

Appendix E: Research questions on FMLA and paid FML effectiveness

A key part of reviewing the FMLA research and evidence is evaluating what questions researchers have asked about the policy. Below is a select set of research questions asked by the FMLA survey and multiple studies of the FMLA and paid FML impacts.

- What percentage of employees are eligible for the FMLA?¹
 - What percentage of employees had an unmet need for FMLA leave?
- Has the FMLA increased the percentage of U.S. workers covered by family leave?²
- Has the FMLA increased leave-taking among employed mothers and fathers?^{2, 3}
 - Do impacts vary by parental socioeconomic status or firm size?
- Does the FMLA impact mothers' employment or wages? Does it have any impacts on fathers' employment?^{2; 3}
 - Do impacts vary by parental socioeconomic status, firm size or child age?
- Does the FMLA impact infant health outcomes?⁴
 - Do impacts vary by maternal socioeconomic status?
- Do state paid family and medical leave policies impact mothers' maternity leave use, employment, work hours and wages?⁵
 - Do impacts vary by race/ethnicity or socioeconomic status?
- How did California paid FML impact young women's labor force participation rates, nursing home utilization rates and child's health outcomes?⁶⁻⁸
- How did California and New Jersey paid leave implementation impact mothers' labor force participation rates and breastfeeding rates?^{9; 10}

The research questions of a select group of studies are detailed below. We begin with an implementation study and then present the articles in chronological order.

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Klerman, et al. (2012). Department of Labor 2012 Worksite and Employee Surveys

With the passage of the FMLA in 1993, Congress established the Commission on Leave to conduct a comprehensive study of the potential costs, benefits, and other impacts on employers and employees, differences in impacts by business type and size, and other aspects of existing family and medical leave policies in the U.S.¹¹ Recognizing a lack of data needed to examine many of these issues, in 1995 the Commission sponsored two new surveys of the FMLA, an Employer Survey and an Employee Survey. The main research questions of these surveys focused on employer costs and benefits and employees leave-taking patterns, including:^{1; 12}

- How are employer policies changing as a result of the FMLA?
- What are the relative costs and benefits to employers of providing family and medical leave?
- How are employees faring under the FMLA?
- What is the nature of leave-taking for employees in both FMLA-covered and non-FMLA-covered firms?

In 1995, 2000 and 2012, the Department of Labor (DOL) commissioned employer and employee surveys to collect updated information on employee leave usage, employees' family and medical leave needs, and the impact of the FMLA on businesses. The 2012 surveys were designed to be as comparable as possible to the previous surveys. The 2012 survey collected data on the following topics:

- FMLA coverage and eligibility among employees
- Employees' leave taking practices (prevalence, duration, reason, etc.)
- Implementation of the FMLA before, during and after taking leave
- Employees who needed but did not take leave
- Worksites' FMLA and other leave policies
- Worksite perceptions of FMLA impacts, costs and benefits

Subgroup analyses were presented for employees by parent status, gender, race (white vs. non-white), ethnicity (Hispanic vs. non-Hispanic) and education level.

A fourth wave of the FMLA survey is currently ongoing, and is expected to be released in 2019 ([click here](#) to read more). The next wave is expected to update and expand on previous surveys, specifically by addressing recent regulatory changes to estimate their impact on employee and employer behavior.¹³ The main research questions for the Wave 4 survey are as follows:¹⁴

- What are the primary reasons for employees using FMLA-qualifying leave?
- What are the patterns of FMLA coverage, awareness and use among employees, and how are they the same or different across the four survey waves?
- What are employers' FMLA policies and practices?
- What are employers' administrative and management practices related to FMLA, and how are they similar or different across the four survey waves?

Waldfogel. (1999). The impact of the Family and Medical Leave Act

After the passage of the FMLA, the law was criticized as doing little to help women without prior job protected leave because it covered less than half of private-sector workers and those who were covered were more likely to have been already covered by another leave policy. A second concern was that the law would impose additional costs on employers that could potentially be passed on to the most vulnerable workers. For example, because women are more likely to take leave than men (i.e. maternity or caregiving leave), employers may pass on leave-related costs to female employees through reduced hiring or lower wages. To investigate the validity of these

claims, this study examined four research questions:²

Question 1: Did leave coverage increase as a result of the FMLA?

The study investigated whether employer-offered maternity and paternity leave coverage increased after FMLA was passed. It also examined whether FMLA-covered firms changed their leave policies after the passage of the FMLA. Variation in trends is examined by firm size (small, medium, large).

Question 2: Did leave utilization increase as a result of the FMLA?

The study investigated whether the FMLA is associated with increased leave-taking among full-time employed mothers (estimated to be FMLA-eligible). It is expected that increases in leave-taking among estimated FMLA-eligible mothers should be larger in states that did not have any state leave laws before the FMLA. The study also examined variation by mothers' firm size as it is expected that increases will be smaller for women who work in large firms, which were more likely to already offer employer-provided family or maternity leave.

Question 3: Did the FMLA have an effect on women's employment?

There are competing theories as to whether the FMLA would have positive, negative or null impacts of women's employment. If the FMLA makes women more likely to take time off and return to work (rather than leave work altogether), then it would have a positive impact on employment. However, if employers pass on the costs of mandated FMLA benefits to employees through reduced hiring or wages, the FMLA could have negative employment effects. It is also possible that these two effects could offset each other, leading to null impacts.

Question 4: Did the FMLA have an effect on women's wages?

Similar to employment, there are competing theories as to whether the FMLA would have positive, negative or null impacts of women's wages. If women use FMLA benefits to retain their jobs (thus ensuring seniority and good job matches), the FMLA may be associated with positive wage effects. However, if employers pass on the costs of mandated FMLA benefits to employees through reduced wages, the FMLA could have negative wage effects.

Han, et al. (2009). Parental leave policies and parents' employment and leave-taking

This study assessed the effects of federal and state parental leave legislation on parents' employment and leave-taking immediately after the birth of a child.³ Authors examined outcomes separately for mothers and fathers between 1987 and 2004, a time period during which parental leave legislation was expanded at both the state and federal levels. The study included three types of parental leave laws: the FMLA, state unpaid parental leave legislation (in seven states), and paid leave provided through state Temporary Disability Insurance (TDI) programs (in five states). A sample of new parents was used to examine the effects of leave policies on employment; however, the sample was limited to employed parents when examining the effects of leave policies on leave-taking.

The study also examined employment and leave-taking impacts by parental education and maternal marital status. These subgroups were chosen because (1) parents of higher socioeconomic statuses may be more likely to be covered by and able to take advantage of unpaid parental leave laws, and (2) married women are more likely to be covered by leave law eligibility requirements and more likely to be able to afford unpaid leave.

Rossin. (2011). The effects of maternity leave on children's birth and infant health outcomes

This study examined the effects of FMLA unpaid maternity leave on:⁴

- Total infant mortality rate, and
- A series of birth outcomes, as follows: birth weight in grams, low birth weight (<2500 g), weeks of gestation, premature birth (< 37 weeks of gestation), five-minute Apgar score (a quick evaluation of a newborn's physical condition five minutes after birth), risk factors during pregnancy, labor complications and births with congenital anomalies.

The study also examined effects of FMLA unpaid maternity leave on birth parity, that is, the number of births that were first-time births to mothers compared to the number that were second-time births or higher. The authors examined this trend because higher parity is associated with better birth outcomes due to a better in utero environment; therefore, if the FMLA affects the ratio of first-parity to later-parity births, this change in birth parity composition could affect birth and infant health outcomes. It is important to separate the direct health effects of the FMLA from the indirect health effects through changes in birth parity.

Lastly, the author hypothesized that because FMLA leave is unpaid and may affect families' material resources, mothers' ability to take leave could vary by their educational attainment and marital status. Thus, the study examined how FMLA effects on birth and infant health outcomes differ by the educational attainment and marital status of mothers. Specifically, subgroup analyses compared the effects of the FMLA on:

- College-educated and married mothers, and
- Less than college-educated and single mothers.

No dataset provided information on child health outcomes and whether a mother was actually employed and/or FMLA-eligible. Instead, the author estimates FMLA effects by comparing the health outcomes of children born to likely FMLA-eligible and likely FMLA-ineligible mothers.

Rossin-Slater, et al. (2013). The effects of California's paid family leave program on mothers' leave-taking and subsequent labor market outcomes

Prior research found that the benefits of unpaid family leave are largest for socioeconomically advantaged mothers. By making leave more affordable, the authors hypothesized that paid family leave could reduce disparities in leave-taking for different subgroups of mothers.⁵

The authors of this article examined the question: Does maternity leave use, employment, work hours and wages differ for mothers of young children or infants before and after California paid FML implementation compared to women with older children, childless women, men with non-infant children and new mothers in other states?

Additional subsamples were stratified by whether these groups worked any regular hours in the previous calendar year. The effects of the California paid FML program on maternity leave-taking are also considered by specific subgroups of all mothers stratified by education, marital status, race/ethnicity, age and nativity.

Das & Polachek. (2015). Unanticipated effects of California’s paid family leave program

The authors hypothesized that although California paid FML may increase parental leave-taking and subsequent labor force participation by mothers, this may result in employers experiencing increased hiring costs for women relative to men, leading to higher unemployment rates and duration for women in the long-term.⁶

In this article, the key research question was: How do labor force participation rates, unemployment rates and unemployment duration of young women in California compare to the same outcomes amongst older women in California, all men in California and those outside of California, both before and after the implementation of California paid FML? The authors defined “young” as being the age of 42 and below. Unlike the other studies, the comparison and treatment groups had no restriction based on whether an adult was a parent. Instead, the comparison and treatment groups were based solely on the age of adults; thus, parents and non-parents are included in both the comparison and treatment groups.

Byker. (2016). Paid parental leave laws in the United States: Does short-duration leave affect women’s labor-force attachment?

Although there is a breadth of literature documenting the economic impact of paid parental leave in OECD countries, compared to policies in these countries, U.S. state paid leave policies are less generous and have narrower eligibility and shorter duration. The author sought to understand if these short leaves have an effect on women’s own labor force attachment outcomes by analyzing the labor force dynamics of women 24 months before and after giving birth in California and New Jersey, both before and after implementation of each state’s respective paid leave program.⁹ Byker hypothesized that while short leaves are unlikely to change the leave taking behavior of women who would otherwise exit the labor force for prolonged leave post-childbirth, reducing even brief interruptions may have long-term employment benefits for working women. The key research question was: How did mothers’ labor force outcomes pre- and post-childbirth change before and after California and New Jersey paid FML implementation, in comparison to mothers’ labor force outcomes in Texas, Florida, and New York (states without FML during this time period)? Specifically, Byker explored women’s labor force participation rates around a birth, months spent with any job around a birth and months spent looking for work following a birth. Byker presented a subgroup analysis by women’s education level.

Lichtman-Sadot & Bell. (2017). Child health in elementary school following California’s paid family leave program

The authors hypothesized that California paid FML is associated with a reduction in adverse health conditions amongst school-age children.⁸ The authors asked: How do adverse health outcomes (such as obesity, attention deficit/hyperactivity disorder (ADHD) and ear infections) of kindergarten children in California compare before and after California paid FML implementation, while controlling for trends in outcomes among children outside of California during both periods?

Specifically, this article assessed children’s health outcomes in early elementary school using six outcomes:

- Overweight
- ADHD
- General health condition

- Hearing problems
- Communication problems
- History of frequent ear infections

The authors chose to focus on early elementary school outcomes to more accurately evaluate the prevalence of these health conditions, since they are commonly diagnosed during the early elementary school years. The authors present subgroup analyses by socioeconomic status, mothers' educational attainment, English as a second language status and gender.

Arora & Wolf. (2018). Does paid family leave reduce nursing home use? The California experience

In the coming decades, it is expected that fertility rates will decline, divorce rates will rise and the share of employed individuals who simultaneously manage care for an aging adult will increase as the Baby Boomer generation ages. The authors hypothesized that utilization of California paid FML is associated with decreased nursing home usage in the state due to affording workers the opportunity to manage family and elder care without risking job loss.⁷ Therefore, the research question was: How has nursing home utilization changed in California before and after paid FML implementation compared to all other states, states with similar population characteristics and all states with other family friendly policies? Arora and Wolf focus on nursing homes since they account for the largest proportion of long-term care costs in the U.S. Nursing home utilization is defined as the proportion of a state's older population that resides in a nursing home at any time during the calendar year.

Hamad, Modrek & White. (2018). Paid family leave effects on breastfeeding: A quasi-experimental study of U.S. policies

Research shows that breastfeeding has many health benefits for infants and reduces adverse health outcomes such as asthma, diabetes, and obesity. However, early cessation of exclusive breastfeeding (defined by the World Health Organization (WHO) and United Nations Children's Fund as an infant solely consuming breastmilk and no other food or drink with the exception of vitamins, minerals or medicines) is common in the United States. One hypothesis explaining shorter breastfeeding duration is that American mothers return to work more quickly after the birth of a child than those in countries with comprehensive paid maternity leave programs. This study asked the question: How did breastfeeding practices in California and New Jersey change before and after their state paid FML program implementation compared to breastfeeding practices in states where no paid FML policies were implemented?¹⁰ The authors considered the duration of women's any and exclusive breastfeeding by marital status, race, income, state and age subgroups.

Endnotes and citations

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