



Expanding Community Health Opportunities (ECHO)

**Establishing a National Paid Family and Medical Leave Program and
Enhancing Care in Health Professional Shortage Areas**

The Greater Good Initiative
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EXECUTIVE SUMMARY

From the Federal Employment Security Act of 1984 to Senator Gillibrand and Representative DeLauro's recently reintroduced FAMILY Act, legislative efforts have long sought to implement paid family and medical leave at the federal level. However, pro-business interests have hindered such efforts, making paid family and medical leave unavailable to many American workers. **As of 2018, only 17% of all workers had access to paid family leave, rendering full-time family caregiving financially infeasible for low-income Americans.**¹

Expanding Community Health Opportunities (ECHO) proposes a framework to meet the financial needs of individuals taking extended family or medical leave while supporting the expansion of healthcare opportunities complementing home-based care in Health Professional Shortage Areas (HSPA). ECHO establishes a national paid family leave program funded by two-thirds of the revenue collected from a 0.6% payroll tax split between employees and employers. The policy directs Health Resources and Services Administration (HRSA) to apportion the remaining one-third of revenue across programs that strengthen and diversify healthcare opportunities within Health Professional Shortage Areas (HSPAs). HRSA would be granted discretion over which programs can best meet the needs of HSPAs and would choose their programs to fund annually. The Greater Good Initiative offers the National Health Service Corps (NHSC), the National Health Corps (NHC), the Area Health Education Centers Program, and the Health Career Opportunity Program as viable programs supporting the expansion of health resources in communities across the country. In supporting a paid family and medical leave program in conjunction with bolstering sustainable health equity-minded organizations,

¹ (n.d.). *Employee Benefits Survey, Leave Benefits: Access*. U.S. Bureau of Labor Statistics. <https://www.bls.gov/ncs/ebs/benefits/2018/ownership/civilian/table32a.htm>

ECHO not only broadens communities' access to varied care options, but bolsters communities' economic stability through a strengthened healthcare workforce.

BACKGROUND

As the American people recover from the physical and financial strain caused by the COVID-19 pandemic, the need for a federal paid family and medical leave program is widely felt. Many working Americans need extended time away from work to care for ailing loved ones, yet the financial tolls of taking unpaid leave are often too great to bear. However, “nearly 80% of US workers – a disproportionate share of whom are women and people of colour – do not have access to paid leave through their employer, according to the National Partnership for Women and Families (NPWF).”² While COVID-19 has exacerbated the need for a comprehensive paid federal leave program, most Americans supported the implementation of such a program before the pandemic. In a study conducted by the Pew Research Center in 2016, 85% of participants said workers should receive paid leave to deal with their own serious health condition, 82% supported paid leave for new mothers, 69% supported paid leave for new fathers, and 67% supported paid leave for workers caring for ailing family members.³ Support for a paid family and medical leave is evident across the political spectrum. As discussed in a 2018 working group joining the American Enterprise Institute with Brookings Institution, a poll found that 94% of Democrats, 83% of Independents, and 74% of Republicans support a comprehensive federal paid leave program.⁴ Further, in contrast to expanding the federal unpaid leave program, the concerns of Americans lie in the lack of paid leave. As demonstrated through a poll collected by Westat

² Bryant, M. *Congress is “better poised than ever” to pass paid family leave bill, lawmakers say.* (2021, February 6). The Guardian. <https://www.theguardian.com/us-news/2021/feb/06/paid-family-medical-leave-bill-congress>

³ NW, 1615 L. S., Suite 800 Washington, & Inquiries, D. 20036USA202-419-4300 | M.-8.-8. | F.-4.-4. | M. (2017, March 23). *Americans Widely Support Paid Family and Medical Leave.* Pew Research Center’s Social & Demographic Trends Project. <https://www.pewresearch.org/social-trends/2017/03/23/americans-widely-support-paid-family-and-medical-leave-but-differ-over-specific-policies/>

⁴ (2018). The AEI-Brookings working group report on paid family and medical leave [Review of *The AEI-Brookings working group report on paid family and medical leave*]. In *American Enterprise Institute* (p. p. 1-106). American Enterprise Institute, Brookings Institution. <https://www.aei.org/wp-content/uploads/2018/09/The-AEI-Brookings-Working-Group-Report-on-Paid-Family-and-Medical-Leave.pdf?x91208>

research company, “almost 80 percent of eligible workers who did not take leave after a qualifying life event said that they would have had it been paid.”⁵

The occasion to create accommodations for working caretakers in the United States was the Second World War.⁶ Prior to World War II, women were primarily considered temporary workers, making a living for themselves until they settled down with a husband to assume the breadwinner’s role in the family. However, with droves of young husbands fighting overseas, many women took a more prominent role in the American workforce. Following the war’s end, despite the resurgence of the gendered nuclear family model, a significant number of women remained in their professions.⁷ Naturally, when women began to occupy a more permanent role in the workforce throughout the 1950s and 1960s, employers became more attentive to pregnancy and parenting-related concerns in the workplace. In conjunction, the second-wave feminism movement of the 1960s urged more progressive views toward public policy concerning pregnancy among legislators. Thus, in 1972, the Equal Employment Opportunity Commission (EEOC) created guides demanding employers to consider childbirth, abortion, miscarriage, or other pregnancy-related impairments in the same context as other temporary disabilities.⁸ Within the decade, the Pregnancy Discrimination Act of 1978 (PDA) furthered care for working women, amending Title VII of the 1964 Civil Rights Act to prevent discrimination on the basis of pregnancy, childbirth, or other related conditions.⁹ While the PDA sought to protect the rights of working parents, it does not allow them to take time off to care for their child. Limited care

⁵ Boushey, H., & Glynn, S. J. (2012, April). *The Effects of Paid Family and Medical Leave on Employment Stability and Economic Security*. Center for American Progress. Retrieved March 29, 2021, from <https://www.americanprogress.org/wp-content/uploads/issues/2012/04/pdf/BousheyEmploymentLeave1.pdf>

⁶ *The History of Family Leave Policies in the United States* | *The American Historian*. (n.d.). Www.oah.org. <https://www.oah.org/tah/issues/2016/november/the-history-of-family-leave-policies-in-the-united-states/#:~:text=It%20was%20not%20until%201993%20that%20the%20United>

⁷ Ibid.

⁸ Ibid.

⁹ *OPN: Pregnancy Discrimination Act*. (n.d.). LII / Legal Information Institute. Retrieved March, 2021, from https://www.law.cornell.edu/topn/pregnancy_discrimination_act

eligibility requirements at five hundred hours or three months of employment, as well as changed the composite time for either medical or parental leave to thirty-six weeks over a two-year period.¹⁴ This bill came at the same time as a successful lobbying effort put forth by the American Association of Retired Persons (AARP) to expand coverage allowing employees to take time off to care for a spouse or elderly parent, in addition to a child.¹⁵ The AARP's success prompted one final name change to the federal family leave bill, which became the Family and Medical Leave Act (FMLA) in June 1986.

From 1986 to 1990, legislators deliberated the balance between offering quality leave options and heightening requirements to qualify for leave, refining the details of the FMLA established in prior bills.¹⁶ In May 1990, the House successfully passed FMLA, with the Senate following one month after.¹⁷

However, a roadblock emerged when President George H.W. Bush vetoed the bill. President Bush noted his support for family leave on the condition that businesses could provide it voluntarily.¹⁸ In response, the following year, a revised version of FMLA with stricter parameters on leave permission passed in the House; however, when the bill's advocates realized they did not have enough votes to override the expected veto, they chose to temporarily halt legislative activity.¹⁹ In 1992, expecting to successfully urge Bush into signing the bill to garner favor with working families in the presidential election, the bill's advocates contrarily witnessed

¹⁴ *The History of Family Leave Policies in the United States* | *The American Historian*. (n.d.). www.oah.org. <https://www.oah.org/tah/issues/2016/november/the-history-of-family-leave-policies-in-the-united-states/#:~:text=It%20was%20not%20until%201993%20that%20the%20United>

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ Ford, W. D. (1993, February 5). *H.R.1 - 103rd Congress (1993-1994): Family and Medical Leave Act of 1993*. www.congress.gov.

<https://www.congress.gov/bill/103rd-congress/house-bill/1?q=%7B%22search%22%3A%5B%22family+and+medical+leave+act+1993%22%5D%7D&s=9&r=2>

¹⁸ *The History of Family Leave Policies in the United States* | *The American Historian*. (n.d.). www.oah.org. <https://www.oah.org/tah/issues/2016/november/the-history-of-family-leave-policies-in-the-united-states/#:~:text=It%20was%20not%20until%201993%20that%20the%20United>

¹⁹ *Ibid.*

a repeat of Bush's past decisions. When vetoing the bill once more, Bush echoed his past support for the concept of family leave but believed FMLA to be harmful for the economy. He recommended that Congress establish a tax credit for businesses that offers family leave to their employees; however, family leave remained largely off the radar of Bush's 1992 presidential campaign. Bush shied away from mentioning his vetoes, understanding that his choices would not fall in favor with many voters. Bush's opponent Bill Clinton alternatively drew strong attention to his support of FMLA, leading to the bill being Clinton's first major piece of legislation signed into law when he took office in 1993.

Despite many Americans' hope that FMLA coverage would expand to encompass wage replacement, such a change has yet to be made. Amendments to FMLA have been minute, and the first one did not occur until fifteen years after the bill's passage. In 2008 and 2009, amendments allotted additional coverage to workers with family in the military. In 2015, the U.S. Department of Labor redefined "spouse" within FMLA's parameters to protect the right of eligible workers in a same-sex marriage to care for their spouse or family regardless of state of residence.

While hopes of securing paid family leave through FMLA are unfulfilled, a new family leave act with financial security measures first introduced in 2013. Brought by Senator Kirsten Gillibrand (D-NY) and Representative Rosa DeLauro (D-CT), the Family and Medical Insurance Leave (FAMILY) Act provides workers 66% of their wages (capped at \$1000 per week) for up to twelve weeks.²⁰ FAMILY does not include job security, but all workers who pay into and are eligible for Social Security benefits for at least one year are eligible to receive the benefits of the act. FAMILY followed a series of state-level family care policies attempting to mitigate the lack

²⁰GovTrack.us. (2021). S. 881 — 113th Congress: Family Act of 2013. Retrieved from <https://www.govtrack.us/congress/bills/113/s881>

of paid leave from FMLA. FAMILY is distinguished from such state-level policies due to its reliance on both employee and employer contributions of 0.2% of wages, capped at \$4.36 per week.²¹ Under FAMILY, the average worker would contribute \$1.38 per week.²² At the time the bill was read into the legislature on March 28th, 2015, after getting referred to committee, no additional steps were taken. However, Senator Gillibrand and Representative DeLauro are returning focus back to the FAMILY Act, noting how the support of the Biden-Harris Administration and the impact of COVID-19 on low-wage workers and families will help the bill gain needed traction.²³

The cost of a federal family leave plan continues to concern lawmakers of all political persuasions. Over two decades later and across the aisle from Bush, 2016 Presidential candidate Hillary Clinton echoed Bush's concerns about FMLA with her own reservations about FAMILY during her campaign.²⁴ Clinton was supportive of FAMILY's benefits, but she was skeptical of the bill's reliance on increased payroll taxes, suggesting an increased taxation of the wealthy to fund the bill instead.

Federal Family and medical leave is currently administered through the Family Medical Leave Act (FMLA) of 1993, a bill that grants workers 12 weeks of unpaid leave. Under the restrictions of FMLA, about 60% of the American workforce is eligible to receive its benefits.²⁵ Within private sectors, nearly 13% of workers are covered for paid family and parental leave, but

²¹ Ibid.

²² Sholar, M. R. *The History of Family Leave Policies in the United States* | *The American Historian*. (n.d.). www.oah.org.

<https://www.oah.org/tah/issues/2016/november/the-history-of-family-leave-policies-in-the-united-states/#:~:text=It%20was%20not%20until%201993%20that%20the%20United>

²³ Bryant, M. *Congress is "better poised than ever" to pass paid family leave bill, lawmakers say*. (2021, February 6). *The Guardian*. <https://www.theguardian.com/us-news/2021/feb/06/paid-family-medical-leave-bill-congress>

²⁴ *The History of Family Leave Policies in the United States* | *The American Historian*. (n.d.). www.oah.org. <https://www.oah.org/tah/issues/2016/november/the-history-of-family-leave-policies-in-the-united-states/#:~:text=It%20was%20not%20until%201993%20that%20the%20United>

²⁵ Sawhill, A. M. and I. V. (2018, September 10). *A path forward on paid family leave*. Brookings. <https://www.brookings.edu/blog/up-front/2018/09/10/a-path-forward-on-paid-family-leave/>

these benefits are largely reserved for higher-wage earners. Low-wage workers are the least likely to receive paid leave benefits.²⁶ While the FMLA is the extent of leave coverage in many states, nine states and the District of Columbia have passed paid leave laws.²⁷ Illinois, Ohio, and Virginia provide paid parental leave for state employees, and California, New Jersey, Rhode Island, and New York have successfully implemented employee-funded paid leave policies for nearly all workers.²⁸ Operating much like a public insurance program, these states' policies put a portion of employees' taxes in the state's leave fund, which employees can draw from while on leave. In New Jersey, employees may take six weeks of leave to care for a new child or seriously ill or injured family member, recouping 66% of their weekly earnings (capped at \$615 per week, contributing at a rate of 0.08%).²⁹ ECHO offers a similar financial model, though opting instead for both employee and employer contributions at a higher combined rate, allowing states with successful paid leave plans, such as New Jersey, to opt into ECHO's benefits as it makes sense for the state.

As demonstrated by Bush's concern for the FMLA and Clinton's concern for the FAMILY Act, cost remains a primary deterrent from the pursuit of a paid family and medical leave plan at the federal level. While the success of New Jersey's leave plan supports the efficacy of ECHO's cost model, broader financial concerns must be addressed. A potential cost-related concern is the conflict between business interests and government demands, as businesses may fear that reserving funds for paid leave will lower profits and weaken their competitiveness in the field.³⁰ However, business is a highly powerful lobbying group, which often urges legislators to

²⁶ Ibid.

²⁷ "State Paid Family and Medical Leave Insurance Laws." National Partnership for Women and Families, Jan. 2021.

²⁸ Ibid.

²⁹ Sawhill, A. M. and I. V. (2018, September 10). *A path forward on paid family leave*. Brookings. <https://www.brookings.edu/blog/up-front/2018/09/10/a-path-forward-on-paid-family-leave/>

³⁰ Ibid.

protect business interests in policy. In the 2018 work group conducted through the American Enterprise Institute and the Brookings Institution, after deliberating the quality and cost challenges facing a federal leave program, the politically diverse group endorsed a plan that would allow workers eight weeks of paid parental leave at 70% of wages with a maximum benefit of \$600 per week.³¹ Concerning medical leave, the current system necessitates that employers provide leave for short-term illness through paid sick days or short term disability insurance, which leaves workers with a serious illness that does not fall under Social Security Disability insurance, such as cancer, without sufficient leave time.³² By accruing payroll revenue from both employers and employees, ECHO seeks to expand the funds available for medical leave without financially overburdening either workers or businesses. Because ECHO incorporates the funding of health care programs through the remaining third of payroll revenue, communities will not only have more feasible leave options, but will have increased access to different forms of health care. This is especially pertinent to individuals living in Health Professional Shortage Areas, who may only opt into leave-based care due to a lack of health professionals in their area. By supporting the expansion of programs such as the National Health and Service Corps, which establishes young medical professionals in HPSAs, ECHO not only expands health care options for workers, but strengthens communities' economic base through a bolstered healthcare workforce.

A potential concern among socially conservative legislators is the shift in gender dynamics paid leave could impose. Men are more likely to take paid leave, increasing the

³¹ (2018). The AEI-Brookings working group report on paid family and medical leave [Review of *The AEI-Brookings working group report on paid family and medical leave*]. In *America Enterprise Institute* (p. p. 1-106). American Enterprise Institute, Brookings Institution.
<https://www.aei.org/wp-content/uploads/2018/09/The-AEI-Brookings-Working-Group-Report-on-Paid-Family-and-Medical-Leave.pdf?x91208>

³² Sawhill, A. M. and I. V. (2018, September 10). *A path forward on paid family leave*. Brookings.
<https://www.brookings.edu/blog/up-front/2018/09/10/a-path-forward-on-paid-family-leave/>

likelihood that some men may opt out of the breadwinner's role.³³ This could be a point of contention among social conservatives who value the separation of family matters from government influence; however, families have full autonomy to opt out of taking leave if earning dynamics are of concern. Additionally, women's presence in the workforce bolsters economic stability.³⁴ However, partially due to the lack of paid leave options in the United States, women's employment rates have dropped below those of other countries. Particularly among women, paid leave promotes labor force attachment, which is an essential conduit to economic growth.³⁵ Increasing paid leave options for women could have a strong economic payoff.

An additional ideology that may interfere with the acceptance of a paid federal leave program is American Exceptionalism: the notion that government-initiated funding may undercut the value of individual and personal responsibility. However, ECHO does not encourage a decrease of personal responsibility on the part of the worker, but rather, seeks to maximize the workers' capacity to tend their responsibilities at home and at work. Further, ECHO's support of strengthening professional healthcare opportunities cultivates communities that collectively bolster their economic stability through the responsibility of individual employment.

Today, the two most prominent pieces of federal legislation advocating for paid family leave are Senator Gillibrand and Representative DeLauro's FAMILY Act and Senator Marco Rubio's (R-FL) bill allowing families to claim social security benefits early at the cost of delayed retirement benefits.³⁶ ECHO is distinguished from both bills through its two-part approach,

³³ Ibid.

³⁴ (2018). The AEI-Brookings working group report on paid family and medical leave [Review of *The AEI-Brookings working group report on paid family and medical leave*]. In *American Enterprise Institute* (p. p. 1-106). American Enterprise Institute, Brookings Institution.
<https://www.aei.org/wp-content/uploads/2018/09/The-AEI-Brookings-Working-Group-Report-on-Paid-Family-and-Medical-Leave.pdf?x91208>

³⁵ Sawhill, A. M. and I. V. (2018, September 10). *A path forward on paid family leave*. Brookings.
<https://www.brookings.edu/blog/up-front/2018/09/10/a-path-forward-on-paid-family-leave/>

³⁶ Ibid.

offering not only a framework for a federal paid leave program, but advocating for the continued growth of health care options for individuals living in Health Professional Shortage Areas.

ISSUE BRIEF

For years, a loss of income due to personal medical leave or absence to care for a family member has left many people in difficult situations. The COVID-19 pandemic has brought this issue to light as increased numbers of people are forced to stop working for extended periods of time. Currently, The Federal Family and Medical Leave Act requires employers to permit unpaid leave, but many people cannot afford to take an unpaid leave of absence. A study by Westat research company showed that “almost 80 percent of eligible workers who did not take leave after a qualifying life event said that they would have had it been paid.”³⁷ According to the Center for American Progress, paid time off for family and medical leave will increase overall job security while still allowing for the time off necessary to take care of personal or family illness.

To ensure that eligible employees are compensated for the time off they require, the Greater Good Initiative (GGI) proposes a two-part solution to this problem. The first part of ECHO creates a national paid family and medical leave program funded by two-thirds of the revenue collected from a 0.6% payroll tax split between employers and employees. The second part of ECHO involves allocating the leftover revenue from the payroll tax to the Health Resources and Services Administration (HRSA), which will be tasked with identifying programs that diversify the healthcare workforce and deliver care to Health Professional Shortage Areas (HPSA). GGI spotlights four programs that fulfill ECHO’s mission—the National Health Service Corps Loan Repayment Program, the National Health Corps, the Area Health Education Centers Program, and the Health Career Opportunity Program—but calls for the HRSA to determine which programs should receive funding on an annual basis.

³⁷ Boushey, H., & Glynn, S. J. (2012, April). *The Effects of Paid Family and Medical Leave on Employment Stability and Economic Security*. Center for American Progress. Retrieved March 29, 2021, from <https://www.americanprogress.org/wp-content/uploads/issues/2012/04/pdf/BousheyEmploymentLeave1.pdf>

PRELIMINARY REPORT

What is the problem that you're trying to fix?

Many people in the United States are bound to take time off from work to manage their own or one of their family member's health conditions. However, many working-class Americans are unable to take time away from work to care for their children, parents, relatives, or themselves in fear of losing their jobs or economic security. In March of 2018, only 17 percent of all civilian workers in the United States had access to paid family leave.³⁸ Approximately one quarter of mothers return to work within two weeks of giving birth, which is not enough time for the mother to physically recover or form a bond with their child.³⁹ Additionally, “three out of four men in professional jobs return to work in one week or less after having a child, and nearly 60 percent of low-income fathers took no paid leave at all.”⁴⁰ Paid family leave not only offers economic security to employees, but also increases worker retention, prevents additional burdens resulting from relapses, and promotes taxpayers' savings.⁴¹ U.S. states that have implemented paid family leave have reported a 20 percent reduction in the number of female employees leaving their jobs in the first year of giving birth.⁴²

Individuals who live in HPSAs—geographic areas, populations, or facilities that have a shortage of primary, dental or mental health care providers⁴³—are more likely to rely on non institutionalized care such as home and community-based services (HCBS), which can take the

³⁸Bureau of Labor Statistics. (February 27, 2019). U.S. Department of Labor, *The Economics Daily*, *Access to paid and unpaid family leave in 2018*.

³⁹ Indivisible Action. *THE FAMILY ACT, EXPLAINED*. <https://indivisible.org/resource/family-act-explained>

⁴⁰ Ibid.

⁴¹ Family Act, S.463, 116th Cong. (2019). <https://www.congress.gov/bill/116th-congress/senate-bill/463/text>

⁴²Miller, S. (January 15, 2020). *Paid Family Leave, on the Rise, Helps Women Stay in the Workforce*. *Society for Human Resource Management (SHRM)*.

<https://www.shrm.org/ResourcesAndTools/hr-topics/benefits/Pages/paid-family-leave-helps-women-stay-in-the-workforce.aspx>

⁴³ (n.d.). *What is Shortage Designation?* Bureau of Health Workforce. <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>

form of “skilled nursing care, occupational and physical therapy, hospice care or everyday personal care.”⁴⁴ Family caregivers “provide a large share of HCBS, often without compensation,” posing financial difficulties to individuals whose responsibilities as a caretaker require them to take a leave of absence from work.⁴⁵ Aggravating their strained finances, “most family caregivers incur steep out-of-pocket costs related to caregiving, spending \$7,000 on average in 2016.”⁴⁶ In HPSAs, a reliance on HCBS often results from a shortage of physicians. According to data from the Association of American Medical Colleges, the shortage could grow up to 122,000 physicians by 2032 as the United States’ aging population projects to outpace the supply of physicians in growth.⁴⁷ Residents of rural counties, three-quarters of which are designated HPSAs, suffer disproportionately from provider shortages.⁴⁸

What is the solution proposed?

To make family caregiving less financially burdensome and bolster the professional health services available in HPSAs, ECHO proposes a 0.6% payroll tax split evenly between employers and employees that would fund a national paid family and medical leave program and other programs identified by the HRSA. Two-thirds of the revenue generated by the payroll tax would fund the national paid family and medical leave program. Each state that has already implemented a paid family and medical leave program or pledges to create one would have the

⁴⁴ Pitsor, J. (2020, June). *Improving Rural Health: State Policy Options for Increasing Access to Care*. National Conference of State Legislatures.

<https://www.ncsl.org/research/health/improving-rural-health-state-policy-options-for-increasing-access-to-care.aspx>

⁴⁵ Ibid

⁴⁶ Reinhard, S., Feinberg, F. F., Houser, A., Choula, R., & Evans, M. (2019, November 14). *Valuing the Invaluable 2019 Update: Charting a Path Forward*. AARP Public Policy Institute.

<https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html?intcmp=AE-CAR-LEG-IL>

⁴⁷ Heiser, S. (2019, April 23). *New Findings Confirm Predictions on Physician Shortage*. Association of American Medical Colleges.

<https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>

⁴⁸ Ibid

option to opt out of the national program. Currently, “nine states and D.C. have enacted paid family and medical leave laws in their jurisdictions.”⁴⁹ If implemented, ECHO would permit workers to attain paid family and medical leave if they demonstrate a need to provide care for a spouse, child, relative, or any consenting individual who relies on the caregiver for daily medical assistance or the completion of daily tasks due to a debilitating health condition. Each state that opts into the national program would determine the percentage of monthly wages that a worker would still earn while on family and medical leave and the maximum duration of a worker’s leave of absence. The baseline for each choice would be set at 50% of monthly wages and 12 weeks per year, respectively. The 0.6% payroll tax would only apply to states that opt into the national program.

ECHO would allocate the remaining one-third of revenue generated by the payroll tax to the HRSA of the U.S. Department of Health and Human Services. HRSA would be responsible for identifying programs that seek to diversify the workforce and deliver care to HPSAs. On an annual basis, HRSA would distribute the funds it receives from the payroll tax between the programs it deems would benefit from increased funding. Although HRSA would have the authority to determine how funds should be distributed, ECHO highlights four programs that fulfill either the mission of diversifying the healthcare workforce or delivering care to HPSAs: the National Health Service Corps (NHSC) Loan Repayment Program, the National Health Corps (NHC), the Area Health Education Centers Program (AHEC), and the Health Career Opportunity Program (HCOP). The NHSC Loan Repayment Program awards loan repayments to qualified health professionals who agree to work for at least two years in a HPSA.⁵⁰ The NHC,

⁴⁹ (2020, December 14). *Paid Family and Sick Leave in the U.S.* Kaiser Family Foundation.

<https://www.kff.org/womens-health-policy/fact-sheet/paid-family-leave-and-sick-days-in-the-u-s/>

⁵⁰ (2021, January). *National Health Service Corps Loan Repayment Program.* U.S. Department of Health and Human Services National Health Service Corps.

<https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/nhsc-lrp-fact-sheet.pdf>

an AmeriCorps program administered by the Health Federation of Philadelphia, connects select communities with health and wellness benefits and services while educating emerging health leaders. The National AHEC Organization operates a network of AHEC program offices and centers that “train a diverse health care workforce prepared to deliver culturally appropriate, high-quality, team-based care, with an emphasis on primary care for rural and underserved communities.”⁵¹ Lastly, HCOP, a federally funded grant program, provides financial assistance to academies and programs that devote resources to the medical education of individuals from disadvantaged backgrounds.⁵²

Why was this specific issue chosen?

The United States is one of the wealthiest nations in the world, yet one of the few where workers do not have guaranteed access to paid family leave.⁵³ Only nine states in addition to the District of Columbia currently have created some sort of paid family leave programs. Although the Family and Medical Leave Act of 1993 required public and most private businesses to allow employees to take up to 12 weeks of job-protected leave,⁵⁴ those 12 weeks are unpaid. By February 2019, paid family leave was only available to 25% of State and local government workers and 16% of private sector employees⁵⁵. Even though FMLA allows for workers to take job-guaranteed time off, the time off is unpaid, making it harder for low-income populations to

⁵¹ (n.d.). *About the National AHEC Organization*. National AHEC Organization.

<https://www.nationalahec.org/general/custom.asp?page=MissionHistoryBoard>

⁵² (n.d.). *Health Careers Opportunity Program: The National HCOP Academies*. Health Resources & Services Administration. <https://www.hrsa.gov/grants/find-funding/hrsa-18-007>

⁵³ Rossin-Slater, M., & Stearns, J. (2020, June 23). *The economic imperative of enacting paid family leave across the United States*. Retrieved March 30, 2021, from

<https://equitablegrowth.org/the-economic-imperative-of-enacting-paid-family-leave-across-the-united-states/>

⁵⁴ Family and Medical Leave (FMLA). (n.d.). Retrieved March 30, 2021, from

<https://www.dol.gov/general/topic/benefits-leave/fmla#:~:text=The%20Family%20and%20Medical%20Leave,job%20protected%20leave%20per%20year.&text=FMLA%20is%20designed%20to%20help,certain%20family%20and%20medical%20reasons>

⁵⁵ (2019, February 27). Access to paid and unpaid family leave in 2018. Retrieved March 30, 2021, from <https://www.bls.gov/opub/ted/2019/access-to-paid-and-unpaid-family-leave-in-2018.htm>

afford taking family leave. Compensating workers with their regular paycheck during periods of family leave will allow for employees to remain financially stable while they are taking care of themselves or loved ones. Payments could also be used towards childcare, medical, and other costs that may burden workers during their time off. The physician shortage in the United States also increases reliance on HCBS. The inaccessibility of professional healthcare services disproportionately affects rural areas in the United States. “While 20% of the U.S. population lives in rural communities, only 11% of physicians practice in such areas,” a gap expected to worsen as many rural physicians near retirement.⁵⁶

What were the broad questions that guided research into this issue?

What do paid family and medical leave laws do? How does paid family and medical leave relate to rural health? What are current existing examples of paid family and medical leave laws? What kinds of serious family and medical issues would be covered by a paid family and medical leave law? How does one qualify for a paid family and medical leave law? What types of businesses/companies does a paid family and medical leave law cover?

What is the relevance of the issues to the United States and its citizens?

Given the abundance of employed workers within the United States who serve as caretakers of their immediate or extended family—as of 2015, six in 10 family caregivers were in the labor force⁵⁷—it is inevitable that they must split time between taking care of loved ones

⁵⁶ Jaret, P. (2020, February 3). *Attracting the next generation of physicians to rural medicine*. Association of American Medical Colleges.

<https://www.aamc.org/news-insights/attracting-next-generation-physicians-rural-medicine>

⁵⁷ Feinberg, F. L. (2016, May). *The Dual Pressures of Family Caregiving and Employment*. AARP Public Policy Institute.

<https://www.aarp.org/content/dam/aarp/ppi/2016-03/The-Dual-Pressures-off-Family-Caregiving-and-Employment.pdf>

and working. As a result, it can be physically and mentally draining to try and manage both aspects of life at the same time. Ensuring a paid leave of absence due to medical family issues will allow employed people to fulfill their duties as a family caretaker without bearing as great of a financial burden. Additionally, the combination of aging patients and retiring doctors projects to worsen the physician shortage that plagues many underserved communities in the United States.⁵⁸

Why is this an issue that requires governmental response?

Currently, the government regulation of businesses functions under a myriad of government agencies. Most relevant to this policy, the Internal Revenue Service (IRS) regulates taxation of businesses. If passed, ECHO would amend the Internal Revenue Code to impose the proposed 0.6% payroll tax. Additionally, under the Fair Labor Standards Act, the Department of Labor enforces all policies regarding wages, labor hours, and time off for medical or other reasons (Dept. of Labor). Although at this time the federal government only requires employers to allow for unpaid leave time, it is under the jurisdiction of the Department of Labor to revise this and enforce paid leave for circumstances such as addressing a personal or family member's medical issue.

What are the arguments for the creation of the programmatic or policy response to issues that will be proposed?

If implemented, the policy response would financially support people who have to take time off work to care for ill family members or recover from their own ailments. It allows people

⁵⁸ Boyle, P. (2020, June 26). *U.S. physician shortage growing*. Association of American Medical Colleges. <https://www.aamc.org/news-insights/us-physician-shortage-growing>

to support their families in times of need and take the necessary time to heal from their own illnesses. Further, the policy provides job-protected leave and ensures no employee benefits will be lost when the employee returns. This reduces anxiety by eliminating the incredibly difficult choice between caring for one's family members or potentially losing one's job and related benefits. People can focus all of their time and attention on caring for ill family members, newborns, or newly adopted children or recovering rather than having to worry about their job hanging in the balance or trying to find an alternate source of income. Employees will have a vital blanket of financial and job security and stream of income to pay for medical treatments and support themselves during their leave.

In addition, ECHO aims to address the long-term needs of underserved communities by funding health professions programs that seek to diversify the healthcare workforce and encourage physician involvement in HPSAs. A 2011 recommendation report from the HHS Advisory Committee on Minority Health (ACMH) stated that disparate healthcare outcomes result from “cross-cultural differences between immigrant/refugee patients and providers trained in Western medicine, as well as insufficient language access for limited English proficiency (LEP) patients and their families.”⁵⁹ Increasing diversity in the workforce, according to the report, enhances cultural competency, reduces cultural and linguistic barriers to quality care, and improves overall healthcare by engaging the diverse array of providers' intellectual and cultural perspectives. Empowering programs that encourage physician movement to HPSAs also helps mitigate the effects of physician shortages experienced by many communities in the United States. Despite being “more likely to die from health issues like cardiovascular disease, unintentional injury, and chronic lung disease than city-dwellers,” rural residents

⁵⁹ HHS Advisory Committee on Minority Health. (2011, September). *Reflecting America's Population Diversifying a Competent Health Care Workforce for the 21st Century*. U.S. Department of Health and Human Services. <https://minorityhealth.hhs.gov/Assets/pdf/Checked/1/FinalACMHWorkforceReport.pdf>

disproportionately suffer from lack of access to physicians. Some programs, which ECHO aims to support through increased funding, incentivize physicians to work in rural areas, such as the NHSC Loan Repayment Program, which awards loan repayments to qualified health professionals who agree to work for at least two years in an urban, rural, or tribal communities with limited access to care.⁶⁰

What is the basic form of your policy response?

ECHO consists of two parts: a paid family and medical leave program and the allocation of funds to programs that provide care to underserved communities.. Two-thirds of the revenue collected from a 0.6 % payroll tax split between employers and employees would fund the paid family and medical leave program. The remaining revenue would be allocated to the HRSA, the governmental entity responsible for distributing funds between programs committed to serving HPSAs and diversifying the healthcare workforce.

What ongoing questions do you have?

- 1) At what point should businesses (or rather government-sponsored family-leave insurance programs) stop supplying employee payment and benefits to those on paid family and medical leave?
- 2) Would the limit on the amount of paid leave offered be contingent on the state standards or up to interpretation of the respective business?
- 3) Which conditions qualify as a legitimate reason for taking paid family and medical leave?

⁶⁰ (2021, January). *National Health Service Corps Loan Repayment Program*. U.S. Department of Health and Human Services National Health Service Corps.
<https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/nhsc-lrp-fact-sheet.pdf>

- a) Are employees required to show some form of documentation before being granted leave?

POLICY ANALYSIS

What is the programmatic or policy response to the problem that was chosen?

To address inequitable access to healthcare in rural and other HPSAs, ECHO allocates revenue collected from a payroll tax to a paid family and medical leave program. The payroll tax, set at 0.6%, is split between employers and employees. Since nine states and the District of Columbia have already implemented paid family and medical leave programs, each state will have the option to opt out if they administer a comparable program. The two-thirds portion of the payroll tax that funds the paid family and medical leave program will cover workers' a percentage of workers' monthly wages if they successfully apply for paid family and medical leave. ECHO enables each state to determine the covered percentage of monthly wages and maximum duration of leave a worker can take, recognizing that the availability of medical services and the volume of HPSAs varies by state.

ECHO allocates the remaining one-third of revenue collected from the 0.6% payroll tax to the HRSA of the U.S. Department of Health and Human Services designated for funding health professions programs that diversify the healthcare workforce and incentivize provider participation in HPSAs. ECHO highlights the NHSC Loan Repayment Program, the National Health Corps, the Area Health Education Centers Program, and the Health Career Opportunity Program as programs that fulfill the mission of diversifying the healthcare workforce and improving care in HPSAs.

Outline the process your policy proposal will take once implemented. Explain any systems that will be in place, administrative changes, agency authority changes, etc.

Following the example of the Family And Medical Insurance Leave (FAMILY) Act (H.R. 1185/S. 463), which “would create a national family and medical leave insurance program,” ECHO would create a new office within the Social Security Administration (SSA) tasked with administering the paid family and medical leave program.⁶¹ Under the FAMILY Act, the new office “would be responsible for determining eligibility, making payments, maintaining records, preventing fraud and abuse, providing employers with notices about the availability of benefits to share with employees, data collection, education and outreach.”⁶² The Congressional Budget Office estimated that administration of a national paid family and medical leave program would cost \$27 billion.⁶³ Additionally, ECHO requires that the new office within the SSA coordinates with each state government to determine whether the state is opting out of the national program, creating their own paid family and medical leave program, or opting in.

Once passed, ECHO will also require the U.S. Department of Health and Human Services to form a committee tasked with determining which programs should receive the remaining one-third of revenue collected from the payroll tax as a result of their alignment with ECHO’s mission. Programs that incentivize provider movement to HPSAs and aim to diversify the healthcare workforce include NHSC Loan Repayment Program, the National Health Corps, the Area Health Education Centers Program, and the Health Career Opportunity Program. After determining which programs are best equipped to improve healthcare in HPSAs through increased funding, the HRSA would administer the distribution of funds.

Why is this something that should be addressed at the federal level?

⁶¹ (2019, February). *The Family And Medical Insurance Leave (FAMILY) Act: Frequently Asked Questions*. National Partnership for Women & Families.

<https://www.nationalpartnership.org/our-work/resources/economic-justice/coalition/family-act-faq.pdf>

⁶² Ibid.

⁶³ (2019, February 13). *H.R. 1185, FAMILY Act*. Congressional Budget Office.

<https://www.cbo.gov/publication/56129>

ECHO takes a federal approach to improving home and community-based services because many states lack paid family and medical leave laws.⁶⁴ There's already a current precedent under the current FMLA that enables eligible employees to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to twelve work weeks of leave in a 12-month period through FMLA. ECHO aims to standardize paid family and medical leave across the country by creating a national program.

Are there alternative responses that should be taken into account?

Although this policy primarily advocated implementing more paid family leave, there are a few possible alternatives that should also be considered. One legitimate alternative would be to encourage policymakers to direct their efforts towards increasing worker-choice in the workplace. This can be accomplished by altering labor regulations that inhibit employees from attaining flexible work schedules. Additionally, shift-work laws could be adjusted so that there is a greater opportunity for employees and employers to agree on set schedules weeks (or even months) in advance of working.⁶⁵

Similarly, programs like Keeping in Touch currently allow employees on parental leave to return to their place of employment to earn their usual salary for up to ten days. These types of programs also allow employees to stay in touch with employers and encourage more open communication for whenever the employee can transition back into a regular work schedule.⁶⁶

⁶⁴ (2019, November 19). *Paid Family Leave: States With Laws to Help Parents, Other Caregivers*. AARP. <https://www.aarp.org/caregiving/financial-legal/info-2019/paid-family-leave-laws.html>

⁶⁵ Calder, V. B. (2021, January 21). *Finding an Alternative to Paid Family Leave*. Retrieved from <https://www.cato.org/commentary/finding-alternative-paid-family-leave>

⁶⁶ (2020, May 27). *Alternatives to Paid Parental Leave that make you an Employer of Choice to industry top talent*. Retrieved from

Perhaps something similar to the Keeping in Touch program could be offered to those who need to take paid family and medical leave for a greater duration of time.

While eight states have already instituted more paid family medical leave, perhaps companies in states with limited leave options could be encouraged to implement a more comprehensive paid family and medical leave plan after hearing about its benefits. For example, in a survey of California employers in 2013, approximately eighty-seven percent of businesses experienced no increased costs related to paid leave laws. Furthermore, these businesses reported that the implementation of additional paid leave laws increased worker productivity and morale, which led to an increase in overall profits.⁶⁷ Even for reasons beyond efficiency, many workers do not have the savings to get by without working, not including the medical costs they are accumulating from their loved ones' healthcare. Companies that provide the benefit of more paid family and medical leave will be more likely to retain employees and may increase the company's desirability in the eyes of those seeking employment.

Why is the policy you have proposed the appropriate/best response to the problem you have identified?

Establishing systems of paid family leave is an issue that has widespread bipartisan support. In fact, 8 of 10 voters support a robust paid family and medical leave program that can be implemented nationwide.⁶⁸ Creating a program that would allow Americans to save a small portion of their paycheck into a family leave and medical fund would give workers the

<https://parentsandcarersatwork.com/alternatives-to-paid-parental-leave-that-make-you-an-employer-of-choice-to-industry-top-talent/>

⁶⁷ Boesch, D. (n.d.). *Rhetoric vs. Reality: Not All Paid Leave Proposals Are Equal*. Retrieved from <https://www.americanprogress.org/issues/women/reports/2019/10/10/475625/rhetoric-vs-reality-not-paid-leave-proposals-equal/>

⁶⁸ (2018, October). *Voters' Views on Paid Family + Medical Leave*. Retrieved March 31, 2021, from <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/voters-views-on-paid-family-medical-leave-survey-findings-august-2018.pdf>

opportunity to invest in their future selves while not using much of their paycheck to do so. In addition to the paid family and medical leave program, ECHO's allocation of funds to the HRSA aids programs that focus on enhancing healthcare in HPSAs and diversifying the healthcare workforce. In previous years, Congress has proposed to cut funding for such programs. For example, in 2018 "the House Appropriations Committee approved a bill to eliminate funding for the Health Careers Opportunity Program (HCOP) and cut Advance Education Nursing by \$8 million."⁶⁹ For the 2020 fiscal year, the Senate "approved \$96 million less for programs intended to help minority and disadvantaged populations interested in health professions."⁷⁰ By allocating a portion of the 0.6% payroll tax to the HRSA, ECHO provides a stable source of funds to health professions programs oriented toward diversifying the workforce and delivering care to HPSAs.

What are the resources that will be needed to carry out this programmatic or policy response?

The primary resource that will be needed to carry out this policy is funding so that employees can receive paid leave. A government-sponsored family-leave insurance program would need to be funded by a combination of employer and employee payroll contributions. ECHO follows the example of the FAMILY Act, which proposes a 0.4% payroll tax split between employers and employees to fund a paid family and medical leave insurance program. ECHO would enact a 0.6% payroll tax, with the leftover one-third of revenue allocated to health professions programs identified by the HRSA as ones committed to diversifying the healthcare workforce and incentivizing physician movement to HPSAs. A framework for collecting and

⁶⁹ Shick, M. (2018, July 27). *Health Professions Organizations Urge Full Funding for HRSA Workforce Programs*. Association of American Medical Colleges. <https://www.aamc.org/advocacy-policy/washington-highlights/health-professions-organizations-urge-full-funding-hrsa-workforce-programs>

⁷⁰ Crittenden, F. (2019, November 15). *Congress slashes funding for diversifying medicine*. Yale Daily News. <https://yaledailynews.com/blog/2019/11/15/159092/>

organizing funds then providing benefits directly to the employees would need to be regulated by a government agency, such as the Social Security Administration.

What criteria are you using to determine if your policy is successful?

One criterion that will determine the efficacy of ECHO is whether or not the number of workers who take family and medical leave increases. Currently, the most common reason cited by workers for forgoing a needed leave is inability to afford unpaid leave, according to a survey conducted by National Partnership for Women & Families.⁷¹ An increase in the number of workers who take family and medical leave would indicate the improved financial feasibility of caring for one's own health condition or that of a family member. The withholding of pay has also caused FMLA-eligible workers to cut their leave short, according to the National Partnership for Women & Families' survey.⁷² Therefore, an increase in workers' satisfaction with the number of weeks they can afford to take off is another criterion of ECHO's success.

Additionally, the improvement of long-term access to healthcare professionals in HPSAs represents a criterion of ECHO's efficacy. According to the Association of American Medical Colleges, "the United States will see a shortage of up to nearly 122,000 physicians by 2032" due to an aging population that projects to outpace growth in the number of physicians.⁷³ By allocating one-third of ECHO's proposed payroll tax to programs encouraging physician movement to HPSAs, ECHO aims to make access to professional medical services more equitable even as the supply of physicians projects to outpace demand.

⁷¹ (2013, February). *A Look at the U.S. Department of Labor's 2012 Family and Medical Leave Act Employee and Worksite Surveys*. National Partnership for Women & Families.
<https://www.nationalpartnership.org/our-work/resources/economic-justice/fmla/dol-fmla-survey-key-findings-2012.pdf>

⁷² Ibid.

⁷³ Heiser, S. (2019, April 23). *New Findings Confirm Predictions on Physician Shortage*. Association of American Medical Colleges.
<https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>

Lastly, an increase in the healthcare workforce's diversity will indicate ECHO's success. Improving trust between community members and medical professionals in some HPSAs requires offering patients providers of similar backgrounds. The suggested programs for the HRSA to fund—the Health Career Opportunity Program and the Area Health Education Centers Program—both include diversifying the healthcare workforce as part of its mission. ECHO aims to build a more diverse healthcare workforce by empowering such programs through sustained funding.

What would happen with the problem if no action is taken and the problem were to continue on unchanged and undisturbed?

The COVID-19 pandemic has been a volatile experience for all. Due to the pandemic, workers have been forced to take time off in order to take care of themselves, family members, or other pressing matters regarding COVID-19. To accommodate increased economic uncertainty, family and medical leave policies must be updated to provide paid leave. In addition, unpaid family and medical leave programs disproportionately impact women, causing 1 in 4 women to return to work just 10 days after giving birth⁷⁴. This phenomenon later causes a “20% reduction in the number of female employees” within the first year and “up to a 50% reduction after five years”⁷⁵. However with paid family and medical leave benefits, women with young children in states such as California and New Jersey were able to participate in the workforce at nearly an equal rate to women without young children⁷⁶. Creating sustainable paid family and medical leave policies are crucial to maintaining quality healthcare for all in the workforce

⁷⁴ Miller, S. (2020, February 28). *Paid Family Leave, on the Rise, Helps Women Stay in the Workforce*. Retrieved April 01, 2021, from <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/paid-family-leave-helps-women-stay-in-the-workforce.aspx>

⁷⁵ Ibid

⁷⁶ Ibid

regardless of family situation or gender. Additionally, without continued support for health professions programs that incentivize provider movement to HPSAs, physician shortages disproportionately affecting rural areas will likely worsen. According to data analyzed by Skinner et al., the number of physicians active in rural areas “is forecast to decrease by 23% by 2030.”⁷⁷ ECHO aims to mitigate the effects of this trend by investing in educational programs that encourage traditionally underrepresented groups to engage in healthcare work and serve the communities that suffer from physician shortages.

⁷⁷ Skinner, L., Staiger, D. O., Auerbach, D. I., & Buerhaus, P. I. (2019, July 25). Implications of an Aging Rural Physician Workforce. *The New England Journal of Medicine*.
<https://www.nejm.org/doi/full/10.1056/NEJMp1900808>

BUDGET ANALYSIS

For states that opt in, ECHO proposes a 0.6 percent payroll tax, evenly split between employers and employees. Two-thirds of the revenue collected from the payroll tax funds a paid family and medical leave program and the remaining one-third—to be used for the funding of health professions programs that facilitate medical care in HPSAs—is allocated to the HRSA. Based on the Congressional Budget Office’s (CBO) cost estimate of the FAMILY Act,⁷⁸ which proposes a 0.4 percent payroll tax in all 50 states, we estimate that ECHO will increase net federal revenues over the next ten years by an amount comparable to the \$319 billion increase expected to be generated by the FAMILY Act. The CBO estimated that the FAMILY Act’s proposed paid family and medical leave would increase direct spending by \$547 billion over the next ten years, resulting in a deficit increase of \$228 billion.⁷⁹ Since at least ten states will have the option to opt out of the program, ECHO will likely increase spending by less than \$547 billion.

⁷⁸ (2019, February 13). *H.R. 1185, FAMILY Act*. Congressional Budget Office. <https://www.cbo.gov/publication/56129>

⁷⁹ *Ibid.*

CONCLUSION

Improving healthcare in underserved communities requires policy action that addresses short-term needs and initiates long-term change. Where provider shortages exist, sick or elderly individuals are more likely to receive care through home and community-based services (HCBS). ECHO aims to meet the short-term needs of HPSAs by easing the financial burden of family caregivers who need to take a leave from work to care for an ill family member or attend to a personal illness. States that lack a paid family and medical leave program would be required to opt into a national program under ECHO that would guarantee family caregivers a state-determined percentage of their monthly wages while on leave. The national paid family and medical leave program would be funded by two-thirds of the revenue collected from a 0.6% payroll tax. However, enhancing HCBS alone does not repair the structural factors hindering some communities' ability to receive professional care.

ECHO seeks to address the long-term needs of underserved communities by allocating funds to health professions programs that focus on diversifying the healthcare workforce and incentivizing provider movement to HPSAs. Programs driven by those two goals include the NHSC Loan Repayment Program, the National Health Corps, the Area Health Education Centers Program, and the Health Career Opportunity Program. ECHO calls for the Health Resources and Services Administration of the U.S. Department of Health and Human Services to determine which programs align with the policy's mission and would benefit from increased funding. A workforce with greater representation of the communities it serves and a renewed focus on providing services to HPSAs will contribute to a more equitable healthcare system.

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SUPPLEMENTARY MATERIALS

Chart #1: Number of Physicians per 10,000 Population in U.S. Rural Areas⁸⁰

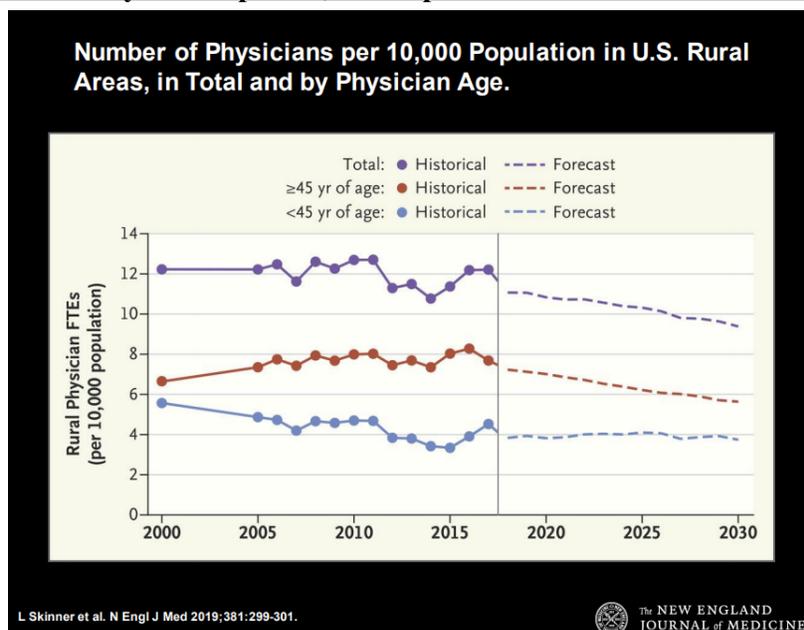
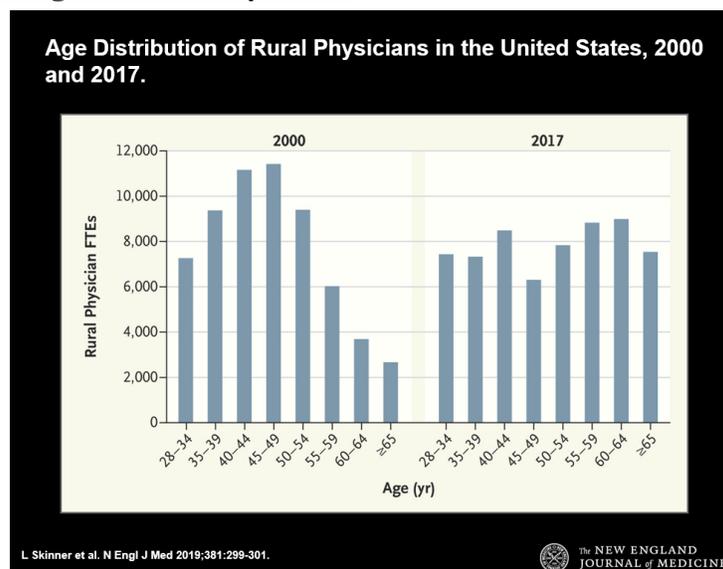


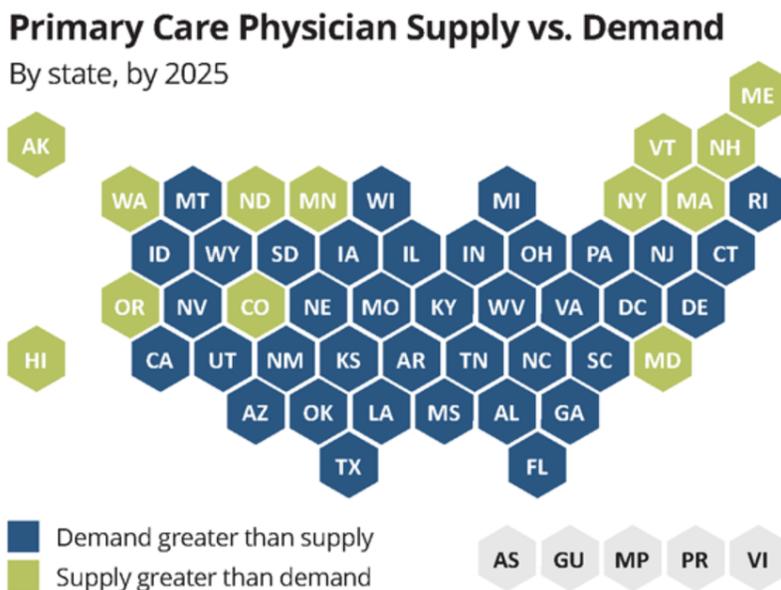
Chart #2: Trends in Age of Rural Physicians⁸¹



⁸⁰ Skinner, L., Staiger, D. O., Auerbach, D. I., & Buerhaus, P. I. (2019, July 25). Implications of an Aging Rural Physician Workforce. *The New England Journal of Medicine*.
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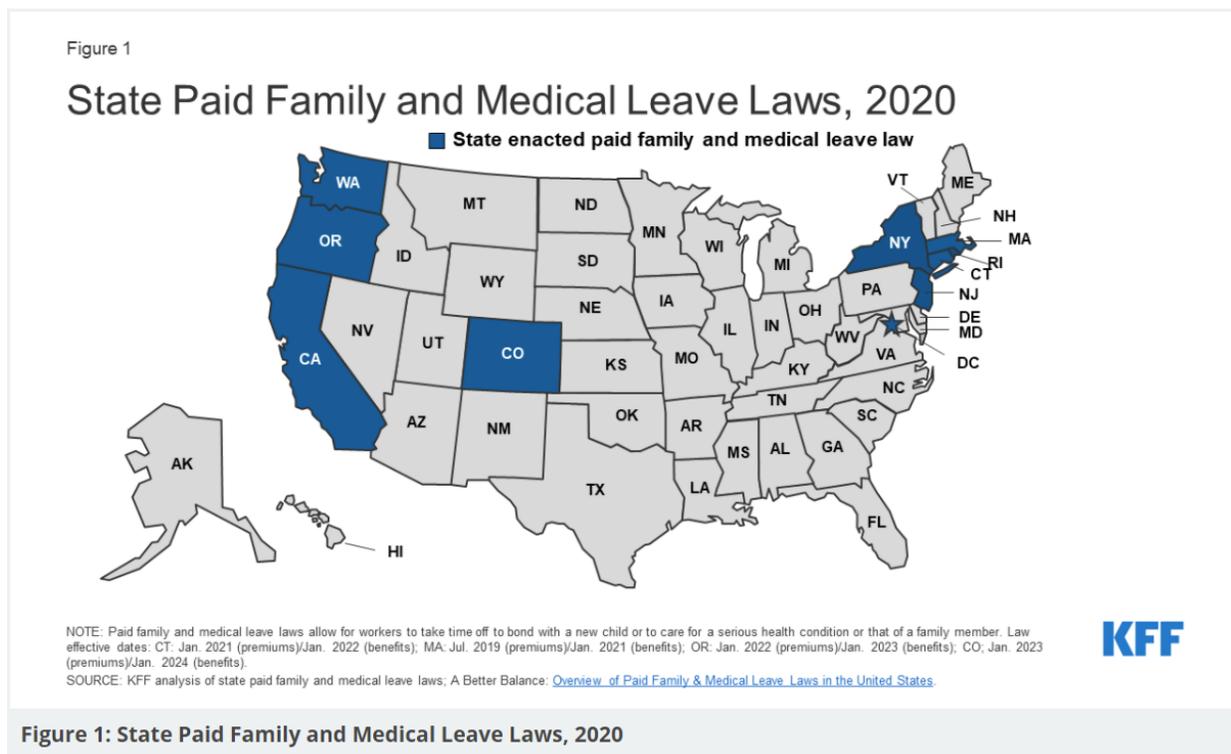
⁸¹ Ibid

Chart #3: Primary Care Physician Supply vs. Demand⁸²



Source: Health Resources and Services Administration, 2016

Chart #4: State Paid Family and Medical Leave Laws, 2020⁸³



⁸² Pitsor, J. (2020, June). *Improving Rural Health: State Policy Options for Increasing Access to Care*. National Conference of State Legislatures.

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