

## State Paid Family and Medical Leave Programs Helped a Surge of Workers Affected by the COVID-19 Pandemic

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The COVID-19 pandemic has revealed many weaknesses in the US social safety net. One of those weaknesses is our approach to providing paid time off to workers with serious health problems and those who need to provide care to a family member. Currently, the United States has no universal paid family and medical leave program. But five states have such a program, and others are coming: the District of Columbia is set to begin paying benefits in July of this year, and three more states will be implementing programs by 2023.<sup>1</sup>

A quick look at data currently available from two of the states with existing programs, California and Rhode Island, shows that claims surged to unprecedented levels beginning in early March. The data suggest that these states began helping workers even while federal legislation to provide emergency paid sick and family leave was still under debate. In this paper, I describe the currently available data on new initial claims and find evidence that state paid family and medical leave programs were able to quickly step in for many workers and their families dealing with the consequences of a global pandemic.

### California Initial Claims Surge for Both Temporary Disability and Family Caregiving

In California, new initial claims for all types of paid family caregiving leave rose by 9,000 in March 2020, representing a 43 percent increase over February and a 13 percent increase over the previous March.<sup>2</sup> This increase was double the largest monthly increase experienced in the past year and pushed the program to a new peak of over 30,000 new initial claims. The rate of new claims is somewhat seasonal, but that does not appear to explain all of the growth. In 2019, for instance, new family caregiving claims rose 18 percent from February to March. Further, total new annual claims grew 5 percent from 2018 to 2019.

New initial claims for temporary disability insurance (or medical leave) also rose significantly. New temporary disability claims rose 37 percent from February to March, an increase of over 20,000 claims. This is an increase of 17 percent over the previous March. By comparison, new temporary disability insurance claims rose only 4 percent from 2018 to 2019.

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<sup>1</sup> “Comparative Chart of Paid Family and Medical Leave Laws in the United States,” last updated January 27, 2020, <https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/>.

<sup>2</sup> Author’s calculations based on “Disability Insurance” query to the California Employment Development Department, accessed May 28, 2020, <https://data.edd.ca.gov/browse?category=Disability+Insurance&utf8=%E2%9C%93>.

Although these increases in new claims are large, they still represent a small share of California’s total program. In the 2018–19 state fiscal year, over 291,000 paid family leave claims<sup>3</sup> and 270,000 temporary disability claims were filed.<sup>4</sup> As a result, California’s program was able to accept and process the surge in claims without delays, and the state was nimble enough to assist workers quickly during the crisis.

April and May data are not yet available for California, nor are weekly levels or counts claims related to the pandemic. However, data from Rhode Island’s program provides more detail that may be illustrative of what other states have experienced.

## Rhode Island Family Caregiving Claims Nearly Triple in March

Rhode Island saw an even bigger relative spike in claims. This is at least partly because of executive action taken by the governor to expand benefits to workers caring for children who are out of school because of stay-at-home orders and because waiting periods have been waived and medical certification requirements relaxed for COVID-19-related disability claims.

In Rhode Island, where more recent data are available, I found that new initial claims for family caregiving **nearly tripled from February to March**, increasing from 1,016 to 2,841 before declining somewhat in April.<sup>5</sup> Meanwhile, new initial claims for temporary disability also rose significantly in March, increasing by 589, or 22 percent, reaching a new high of 3,248 before also declining somewhat in April. Although that is a large increase in new claims, Rhode Island processed a total of over 46,000 disability and caregiving claims, representing over \$200 million in benefit payments in 2019.<sup>6</sup> So like California, the state was able to handle the surge in claims and get benefits out quickly to workers affected by the pandemic.

Rhode Island also makes weekly data available, allowing us to more closely track how the program responded quickly to the unfolding crisis. Rhode Island reported its first pandemic-related claims the week of March 8 with 21 claims that included both temporary disability and caregiving claims (no finer detail is currently available). The following week, that number spiked to 4,093. New claims have continued at historically high levels into May, though they have declined somewhat from the peak.

The large spike in claims directly followed implementation of the governor’s emergency executive actions to expand benefits and to make benefits easier and faster to access.<sup>7</sup> They also came as

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<sup>3</sup> “PFL Program Statistics,” California Employment Development Department, accessed June 1, 2020, [https://www.edd.ca.gov/about\\_edd/pdf/qspfl\\_PFL\\_Program\\_Statistics.pdf](https://www.edd.ca.gov/about_edd/pdf/qspfl_PFL_Program_Statistics.pdf).

<sup>4</sup> “DI Program Statistics,” California Employment Development Department, accessed June 1, 2020, [https://www.edd.ca.gov/about\\_edd/pdf/qsdidi\\_Program\\_Statistics.pdf](https://www.edd.ca.gov/about_edd/pdf/qsdidi_Program_Statistics.pdf).

<sup>5</sup> Author’s calculations based on “Income Support Programs,” Rhode Island Department of Labor and Training, accessed May 28, 2020, <http://www.dlt.ri.gov/lmi/uiadmin.htm>.

<sup>6</sup> “TDI Annual Update,” Rhode Island Department of Labor and Training, January – December 2019, <http://www.dlt.ri.gov/lmi/pdf/tdi/2019.pdf>.

<sup>7</sup> See Rhode Island Department of Labor and Training Title 260, Chapter 40, Subchapter 05, Part 2, accessed June 1, 2020, [https://risos-apa-production-public.s3.amazonaws.com/DLT/REG\\_10992\\_20200312130537.pdf](https://risos-apa-production-public.s3.amazonaws.com/DLT/REG_10992_20200312130537.pdf).

Congress was still finalizing the Families First Coronavirus Response Act, which was signed into law on March 18. As a result, many workers in Rhode Island affected by the pandemic were able to access benefits earlier than workers in states without existing paid-leave laws. As of May 22, Rhode Island had recorded a total of 12,822 new initial pandemic-related claims filed.

## **The COVID-19 Pandemic Led to a Surge in Caregiving Claims by Men but Exacerbated the Caregiving Gender Gap**

The largest increase in new claims in Rhode Island has been in claims to care for a family member (which are distinct from claims for bonding with a new child, sometimes referred to as parental leave). These claims include leave to care for a child whose school or daycare was closed because of the pandemic. The number of these claims jumped from just 127 in February to 1,476 in March, an increase of over 1,000 percent. They then fell in April but still remained elevated.

The data show an enormous increase in men's new initial claims to care for a family member, increasing eightfold from February to March. However, claims by women increased even more. As a result, women's share of new initial claims to care for a family member increased from 71 percent to 80 percent. So although more men are shouldering responsibility for child care, it appears that women are disproportionately taking on caregiving roles.

## **Having a Permanent Paid Leave Policy Already Implemented Means Faster Help for Workers and Less Burden for Employers**

The experiences in California and Rhode Island show that by having paid family and medical leave programs already in place, workers were able to access benefits quickly. Moreover, because these programs already have a source of dedicated funding, employers did not have to front the costs of providing leave to their employees while waiting for reimbursement as they do under the Families First Coronavirus Response Act. (Under the act, eligible employers may reduce their federal tax withholdings to pay for paid leave and seek an additional refund if their costs exceed those amounts. For some employers however, floating these costs for even a few months is unaffordable.)

Federal emergency paid leave was a historic step forward, but it does not provide a long-term, sustainable solution for workers juggling health and caregiving needs. This is important for workers under regular circumstances, but it is especially critical during the current crisis, when worker health is intimately connected to both public health and the health of our economy. As the crisis eases and businesses start to reopen, more workers who were receiving unemployment benefits will shift back into paid work. But the public health threat remains, so workers' ability to take paid family and medical leave will be even more important. Data tell us that access to benefits such as paid sick days helps stop the spread of the flu and flu-like illnesses, increases the likelihood that sick workers will stay home, and reduces productivity losses and costs to employers from workers who come to work sick.<sup>8</sup> Going

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<sup>8</sup> Chantel Boyens and Jack Smalligan, "Expanding Paid Sick Leave Could Help Combat the Coronavirus and Support Workers' Economic Stability," *Urban Wire*, May 1, 2020, <https://www.urban.org/urban-wire/expanding-paid-sick-leave-could-help-combat-coronavirus-and-support-workers-economic-stability>.

forward, policymakers should look to the experiences of state paid-leave programs when considering options to address the ongoing crisis.

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