



Katie Smith Sloan, Chair

September 3, 2021

Dear Member of Congress:

The Leadership Council of Aging Organizations (LCAO) is a coalition of 69 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. An important part of the LCAO's mission includes advancing the recognition of the immeasurable contribution that America's family caregivers make to enabling older adults to live meaningful lives in their homes and communities. It is time that, as a country, we acknowledge—and support—the invaluable contribution of America's family caregivers by enacting a comprehensive paid leave policy, and we urge the 117th Congress and the Biden Administration to promote a family and medical paid leave policy that includes family caregivers.

An estimated one in five Americans—a population of 53 million Americans—is a family caregiver. Family caregivers¹ serve as the foundation of the country's long-term services and supports (LTSS) system by helping older adults and people with disabilities or chronic conditions manage their health and wellness. According to a 2017 report by AARP, family caregivers contribute an estimated 34 billion hours, a value of roughly \$470 billion, in supporting those who rely on them each year in the U.S. We estimate this value has increased due to the growth of this population since that analysis was conducted.

We know that family caregivers often struggle to balance caregiving and workplace responsibilities. The unprecedented health and economic crisis resulting from the COVID-19 pandemic only exacerbated these challenges for millions of family caregivers—especially those who are hourly employees working 30 hours a week or more.² Sixty two percent of caregivers working 30 hours or more per week say paid leave would help them financially³.

Throughout the coronavirus crisis, millions of family caregivers have found themselves needing to isolate or take leave from their paying jobs to care for family members, scrambling to fill gaps in care as many older adults and people with disabilities lost access to services. This challenge was particularly difficult for women of color. More than 2.3 million women—more than 600,000 Black and 618,000 Latina—left the labor force in 2020 during the pandemic⁴. Further, one in five (nineteen percent) of the older workers who voluntarily left the workforce during the pandemic did so earlier than planned because they had to care for an ill spouse or other family member⁵.

Unfortunately, as the needs for and demands on family caregivers grow, the United States remains one of only a few industrialized countries without a paid family leave policy to guarantee that workers can take the time they need to care for family members.

This reality inherently threatens the economic, physical, and emotional health of millions of Americans who are family caregivers as well as the millions of Americans who rely on a caregiver for their wellbeing.

The Leadership Council of Aging Organizations believes that the collective physical, emotional, and societal toll that American family caregivers and those they care for paid during the pandemic underscores the need for a national paid leave policy. **Now is the moment to enact a comprehensive, national paid family and medical leave program that will ensure Americans are not forced to choose between their finances and their families.**

Thank you for considering the attached LCAO Principles on Paid Medical, Parental, and Caregiver Leave. We look forward to working with you with the goal of passage this year of a comprehensive and inclusive medical, parental, and caregiver paid leave program.

Sincerely,



Katie Smith Sloan, Chair

Attachment: LCAO Paid Leave Principles

LCAO Principles on Paid Medical, Parental, and Caregiver Leave

The Leadership Council of Aging Organizations (LCAO) is a coalition of 69 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. We believe that a national paid leave program should address the policy principles outlined in this document and support the invaluable contribution of America's family caregivers.

A paid leave program must be comprehensive and inclusive. A paid family, parental, and caregiver leave program must provide caregiving and medical leave in addition to parental leave. A comprehensive approach must provide leave for older adults for their own illness or to serve as a caregiver for family members, such as a parent, spouse, adult children, or grandchildren or others of any age. In addition, older adults and others with disabilities may need supports from their families and unrelated caregivers and those individuals need access to leave, as well. Caregivers for older adults and people with disabilities must be able to access leave as necessary.

A paid leave program must also have a broadly inclusive definition of family and must expand the list of those currently eligible under the Family and Medical Leave Act (FMLA) to take leave and receive care. A national paid leave program should ensure that immediate, extended, and chosen family are covered under the definition of caregiver—this is especially important for LGBTQ+ older adults, their caregivers, and their families.

Further, a national paid leave program must be available to all workers, regardless of employer size, including part-time workers, self-employed workers, and low-wage workers. Many caregivers can work only part-time due to their caregiving responsibilities. Currently, 92 percent of part-time workers have no access to paid leave.⁶

- **A paid leave program must include sufficient wage replacement to ensure that people can afford to take caregiving, medical, or parental leave.** Without adequate wage replacement, a paid leave program will not be effective—particularly for low-wage workers and families. A paid leave program should also ensure job protection and include anti-retaliation provisions, particularly to protect at-risk and minority populations and caregivers. Furthermore, a paid leave program must ensure continued access to health-related employer-provided benefits, especially health insurance. Currently, the FMLA guarantees continued access to employer health insurance benefits. This should be carried over into a new paid leave program.

- **A paid leave program must be flexible, easily accessible, and responsive to caregiver needs, including allowing for intermittent use.** The duration of leave provided must be sufficient to ensure that people have time to provide necessary care for loved ones or others and/or recover from their own medical conditions. Currently the FMLA is limited to 12 weeks of leave. However, many circumstances require intermittent or incremental leave, and a paid leave policy must be flexible enough to accommodate various circumstances—whether that is providing care for an older relative if a paid caregiver is absent or simply need time to take someone to chemotherapy. In

addition, a paid leave program should supplement and not supplant the right to 12 weeks of unpaid leave under the FMLA regardless of whether the employee has or will also take employer provided paid leave for an FMLA-qualifying event.

- **A paid leave program must be implemented and integrated to complement, not compete with or harm, existing programs and policies.** A paid leave program should be created with new funding sources and must not be carved out of or borrowed from funds dedicated to Social Security or other crucial federal income and health support programs. Such an approach would force workers to choose between their present and future economic security and health, and harm older Americans who rely on their earned benefits and services. Moreover, people should be able to utilize paid leave without jeopardizing their eligibility for other federal programs.

We must ensure that a paid leave program continues to have sufficient administrative resources—especially during development and implementation, but also over the long term—to preclude burdens to the implementing agency and negative results for their customers. For example, the Social Security Administration (SSA) has been operating with insufficient resources to carry out its core functions for the past decade. This has led to diminished service, including longer wait times for disability claims and phone services and prevented SSA from strengthening its existing core programs to meet the needs of its expanding customer base. SSA therefore does not have the resources to implement a new paid leave program. These facts should be considered when determining where a new paid leave program should be placed.

The paid leave program must also be thoughtfully incorporated into the current system of federal employment laws that exist today, with a carefully structured transition. Protections currently afforded through FMLA, the Americans with Disabilities Act (ADA), the Health Insurance Portability and Accountability Act (HIPAA) and other vital federal, state, and local programs must be maintained and complement the new protections of a paid leave program.

In conclusion, LCAO supports the creation of a flexible, comprehensive, and inclusive medical, parental, and caregiver paid leave program that would strengthen our communities, and promote the health, well-being, and independence of older adults, individuals with disabilities, and their caregivers.

September 2021