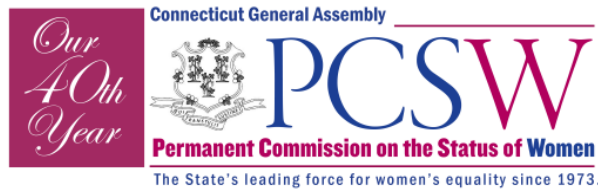


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Testimony of
Teresa C. Younger, Executive Director
The Permanent Commission on the Status of Women
Before the Labor and Public Employees Committee
March 12, 2013

Re: HB 6553, AA Establishing a Task Force to Study Family Medical Leave Insurance

Senators Osten and Markley, Representatives Tercyak and Smith, and members of the committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) regarding **H.B. 6553** which would create a taskforce to examine the feasibility of establishing a family medical leave insurance benefit.

Impact on CT Women:

Women make up 48% of Connecticut's workforce.¹ Policies to support workers as they provide care for family members or take care of their own health are essential for a strong Connecticut workforce. The Family Medical Leave Act (FMLA) is a policy that allows workers to balance work and family responsibilities since it provides employment protection. However, three in four employees (78%) who have needed to take FMLA have not taken it because they could not afford to take unpaid leave.²

Women who return to work after a paid leave have 39% lower likelihood of receiving public assistance and a 40% lower likelihood of food stamp receipt in the year following a child's birth, when compared to those who return to work or take no leave at all.³

Working women of the "sandwich" generation - those who are simultaneously giving assistance to both dependent children and elderly parents and parents-in-law - are especially vulnerable to needing to take time off from work to care for a family member. Women represent more than two-thirds of adults providing substantial

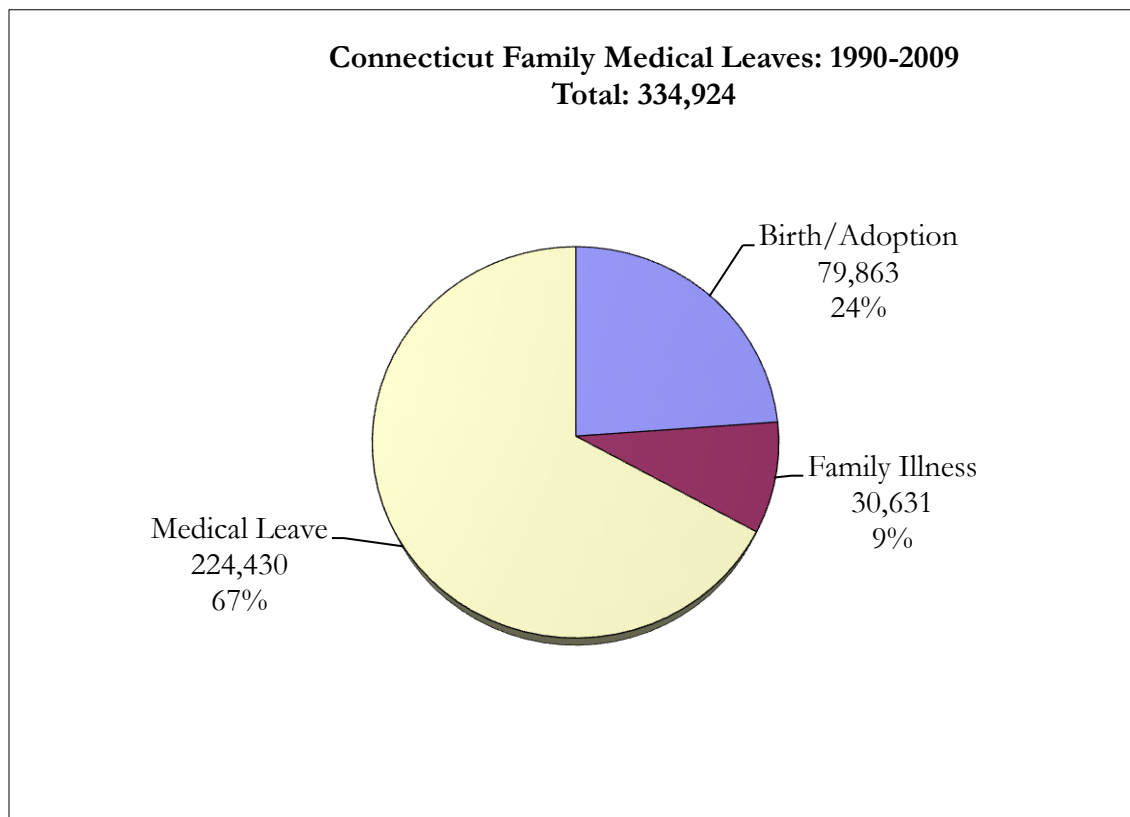
¹ U.S. Census Bureau. 2010 American Community Survey 1-Year Estimates.

² National Partnership for Women and Families. *Families Matter*, 2007.

³ Houser, 2012.

assistance to elderly parents;⁴ provide an annual average of \$1,521 in financial support to elderly parents, and spend 23 hours a week (1,210 hours a year), on average, providing care to elderly parents.⁵

While we have historically viewed this as a women’s issue, this proposal impacts a majority of workers who have serious illnesses that require them to take time off from work when faced with debilitating illnesses such as cancer, chronic illness, heart disease or depression. In fact, in the 23 years of FMLA usage in Connecticut the majority of workers take FMLA leave for their own personal medical leave (67%). Of the remaining workers, 24% take it for the birth or adoption of a child, and 9% take it for a family illness.⁶



PCSW has been a long-term supporter of the concept of establishing a paid family leave system in the state, however, the taskforce concept stemmed from the fact that we have received a significant number of calls in the past two years from workers, a surprisingly high number of men, seeking information about the “fund” they could access while they or a spouse took leave for an illness or birth of a child.

We believe this is the time to review and analysis the current FMLA framework, and that studying the feasibility of establishing a medical leave insurance benefit could result in recommendations that could provide financial and economic stability for Connecticut workers. Establishing a taskforce would not incur any additional expenses to the State since PCSW has volunteered to convene it within its existing budget. We look forward to working with you to address this important issue. Thank you for your consideration.

⁴ Richard W. Johnson and Joshua M. Wiener. “A Profile of Frail Older Americans and Their Caregivers,” Urban Institute, The Retirement Project Occasional Paper Number 8, February 2006 Table.

⁵ Charles R. Pierret. “The ‘sandwich generation’: women caring for parents and children,” *Monthly Labor Review*, September 2006, Table 7.

⁶ Connecticut Department of Labor. *Annual Family Medical Leave Experience Reports, 1999-2009*.