



Connecticut Association for Human Services
237 Hamilton Street, Suite 208
Hartford, Connecticut 06106
860.951.2212
www.cahs.org

Elsa Núñez, President
Robert Blakey, CFO & Interim CEO

**Testimony before the Labor and Public Employees Committee in Support of
S.B. 881 AN ACT ESTABLISHING A PAID FAMILY AND MEDICAL LEAVE PROGRAM.**

March 11th, 2019

Good morning Senator Kushner, Representative Porter, ranking and other members of the Committee on Labor and Public Employees.

My name is Kayla Goldfarb and I am a Policy Analyst for the Connecticut Association for Human Services (CAHS). CAHS is a statewide nonprofit agency that works to reduce poverty and promote equity and economic success for children and families through both policy and program initiatives. Thank you for the opportunity to testify in support of S.B. 881: An Act Establishing a Paid Family and Medical Leave Program, which will create and implement a statewide system of paid family and medical leave for workers who need to take time off to care for themselves or a loved one, or welcome a new child.

CAHS largely supports S.B. 881. However, we do respectfully wish to highlight ways in which this bill could be strengthened, in line with the recommendations of the Campaign for Paid Family Leave, to provide for comprehensive paid family and medical leave that:

- Provides high wage replacement and job protection for all workers
- Expands FMLA's definition of family to include chosen family
- Is portable to the employee and is based on earnings, not hours worked
- Covers up to at least 12 weeks of family and medical leave
- Is publicly administered through Connecticut's Department of Labor (DOL)

In particular, as an organization dedicated to improving the outcomes and opportunities of low-income families in Connecticut, CAHS would like to emphasize that it is absolutely essential that this Committee and the legislature pass a paid family and medical leave program that provides for high-wage replacement for all workers. Simply put, a weak paid leave program that provides minimal wage replacement, especially for low-wage workers, is not *real* paid leave.

The United Way's report on Asset Limited Income Constrained Employed (ALICE) families has shown us that workers earning well above the minimum wage (\$19.46 per hour each, if two parents work) are still unable to afford the basic needs of their families, and that's without a family emergency or personal illness that leaves them without a paycheck. Because low wage workers are those most likely not to have current access to paid family and medical leave, it is important that this statewide system prioritize highest wage replacement for the lowest wage earners. For those 538,529 or 40% of households who were living below the ALICE threshold in 2016, ensuring access to full wage replacement means the difference between barely reaching and falling far below a minimum survival budget for their families. CAHS therefore recommend increasing the amount of wages above the 90% of the minimum wage from 67% to at least 80%, as well as increasing the cap on maximum wage replacement to above 60 times the minimum wage.

As a young professional who recently moved to Connecticut, far away from my family and support system back home in Minnesota, I personally would also like to stress the importance of incorporating an inclusive definition of family into our paid leave system. My partner and I have been together for seven years, and together we share a



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home, a cat, finances, and future plans. We are each other's emergency contacts, and certainly would be the ones to care for each other in the event of unexpected medical issues. However, like the more than 80,000 Connecticut residents living with an unmarried partner, we would not be covered by either the current Family and Medical Leave Act (FMLA), which only covers leave to care for a spouse or a child up to the age of 18.

While S.B. 881 expands on FMLA's definition of family and adds care for a sibling, grandparent, grandchild, or child of any age, CAHS recommends that the Committee pass a paid family leave program that meets the needs of all workers by including "any other individual related by blood or whose close association with the employee is the equivalent of a family relationship." Given evidence that inclusive family definitions work across the country and do not lead to increases in usage, CAHS believes this is a way to strengthen our paid leave system and position Connecticut as a national leader able to attract and retain a strong workforce in the coming decades.

Paid family and medical leave can boost our state's economic competitiveness, make our state work for all families, and ensure that workers can contribute to our shared prosperity while receiving the support they deserve. The Connecticut Association for Human Services correspondingly and respectfully urges this Committee to pass a paid family and medical leave program during this session that provides livable, high wage replacement, is cost-effective, and is open to and responsive to the needs of all workers.

Thank you for your time and the opportunity to submit testimony in favor of creating and implementing a system of paid family and medical leave. I would be happy to answer any questions, and can be reached at kgoldfarb@cahs.org or 860-951-2212, ext. 247.