



Policy Matters

An Analysis of Paid Family and Sick Leave Advocacy in Louisiana: Lessons Learned



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ABSTRACT

Background: In contrast with other developed countries, the United States lacks national paid maternity/family and sick leave policies, negatively impacting the health and economic security of both female and male workers and their children. Employer paid family and sick leave policies cover only about half of workers, and those lacking paid leaves are more likely to be less educated and with lower incomes. Louisiana has high proportions of poor and low income workers who especially would benefit from national or state paid leave policies.

Methods: In the absence of national paid leaves, several states and cities have implemented paid family and sick leaves. In this context and following the American Public Health Association's endorsement of paid family and sick leaves for health and wellbeing, the Tulane University Mary Amelia Women's Center decided to advocate for paid leave policies in Louisiana.

Results: Highlights of a Louisiana spring 2015 initiative were a talk by the President of the Institute for Women's Policy Research on the economic and health benefits of paid family and sick leaves and bills submitted by a State Senator. As has happened elsewhere, opposition from businesses and Republican legislators blocked passage. This outcome fit the Center's original expectations that communicating about the important health and other benefits of paid family and sick leaves, and developing support for state-wide policies, would be a long process—but one important to begin.

Conclusions: The initiative in Louisiana may provide insights for paid leave advocacy elsewhere.

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Paid maternity and other paid family and sick leaves are important for the health and well-being of women and others (Aitken et al., 2015; American Public Health Association [APHA], 2013; Borrell et al., 2014; DeRigne, Stoddard-Dare, & Quinn, 2016; Stearns, 2015; U.S. Department of Labor, 2015b). Maternity leave is taken to sustain the health of women before and after childbirth and to enable the care of newborns. Paternity leave is taken by fathers soon after the birth of a child to care for his partner, newborn child, and other children. Parental leave is leave that can be used by both mothers and fathers to care for young children. Family leave is the broadest term and can include maternity, paternity, and parental leaves and also leaves to care for other family members. In sick leave terminology,

“medical leave” refers to leave for serious illnesses (such as cancer), whereas “sick leave” is taken for regular illnesses (like flu) to bolster the recovery of oneself and/or family members. In some general discussions, “sick leave” refers to both (Moss, 2015; National Partnership for Women and Families [NPWF], 2015a; U.S. Department of Labor, 2015a).

In contrast with other developed countries, the United States lacks national policies providing paid maternity/family and sick leaves (Heymann, Rho, Schmitt, & Earle, 2009; Moss, 2015; World Policy Analysis Center, 2015). The United States is one of only three countries globally with no paid maternity leave (the other two are Papua New Guinea and Suriname). For example, all 28 countries in the European Union provide paid maternity leave, and the average duration is 23 weeks at 90% of previous incomes (European Parliament, 2015). A separate European Union parental leave policy mandates the availability of a minimum of 4 months of parental leave for each parent (EUR-LEX, 2015). Twenty-one of the countries in the European Union (75%) provide paid parental leaves, and average compensation is 73% of previous incomes (European Parliament, 2015). In terms

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of paid sick leave, the United States is the only developed country without a national paid sick leave policy (Heymann et al., 2009; World Policy Center, 2016). Table 1 summarizes these findings.

The United States did adopt the Family and Medical Leave Act (FMLA) in 1993, which has helped many workers; however, it provides only unpaid family and medical leave and is limited in scope because employees at workplaces with fewer than 50 workers are not eligible, there are hours of work and employment longevity requirements, and total leave duration equals 12 weeks (U.S. Department of Labor, 2012). FMLA requirements result in 41% of U.S. workers being ineligible for FMLA leave (Klerman, Daley, & Pozniak, 2012). Among those who have coverage, the absence of paid leave causes many not to take leave or to cut leave short owing to financial needs (Klerman et al., 2012). In contrast with the 5 months of average paid maternity leave in Europe, the average duration of FMLA leave taken by eligible U.S. mothers to care for newborns is less than 3 months (58 days; Klerman et al., 2012).

Louisiana has a state Pregnancy Disability Leave law, which also provides only unpaid leave, but it does apply to women at workplaces with 25 or more workers—more inclusive than the FMLA threshold of 50 employees (NPWF, 2015e). However, in contrast with FMLA, it provides only 6 weeks of unpaid leave for typical pregnancy and childbirth (although extension to 4 months is possible if medically necessary; NPWF, 2015e). As is the case at the federal level, Louisiana does not have a paid sick leave law.

The purpose of this article is to outline the current status of maternity, family, and sick leave coverage of women residing in Louisiana compared with women nationally. We discuss how the federal and state policy landscape for paid maternity/family leave and paid sick leave addresses women's needs and where it is lacking, with a particular focus on Louisiana's policy context. We proceed to a description of our strategy for communication and advocacy for paid family and sick leaves in Louisiana, how it developed and was implemented, and what the legislative outcomes were. We conclude with several lessons learned that may benefit others—especially those in states that face a similar political, socioeconomic, and sociodemographic environment as Louisiana.

U.S. Leave Policy Context

Historically in the United States, leave policies (for vacations, sickness, and other purposes) have been provided mainly by employers. However, research shows that employer leave policies are inadequate: for example, about half of employed U.S. mothers lack any paid leave after childbirth—including the use of accrued vacation and sick days (Laughlin, 2011). Similarly, one-half of all U.S. workers do not have paid leave for family

caregiving reasons (Council of Economic Advisors, 2014, p. 9), and approximately 40% of workers lack paid sick days for their own illnesses (Institute for Women's Policy Research [IWPR], 2014). Further, access to all these paid leaves is unequal: those with less education and lower earnings are less likely to have paid leaves (IWPR, 2014; Shephard-Banigan & Bell, 2014; U.S. Department of Labor, 2015b). A study of first-time mothers showed that 81% of mothers without high school degrees and 68% of high school graduates did not have paid leave after giving birth in comparison to 34% of those with a Bachelor's degree or more (Laughlin, 2011). In 2015, 66% of workers in the lowest wage quartile were without access to some paid sick leave in comparison with only 13% of those in the highest quartile (Bureau of Labor Statistics, 2015; see Table 2 for a summary of these findings). Lacking paid sick days, low-wage workers often go to work sick in restaurants, hotels, retail stores, nursing homes, and childcare facilities, undermining their own recoveries and potentially spreading illness to co-workers, customers, children, and the elderly, and increasing health care costs (APHA, 2013).

Among U.S. states, Louisiana has comparatively high proportions of people in poverty and with low incomes. In 2013, Louisiana had the third worst state poverty rate (19.8% in poverty in comparison with the U.S. average of 15.8%), and was one of the nine lowest states in terms of median household income (Bishaw & Fontenot, 2014; Noss, 2014). In Louisiana, more workers (48%) earn less than \$15 per hour in comparison with a rate of 42% nationally (Tung, Lathrop, & Sonn, 2015). Indicators for LA women are substandard: Louisiana women rank 43rd among the states in terms of median annual earnings, and the gender pay gap is worst in Louisiana with fulltime, year-round women earning only 66.7% of comparable men (Hess, Milli, Hayes, & Hegewisch, 2015). Moreover, among U.S. states, Louisiana has comparatively low proportions of women in the labor force (ranking 43rd) and women in managerial or professional occupations (ranking 40th; Hess et al., 2015). Similarly, on a women's health and well-being index, Louisiana was in the bottom one-third of states (Hess et al., 2015; Table 3).

Louisiana, like most other U.S. states, does not have state paid family leave and paid sick leave policies. This means that many women, especially those with less education and lower incomes—which is more characteristic of Louisiana—are without access to these leaves. A 2012 statewide survey of new mothers in Louisiana (The Pregnancy Risk Assessment Monitoring System [PRAMS]) found that only 33% were able to take paid leave after childbirth and more than 65% did not—higher than the national

Table 1
National Leave Policies: European Union (EU) Countries and the United States

	EU Countries	US
Paid maternity leave	Yes – all 28	No
Average duration	23 weeks	—
Average compensation	90% of previous incomes	—
Paid parental leave	75%	No
Average duration	86 weeks	—
Average compensation	73% of previous incomes	—
Paid sick leave	Yes	No

Sources: European Parliament, 2015; Heymann, et al., 2009.

Table 2
U.S. Paid Leave Scarcity and Inequalities

U.S. Workers Without Paid Leave	
Lack any paid leave after giving birth	55% of employed first-birth mothers
Without HS degrees	81%
HS graduates	68%
Bachelor's degree or greater	34%
Lack any paid leave for family caregiving	52% of all workers
Lack any paid sick days	39% of all workers
Lowest wage quartile	66%
Highest wage quartile	13%

Sources: Laughlin, 2011; Council of Economic Advisors (2014); Institute for Women's Policy Research, 2014; BLS, 2015.

Table 3
Summary of Select Indicators of Socioeconomic Needs in Louisiana Relative to U.S. States, 2013

Louisiana has the third worst poverty rate One of 9 lowest states in median income Louisiana women rank 43rd in median income Louisiana gender pay gap is worst at 66.7% of comparable male earnings Louisiana women rank 43rd in proportion of women in the labor force Louisiana women rank 40th in terms of proportion of women who are managers/professionals Louisiana women rank in bottom third of states in an index of health and well-being

Sources: Bishaw & Fontenot, 2014; Hess et al., 2015; Noss, 2014.

rate of 55% without paid leave after childbirth (Louisiana PRAMS, 2015; Laughlin, 2011; Figure 1).

In terms of the needs for paid sick leave, recent research and a Briefing Paper “Access to Paid Sick Days in Louisiana” by the IWPR found that 45% of Louisiana private sector employees do not have paid sick days—a higher percentage than the national rate (39%; IWPR, 2014; Figure 1.). As elsewhere, in Louisiana workers at all earnings levels lack paid sick leave, and it is most acute for those with low earnings: of private sector full-time workers, 71% of Louisiana workers earning less than \$15,000 per year and 43% of workers earning \$15,000 to \$34,999 lack paid sick leave in contrast with 20% of those earning \$65,000 or more (IWPR, 2015; Figure 2).

Impacts of the Lack of Paid Maternity/Family and Paid Sick Leaves

Lack of paid Family and Medical Leave and paid sick leave in the United States negatively impacts the health and economic security of both men and women workers and their children (APHA, 2013). However, their absence is particularly damaging to women as childbearers—and in the context of women’s caregiving of children and other family members and their struggles to combine work and family commitments (Human Rights Watch, 2011; U.S. Department of Labor, 2015b). In addition to other research findings, interviews with a sample of parents in 2011 provided poignant illustrations of the harmful health impacts and financial hardships experienced by many U.S. women and families owing to the lack of paid leaves and other work-family policy supports (Human Rights Watch, 2011).

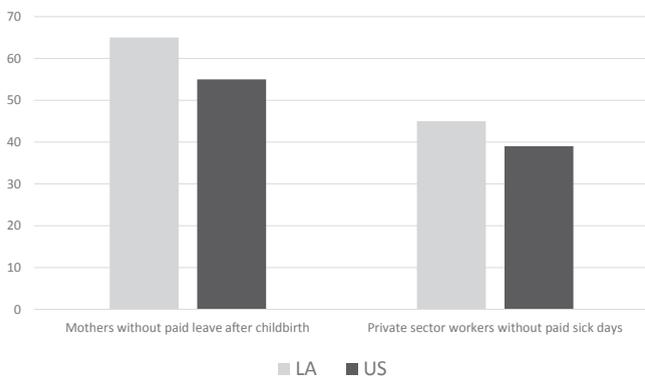


Figure 1. Louisiana and U.S. paid leave comparisons: percentages without paid leave. Sources: Louisiana PRAMS, 2015; Laughlin, 2011; Institute for Women’s Policy Research, 2014, 2015.

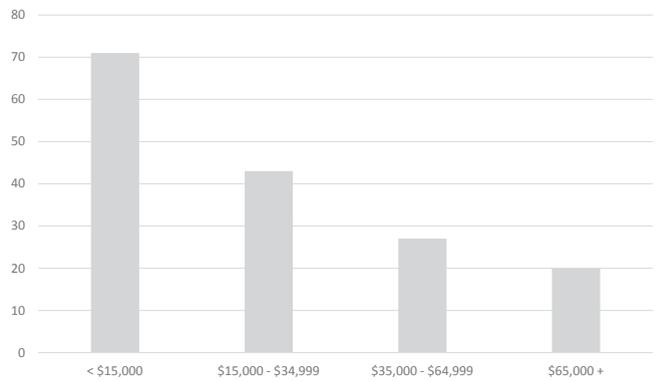


Figure 2. Lack of paid sick days by earnings, full-time private sector workers, Louisiana, 2013. Source: Institute for Women’s Policy Research, 2015.

More than 80% of U.S. women have one child or more by age 50 (Monte & Ellis, 2012), and at least two-thirds are employed while pregnant (Laughlin, 2011). Although men are providing more care for infants and other family members, women remain the predominant caregivers and need paid maternity, family, and sick leaves to care for newborns and sick children, partners, and elderly parents—and to promote their own health, employment, career advancement, and economic security (Boushey, O’Leary, & Mitukiewicz, 2013; Hess et al., 2015, p.104; Parker & Wang, 2013; U.S. Department of Labor, 2015b).

For U.S. mothers who have access, use of paid maternity leave is associated with many important health and economic benefits, including reductions in maternal postpartum depression and stress, longer periods of breastfeeding (which promote the health of mothers and children), greater employment continuity, and enhanced financial security (Aitken et al., 2015; APHA, 2013; Council of Economic Advisors, 2014; Gault, Hartmann, Hegewisch, Milli, & Reichlin, 2014; Human Rights Watch, 2011; U.S. Department of Labor, 2015b). Similarly, paid family and medical leave and paid sick leave bolster the recovery and health (of oneself and/or of family members), promote the sustained employment of covered workers, and reduce the financial stress of individuals and families (APHA, 2013; Skinner & Ochshorn, 2012; Winston, 2014). In this regard, lessening chronic stress (e.g., owing to employment and economic insecurities) can be a pathway to better health, and governmental policies that “cushion stresses” are important to this end (Braveman, Egarter, & Williams, 2011; Woolf & Braveman, 2011, p. 1,857). Governmental paid leave policies are needed both by U.S. workers whose employer policies are inadequate in pay and duration and by the many workers, especially those with low earnings, who lack any employer policy coverage. For all these reasons, in 2013 the APHA issued a Policy Statement (#20136) urging adoption of paid family leave and paid sick leave policies at the national, state or local levels to promote the health and well-being of women, men, children, and communities in the United States (APHA, 2013).

U.S. National and State Family and Sick Leave Policies

National Initiatives

Despite implementations of paid family and sick leave policies in other countries, it was a 9-year struggle in the United States to attain the national 1993 FMLA, which provides only

unpaid leave for up to 12 weeks annually (Lenhoff & Bell, n.d.). Signed into law by President Clinton, it previously had been vetoed twice by President H. W. Bush. Strengths of the law are that it can be used by men as well as women for the care of newborns and seriously ill children, spouses, or parents, as well as for one's own illness; it provides employment retention for leave takers; and it continues employer contributions for health insurance. However, as noted, in addition to not providing paid leave, deficiencies of the law are that it is available only to employees in workplaces with 50 or more workers, who have worked for the employer for at least 1 year and for 1,250 hours in the preceding year. These restrictions result in many workers not being covered by the law: in 2012, 41% of employees were not eligible (Gault et al., 2014, p. 3). Even if eligible, many workers cannot afford to take unpaid leaves (Council of Economic Advisors, 2014, p.14; Gault et al., 2014, p. 24).

Since 1993, many bills have been introduced into Congress to provide for paid family and medical leave and paid sick leave. In 2013 and 2015, Senator Kirsten Gillibrand and Representative Rosa DeLauro proposed “The Family and Medical Insurance Leave Act,” which would cover workers at all companies regardless of workforce size and provide paid leaves funded by small employee and employer payroll contributions through a new Office of Paid Family and Medical Leave in the Social Security Administration (Farrell & Glynn, 2013; NPWF, 2015a).

Similarly, “The Healthy Families Act” to provide paid sick days has been proposed by Representative Rosa DeLauro and Senators such as Senator Patty Murray and Tom Harkin in every congress since 2004 (DeLauro, 2015). This act would apply to workers in companies with 15 or more employees, and would enable the accrual of up to 7 days of job-protected paid sick days a year to recover from one's own illness, access preventive care, and provide care for a sick family member. Workers in businesses with fewer than 15 employees would be able to earn at least job-protected unpaid leave (NPWF, 2015b).

Despite President Obama and the Department of Labor's advocacy for paid family and medical leave and paid sick days, businesses and Republican members of congress have opposed paid leave laws, and Congress has not passed national legislation (Lerner, 2014; Schulte, 2015; Sneed, 2015; The White House, 2015; U.S. Department of Labor, 2015a).

Policy Initiatives in Various U.S. States

Some states have expanded worker access to unpaid FMLA or FMLA-type leave by allowing job-protected leave in workplaces

with fewer than 50 employees (e.g., <25 employees in Louisiana for its unpaid Pregnancy Disability Leave). Several states have initiated paid leave policies (Gault et al., 2014). State Temporary Disability Insurance (TDI) programs in California, Hawaii, New Jersey, New York, and Rhode Island typically provide paid leaves of about 6 to 10 weeks to women for medical conditions related to pregnancy and childbirth (Gault et al., 2014). These TDI leaves are funded by both employer and employee contributions, except in California and Rhode Island, where only workers contribute (Gault et al., 2014).

Building on its TDI experience, California was the first state to enact a paid family leave program, which began in 2004 and provides paid leave to both men and women to care for newborns and seriously ill family members. Subsequently, New Jersey and Rhode Island established similar paid family leave programs which began in 2009 (New Jersey) and 2013 (Rhode Island). All plans are funded solely by employee contributions and cover nearly all private sector employees. The weekly paid leave benefit amounts vary among the states, and the maximum weeks for paid family care are 6 in California and New Jersey but just 4 in Rhode Island. Only Rhode Island's law provides employment and health benefits protection—although such protections may apply in California and New Jersey if covered by the federal FMLA or other state laws. (Two other states, Washington and most recently New York, have passed paid family leave laws, but these programs have not yet been implemented; NPWF, 2015c; A Better Balance [ABB], 2016b. Table 4 presents some key components of the established state paid family leave policies.)

Similarly, paid sick days laws have been established in 5 states (Connecticut, California, Massachusetts, Oregon, and Vermont), 23 cities (including San Francisco, Washington, DC, Seattle, New York, and Philadelphia) and 1 county (Montgomery County, MD). These laws enable workers to accrue 1 hour of paid leave for every 30 or more hours worked and to use accrued leave for their own illnesses and to care for children and other family members (ABB, 2016b). The laws vary in the size of businesses covered and in the amounts of leave that can be accrued in a year (see Table 5 and ABB [2016b] for more details).

Evaluation of the Implementations of State Paid Family and Sick Leave Policies

Evaluations of the implementations of paid family leave policy in California, New Jersey, and Rhode Island and paid sick days policy in Connecticut reveal positive outcomes of the leave

Table 4
Some Components of Existing Paid Family Leave Insurance Policies in the United States and the Proposed Louisiana Law

	California	New Jersey	Rhode Island	Louisiana (Proposed)
Coverage				
Almost all workers covered by unemployment insurance	Yes	Yes	Yes	Yes
Broad definition of family members eligible for care	Yes	Yes	Yes	Yes
Funding				
Employee payroll deduction of .09 to 1.2% up to wage ceiling	Yes	Yes	Yes	No*
Weekly benefit				
55%–66% of weekly wage up to a cap of	\$1,104	\$604	\$795	\$247*
Weeks of benefits in 12-month period	6	6	4	12
Job and health benefits protections	No [†]	No [†]	Yes	Yes

* In the proposed LA Family and Medical Leave Act (FMLA) benefits and taxes are calculated and processed in the same manner as unemployment insurance except that taxes are split 50% by employer and 50% by employee. Employer tax rates vary annually: in 2016, ranging from .10% to 6.2% of wage base of \$7,701. Weekly benefits also vary: 4% of average quarterly earnings multiplied by 1.2075 with maximum benefit of \$247.00 (LA Workforce Commission, www.laworks.net)

[†] There may be protections through federal FMLA or other state laws.

Sources: A Better Balance, 2015; LA Senate Bill 84, 2015 Regular Session, Digest.

Table 5
Select Components of Paid Sick Leave Laws in the United States, and the Proposed Louisiana Law

	Connecticut	California	Massachusetts	Oregon	Washington, DC	Vermont	Louisiana (Proposed)
Coverage							
Most workers (some exemptions)		X	X	X	X	X	X
Only certain service workers	X						
In addition to self-care, leave can be used for a broad definition of family members		X	X	X	X	X	X
Self, children, and spouses	X						
Accrual of leave							
1 hour for every 30–40 hours worked	X	X	X	X			X
Varies, 1 hour for every 37–87 hours					X		
1 hour for every 52 hours						X	
Amount of earned paid sick leave, hours per year	40	48	40	40			52
Varies by size of employer (24–56 h)					X		
In 2017, 24 hours; 2018: 40 hours						X	
Employer with <10–11 workers, unpaid leave			X	X			
Employer with <5 workers, unpaid leave							X

Source: A Better Balance, 2016a; LA Senate Bill 81, 2015 Regular Session, Digest.

laws for workers, their families, and employers. Since the implementation of paid family leave in California and New Jersey, more than 1.5 million Californians and more than 100,000 New Jersey residents have used paid family leaves (NPWF, 2015d). Use of these paid family leaves by mothers for bonding with infants is associated with their greater employment continuity, increased wages, longer periods of breastfeeding, and better ability to care for newborns and make child care arrangements—particularly for lower wage workers. Increased weeks of leave taking have occurred for both mothers and fathers using paid family leaves. In contrast with the fears of some employers before the policy implementations, employer surveys and interviews find majorities report positive effects or no noticeable effects on productivity, profitability/performance, turnover, and morale. After implementation, the majority of employer respondents have favorable views of the paid family leave policies in California, New Jersey, and Rhode Island and of the state's paid sick leave policy in Connecticut (Appelbaum & Milkman, 2011; Appelbaum, Milkman, Elliott, & Kroger, 2014; Baum & Ruhm, 2013; Lerner & Appelbaum, 2014; Milkman, 2013; NPWF, 2015d; Rossin-Slater, Ruhm, & Waldfogel, 2011). At the same time, evaluations of the paid family leave policies emphasize the needs for expanded outreach (to better inform all workers), increased levels of wage replacement (so more affordable and to encourage more use by men), and provisions of job and health benefit protections and coverage for public sector workers who lack these guarantees (Milkman, 2013; White, Houser, & Nisbet, 2013).

Communication and Advocacy Strategy for Paid Leaves in Louisiana: Rationale and Development

National opinion polls show that the majority of voters support the enactment of paid leave laws, and campaigns and legislative proposals have been underway in many states: the National Conference of State Legislatures reported that 35 bills related to employee leave were introduced in state legislatures in 2014 (National Conference of State Legislatures, 2015; NPWF, 2014; Schulte, 2015). However, in contrast with many other states, Louisiana could be seen as a particularly “hostile terrain” for advocacy for state paid leave laws.

In recent years, Republicans have controlled both the Louisiana Senate and House of Representatives, and occupied almost

all statewide executive offices (Louisiana Republican Legislative Delegation, 2015; Moller, 2011). Although there are some splits among these Republicans, they generally are fiscal conservatives, pro-business, and oppose governmental policies that they see as infringements on employer freedoms to implement policies (including leave policies) as they choose (Dewan, 2015; Jamison, 2013; Sneed, 2015). This stance was exemplified in a 2012 “preemption” state law that prohibited Louisiana cities from enacting paid sick leave laws locally (State of Louisiana Revised Statute 23:642, 2012).

Nonetheless, realizing the lack of paid leaves in Louisiana, and understanding that paid parental, family, and sick leaves are important for improving the health and economic well-being of women (as well as others), several members of the Mary Amelia Center (MAC) of Tulane University decided to advocate for paid leave policies in Louisiana. The center has commitments for research, outreach, and advocacy to “advance equitable health and well-being for women, children, and families” (MAC, 2015), and statewide implementations of paid family and sick leaves would significantly contribute to this mission. In the absence of any public advocacy in Louisiana for needed paid family and sick leaves, the MAC strategy was to take “a first step” by communicating about the importance of paid leave policies. This was in accord with the initial component of California’s “road to success” in achieving paid family leave: building awareness and relationships over time (Labor Project for Working Families, 2003).

Implementation of the Communication and Advocacy Strategy: Issue Publicity and Legislative Proposals

To promote better public understanding of the need for and benefits of paid leaves, MAC sponsored a March 2015 talk by Heidi Hartmann, eminent economist and president of the IWPR, on the “Economic and Health Benefits of Paid Family and Sick Leaves,” which was open to the community, at the Tulane School of Public Health and Tropical Medicine. In preparation for the talk, center staff prepared issue briefs on the “Economic and Health Benefits of Paid Family and Medical Leave” and on the “Economic and Health Benefits of Paid Sick Days.” These were distributed to many and posted on the MAC website. Center staff also developed flyers about Heidi Hartmann’s talk and did extensive publicity. In conjunction with Heidi Hartmann’s talk, IWPR agreed to research and publish the previously mentioned,

instructive “Issue Brief: Access to Paid Sick Days in Louisiana” (IWPR, 2015).

Heidi Hartmann’s talk was envisioned as a first step in a long process of communicating about the importance of these paid leaves, and proposed legislation to provide paid leaves was expected to be a “second step,” which would occur in the future. However, after learning about Heidi Hartmann’s talk and MAC’s interest in advocating for paid leaves, Democratic State Senator Karen Carter Peterson quickly decided to submit paid leave bills in the spring 2015 legislative session. The first bill, Senate Bill 81, focuses on sick leave and proposes that paid sick days be accrued by workers at firms that employ five or more workers (State of Louisiana Senate Bill 81, 2015). Although the original proposed bill applied only to full-time workers, the senator later submitted an amendment to cover part-time workers also (see Table 5 for comparison of the LA proposed policy in comparison with policies in other states.).

The second bill, Senate Bill 84, provides paid family and medical leave by establishing Paid Family and Medical Leave insurance. Because Louisiana lacks the TDI programs that provided foundations for paid family leave in other states, the Louisiana proposal builds on the unemployment insurance system in Louisiana and would apply to employees at workplaces of 20 or more (>82% of Louisiana employees and $\geq 1,344,315$ workers; U.S. Census Bureau, 2012; State of Louisiana Senate Bill 84, 2015). This bill also was introduced as HB703 in the LA House of Representatives by Representative Helena Moreno (NPWF, 2015e). These bills incorporate elements of legislation already adopted in other states (such as California, New Jersey, Connecticut, and Rhode Island) and provisions advocated by the APHA, the NPWF, and the IWPR. In contrast with other state-paid family leave laws—but in accord with the Family Leave Insurance Act introduced in the U.S. Congress—both employers and employees would pay into the LA Family and Medical Leave fund. The Louisiana proposed paid family leave law importantly provides for the continuation of employer health insurance and employment retention after use of the leave. In accord with Louisiana unemployment insurance, the maximum weekly benefit is low, however; building on the state’s unemployment infrastructure was seen as an initial way to attain paid family leave. (See Table 4 for features of the proposed LA paid family leave law in comparison with other states.)

In addition to the MAC, members of a coalition of progressive women’s organizations, The Legislative Agenda for Women, endorsed the paid leave bills, and representatives of both organizations testified for the bills in a May 2015 hearing held by the Senate Labor and Industrial Relations Committee. Despite several favorable comments by members of the committee, Senator Peterson realized that a positive vote on both bills was unlikely, so she deferred action on SB84 (Paid Family and Medical Leave) and asked for a positive vote on the paid sick leave bill (SB81). The only democrat on the committee, Senator Edwin R. Murray, was the only committee member to vote for the bill. He noted the irony that lobbyists representing business associations admitted that they receive paid sick days from their employers—yet are lobbying against implementing paid sick leave for other workers (Slodysko, 2015).

Implications for Practice and/or Policy: Conclusion and Lessons Learned for Louisiana and Other States

Although progress for these Louisiana bills ended for the 2015 legislative session, both Senator Karen Carter Peterson and the

MAC team affirmed that efforts to attain adoptions will continue. Research on the implementations of paid family leave and paid sick leave in other U.S. states and cities is showing how paid leaves are “win-win” policies benefitting the health and well-being of adults and children, lowering health care costs, and bolstering employee retention and productivity for employers (APHA, 2013; Appelbaum & Milkman, 2011; Appelbaum et al., 2014; Lerner & Appelbaum, 2014; NPWF, 2015d; NPWF, 2015f). More businesses are indicating their support of paid leaves. For example, Microsoft is requiring its suppliers to provide paid leaves for their workforces, and a recent Microsoft blog graphic stated: “PAID TIME OFF SUPPORTS: Healthier Workers and Their Families, Stronger Family Ties, Increased Productivity, Employee Retention, Lower Healthcare Costs” (Smith, 2015).

Although the Louisiana Spring 2015 advocacy did not attain the enactments of paid leave laws, immediate policy adoptions had not been expected. At the outset, the Center understood that communicating about the important health and other benefits of paid family and paid sick leaves for women, men, and children—and developing support for these state-wide policies in Louisiana—would likely be a long process. In the vacuum of focus in Louisiana on these policies, the initial strategy was to begin illuminating the needs for and benefits of these paid leaves. This first step was accomplished. The swift submission of legislation was an important development and a welcome second step achieved sooner than originally anticipated. Next steps will involve more communication about paid leave benefits, and, as was important in the paid leave campaigns in other states, this will need to be coupled with greater efforts to mobilize a broader coalition of supportive organizations, voters, and legislators to attain enactments of paid leaves. For example, the California coalition for paid family leave included women’s organizations, advocates for children, senior citizens groups, medical practitioners, organized labor, research organizations, legislators, and others (Labor Project for Working Families, 2003; Milkman, 2013). In attaining paid family leave in Rhode Island, The Women’s Fund of Rhode Island helped to put together a broad coalition that included workers, local business owners, economists, health care providers, and health care and family advocates (Leiwant, 2013). The Massachusetts’ paid sick time campaign received widespread support including from the state’s Roman Catholic bishops, other faith groups, businesses, unions, community organizations, hospitals, and newspapers (ABB, 2014).

Expanding public understanding of the needs for—and benefits of—paid family and sick leaves can be fundamental to promoting enactments of supportive policies in states and nationally. The LA Spring 2015 MAC–Senator Peterson initiatives show the value of having a partnership between an institutional base for communication and advocacy, such as MAC, and legislator advocates, and of connecting with the research and resources of national organizations such as IWPR and NPWF—that are committed to advancing paid leave policies in the United States and are interested in aiding local efforts. The Louisiana leave advocacy experience may prove useful to policy advocates in other states, particularly those with similar “hostile” terrains and with disproportionate numbers of low-income women in the workforce who cannot access the benefits of paid family, medical, and sick leaves. Paid family and sick leave policies affect the health and well-being of women, men, and children. With effective policy advocacy locally and nationally, Louisianans and all Americans may soon join those in other countries and benefit from paid leaves.

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