

# ACCESS TO PAID LEAVE FOR FAMILY AND MEDICAL REASONS AMONG WORKERS WITH DISABILITIES

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## Introduction

Most workers, including those with disabilities, will experience personal, medical and family caregiving events that demand time away from work. During such periods, income protection is critical. Rather than focus on a particular type, source or duration of leave, this brief examines access to any duration of paid leave (including short-term) for family and medical reasons among wage and salary workers. This brief focuses on a particular population for whom leave can be especially critical: workers with disabilities.

Evidence suggests that access to paid leave for family and medical reasons is associated with favorable outcomes for employees and their families, employers and the public alike (see Appendix 3 for more details). Access may have the greatest impact on low-wage earners who are more likely to experience severe financial hardship and/or seek help from public assistance programs to cover lost wages.<sup>1,2</sup> A recent study estimated that workers and their families lose \$22.5 billion in wages each year taking unpaid family and medical leave.<sup>3</sup> However, there is limited evidence on access, use and impact of paid leave for family and medical reasons by workers with disabilities.

Access to paid leave for family and medical reasons could be especially important for both workers with disabilities and workers who are caregivers to family members with disabilities. Workers with disabilities may be more likely to need to take leave for their own health condition than those without disabilities, and when they do, generally have lower income and fewer savings to rely on.<sup>4,5</sup> Among all workers, the most common reason for taking leave through the Family and Medical Leave Act of 1993 (FMLA) is for one's own serious health condition, including ongoing health conditions such as a disability (FMLA-qualifying leave is not necessarily paid).<sup>1</sup> Further, a recent study found that workers who took FMLA qualifying leave for ongoing health conditions were less likely to receive pay and more likely to experience financial difficulty while on leave compared to workers without ongoing health conditions who took FMLA qualifying leave.<sup>6</sup> Paid leave also provides income protection to workers who need time off to care for family members with disabilities. In 2020, about 1 in 5 adults reported providing care to an adult at home and 6 in 10 caregivers reported working while caregiving. Most working caregivers (6 in 10) reported needing to reduce working hours or take leave to meet their caregiving responsibilities; those with work-related impacts from caregiving reported higher rates of financial strain compared to those without work-related impacts from caregiving.<sup>7</sup>

As of November 2021, there is no federal law requiring non-federal employers to provide paid leave for family and medical reasons to workers. The United States is one of a small number of high-income countries without a national paid family caregiver or medical leave policy.<sup>8</sup> Certain state-level policies provide some workers wage replacement or cash benefits for family or medical leave through paid family and medical leave (PFML) programs.\* In other states, employers may voluntarily provide paid leave – of varying duration and for various purposes – but access varies widely depending on the type of leave and by worker and employer characteristics. There are disparities in access to all forms of paid leave based on earnings, full-time status, race and ethnicity, and other factors.<sup>9,10,11</sup> Workers with disabilities are disproportionately employed in part-

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\* Paid Family and Medical Leave (PFML) commonly refers to a dedicated leave bank of partially or fully compensated time away from work that can only be used for specific family caregiving needs such as the arrival of a new child or serious health condition of a close family member (paid family leave), or for an employee's own serious medical condition (paid medical leave).

time and low-wage jobs that typically have lower access to paid leave, though there are no published estimates of access to paid leave for family and medical reasons for workers with disabilities.<sup>12,13</sup>

This brief estimates the share of the workforce that has access to paid leave for certain family and medical reasons and highlights differences in access based on disability status.

## Methodology

This brief uses the most recent publicly available data from the 2017-2018 American Time Use Survey Leave and Job Flexibilities Module (ATUS-LJFM), linked to Current Population Survey (CPS) data, to examine access to paid leave for family and medical reasons among workers with and without disabilities.<sup>14</sup> Sponsored by the U.S. Department of Labor Women’s Bureau, the Leave and Job Flexibilities Module was fielded in 2011 and 2017-2018 as part of the ATUS. In the 2017-2018 module, there were 10,718 respondents (for more information on the ATUS-LJFM, see Bureau of Labor Statistics 2018 & 2021).<sup>15,16</sup> See Appendix 4 for details regarding the demographic composition of the sample and see Appendix 5 for documentation of the survey questionnaire.

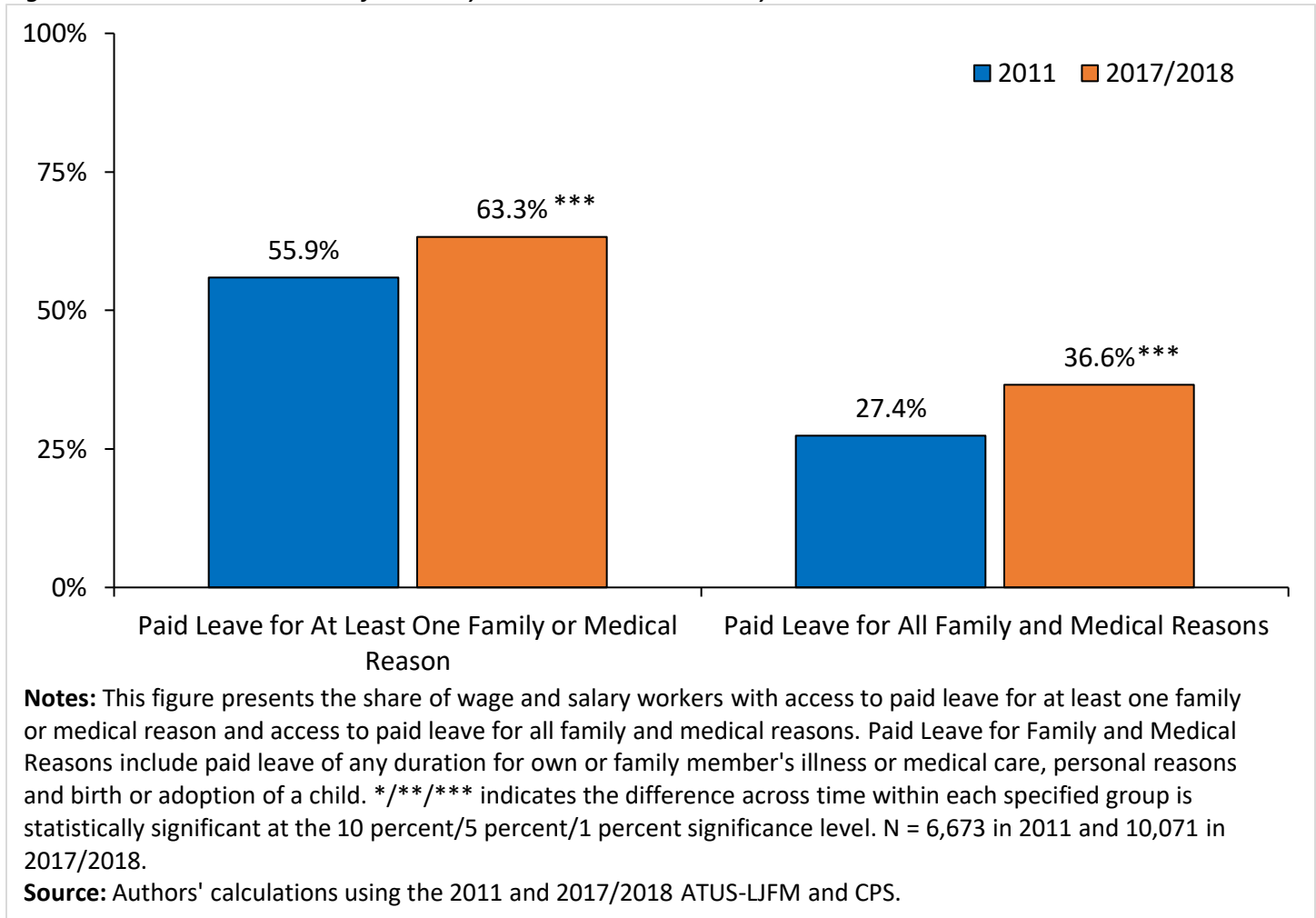
We classified a person as having ‘access to paid leave for family or medical reasons’ if they report having access to paid leave for their own or a family member’s illness or medical care, personal reasons and/or birth or adoption of a child. See Appendix 2 for definitions of sick, medical and family leave types. See Appendix 1 for details on the measure we use and how it is not limited to paid leave provided through PFML programs, but rather includes a broader range of paid leave that may be especially important to workers with disabilities.

The ATUS includes measures of earnings, industry and occupation. Additional demographic and labor force information, including respondents’ disability status, are included in the CPS.<sup>17</sup> We classify people as having a disability if they answer “yes” to any one of six questions asking about functional difficulties, which include hearing, vision, cognitive, ambulatory, self-care and independent living difficulty.<sup>19</sup> Using the ATUS-LJFM and linked CPS data, this brief presents estimates of access to paid leave for family and medical reasons for wage and salary workers by disability status and examines factors related to access such as race/ethnicity, earnings, education, unionization, industry and occupation.

## Findings<sup>†</sup>

### Access to paid leave for family and medical reasons has increased over time, but a substantial portion of the workforce remains without coverage.

Figure 1. Access to Paid Leave for Family and Medical Reasons by Year

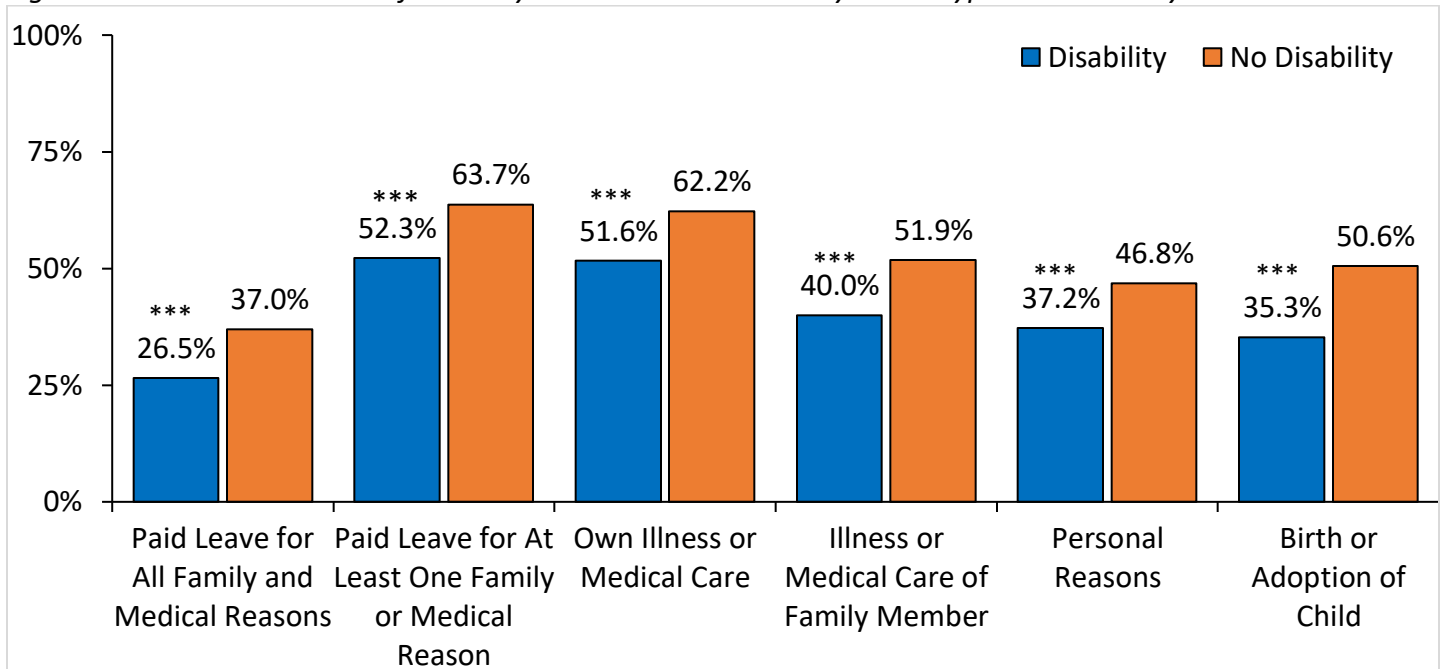


- Nearly two-thirds (63.3 percent) of wage and salary workers had access to some paid leave for at least one family or medical reason in 2017/2018, up from 55.9 percent in 2011.
- Over one-third (36.6 percent) of wage and salary workers had access to at least some paid leave that could be used for any family caregiving and medical reason in 2017/2018, up from 27.4 percent in 2011.

<sup>†</sup> ATUS-LJFM respondents may answer “Yes”, “No”, or “Do Not Know” to questions about access to different types of paid leave. The analysis in this brief records individuals who said “Yes” as having access to the specified paid leave type, and those who respond “No” or “Do Not Know” as not having access. Excluding the “Do Not Know” responses yields similar estimates of access to paid leave for family and medical reasons. The results are available upon request. See Appendix 3 for more details.

## Workers with disabilities have lower access to paid leave for family and medical reasons compared to workers without disabilities.

Figure 2. Access to Paid Leave for Family and Medical Reasons by Leave Type and Disability Status



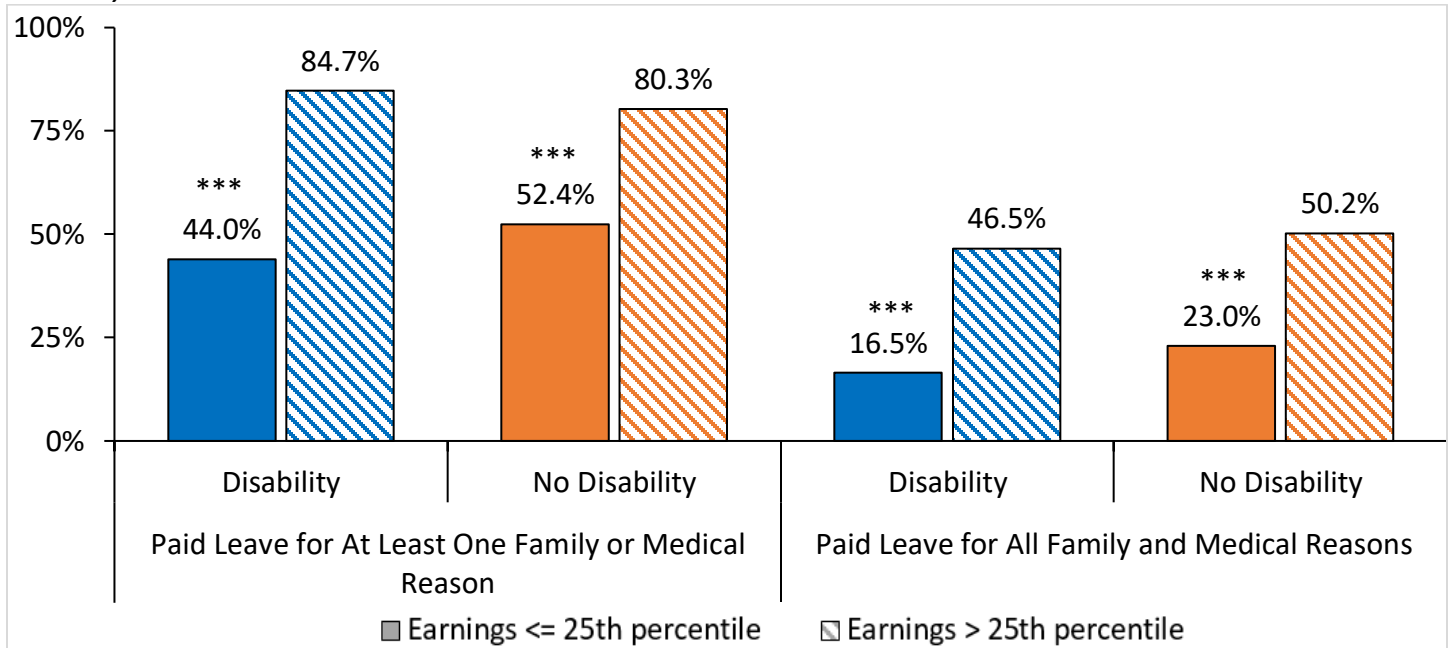
**Notes:** This figure presents the share of wage and salary workers who reported that they receive paid leave in their main job (the job in which they usually work the most hours), by type of leave and disability status. \*/\*\*/\*\* indicates the difference between workers with and without disabilities is statistically significant at the 10 percent/5 percent/1 percent levels. Paid leave types for family and medical reasons include leave for one's own illness or medical care, illness or medical care of a family member, personal reasons and birth or adoption of a child. N = 373 for workers with disabilities and 9,698 for workers without disabilities.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and the CPS.

- A smaller share of workers with disabilities report access to paid leave for all family and medical reasons leave compared to workers without disabilities, and the differences are statistically significant. There may be demographic differences between the samples of workers with and without disabilities that explain some of these gaps (see Appendix 4).
- Slightly more than one-quarter (26.5 percent) of workers with disabilities report access to paid leave for all family and medical reasons, compared to 37.0 percent of workers without disabilities. The share of workers with access to paid leave for at least one family or medical reason is higher – but still just over one-half (52.3 percent) of workers with disabilities have access, compared to approximately two-thirds (63.7 percent) of workers without disabilities.
- Roughly one-half (51.6 percent) of workers with disabilities have access to paid leave for their own illness or medical care, which is particularly important for individuals who may have ongoing health conditions.
- The largest gap between workers with and without disabilities is in access to paid leave for the birth or adoption of a child – approximately one-third (35.3 percent) of workers with disabilities report access – compared to one-half (50.6 percent) of workers without disabilities.

**Among full-time workers, access to paid leave is strongly associated with higher earnings. Workers with disabilities tend to have lower earnings and tend to work full-time less.**

Figure 3. Full-Time Workers with Access to Paid Leave for Family and Medical Reasons by Earnings and Disability Status



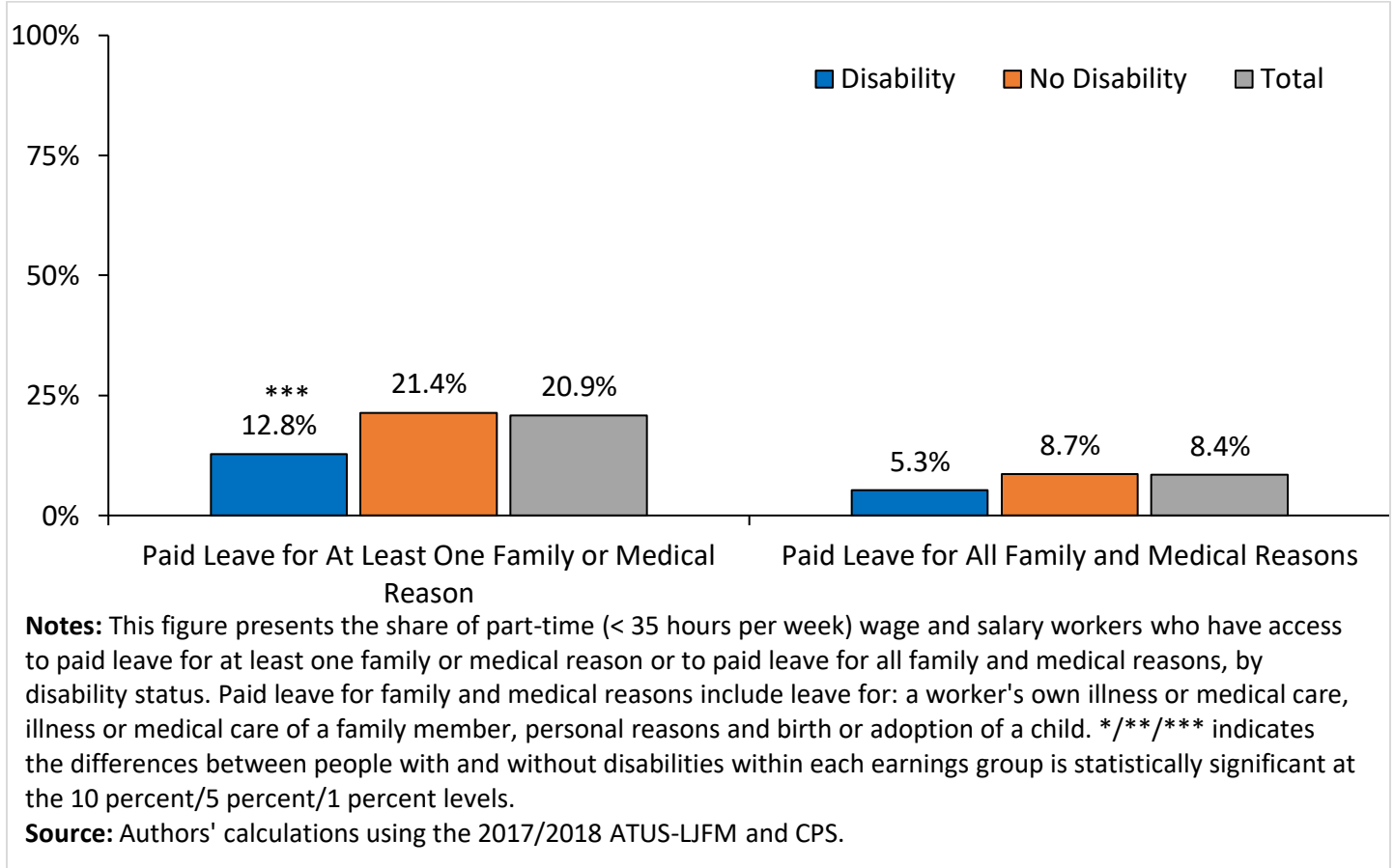
**Notes:** This figure presents the share of full-time ( $\geq 35$  hours per week) wage and salary workers who have access to paid leave for at least one family or medical reason or to paid leave for all family and medical reasons, by disability status and earnings. Paid leave for family and medical reasons include leave for: a worker's own illness or medical care, illness or medical care of a family member, personal reasons and birth or adoption of a child. The 25th percentile of weekly earnings for full-time workers is \$598 in 2017 and \$635 in 2018. \*/\*\*/\*\*\* indicates the differences in access to any or all paid leave by earnings group is statistically significant at the 10 percent/5 percent/1 percent levels. N = 250 for full-time workers with disabilities and 8,116 for full-time workers without disabilities.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and CPS.

- Regardless of disability status, full-time workers in the bottom earnings quartile have access to paid leave for at least one family or medical reason and access to paid leave for all family and medical reasons at substantially lower rates compared to full-time workers with higher earnings, and the differences are statistically significant.
- The gap in access to paid leave for family and medical reasons by earnings is larger among workers with disabilities compared to those without disabilities. For instance, higher-earning workers with disabilities have access to paid leave for all family and medical reasons at nearly three times the rate of low-earning workers with disabilities (46.5 percent vs. 16.5 percent), while higher-earning workers without disabilities have access to paid leave for all family and medical reasons at approximately twice the rate of low-earning workers without disabilities (50.2 percent vs. 23.0 percent).
- Among workers in the bottom earnings quartile, a smaller share of workers with disabilities have access to paid leave for at least one family or medical reason (44.0 percent vs. 52.4 percent) and paid leave for all family and medical reasons (16.5 percent vs. 23.0 percent) compared to workers without disabilities, but the differences are not statistically significant, which may be due to small sample sizes.

**Part-time workers have much lower access to paid leave for family and medical reasons than full-time workers, and workers with disabilities work part-time at higher rates. Even among all part-time workers, there is a significant gap in access between workers with and without disabilities.**

Figure 4. Part-Time Workers with Access to Paid Leave for Family and Medical Reasons by Disability Status

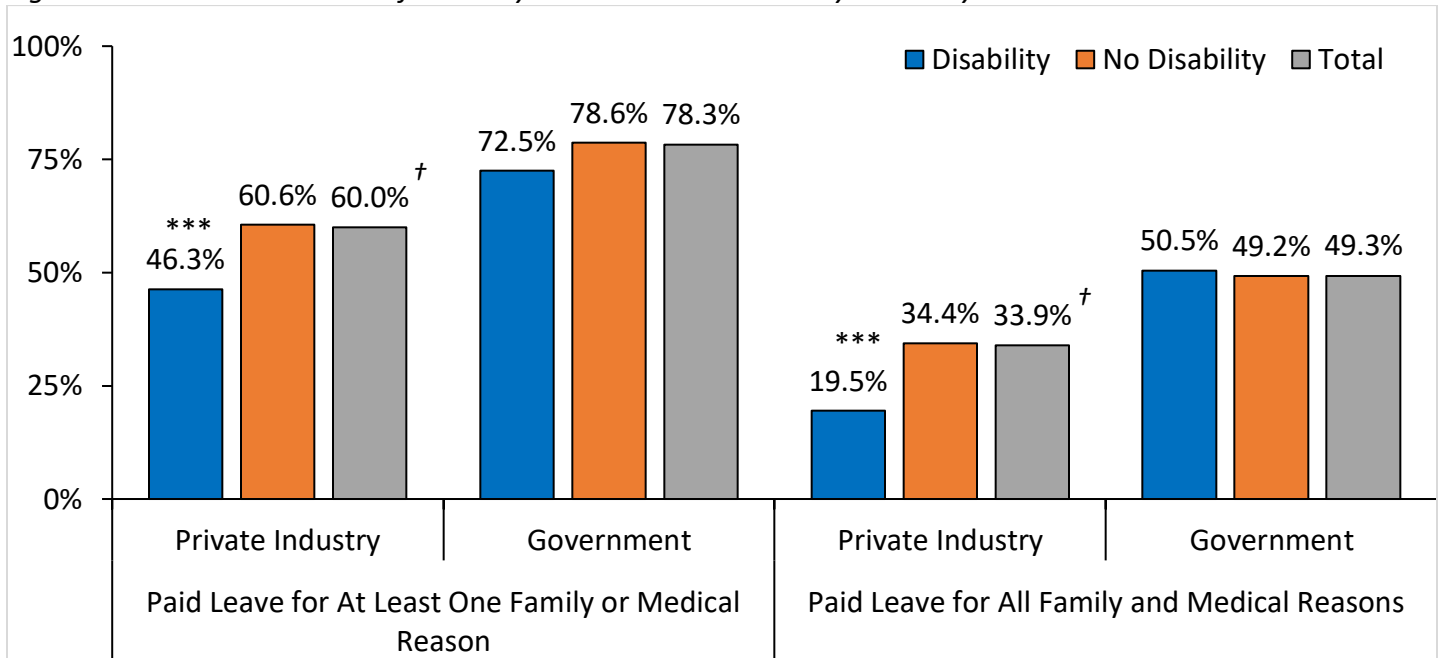


- A higher share of workers with disabilities work part-time (less than 35 hours per week) compared to workers without disabilities: approximately one-third of workers with disabilities, compared to one-fifth of workers without disabilities. See Appendix 4 for additional descriptive statistics comparing workers with and without disabilities.
- In total, 20.9 percent of part-time workers have access to paid leave for at least one family or medical reason and only 8.4 percent have access to paid leave for all family and medical reasons. These access rates are significantly lower than access rates for full-time workers, as shown in Figure 3.
- Twenty-one percent of part-time workers without a disability have access to paid leave for at least one family or medical reason compared to 12.8 percent for workers with disabilities, and the difference is statistically significant. Less than 10 percent of part-time workers, both with and without disabilities, have access to paid leave for all family and medical reasons.



**Private industry workers have lower access to paid leave for family and medical reasons than government workers and there are significant gaps in access among private industry workers by disability status.**

Figure 5. Access to Paid Leave for Family and Medical Reasons by Disability Status and Sector



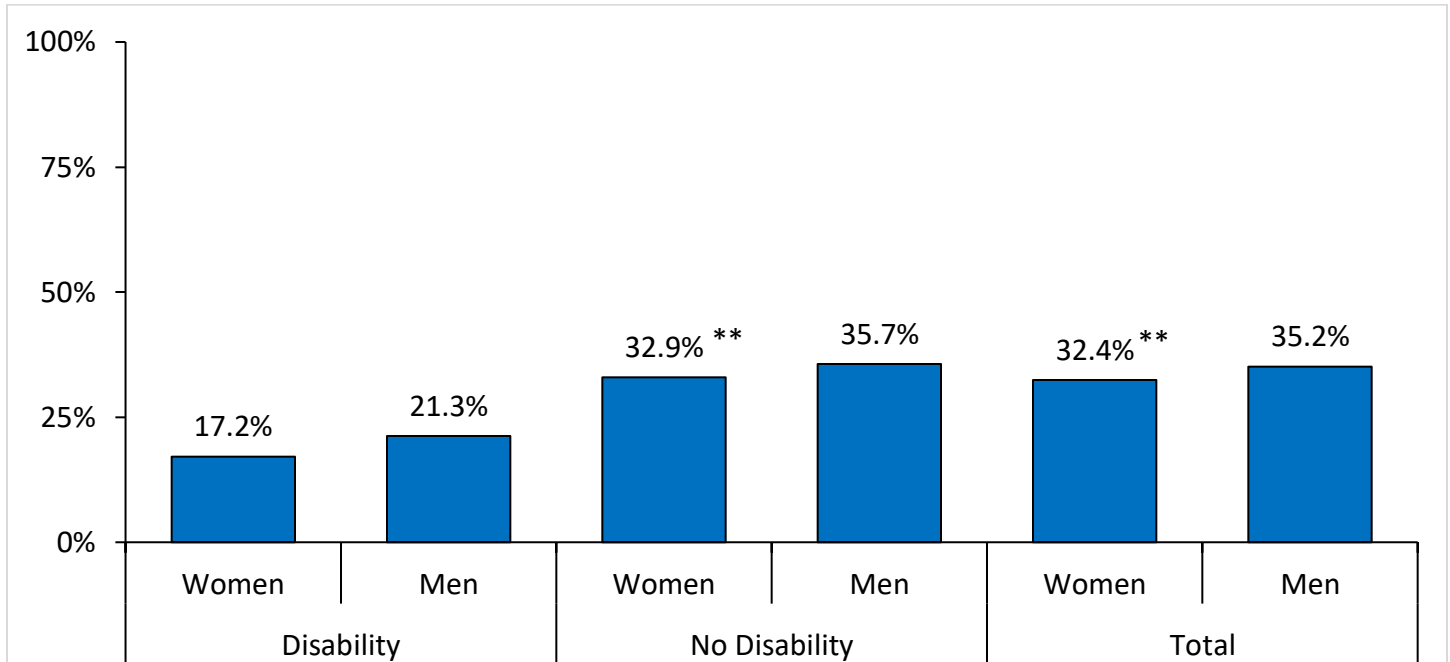
**Notes:** This figure presents the share of wage and salary workers who have access to paid leave for at least one family or medical reason or to paid leave for all family and medical reasons, by disability status and sector. Government workers include those in local, state, and federal government jobs. Paid leave for family and medical reasons include leave for: a worker's own illness or medical care, illness or medical care of a family member, personal reasons and birth or adoption of a child. \*\*\*/\*\*\* indicates the differences between people with and without disabilities within each sector group is statistically significant at the 10 percent/5 percent/1 percent levels. † indicates the differences between all workers in private industry and government are statistically significant at the 1 percent level.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and CPS.

- The shares of private industry workers who have access to paid leave for family and medical reasons are significantly lower than the shares of workers in local, state and federal government jobs. For instance, 78.3 percent of government workers have access paid leave for at least one family or medical reason compared to 60 percent of private industry workers. Further, only one-third (33.9 percent) of private industry workers have access to paid leave for all family and medical reasons compared to about half of government workers (49.3 percent), and the difference is statistically significant.
- There are no statistically significant differences in the share of workers with access to paid leave for family and medical reasons among government workers by disability status.
- Sixty-one percent (60.6 percent) of workers without disabilities in private industry have access to paid leave for at least one family or medical reason compared to 46.3 percent of workers with disabilities, and the difference is statistically significant. There are similar, statistically significant gaps in access to paid leave for all family and medical reasons between workers with and without disabilities in private industry jobs.

**Among private industry workers, a higher share of men have access to paid leave for all family and medical reasons than women do.**

Figure 6. Private Industry Workers with Access to Paid Leave for All Family and Medical Reasons by Disability Status and Gender



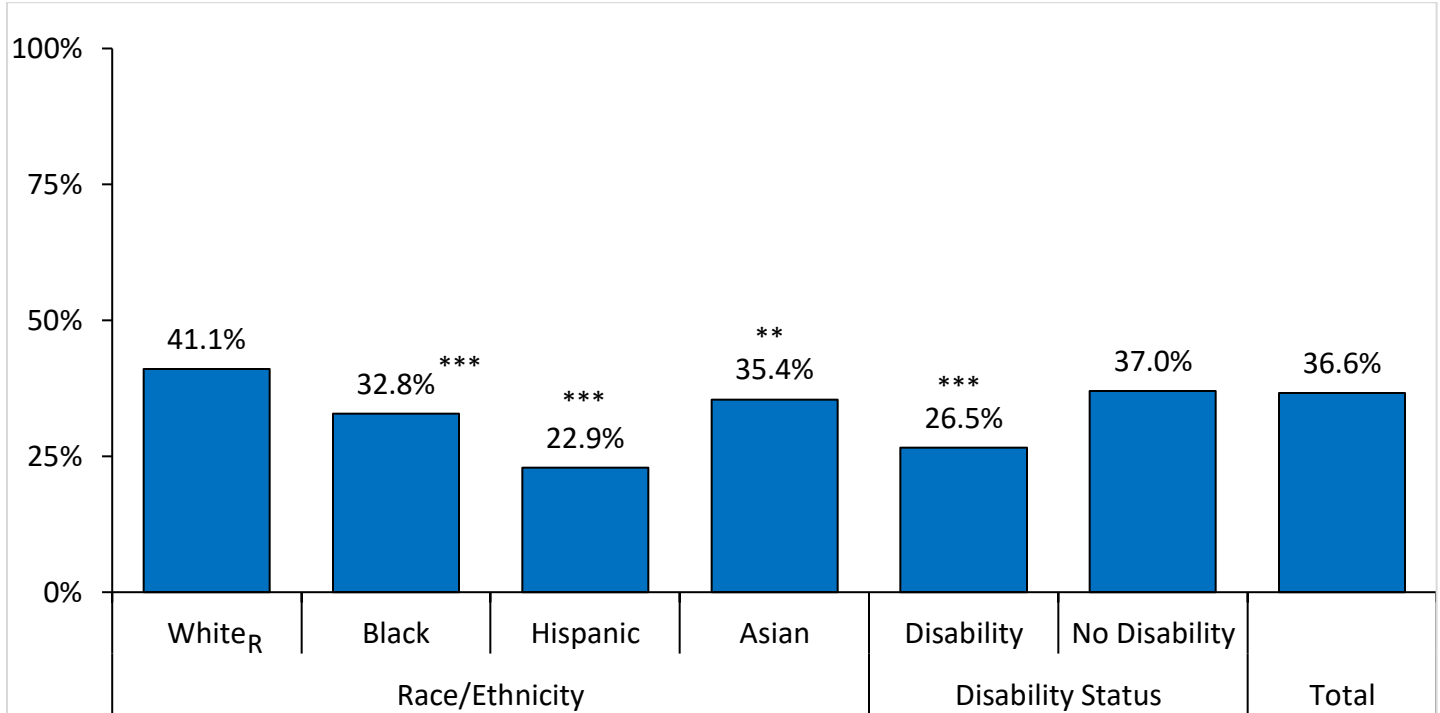
**Notes:** This figure presents the share of private industry wage and salary workers who have access to paid leave for all family and medical reasons, by disability status and gender. Paid leave for all family and medical reasons includes paid leave for a worker's own medical condition, a family member's medical condition, personal reasons and birth or adoption of a child. \*/\*\*/\*\* indicates the differences between men and women within each group (disability, no disability, and total) is statistically significant at the 10 percent/5 percent/1 percent levels. N = 297 for workers with disabilities in private industry and 7,878 for workers without disabilities in private industry.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and CPS.

- Women in private industry jobs have lower access to paid leave for all family and medical reasons compared to men in private industry jobs and the difference is statistically significant (32.4 percent vs. 35.2 percent, respectively). Further, women work part-time at higher rates compared to men, and full-time women workers are low-wage at higher rates compared to full-time men workers.
- Differences in access to paid leave for all family and medical reasons between women and men without disabilities in private industry jobs are statistically significant. Nearly one-third (32.9 percent) of women without disabilities have access compared to 35.7 percent of men without disabilities.
- A lower share of women with disabilities in private industry jobs have access to paid leave for all family and medical reasons compared to men with disabilities (17.2 percent vs. 21.3 percent, respectively), however the differences are not statistically significant, which may be due to the small sample size.

**There are significant disparities in the share of workers with access to paid leave for all family and medical reasons by disability status and race/ethnicity.**

Figure 7. Access to Paid Leave for All Family and Medical Reasons by Disability Status and Race/Ethnicity



**Notes:** This figure presents the share of wage and salary workers with access to paid leave for all family and medical reasons, by disability status and race/ethnicity. Paid leave for all family and medical reasons includes paid leave for a worker's own medical condition, a family member's medical condition, personal reasons and birth or adoption of a child. \*/\*\*/\*\* indicates the difference within each category (race/ethnicity, disability status, and gender) is statistically significant at the 10 percent/5 percent/1 percent levels. For race/ethnicity, statistical significance is relative to the reference group (noted with an R). N = 6,571 for Whites (non-Hispanic), 1,313 for Blacks (non-Hispanic), 1,521 for Hispanics, and 510 for Asians (non-Hispanic). N = 373 for workers with disabilities and 9,698 for workers without disabilities.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and CPS.

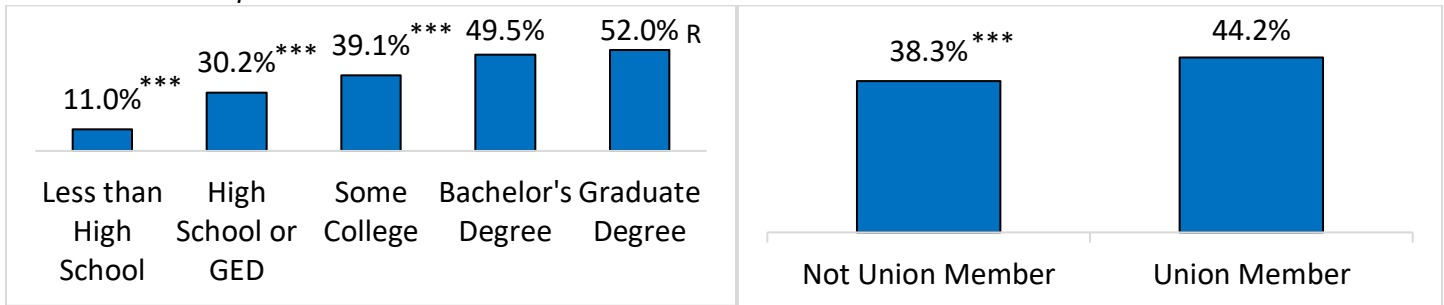
- Hispanic workers have the lowest access to paid leave for all family and medical reasons among the racial and ethnic groups reported in Figure 7 at just 22.9 percent. Relative to white workers, Black, Hispanic and Asian workers have statistically lower levels of access to paid leave for all family and medical reasons.
- Roughly one-quarter (26.5 percent) of workers with disabilities have access to paid leave for all family and medical reasons, which is statistically lower than the share of workers without disabilities that have access (37.0 percent).

## Other factors associated with access to paid leave for family and medical reasons

- Figures 8-10 highlight other factors associated with access to paid leave for all family and medical reasons, including: educational attainment (for workers age 25 and older), union membership, industry and occupation group for all workers. \*/\*\*/\*\* indicates that the difference between groups is significant at 10/5/1 percent levels. If more than two groups are included, significance is relative to the reference group (noted with an R).

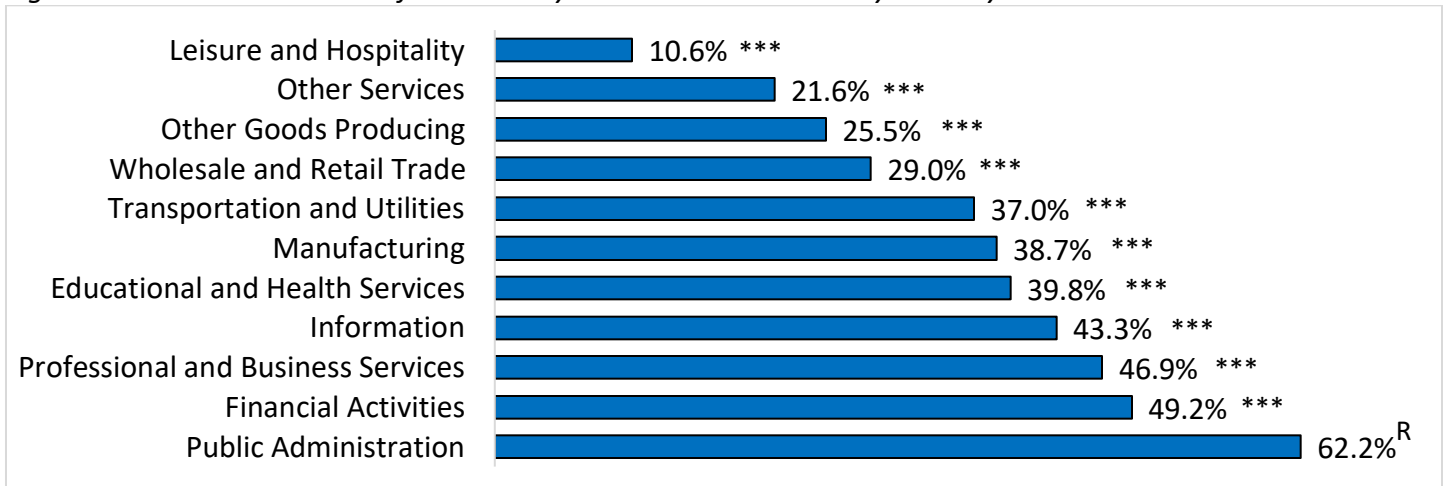
### Educational Attainment and Union Membership

Figure 8. Access to Paid Leave for All Family and Medical Reasons by Educational Attainment (age 25+) and Union Membership



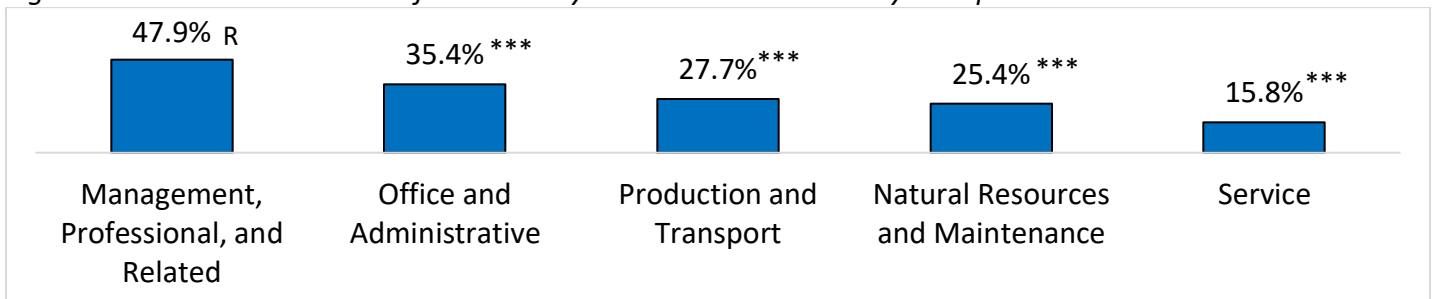
### Industry

Figure 9. Access to Paid Leave for All Family and Medical Reasons by Industry



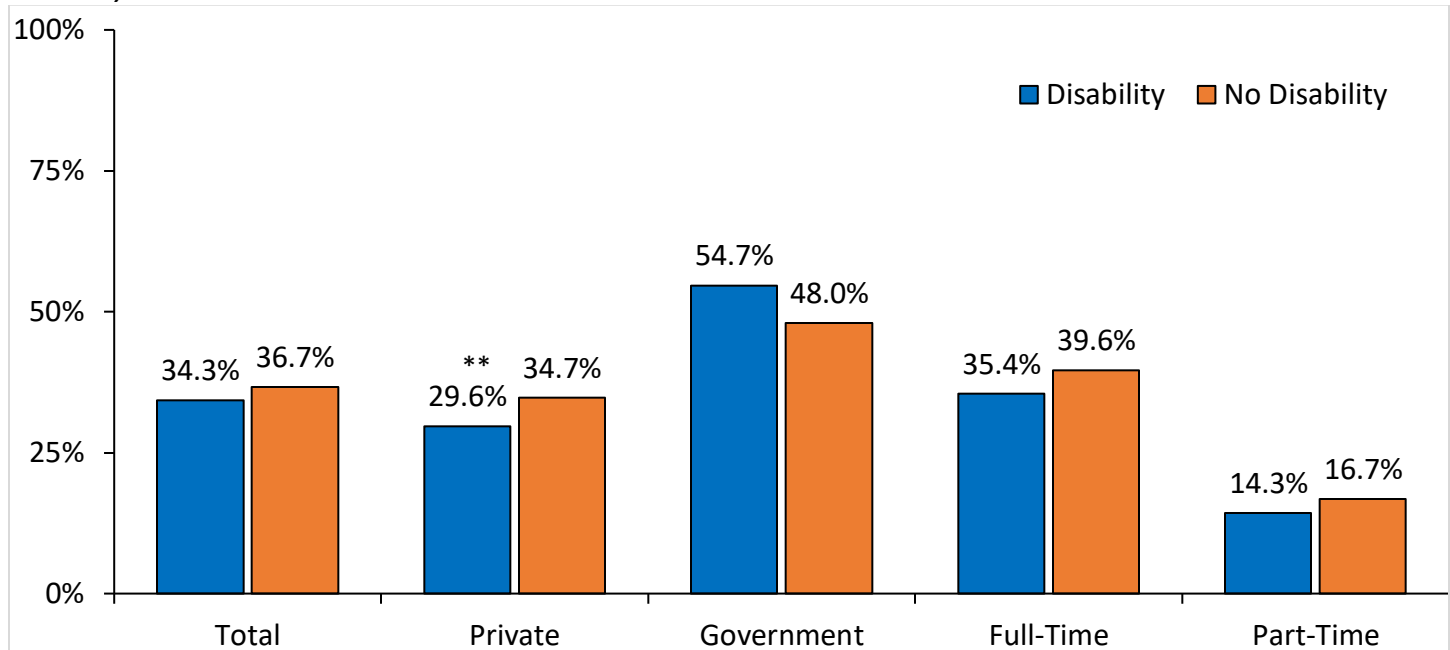
### Occupation

Figure 10. Access to Paid Leave for All Family and Medical Reasons by Occupation



## When controlling for other factors that influence access to paid leave for all family and medical reasons, disparities in access between workers with and without disabilities are most prevalent among private industry workers.

Figure 11. Regression-Adjusted Estimates of Access to Paid Leave for All Family and Medical Reasons by Disability Status and Other Characteristics



**Notes:** This figure presents the regression-adjusted shares of wage and salary workers with access to paid leave for all family and medical reasons, which includes paid leave for a worker's own medical condition, a family member's medical condition, personal reasons and birth or adoption of a child. Each group (total, private, government, full-time and part-time) represents a separate regression that controls for age, gender, race/ethnicity, occupation group, industry, education and earnings. Full-time status ( $\geq 35$  hours per week) and sector (private or government) are included when the sample is not limited solely to one of these specific groups. Private or government groups are mutually exclusive and full-time and part-time groups are mutually exclusive; however, private, government, full-time and part-time groups are not mutually exclusive. \*/\*\*/\*\* indicates the difference between people with and without disabilities is statistically significant at the 10 percent/5 percent/1 percent levels.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and CPS.

- When controlling for differences in age, gender, race/ethnicity, occupation group, industry, education and earnings, the only significant gap in access to paid leave for all family and medical reasons between workers with and without disabilities in the groups shown in Figure 11 is among private industry workers.
- The share of workers with disabilities in private industry with access to paid leave for all family and medical reasons is five percentage points lower than the share of workers without disabilities (29.6 percent vs. 34.7 percent), and the difference is statistically significant.
- Government workers have the highest levels of access to paid leave for all family and medical reasons, and a higher share of workers with disabilities have access (54.7 percent) compared to those without disabilities (48.0 percent), though the difference between the two groups is not statistically significant.

## Conclusions

Paid leave for family and medical reasons – whether for a short or a longer duration - provides critical income protections to workers in times of need and may allow them to attend to their own health and that of their families. All workers, including workers with disabilities, face the risk of not being able to work due to their own medical condition or their need to care for a loved one with a serious condition. For instance, research suggests that by age 56, 41 percent of working men<sup>18</sup> and 46 percent of working women<sup>19</sup> will experience a work-limiting health condition, and a portion of those workers will experience a chronic impairment lasting years. A recent survey of 2,029 adults 18 years of age or older found that about half of working adults say they have taken leave at some point to care for a seriously ill family member or are likely to in the future.<sup>20</sup>

As this brief describes, access to at least some paid leave for at least one family or medical reason has increased over time, but a substantial portion (63.4 percent) of the workforce does not have paid leave for all family and medical reasons. Workers with disabilities have lower levels of access to paid leave for family and medical reasons compared to workers without disabilities (26.5 percent vs. 37.0 percent), though differences in earnings and hours worked explain much of the gap. Workers with disabilities work full-time at lower rates and tend to have lower earnings compared to workers without disabilities, and full-time and high-earning workers have higher levels of access to paid leave for family and medical reasons.

The share of full-time workers with paid leave for all family and medical reasons is more than five times higher than the share of part-time workers (43.3 percent vs. 8.4 percent) and there are substantial differences in access among full-time workers by earnings. Less than one-quarter (22.8 percent) of full-time workers in the bottom earnings quartile have paid leave for all family and medical reasons, compared to half (50.1 percent) of full-time workers earning more. Further, the gap in access by earnings among full-time workers is larger among workers with disabilities compared to those without disabilities. Higher-earning workers with disabilities have access to paid leave for all family and medical reasons at nearly three times the rate as low earning workers with disabilities (46.5 percent vs. 16.5 percent), while higher-earning workers without disabilities have access at about twice the rate of low-earning workers without disabilities (50.2 percent vs. 23.0 percent).

There are stark differences in access rates between workers in government and private industry jobs. Only one-third (33.9 percent) of private industry workers have access compared to about half (49.3 percent) of government workers. While there are statistically significant gaps in access between workers with and without disabilities in private industry (19.5 percent vs. 34.4 percent), there are no significant gaps in access among government workers.

There are racial/ethnic and gender disparities in access as well. Hispanic workers have the lowest rate of access (22.9 percent) of the groups examined, and women in private industry jobs have lower rates of access compared to men (32.4 percent vs. 35.2 percent). Additionally, there are differences in access by educational attainment, occupation, industry and union membership. Based on the current landscape of federal policy and employer practices, workers least able to cover the costs associated with time off work for family and medical reasons, including workers with disabilities, are least likely to have paid leave for family and medical reasons.

## Appendix 1: Estimates of Access to Paid Leave from Different Sources

This brief presents rates of access to paid leave for family and medical reasons, which we construct based on employee-reported access.

There are multiple reasons why this data source does not allow for estimating specific access rates to paid family leave, paid medical leave or comprehensive paid family and medical leave (PFML): (1) the survey lacks information about the benefit duration of reported leave types, (2) the survey does not distinguish between sick leave (generally hours or days in length) and medical leave (weeks or months) and (3) there are likely inaccuracies in how survey respondents report the types of leave benefits they have access to through their employer.

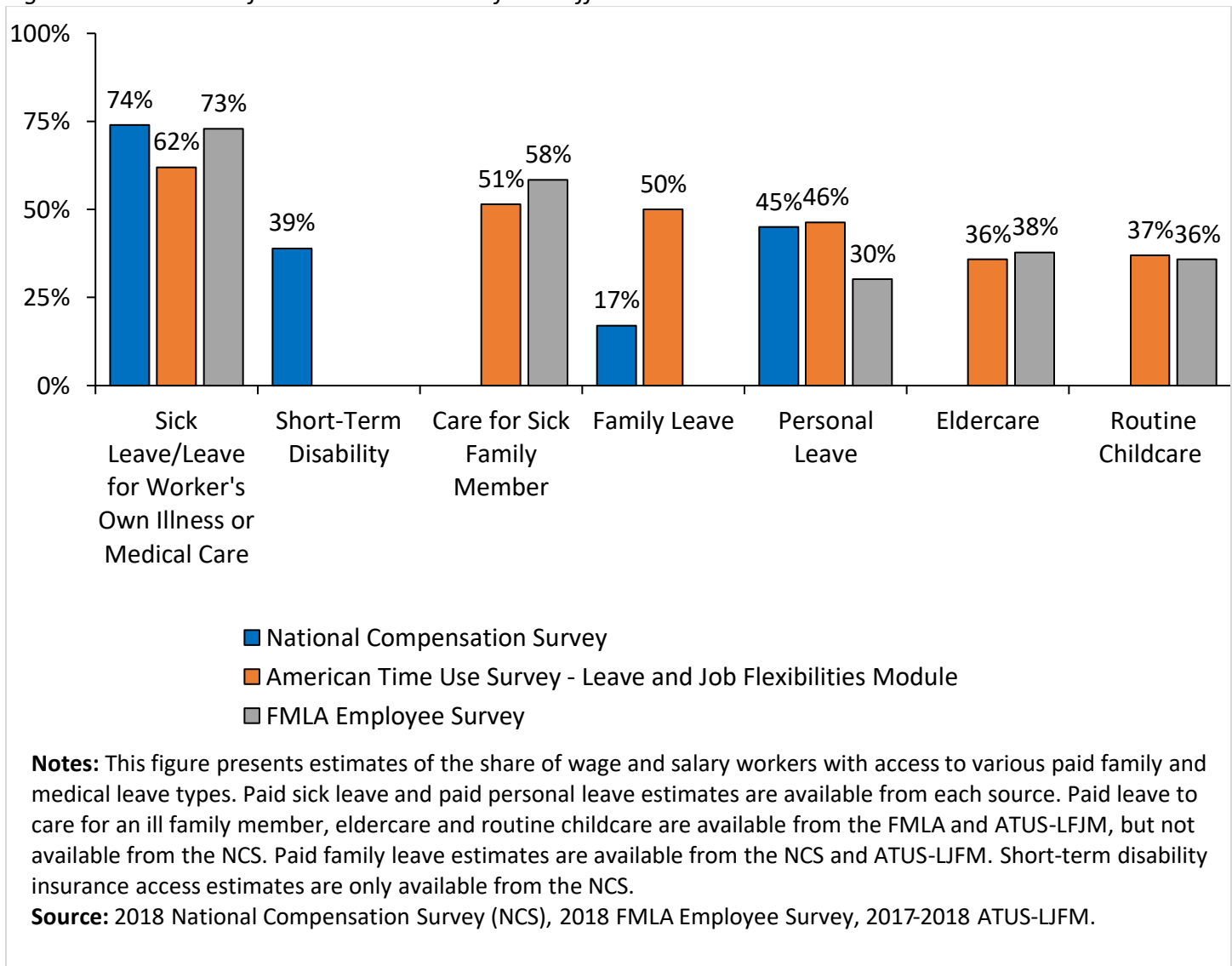
First, comprehensive PFML programs provide partially or fully compensated time away from work for qualifying family and medical reasons. The characteristics of existing state-run comprehensive PFML programs vary across many aspects including benefit duration, though they typically provide multiple weeks of paid leave for any family or medical condition. However, the ATUS-LJFM does not provide details on the duration of paid leave. Respondents in the ATUS-LJFM are simply asked whether they can take paid leave for certain reasons, but not about the length of the leave that is available.

Second, the ATUS-LJFM does not distinguish between sick and medical leave when asking respondents if they can take paid leave for their own injury or illness. A key distinction between sick and medical leave is that sick leave is intended for short-term medical needs, including preventative care, whereas medical leave is intended for time off work to recover from a serious medical condition that requires longer absences from work.<sup>21</sup>

Third, employees surveyed in the ATUS-LJFM may misreport the various types of leave benefits available to them. For example, most employees are unlikely to know the distinction between sick and medical leave,<sup>22</sup> which may explain why the ATUS-LJFM do not ask respondents to distinguish between the two. Some employees may be covered by paid sick leave and report that they are able to take paid leave for their own injury or illness, but are not covered for medical events that require more time away from work and would typically be covered under medical leave as part of a comprehensive PFML program. As such, the ATUS-LJFM likely over-estimates the share of the workforce with paid leave for certain medical conditions requiring extended leave that would likely be covered by a comprehensive PFML program.

Three recent DOL-sponsored surveys illustrate the differences in access to leave based on employee surveys and employer surveys. The National Compensation Survey (NCS), FMLA Employee Survey (FMLA) and the American Time Use Survey (ATUS) Leave and Job Flexibilities Module (ATUS-LJFM) are each commonly cited in measures of access to paid leave. Estimates vary based on what types of leave each survey specifies and whether they are employer (NCS) or employee-based (FMLA, ATUS) surveys. This brief examined the ATUS because it is the only survey of these three that includes six disability questions commonly used to identify people with disabilities. Figure 12 summarizes estimates of access to different types of paid leave from different sources in 2018.

Figure 12. Estimates of Access to Paid Leave from Different Sources



As Figure 12 shows, there are similarities and differences in estimates of access from each data source:

- ATUS-LJFM, NCS, FMLA: paid sick leave and paid personal leave
  - Sick leave: though there may be differences in defining sick leave across surveys, the estimates of the share of workers with access to paid sick leave are relatively similar from each source, ranging from a low of 62 percent in the ATUS-LJFM to a high of 74 percent in the NCS. Further, the NCS specifically defines this category as “paid sick leave,” while the ATUS-LJFM and FMLA surveys ask workers if they are able to take paid leave for their “own illness or medical condition.”
  - Personal leave: Estimates from the NCS and ATUS-LJFM are nearly identical at 45 to 46 percent, compared to 30 percent in the FMLA survey.
- ATUS-LJFM and FMLA: paid leave to care for an ill family member, eldercare and routine childcare
  - Paid leave to care for an ill family member: The ATUS-LJFM and FMLA surveys report that between 51 to 58 percent of workers are able to take paid leave to care for a sick family member.



- Eldercare and routine childcare: These paid leave types are typically not covered under a PFML program. Estimates from the ATUS-LJFM and FMLA surveys for eldercare are nearly identical at 36 and 38 percent, respectively. Estimates from the ATUS-LJFM and FMLA surveys for childcare are nearly identical at 37 and 36 percent, respectively.
- ATUS-LJFM and NCS: paid family leave
  - In the ATUS, half (50 percent) of workers are able to take paid family leave compared to 17 percent of workers in the NCS. This may be due to differences in the way paid family leave is measured in the ATUS-LJFM and NCS. For instance, NCS notes that “paid family leave is given in addition to any sick leave, vacation, personal leave or short-term disability leave that is available to the employee.”<sup>23</sup> However, this distinction is not made in the ATUS-LJFM, which may lead more workers to indicate they have access to paid family leave for the birth or adoption of a child specifically for that reason, compared to the NCS where some parental leave coverage may be included under other leave types.
- NCS: short term disability insurance
  - A key difference between the employer-based NCS survey and the employee-based FMLA and ATUS surveys is how they categorize sick and medical leave. The NCS asks employers to report employee access to sick leave and short-term disability insurance separately, whereas the FMLA employee survey and the ATUS ask workers if they are able to take time off from work due to their own injury or illness, without making a distinction between sick leave and short-term disability.
  - The NCS is the only survey that provides an estimate of the share of workers eligible for short-term disability insurance. According to the NCS, 39 percent of workers had access to short-term disability insurance in 2018.

## Appendix 2: Summary of Sick, Medical and Family Leave Types

Table 1 summarizes some differences between sick leave, medical leave and family leave. A key distinction between sick and medical leave is that sick leave is intended for short-term medical needs, including preventative care, whereas medical leave is intended for time off work to recover from a *serious* medical condition that requires longer absences from work.<sup>24</sup> Further, paid sick leave is generally funded entirely by employers and often replaces 100 percent of the worker's wage during time away from work, though the replacement rate may vary by employer and location.<sup>32</sup> Medical leave may be funded by employer and/or employee contributions to an insurance fund, depending on the source of the medical leave insurance (private insurance vs. state PFML program), and typically only replaces a portion of the worker's wage during time away from work.<sup>32</sup>

Medical leave (through private insurance or a state PFML program) covers conditions that are not work-related. Workers who experience an injury or illness that is a direct result of their job are covered by state-mandated Workers' Compensation insurance. Workers' compensation insurance provides wage-replacement benefits for time away from work within state guidelines, and covers relevant medical expenses up to maximum amounts for workers with work-related conditions that meet state compensability requirements. Workers' Compensation is mandatory for private-sector employers in all states, with limited exemptions for small employers and workers in specific classifications, such as agricultural or domestic employees, with the exception of Texas where Workers' Compensation insurance is voluntary.<sup>25</sup> In 2018, 97.6 percent of unemployment insurance covered jobs were also covered by Workers' Compensation.<sup>25</sup>

The data source used for this analysis, the 2017-18 American Time Use Survey Leave and Job Flexibilities Module (ATUS-LJFM), was introduced to respondents with the statement, "The next few questions are about paid and unpaid leave from a job." Following the introduction, respondents were asked whether they receive paid leave at their main job and, if so, the reasons for which they can take paid leave. Access to paid leave may be misreported if respondents are unaware of their employers' leave policies.<sup>26</sup> The questions do not distinguish between sick leave and medical leave. See Appendix 5 for the ATUS-LJFM paid leave questionnaire.

Table 1. Comparison of Sick, Medical, and Family Leave Types

Type of leave	Description	Common sources of wage replacement	Common sources of leave and job protection
<b>Sick and safe leave</b>	Leave lasting hours or days; for short-duration illness, injuries and preventative care or needs arising from critical safety issues such as domestic violence, stalking and sexual assault.	<ul style="list-style-type: none"> <li>• Employer – voluntary</li> <li>• Employer - mandated by state or local laws</li> </ul>	<ul style="list-style-type: none"> <li>• Employer</li> <li>• State and local laws</li> </ul>
<b>Medical leave</b> (short-term or temporary disability)	Leave lasting weeks or months; used to address serious illness and recover before return to work.	<ul style="list-style-type: none"> <li>• Employer</li> <li>• Private short-term disability insurance</li> <li>• State-run temporary disability insurance</li> <li>• State-run family and medical leave insurance or temporary caregiver insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Employer</li> <li>• State laws (including DC and Puerto Rico)</li> <li>• FMLA</li> <li>• Americans with Disabilities Act</li> <li>• Pregnancy Discrimination Act</li> </ul>
<b>Family Leave</b> (including parental Leave)	Leave lasting weeks or months; for new children in the household, care of a family member’s serious illness, military family needs.	<ul style="list-style-type: none"> <li>• Employer</li> <li>• Private short-term disability insurance</li> <li>• State-run temporary disability insurance</li> <li>• State-run family and medical leave insurance or temporary caregiver insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Employer</li> <li>• State laws (including DC and Puerto Rico)</li> <li>• FMLA</li> <li>• Americans with Disabilities Act</li> <li>• Pregnancy Discrimination Act</li> </ul>

Notes: Table adapted from Department of Labor 2016 and Smalligan and Boyens 2020.<sup>27,28</sup> It is illustrative but not comprehensive. Some other sources of wage replacement and leave and job protection include union contracts and requirements for federal contractors. For example, Executive Order 13706, Establishing Paid Sick Leave for Federal Contractors (EO), requires certain parties that contract with the Federal Government to provide their employees with up to seven days of paid sick leave annually, including paid leave allowing for family care.<sup>29</sup>

## Appendix 3: Summary Literature Review

Employees with paid leave may experience direct economic and health benefits. There is evidence that paid sick leave is associated with a decreased probability of job separation;<sup>30</sup> that access under a state paid family leave program is associated with an increased rate of job retention;<sup>31</sup> and that state paid leave reduces the likelihood that potential caregivers decrease their work hours to provide caregiving to their spouse after a work-limiting disability or chronic health condition.<sup>32</sup> Other studies have noted associations between access to paid leave for caregivers with their own better mental and physical health,<sup>33</sup> such as lower stress levels and higher self-rated health.<sup>34</sup> Income protection for family and medical leave may be especially important for low-income individuals. In a 2016 survey of 2,029 adults 18 years of age or older, it was estimated that more than half of workers with income below \$30,000 who only received some or no pay while on parental leave reported taking on debt to replace lost wages, and half reported failing to pay bills on time as a result of lost wages.<sup>9</sup>

People who receive care from a family member or loved one who can use paid family leave may also benefit. Paid leave programs for parents are associated with infant health, child development and child health in the forms of higher birth weights and fewer premature births;<sup>35</sup> fewer infant hospitalizations;<sup>36</sup> and lower overweight, ADHD and hearing problem incidence.<sup>37</sup> The benefits may also be greatest for disadvantaged families. An analysis of five state temporary disability insurance programs found that the positive association between infant health and paid maternity leave was greatest for children of unmarried and Black mothers.<sup>35</sup> Further, implementation of California's comprehensive PFML program increased the amount of time that high school educated, unmarried Hispanic, and Black mothers took off from work after birth, which brought them closer to parity with their college-educated, married, non-Hispanic white peers who tended to take more time off after birth.<sup>38</sup>

PFML programs may be advantageous to employers as well. Studies have found that employers in states that have implemented PFML programs are not burdened by higher wage costs and experience lower expenses and employee turnover,<sup>39</sup> have little difficulty adjusting to new PFML requirements<sup>40</sup> and experience improvement in the ease of handling long employee absences.<sup>41</sup>

Finally, PFML may reduce the burden on public assistance programs. Low-wage earners seek help from public assistance programs to cover lost wages when they receive no or partial pay while on family or medical leave at nearly four times the rate of higher-wage earners.<sup>9</sup> In addition, one study observed lower Supplemental Nutrition Assistance Program (SNAP; formerly known as Food Stamps) enrollment after childbirth among low-income mothers in states with paid leave programs as compared to states without such programs.<sup>42</sup> Findings on whether access to short-term disability or medical leave reduces Social Security Disability Insurance (SSDI) claiming<sup>43</sup> or long-term disability insurance enrollment<sup>44</sup> are mixed. Further research is necessary to understand how short-term disability coverage could affect the uptake of SSDI benefits.

## Appendix 4: Summary Statistics

Table 2. Summary Statistics

	Disability	No Disability	p-value
Number of Observations	373	9,698	-
Weighted Number of Observations	5,480,412	138,814,567	-
<b>Access to Paid Family and Medical Leave</b>			
Access to Paid Leave for At Least One Family or Medical Reason	52.3%	63.7%	0.001
Access to Paid Leave for All Family and Medical Reasons	26.5%	37.0%	0.001
<b>Demographic Information</b>			
Age	48.59	40.62	0.000
Female	44.6%	48.3%	0.263
White Non-Hispanic	72.7%	63.9%	0.001
Black Non-Hispanic	13.8%	11.9%	0.324
Hispanic	10.4%	17.2%	0.000
Asian Non-Hispanic	1.4%	5.5%	0.000
Other Race – Non Hispanic	1.8%	1.6%	0.773
Bachelor's Degree or Higher (age 25+)	32.6%	45.6%	0.000
<b>Earnings and Job Characteristics</b>			
Weekly earnings	\$744.89	\$997.08	0.000
Full-time Worker (>=35 hours per week)	66.4%	81.4%	0.000
Private Industry	77.2%	82.6%	0.078
Government	22.8%	17.4%	0.078
Union Member	11.8%	11.4%	0.871
<b>Occupation Group</b>			
Management, Professional, and Related	36.3%	45.9%	0.002
Service	23.0%	14.2%	0.002
Office and Administrative	18.6%	21.1%	0.316
Natural Resources and Maintenance	7.7%	7.6%	0.962
Production and Transportation	14.4%	11.3%	0.127
<b>Industry</b>			
Other Goods Producing	5.8%	6.3%	0.690
Manufacturing	7.9%	11.4%	0.040
Wholesale and Retail Trade	11.5%	12.5%	0.593
Transportation and Utilities	5.3%	5.1%	0.906
Information	0.6%	1.9%	0.002
Financial Activities	7.2%	7.2%	0.994
Professional and Business Services	10.2%	11.7%	0.487
Educational and Health Services	28.6%	25.7%	0.323
Leisure and Hospitality	10.4%	9.3%	0.516
Other Services	6.4%	3.7%	0.054
Public Administration	6.1%	5.2%	0.577

Notes: This table reports descriptive statistics for workers with and without disabilities from the 2017/2018 ATUS-LJFM and p-values for tests of statistical significance between workers with and without disabilities. All estimates are weighted using replicate weights.

Table 3. Percentage of ATUS-LJFM Respondents who Answered "Do Not Know" About Access to Paid Leave.

Paid Leave Type	Disability	No Disability	Total
Own Illness or Medical Care	0.5%	0.6%	0.6%
Illness or Medical Care of Family Member	3.6%	3.9%	3.9%
Personal Reasons	2.2%	1.3%	1.3%
Birth or Adoption of Child	10.9%**	6.0%	6.2%
Paid Leave for At Least One Family or Medical Reason (answered "DNK" to one or more PFML types)	14.3%**	9.4%	9.6%
Paid Leave for All Family and Medical Reasons (answered "DNK" to all PFML type questions)	0.0%	0.0004%	0.0004%

Notes: This table presents the percentage of respondents who answered they "Do Not Know (DNK)" if they have access to the specified paid leave type. \*/\*\*/\*\* indicates the difference between workers with and without disabilities is statistically significant at the 10 percent/5 percent/1 percent levels.

Source: Authors' calculations using the 2017/2018 ATUS-LJFM.

ATUS-LJFM respondents may answer "Yes," "No" or "Do Not Know" to questions about access to different types of paid leave. The analysis in this report records individuals who said "Yes" as having access to the specified paid leave type, and those who respond "No" or "Do Not Know" as not having access. As Table 3 shows, the percentage of respondents who answer "Do Not Know" varies from a low of 0.6 percent for questions about paid leave for one's own illness or medical care to a high of 6.2 percent for paid leave for birth or adoption of a child. The proportion of workers with disabilities who answer "Do Not Know" to the question about having paid leave for the birth or adoption of a child is higher than the proportion of workers without disabilities (10.9 percent vs. 6.0 percent;  $p < 0.05$ ). However, there are no statistically significant differences in the proportions of respondents who answer "Do Not Know" for other paid leave types. Excluding the "Do Not Know" responses yields similar estimates of access to PFML as reported in this brief. The results are available upon request.

## Appendix 5: American Time Use Survey Leave and Job Flexibilities Module Questionnaire

The Leave and Job Flexibilities Module includes all wage and salary workers except those who are self-employed. The Leave and Job Flexibilities Module begins with an introduction explaining the content of the next set of questions and then proceeds to a screen asking about access to paid leave at one's job. Access to paid leave questions were designed to provide information on who had access to paid leave at their jobs and reasons for which workers were able to take paid leave from their jobs.<sup>16</sup>

### PAID\_Intro

**Universe: [All wage and salary workers, excluding all self-employed]**

[[ (TUFWK=1 and not (io1wp=2 and n\_hrusl1 lt 15 and n\_hrusl1 ne -4))  
or (TUBUS2=1) or (tubus2 in (2,-2,-3,9,8) and (n\_hrusl1 ge 15 or n\_hrusl1=-4))  
or (tubus1=1 and tubus2=-1)  
or 4 <= TUABSRN <= 12 OR (TUABSRN in (14,-2,-3,99,98) and not (io1wp=2 and n\_hrusl1  
lt 15 and n\_hrusl1 ne -4)) ]]

and

[ (IODP1=1 and IO1COW in (1, 2, 3, 4, 5)) or IO1INT in (1, 2, 3,-2,-3) ]]

#### Question Text:

The next few questions are about paid and unpaid leave from a job.

Enter 1 to Continue [Go to PAID]

### PAID

**Universe: PAID\_Intro = 1**

Do you receive paid leave on your [current/main] job? [Fill: By main job, we mean the one at which you usually work the most hours.]

- 3. Yes [Go to RSNPD\_A]
- 4. No  
Don't Know/ Refused [Go to UNPD\_INTRO]

**RSNPD\_A**

**Universe: PAID = 1**

I'm going to read you a list of reasons why you might have to miss work. Can you take paid leave for...

\*Read if necessary: Don't Know is a valid response.

\*Read if necessary for multiple jobholders: Please focus on your main job when you answer.

Your own illness or medical care?

1. Yes
2. No  
Don't know/Refusal [Go to RSNPD\_B]

**RSNPD\_B**

**Universe: PAID = 1**

The illness or medical care of another family member?

1. Yes
2. No  
Don't know/Refusal [Go to RSNPD\_C]

**RSNPD\_F**

**Universe: PAID = 1**

Errands or personal reasons?

1. Yes
2. No  
Don't know/Refusal [Go to RSNPD\_G]

**RSNPD\_G**

**Universe: PAID = 1**

The birth or adoption of a child?

1. Yes
2. No  
Don't know/Refusal

[Go to UNPD\_INTRO]



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## **Authors**

This research brief was prepared by staff in the Office of Disability Employment Policy (ODEP) in the U.S. Department of Labor: Christopher McLaren, Senior Economist; Amy Fong, Mathematical Statistician; Taylor Rhodes, Economist; Savi Swick, Director of Research and Evaluation; and John Tambornino, Senior Advisor to the Assistant Secretary. Rose Woods from the Department's Bureau of Labor Statistics (BLS) provided technical review and the Women's Bureau and Chief Evaluation Office (CEO) provided independent expert review. For further information, please email [Swick.Savi@dol.gov](mailto:Swick.Savi@dol.gov) or [odep@dol.gov](mailto:odep@dol.gov) or call 1-866-ODEP-DOL (633-7365).

## **About ODEP**

ODEP promotes policies and coordinates with employers and all levels of government to increase workplace success for people with disabilities. ODEP's mission is to develop and influence policies and practices that increase the number and quality of employment opportunities for people with disabilities. For more information please visit the [ODEP Website](#).