



Legislative Affairs
125 Broad Street, 19th Floor
New York, NY 10004
212-607-3300
www.nyclu.org

2023 – 2024 Legislative Memorandum

**Subject: Temporary Disability Insurance/ Paid Family Leave
S.2821-B (Ramos) / A.4053-B (Solages)**

Position: SUPPORT

Most New Yorkers do not have the ability to take time off from work to address their own serious health needs – whether to undergo cancer treatments, recover from major injuries or illnesses, or to prevent or recover from a pregnancy loss or neonatal loss – without risking their economic security and taking the chance that they will not have a job to return to. That is because New York’s Temporary Disability Insurance (TDI) program that provides medical leave benefits to New Yorkers who need time off from work to tend to their own health needs has been capped since 1989 at \$170/week – far below cost of living in 2023 – and it does not include job protection.

S.2821-B (Ramos) / A.4053-B (Solages) would update New York’s medical leave program to create a sustainable paid family and medical leave system that supports New Yorkers in caring for their family members as well as their own health.

The NYCLU strongly supports this bill and urges its expedient passage.

S.2821-B/A.4053-B will remove the \$170/week cap on medical leave benefits and align medical leave benefits with the more generous benefits the state offers New Yorkers who need paid family leave. It will move both family and medical leave to a progressive wage replacement system to increase low-income workers’ access to both types of leave, and for those who need to access New York’s TDI program, it will ensure job protection and continuity of health insurance – necessary benefits already provided to those who take paid family leave.

Updating New York’s medical leave program is a gender and racial justice imperative. The United States faces a maternal health crisis that disproportionately impacts Black

women.¹ New York has seen a quadrupling of the maternal mortality rate for Black women in the last seven years.² S.2821-B/A.4053-B will ensure that pregnant New Yorkers can afford to take time off to keep themselves and their pregnancies healthy, without risking economic insecurity.

And, if a person experiences pregnancy loss, this bill will ensure that they can take job-protected leave to recover without sacrificing their income. Perversely, under current law, when a person experiences a pregnancy complication or loss, they are not able to take leave without losing their income and risking their job. But a family member can take job-protected leave with a sustainable wage to care for them.

In addition, S.2821-B/A.4053-B expands the definition of a family to include the diverse family structures that exist in New York, including chosen family – a measure that is particularly important for LGBTQ+ New Yorkers, who are often less likely to have a traditional nuclear family.³

With the crucial updates laid out in S.2821-B/A.4053-B, the legislature has an opportunity to ensure that all New Yorkers, including pregnant workers, workers with disabilities, LGBTQ+ workers, workers who struggle with substance use, and workers living with Long COVID, have a paid family and medical leave program that truly meets their needs.

Because New Yorkers deserve a paid family and medical leave program that will open the door for equity in the workforce and support healthy and thriving communities, the NYCLU urges the legislature to prioritize swift passage of S.2821-B/A.4053-B.

¹ Donna L. Hoyert, Ph.D., Maternal Mortality Rates in the United States, 2020, Division of Vital Statistics, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>.

² New York State Report on Pregnancy Associated Deaths in 2018, N.Y. Dept. of Health, p.1, available at, https://www.health.ny.gov/community/adults/women/docs/maternal_mortality_review_2018.pdf (2022) citing New York State Vital Statistics Tables (https://www.health.ny.gov/statistics/vital_statistics/vs_reports_tables_list.htm).

³ Nina Jackson Levin et al., “We Just Take Care of Each Other”: Navigating ‘Chosen Family’ in the Context of Health, Illness, and the Mutual Provision of Care amongst Queer and Transgender Young Adults, Int. J. Environ. Res. Public Health (2020) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7579626/>.