

**Health Insurance Benefits Protection for Employees with Disabilities:
The Role of the Family and Medical Leave Act**

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Workers experiencing serious health problems that temporarily make continuing work difficult face not only loss of earnings, but potentially loss of health insurance coverage. The Family and Medical Leave Act (FMLA), passed in 1993, helps to mitigate these losses by mandating employers provide temporary unpaid leave, continuation of health benefits during the leave, and the right to return to work in the same or similar job for eligible workers.¹

The continuation of health insurance during a period of leave under FMLA can be particularly important for individuals with disabilities.² While not all persons with disabilities have serious health conditions (the two terms are not synonymous), on average, people with disabilities have greater medical expenditures than their non-disabled peers (Goodman et al 2007). While this does not mean workers with disabilities necessarily disproportionately need leave from work, some people with disabilities will experience times when they need health-related leave from work (in a block or intermittently) and continued access to their employer-sponsored health benefits. In addition, for any worker with health insurance who needs to take leave from work for health reasons, the continuation of health benefits while on leave (as provided for by FMLA) can provide access to necessary treatment that makes return to work possible.

¹ FMLA is administered by the Department of Labor's Wage and Hours Division. The Department of Labor provides detailed information and assistance via their website at <http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>.

² For purposes of this report, we define disability consistent with the American Community Survey. The ACS defines disability as either a sensory disability (blindness, deafness, or severe vision or hearing impairment), physical disability that limits activities; mental disability; or a self-care disability. (Stern and Brault 2005) This definition recognizes disability as a dynamic process that involves the interaction of a

This paper describes the provisions of FMLA and its limitations in coverage and eligibility. We review existing evidence that suggests the importance of the law for employees with disabilities, potential gaps in coverage for people with disabilities, and possible barriers to effectiveness of FMLA for those with coverage. We also discuss other programs and laws that extend some FMLA-like benefits and how they interact with FMLA.

Unfortunately, direct evidence on the use of FMLA by people with disabilities and the extent to which it is meeting the needs of people with disabilities is sparse. Two major studies of the FMLA commissioned by the Bureau of Labor Statistics (BLS) in 1995 and 2000 which contain information from both employers and employees on the use and effects of the FMLA do not include any separate information on workers with disabilities. No other surveys directly ask workers with disabilities about use of FMLA. Thus we do not have direct information on FMLA coverage for workers with disabilities or their use of FMLA. The final section of this paper discusses potential areas for additional research.

FMLA Provisions and Coverage

The FMLA allows eligible, covered employees to take unpaid leave for up to 12 weeks in any 12 month period without the risk of losing either their job or their benefits, including health insurance. Employers covered by FMLA are required to maintain group health insurance coverage, including family coverage, for eligible employees on FMLA leave on the same terms as if the employee continued to work. Covered employers are

person's health condition, personal characteristics, the physical environment, and the social environment. Changes in any one of these factors can affect a person's ability to function and participate in activities.

also required to return the employee to the same or similar job, including with similar health benefits.

Although noted for provision of unpaid leave, the FMLA's greatest impact may have been on the continuation of health insurance coverage during a period of leave. When the Commission on Family and Medical Leave attempted to assess the impact of the FMLA, they noted the law had greater effect with regard to mandating the continuation of health benefits than on access to leave. Prior to the passage of the FMLA, firms of all sizes were more likely to provide job protection during unpaid sick leave than continuation of health insurance benefits (Commission on Family and Medical Leave 1996). Before FMLA, a Small Business Administration survey of businesses found that 62 percent of firms with 50 to 99 employees continued to pay for health insurance during unpaid sick leave. The vast majority of these employers are now required to provide this continuation under FMLA.

Workers can use FMLA for a variety of reasons, including their own serious health condition.³ The definition of serious health condition under FMLA is “an illness, injury, impairment, or physical or mental condition that involves inpatient care...[or] continuing treatment by a healthcare provider” (29 CFR 825.114).

The leave may be taken all at once or intermittently, over the course of the year. Although employees are generally required to give their employer 30 days notice before time off begins, if the need for leave is not foreseeable, this requirement is waived. Though not specifically defined in the statute, the Department of Labor defines intermittent leave in regulations as “FMLA leave taken in separate blocks of time due to

a single qualifying reason” (29 C.F.R. 825.203). These separate blocks of time can be at regular or irregular intervals.⁴ Intermittent leave can be taken as reduced work hours when medically necessary. And people with disabilities who have chronic conditions need only advise their employer that time off may be necessary because of this condition, but need not give 30 days notice for each period of leave needed (Workplace Flexibility 2010 n.d.).

Not all employers and employees are covered by the FMLA. Coverage is mandated only for larger employers and longer-term employees. The FMLA applies to all employers in the public sector and private sector establishments that employ at least 50 employees for at least 20 workweeks in the current or preceding calendar year at one or more worksites within 75 miles of each other. To be eligible for benefits, the employee must have worked for a covered employer for at least 12 months and for at least 1,250 hours. This last requirement excludes some part-time workers, for example those who regularly work fewer than 24 hours a week, and employees hired in the past year.

Although FMLA mandated coverage is limited to what’s described above, the existence of the mandates may have had the indirect impact of increasing benefit provision among uncovered employers, possibly through need to compete with covered employers for workers. A survey of employers in 2000 shows that two-thirds of uncovered establishments provide up to 12 weeks of either paid or unpaid leave for employees who need it for their own serious health condition. Among uncovered

³ Other reasons (which may also affect people with disabilities) are: birth of a child; placement of a child for adoption or foster care; care for a newborn or newly placed child; care for a spouse, parent, son, or daughter with a serious health condition.

⁴ Employers requested DOL limit the period over which reduced hours could be taken as FMLA leave to 6 months – in part to make sure employees didn’t turn permanent full-time positions into part-time positions, but DOL refused indicating it would be counter to the idea of the FMLA (Georgetown University Law Center n.d.).

employers providing leave, 84.0 percent provide continuation of health care benefits during the leave if it is taken for an employee's own serious health condition and 88.5 percent guarantee job return (Cantor et al, 2001). This suggests that research should focus not exclusively on mandated FMLA coverage, but on an employee's ability to take leave with FMLA-like properties.

The Importance of FMLA Coverage for Workers with Disabilities

Over an 18 month period, employers report about 1.9 percent of all employees takes FMLA. A worker's own health is the most common reason for taking FMLA leave, reported by 37.8 percent of all leave-takers (Cantor et al. 2001).⁵ Almost one-fifth of all FMLA leave taken was intermittent (Cantor et al. 2001). However, as discussed above, we do not have direct evidence on use of FMLA leave (for any reason) by workers with disabilities. This also limits our ability to know the extent to which use of FMLA meets workers with disabilities' need for this coverage.

Some people with disabilities experience intense need for health-related leave (Schur 2003; Goodman and Livermore 2004) allowed under FMLA. Certain medical conditions (such as cancer or asthma) can themselves be disabling, making work difficult at times and creating a need for temporary absences from work. These workers with disabilities, if covered by FMLA, are able to take the necessary time off while continuing their health insurance and having a guaranteed job upon return. It may be that the ability to continue health insurance coverage increases the likelihood of workers with disabilities returning to work, although we do not have research on this topic.

⁵ Care of a new child in the family was reported by 24.4 percent of leave-takers, care for ill child, spouse or parent by 24.1 percent, and maternity-disability by 10.9 percent.

The allowance of intermittent leave under FMLA is a key benefit for many workers with disabilities (Workplace Flexibility 2010 n.d.). Some conditions, such as multiple sclerosis, can result in disabling fatigue during the regular workday. The ability to take intermittent leave can allow the continuation of work (Leach and Campagnolo 2005).⁶ Similarly, people with mental health conditions may benefit from regular therapy sessions, covered as intermittent leave in the FMLA (Mental Health America 2008). The ability to schedule appointments with doctors (who typically have hours overlapping the regular workday) is important for those workers with disabilities who have an underlying condition requiring regular treatments or for workers with disabling conditions that has an intermittent treatment schedule such as cancer. DOL requires employees be able to take as little as 1 hour of FMLA.

One aspect that suggests intermittent leave under FMLA may be especially useful for workers with disabilities is the evidence on workers with disabilities reporting a need for work schedule accommodations. In the 1994-1995 Disability Supplement to the National Health Interview Survey, 4.3 percent of employed adults with disabilities reported they need a flexible work arrangement such as flexible or reduced hours in order to work (Loprest and Maag 2001). A 2004/2005 study of employers that contacted DoL's Job Accommodation Network (JAN) reported on the types of accommodations employers made. Of those employers who made an accommodation following contact with JAN, the most common type of accommodation (reported by 24 percent) was a change in work schedule (Hendricks et al 2005). The allowance of intermittent leave by the FMLA may

⁶ As noted in the section discussing the ADA, an accommodation of a reduced schedule could also meet this need.

allow some people with disabilities to continue working in the same job they held prior to needing a flexible work arrangement.

Workers with Disabilities and FMLA Coverage

The FMLA covers 10.8 percent of private sector employers and *all* public sector employers; 76.7 percent of all employees work for employers covered by FMLA (Cantor et al 2001). Some workers with disabilities are unable to benefit from FMLA provisions because they work for uncovered employers or do not meet eligibility in hours or length of time working for an employer. Others covered by FMLA cannot benefit from health insurance continuation because they do not have employer-sponsored health insurance. We would like to know whether workers with disabilities are disproportionately in these employment situations. While we do not have direct studies on FMLA coverage of employees with disabilities, examination of the characteristics of employment of workers with disabilities provides some information on the whether this group of workers is more likely or less likely to work in employment circumstances with lower levels of FMLA coverage.

For those workers with disabilities who are covered by FMLA, the most important limitation in accessing the benefits of continued health insurance coverage is their low rate of employer health insurance coverage. Almost three-quarters of permanent full-time employees without disabilities have employer-provided health insurance compared to 65 percent of permanent full-time employees with disabilities (Schur 2002). In general, workers in non-standard work arrangements, such as part-time and contingent workers are less likely to receive health insurance and workers with disabilities are more

likely than non-disabled workers to be in these arrangements (Schur 2002). Even among temporary workers, 24 percent of workers without disabilities have employer-sponsored health insurance compared to only 9 percent of those with disabilities (Schur 2002).

The likelihood of FMLA coverage is related to the sector of employment, size of employer, and workers' hours and tenure. The available evidence suggests that workers with disabilities are more likely to work for large employers (with more than 50 employees) which would improve the potential for FMLA coverage, but are also slightly more likely to be self-employed, which implies decreased FMLA coverage on average (Yelin and Trupin 2003; Yelin and Trupin 2002). The evidence on differences in employment by industry sector for people with disabilities suggests they may be less likely to work for FMLA covered employers. For example, a higher percentage of workers with disabilities is employed in the retail industry and a slightly lower percentage is employed in manufacturing compared to workers without disabilities.⁷ However, only 11 percent of employers in the retail industry are covered by FMLA while 26 percent of manufacturing employers are covered (Cantor et al 2001). One exception to this is that workers with disabilities are somewhat more likely to work in public sector jobs (Yelin and Trupin 2002; Schumacher and Baldwin 2000) and all public sector workers are covered by FMLA. However, public sector employment is a relatively small percentage of all employment, accounting for only two to three percent of all jobs (Yelin and Trupin 2002).

More important for differences in FMLA coverage may be the difference in work arrangements of workers with disabilities compared to those without disabilities. Workers

⁷ These are from the authors' calculations using data from the 1990 to 1994 Survey of Income and Program Participation on persons ages 25 to 55 reporting a work limitation.

with disabilities may be at a disadvantage when it comes to FMLA coverage because of their greater likelihood to work part-time and non-standard work schedules (Schur 2003). Workers with disabilities are significantly less likely to be permanent full-time employees than workers without disabilities, 51 percent vs. 74 percent (table 1). Many more workers with disabilities are part-time employees than workers without disabilities, 30 percent vs. 13 percent. And, while 11 percent of workers without disabilities are contingent employees (some of whom are also part-time), 21 percent of workers with disabilities fall into this category. Additional research by Schumacher and Baldwin (2000) confirms the higher likelihood of part-time work for persons with disabilities. Since the FMLA requires at least 1,250 hours and work for one year for eligibility, part-time and contingent workers are less likely to be covered by the law.

While these facts are mainly consistent with workers with disabilities having lower FMLA coverage than non-disabled workers, explicit study of this question is necessary for more definitive answers.

Limitations in FMLA for Workers with Disabilities

Even for those workers covered by FMLA, there are aspects of this coverage that may limit its ability to meet the needs of workers with disabilities who require leave. Financial constraints make some workers unable to take available FMLA leave since this leave is unpaid. We do not know how common this is for workers with disabilities. However, a survey of employees in 2000 found that among a group of all workers (both covered by FMLA and uncovered) who reported having a need for leave in the prior 18-month period but not taking leave, the most common reason workers gave for not taking

the needed leave was “could not afford to take leave.” Over three-quarters of those who reported needing but not taking leave reported this as the reason (Cantor et al, 2001). The lower income and earnings levels of workers with disabilities on average (Stapleton and Burkhauser 2003) suggest there may be even greater gaps in financial ability to make use of unpaid leave for these workers.⁸

In addition, FMLA does not provide protections or benefits to those whose serious medical issue is such that they cannot return to work in the same or similar job. These workers not only do not have a guarantee to return to a job with that employer, they do not have guaranteed continuation of health insurance coverage. If an employee who has taken leave under FMLA can no longer perform the essential functions of their job after treatment or time-off, the FMLA does not require reassignment to another job (Duston 2001). Some of these workers may be eligible for wage replacement and health benefits under workers compensation (if the health issue is job-related), private or employer-sponsored short- and/or long-term disability insurance, COBRA benefits (which allow for continuation of employer health insurance at employee expense for a period of time after leaving a job), or public disability benefits through the Social Security Administration. But these programs carry no guarantee of employment when a worker is ready to resume work.

Finally, the ability of FMLA to meet workers with disabilities needs is limited by workers’ knowledge of this coverage. Not everyone who is eligible or covered by the FMLA knows about the FMLA – and conversely, some employees not covered by the

⁸ Other reasons given for needing but not taking leave include thinking a job might be lost (31.9 percent) or an employer denied request (20.8 percent) (Cantor et al. 2001). Presumably employees covered and eligible for the FMLA would not be subject to these issues. These figures suggest a level of unmet need for FMLA coverage.

FMLA believe they are covered. Only about half of all employees have heard of the FMLA, although 77 percent of all employees are covered (Cantor et al. 2001). Again, we do not know if this same lack of knowledge holds for the subgroup of workers with disabilities.

Additional Avenues to FMLA Protections

Employees with disabilities may also gain some of the protections afforded by the FMLA through other programs and laws. Some states extend FMLA coverage beyond federal requirements for people with a serious health condition (table 2).⁹ Additional state coverage includes requiring smaller employers to comply (4 states), covering employees working fewer hours than those required by the federal FMLA (4 states), or providing additional time-off (4 states, though in some cases this time-off is counted over a period of 24 months rather than 12 months). In some cases, the states apply a definition of serious health condition that covers different individuals than those covered by the federal FMLA. For example, Maine applies the law without regard to the length of incapacity; Minnesota's law lacks a provision for a person's own serious health condition; Oregon, Vermont, and Washington law required the serious health condition to likely end in imminent death – and Washington only applied the law to children; one could also qualify as having a serious health condition under Vermont's law if it required inpatient hospital care or in-home care under the direction of a physician; Wisconsin only allowed individuals to qualify as having a serious health condition if it required inpatient

⁹ Some states also provide additional coverage for FMLA reasons beyond a person's own serious health condition, but these are not the focus of this paper and are not included.

hospital, hospice, or nursing home care or outpatient care requiring the supervision of a health care provider. (U.S. Department of Labor 2007b).

In addition, workers may receive temporary leave through state Worker's Compensation (WC) programs or private disability insurance. These programs are ways to receive paid leave after the onset of a condition or injury that limits work ability. WC coverage is typically for individuals with job-related injuries or conditions. Both can cover either temporary or permanent leave. If an individual becomes injured on the job and they receive compensation via the WC system but are not granted leave, they may qualify for leave under the FMLA if the injury meets FMLA requirements.¹⁰

One key difference with FMLA is that the WC system and private disability insurance does not mandate a return to work in a similar position with similar benefits (Barnes and Goode 2005). While some WC programs and private disability insurers may have proactive return-to-work programs to help workers return to their prior job, it is not guaranteed. Whether intermittent leave is covered depends on the specifics of the state system and the individual case. In addition, most state WC programs do not require continuation of employer health insurance while on leave. In general, WC pays all medical costs related to the work injury but do not generally require employers to continue group coverage or pay for health care beyond what is medically required for the work-related illness or injury. This could be a hardship for workers not covered by FMLA.

¹⁰ Paid leave under these programs may run simultaneously with FMLA leave. However, if an employee receives a paid benefit from WC or private disability insurance, the 7th Circuit recently ruled the employee can opt to not take FMLA simultaneously, effectively extending the period of absence from work they are entitled to (Rozycki and Haase, 2007).

The American's with Disabilities Act (ADA) also provides some of the benefits of the FMLA. The main purpose of the ADA is to prevent employment discrimination against people with disabilities and to require provision of reasonable work accommodations to qualified individuals with a disability.¹¹ (Table 3 shows a brief description of some provisions of ADA, FMLA, and WC excerpted from Barnes and Goode 2005).

While the ADA does not guarantee return to employment after a period of leave for people with disabilities, it does require employers to make reasonable accommodations for workers to return to work, barring undue economic hardship to the employer. This requirement would go beyond the FMLA period of required leave (Barnes and Goode 2005). The ADA also requires an employer to grant medical to an employee to eligible workers in certain circumstances.

The FMLA allows for intermittent leave taking for covered workers. One accommodation that employers can provide to a qualified employee with a disability under the ADA is an alternative work schedule, which may include reduced hours, flexible starting and ending times, or more breaks. In order to determine which law applies, the FMLA implementing regulations provide that “an employer must therefore provide leave under whichever statutory provision provides the greater rights to the employees” (US Department of Labor 2007a). One difference with FMLA is that an employee eligible for a work schedule accommodation under ADA could potentially have this accommodation indefinitely whereas FMLA only allows for a limited amount of intermittent leave. We do not know the extent to which the length of leave allowed

¹¹ For more information on common questions about ADA and FMLA see the US Equal Employment Opportunity Commission fact sheet on this topic at www.eeoc.gov/policy/docs/fmlaada.html (8/08).

under FMLA meets the needs of workers with disabilities versus requiring longer-term schedule accommodations.

Implications and Future Research

This review of research suggests that the coverage provided by FMLA, temporary unpaid leave with a guarantee of continuation of health benefits and continued employment, is important for persons with disabilities. Particularly for those taking leave due to serious health reasons, the continuation of health insurance may be key to being able to return to work. In addition, the ability to take leave intermittently – sometimes in the form of a reduced schedule - is important for some people with disabilities.

The FMLA provides coverage for a large number of employees, but certain groups of workers have lower rates of coverage. Though no direct evidence exists, evidence is suggestive that workers with disabilities tend to disproportionately fall into these lower coverage categories. In particular, the greater likelihood of part-time and contingent work among workers with disabilities means they are less likely to be eligible for coverage and less likely to have employer health insurance even if they are eligible for FMLA leave.

This review also points to the gaps in research on how FMLA impacts workers with disabilities. The research on the use and impact of FMLA focuses on all workers and does not identify workers with disabilities. Future surveys of employees that ask about FMLA should also consider asking questions to identify disability. This would allow specific information on whether workers with disabilities have lower rates of coverage and eligibility, the use of leave by persons with disabilities and their health insurance

coverage, and whether persons with disabilities are more or less likely to take leave when needed. We do not know the extent to which workers with disabilities are currently working in covered firms that offer unpaid or paid leave, job protections, or continuation or health insurance coverage, with or without mandated FMLA coverage.

We also find research gaps when it comes to analyzing the impact of FMLA on persons with disabilities. We do not know to what extent FMLA reduces loss of employment for persons with disabilities, especially those with health insurance. Understanding the importance of the FMLA in relation to disability onset could also shed light on possible alternatives or complements to the FMLA that would be most useful for people with disabilities. Although existing research demonstrates the importance of continuous health coverage for people with disabilities- particularly those whose condition requires ongoing treatment – what we do not know whether this FMLA benefit allows workers who might otherwise seek public health insurance to retain their jobs while taking the necessary time off. For example, the need for health insurance might have formerly driven some workers to permanently leave their jobs to receive public health benefits associated with public disability programs. With the FMLA, these workers may be able to take a temporary leave of absence and not have to seek alternative public benefits.

Further examination of how state leave laws, both unpaid leave and TDI programs, interact with federal FMLA including differences in definitions and the relative impacts of expansions is also important.

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Table 1. Differences in work arrangements by disability status, among those who are employed (2001)

	Without Disability	With Disability	
Permanent full-time employees	74.0	50.9	**
Self-employed	4.1	4.7	
Part-time employees and contingent workers	21.9	44.4	**
Part-time employees	13.0	29.8	**
Contingent workers	11.1	20.8	**
Independent contractors	6.0	10.3	**
Temporary employees	5.1	10.4	**
Workers expecting job to last for "limited time"	3.3	7.2	**
Temporary help agency workers	0.8	2.0	*
Workers provided by contract firms	0.5	0.7	
On-call and day laborers	1.6	3.4	*

*Difference between disability and nondisability figures significant at $p < 0.05$

** $p < 0.01$

Source: Schur (2003).

Table 2. State Family Medical Leave Policies for Individuals with Serious Health Conditions

	Private employees	State employees	Eligibility restrictions	Other leave
Nationwide FMLA leave	12 weeks	12 weeks	In private sector: 50 or more employees in at least 20 weeks of the current or preceding year; 12 months of employment and 1,250 hours of work over past 12 months. All public employees covered.	
Alabama				
Alaska	18 weeks in a 24-month period	18 weeks in a 24-month period	Employed for 35 or more weekly hours for 6 consecutive months OR 17.5 or more weekly hours for 12 consecutive months	
Arizona				
Arkansas				
California			Anyone who directly employs 50 or more employees	TDI leave
Colorado				
Connecticut	16 weeks in a 24-month period		12 months of employment and 1,000 hours of work over past 12 months; private sector employers with 75 or more employees covered	
Delaware				
District of Columbia	16 weeks	16 weeks	12 months of employment and 1,000 hours of work over past 12 months	
Florida				
Georgia				
Hawaii				TDI leave
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine	10 weeks in a 24-month period	10 weeks in a 24-month period	15 or more employees for private employers; 25 or more employees for city, town, or municipal agencies, 12 consecutive months of employment	
Maryland				
Massachusetts				
Michigan				

	Private employees	State employees	Eligibility restrictions	Other leave
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				TDI leave
New Mexico				
New York				TDI leave
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon	12 weeks	12 weeks	25 or more employees for private employers	
Pennsylvania				
Rhode Island	13 consecutive weeks in a 24 month period	13 consecutive weeks in a 24 month period	50 or more employees for private employers; 30 or more employees for public employers; 12 months of employment before the leave	TDI leave
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont	12 weeks	12 weeks	15 or more employees; 12 months of continuous employment; average of 30 hours of work a week	
Virginia				
Washington				
West Virginia				
Wisconsin	2 weeks	2 weeks	Work for employer at least 1000 hours in previous 52 weeks	
Wyoming				

Source: US Department of Labor, Employment Standards Administration Wage and Hour Division, June 13, 2007.

Note: Temporary Disability Insurance (TDI) policies predate FMLA and provide partial wage replacement during disability leave.

Table 3. The ADA, FMLA, and Workers' Compensation

	ADA	FMLA	WC
Purpose	Prohibits discrimination	Sets minimum leave standards	Provides for payment of compensation; rehabilitation
Who is subject to law	Employer with 15 or more employees	Employers with 50 or more employees	All employers
Who is protected	Qualified employee or applicant	Employee who has worked one year and 1,250 hours, 75 mile radius rules	All employees
What triggers protection	Disability-having an impairment, having had same or being regarded as having had the same	A serious health condition, birth or adoption	Sustaining an injury or occupational disease
Protection	Reasonable accommodation vs. undue hardship	12 weeks of leave	Benefits are defined by statute
Medical leave continuous or intermittent	Reasonable accommodation vs. undue hardship	12 weeks of leave if qualifies	Benefits are determined by medical justification and statutory permission
Medical certification of disability or condition	Employer can obtain if job-related or consistent with business necessity	Employer "may" require	Employee must submit medical proof to receive benefits
Time limit	None--reasonable accommodation and undue hardship	12 weeks per year	Generally, two years to file a claim; claims last a lifetime, unless there is no activity
Light duty or restricted duty	May be reasonable accommodation	Focus is on position at time of request for leave	Employers discretion to offer light duty; if offered and refused, an employee may lose TTD benefits but may be eligibility for wage loss.

Source: Barnes and Good (2005).