assault, or other forms of gender-based violence and harassment on workers and their family members.<sup>xiii</sup> Each of these qualifying reasons are essential to addressing the diverse needs of workers, and to maintaining a strong and healthy American workforce.

For the majority of working families, parental leave is insufficient. An expanding portion of Americans are “sandwiched” caregivers – those caring for aging or ill family members and raising children of their own while simultaneously caring for themselves. Today, 66.7 million Americans live in multi-generational family households – a figure that is even higher among communities of color.<sup>xliii</sup>

Even FMLA, while unpaid, still offers leave for foster care, medical leave, and military leave. This is for good reason: our policies should be based on our needs. Only a quarter of leaves under FMLA are for parental leave, but over half are for medical leave and one in five are to care for a family member's serious health condition.<sup>xliv</sup> In states without paid leave programs, an estimated 13.2 million leaves are needed for personal health, versus 5.8 million needed for parental leave each year.<sup>xlv</sup>

Congress itself has previously defended the inclusion of family and medical leave in FMLA and included these qualifying reasons, in part, to prevent discrimination in the workplace among gender, age or racial lines.<sup>xlvi</sup> Comprehensive paid family and medical leave programs support the caregiving responsibilities workers face and ease the burden placed on caregivers who are disproportionately women.

### ***Adequate Length of Leave Required to Address Workers' Needs***

Building on the precedent set by FMLA, all state paid leave programs provide up to 12 weeks of paid leave for at least some purposes, and most state programs allow workers to take at least 12 weeks of leave for any purpose when needed. Previous studies have stressed the importance of a *minimum* of 12 weeks of paid leave for its critical impacts on the health and development of children, benefits that emerge in infancy and continue throughout a child's life. For these reasons, the American Academy of Pediatricians has long recommended a minimum of 12 weeks of leave.<sup>xlvii</sup>

Moreover, the recommended 12 weeks should be the minimum offered and pales in comparison to the global standard.<sup>xlviii</sup> Among OECD countries, the average length of leave offered is more than one year, totaling 57 weeks.<sup>xlix</sup> This difference highlights the considerable disparity between the United States and its international counterparts in providing national paid leave and work-family policies.<sup>l</sup>

### ***Anti-Retaliation Measures Protect Workers' Rights***

For a federal paid family and medical leave program to be effective for workers, it must guarantee that they can return to a comparable position with the same salary and benefits after taking leave and allow them to request or take leave without fear of retaliation, intimidation, or interference.

Qualitative studies have continuously found that fear of retaliation is a key barrier to accessing paid family and medical leave. For instance, a 2025 CLASP study found that young workers often did not take needed time off, left the workforce, or came to work while sick because of concerns of retaliation and subsequent economic instability.<sup>li</sup> Similarly, a forthcoming study found that Southern workers often felt uncomfortable or afraid to ask about or take needed leave due to fears of retaliation.<sup>lii</sup> A 2018 survey, conducted in collaboration with the Department of Labor's Wage and Hour Division and Abt Associates, included a larger sample and found that the second most common reason employees did not take needed leave was fear of losing their jobs.<sup>liii</sup> Providing job protection and including anti-retaliation measures allows workers to engage in their rights and allows workers to retain their jobs during critical moments.

### ***Adequate Wage Replacement Ensures Usability***

Without a sufficient level of wage replacement, paid family and medical leave programs are inaccessible for most workers. For example, when California's paid leave program first launched, its lower wage replacement rate left many workers in low-wage industries unable to use the program. This issue was addressed in 2018 when the state increased its wage replacement rate.<sup>liv</sup>

The need for adequate wage replacement impacts the working and middle class. Nearly four in ten adults do not have the resources to cover an unexpected \$400 expense, highlighting the financial vulnerability of many American households.<sup>lv</sup>

To be effective and usable, paid leave should ensure a wage replacement that is sufficiently high, while keeping overall costs to workers and employers low. To achieve this, several states use a tiered wage replacement model, where workers earning lower wages receive a large share of their pay (90–100 replacement), and the replacement rate gradually decreases as earnings rise. A high wage replacement prevents families from falling into poverty, and ensures that families of all incomes can afford basic necessities such as groceries and rent or mortgage payments when a major life event occurs.<sup>lvi</sup>

### ***Family Definitions that Reflect American Families***

A federal paid family and medical leave program must adopt inclusive family definitions seen in state-level programs and for federal employees. Many workers provide care to extended relatives and chosen family, or loved ones with a close, family-like relationship who lack a biological or legal relationship. By recognizing the variety of family structures in today's America, including the increase in single-parent and cohabiting-parent households, programs better reflect the realities of modern family life.<sup>lvii</sup>

Almost every state paid leave law defines family more broadly than the federal FMLA, covering loved ones who are not biologically or legally related to the worker.<sup>lviii</sup> In January 2026, Colorado began accepting leave for neonatal care, allowing parents, foster parents, step-parents, and individuals acting *in loco parentis* to claim paid time off for infants entering a neonatal unit.<sup>lix</sup> The state programs that have more inclusive definitions of family see only a small portion of claims from workers seeking to care for extended or chosen families. For example, over a period of 1 year and 8 months, only 686 approved claims - representing only 0.2 percent of all claims - in Washington were to care for chosen and extended family, the majority of which were to care for an unmarried significant other.<sup>lx</sup> Likewise, in 2024, less than one percent (0.3 percent) of all claims in Colorado were to care for chosen or extended family members.<sup>lxi</sup> Incorporating inclusive family definitions in these programs makes a world of a difference for workers who have different family configurations without creating significant increases in usage or cost for states and agencies.

For over 50 years, the federal government recognized the need to have a broader definition of family, recognizing chosen families in programs for federal workers. Over time, this definition has been increasingly used and is now used for funeral leave, voluntary leave transfers, and sick leave.<sup>lxii</sup>

Having broader definitions also helps address disparities in care for those who have disabilities, or are LGBTQ+. Individuals that are part of either community, or both, are among the most likely to take time off to care for chosen family members and are more likely to call on chosen family for support during a health crisis.<sup>lxiii</sup> For example, in 2024 half of LGBTQ+ adults reported relying on chosen family when facing health challenges, and a majority (57 percent) have been asked to provide this same support by chosen family members.<sup>lxiv</sup> For those with disabilities, they are similarly more likely to act as a caregiver for chosen family (42 percent) in comparison to people without disabilities (30 percent).<sup>lxv</sup> In 2025, California passed legislation (SB 590) to expand its paid leave program to include "chosen and extended family." Minnesota's definition of family includes "an individual who has a relationship with the applicant that creates an expectation and reliance that the applicant cares for the individual," paving the way for more inclusive understandings of family.

### **We Need Comprehensive and Universal Paid Leave**

We have more than 20 years of successful state programs to model what a strong paid family leave program must look like. As more states have passed their own programs, they have built

off of lessons learned from their predecessors to improve access, implementation, and administration. Having worked alongside many of these states as trusted partners, we have tried-and-true, evidence-based standards for what works – and what doesn't.

While I appreciate the efforts of the House Bipartisan Paid Family Leave Working Group, the recently reintroduced “More Paid Leave for More Americans” Act (H.R. 3089) does not go far enough. Congress must do more to solve the gaping hole in our nation’s family policies and ensure that everyone who needs access to paid family and medical leave will have it. The bill as proposed does not create a federal paid family and medical leave program, rather it provides the opportunity for some states to receive grants that are neither large enough, nor comprehensive enough to create true paid leave.

***A federal paid leave bill should set a strong federal floor***

H.R. 3089 creates both a competitive grant system and an interstate compact through two distinct pillars. Pillar 1, the “Public-Private Partnership” portion of the bill, proposes a grant program for states that meet certain requirements. The eligibility criteria for the grants fall far below what is needed to make a meaningful difference in the lives of working families. First, in order to qualify for a grant, a state need only provide paid parental leave for birth and adoption, directly at odds with the FMLA and known best practices. Next, the grant does not require states to provide an adequate wage replacement rate.<sup>lxvi</sup> A family of four at the federal poverty line would only need to receive 67 percent wage replacement for a state program to qualify. Such a low amount is out of line with a decade of best practices. The very first programs to launch – California and New Jersey – offered 55 percent and 67 percent wage replacement (respectively) but later raised their wage replacement rates, with California instituting a progressive wage replacement scale. The proposed legislation would reward state programs that are two decades behind evidence-based enhancements to paid leave programs.<sup>lxvii</sup>

Another concerning eligibility criteria is that states are actually required to use a “covered partnership” in order to access the grant. However, the nature of the relationship between the state agency and the private entity is left vague and reads as a requirement to privatize at least some function of the paid leave program, without a clear rationale for this requirement. In fact, paid leave programs like those in Washington, D.C. and Rhode Island would not qualify for these grants, and any states attempting to stand up a new paid leave program would be required to include a privatized element to be eligible for these grants.

As evidenced by the millions of unmet needs for leave, simply hoping that employers opt to provide private paid leave is not enough. Much like existing temporary disability insurance (TDI) programs, voluntary plans leave out the workers who need leave the most. Making paid leave an optional resource that employers can choose to purchase does not create or expand paid leave that reaches those who need it the most — it simply allows the federal government to cosign the currently inadequate private model and continue to allow needs for leave to go unmet. Both the public-private partnership model and the voluntary insurance sale model have proven limited in their ability to meaningfully increase access to leave.

In 2019, New Hampshire and Vermont were both close to passing comprehensive paid leave via social insurance programs, but instead chose to create public-private partnership models. The federal government is now in danger of repeating this mistake. Recent analysis of New Hampshire's private-public partnership is instructive. 2024 data revealed that the creation of this partnership led to no meaningful increase in usage of leave. Only 3 percent of New Hampshire workers were enrolled in the voluntary program, and fewer than one in five had even heard of it.<sup>lxviii</sup>

***A federal paid leave program requires active and funded partnerships with states.***

The voluntary programs in New Hampshire and Vermont are examples of why it is unlikely that every state will develop a comprehensive paid family and medical leave insurance program. To ensure all people have access, a comprehensive federal program is necessary. The proposed bipartisan legislation is worrisome in its attempt to institute a federal paid leave grant program without investing meaningful federal resources to cover the administrative burdens. Priority is given to states that apply with a demonstrated plan to “implement a financing mechanism that does not have long-term reliance on Federal funding,” limiting the federal government’s investment in paid leave to these one-time grants.

Pillar 2 of H.R. 3089 is the “Interstate Paid Leave Action Network” (I-PLAN). I-PLAN proposes a compact to incentivize states to create shared standards and to coordinate their programs.<sup>lxix</sup> Using a funded national intermediary, the network would meet at least three times per year and develop an annually updated “roadmap” for implementing an interstate agreement. The legislation suggests creating a “single policy standard” across participating states and creating single definitions and administrative standards. The network would also create a single process for state programs to process claims for multi-state employees.

The impetus for proposing I-PLAN is a good one – administering and implementing unique state programs is difficult work. In fact, states have already been working together and regularly meet – often through CLASP’s Paid Leave Administrators’ Network – to discuss best practices, statutory and legislative changes, and ways to work together to improve benefit access.

At the same time, while the stated objective of I-PLAN is to promote interstate connection in pursuit of a federal program, the proposed legislation simply does not offer enough to adequately fund the integration of state programs. Paid leave programs do not exist in a vacuum. They are beholden to laws, statutes, and administrative practices that already govern their state. The process of standing up a state paid leave program on its own requires tens of millions of dollars, requiring staffing, data and program infrastructure, procurement, and funding for continuous evaluation. The amount proposed for the grants in H.R. 3089 is simply not meaningful, and cannot begin to address the deep administrative burden that would come with needing to make legislative, statutory, and administrative changes to allow individual state programs to align with their own state laws, let alone each other. As currently proposed, I-PLAN actually *increases* administrative burden without the necessary funds to offset the increased work, which may even deter states from even applying for these grants at all. If the federal

government aims to support states in coordinating their programs, it should be a continuously funded effort grounded by a federal paid leave program.

***The Department of Labor does not currently have the capacity to administer these grants***

The “More Paid Leave for More Americans Act” calls for the Department of Labor to administer these paid leave grants to states. As a former Department of Labor employee, I know all the time and hard work that goes into grants - administering grants requires writing the notice of funding opportunity and grant requirements, reviewing and scoring the grant applications, and overseeing grant administration and activities: all of which I have done or overseen during my tenure with the Women’s Bureau. I can tell you that even small grants are labor intensive and require meticulous work when done to the exacting standards that the federal government requires.

While I have the utmost faith in the Department of Labor’s career staff expertise and capacity for grant administration, I do not think the DOL currently has the capacity to take on additional grant administration at this time. Due to the attacks on federal workers by the Trump Administration, the DOL lost approximately 20 percent of its staff in 2025, while at the same time being tasked with additional administration and oversight of grant programs from the Department of Education.

Additionally, paid leave subject matter expertise has been drained at the DOL with the loss of two-thirds of career staff from the Women’s Bureau. The Women’s Bureau was the last federal agency to administer paid leave grants to states, awarding \$3.15 million in Paid Leave Analysis Grants to 17 states and municipalities between 2014 and 2016. These grants supported the development of cost-modeling tools that continue to be used by states and localities to help them design policies and demonstrate the feasibility and positive benefits of implementing comprehensive paid leave programs in their jurisdiction. Since 2016, 11 states (including five that received Women’s Bureau grants and three with jurisdictions within their state that received grants) have passed paid family and medical leave laws or expanded their existing programs.<sup>lxx</sup>

**Conclusion**

CLASP has facilitated a unique learning community of administrators of state paid leave programs. At our bi-monthly meetings we have seen administrators support each other through the final sprint to program launches, collaborate on language to improve equity and inclusion in user experience, and share innovative program designs. Through this, we have learned valuable lessons about what works and what ensures that those who need paid leave the most have access to it when they need it.

Without a national paid family and medical leave program, millions of workers are often forced to choose between maintaining their financial stability and protecting their health or caring for a loved one. The Family and Medical Leave Insurance (FAMILY) Act (H.R. 5390) seeks to address this by building on the proven success of state programs and establishing a comprehensive, worker-centered federal standard.

The recently reintroduced FAMILY Act also builds on lessons learned from the states to create a federal program that serves all working families. Incorporating all of the best practices described above, the FAMILY Act would provide up to 12 weeks of job protected leave for eligible workers, adopt a progressive and tiered wage replacement model, and use an inclusive definition of family, promoting equitable access and reflecting the realities of today's workforce and caregiving needs.<sup>lxxi</sup>

Together with universal and quality child care, accessible and affordable health care, accessible and affordable elder care, paid family and medical leave allows individuals to maintain employment while also caring for themselves and loved ones. Caregiving, whether paid or unpaid, is the backbone of our economy. Simply put, caregiving is the work that allows all other work to happen. We cannot afford to delay these solutions.

Thank you again for the opportunity to testify today. I look forward to hearing your questions.

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<sup>i</sup> Pronita Gupta, Tanya Goldman, Eduardo Hernandez, and Michelle Rose, "Paid Family and Medical Leave is Critical for Low-wage Workers and Their Families," Center for Law and Social Policy, December, 19, 2018, <https://www.clasp.org/publications/fact-sheet/paid-family-and-medical-leave-critical-low-wage-workers-and-their-families/>.

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