



Brandeis University

The Heller School for Social Policy and Management

**Testimony of Pamela Joshi, Senior Scientist, Brandeis University
before the Joint Committee on Labor and Workforce Development in Support of
An Act relative to improving the Massachusetts Paid Family Medical Leave Law
H.1888 and S.1197**

October 24, 2023

Chairwoman Jehlen, Chairman Cutler, and members of the Committee, thank you for this opportunity to testify. My name is Pamela Joshi, and I am a Senior Scientist at the Heller School for Social Policy and Management at Brandeis University. For 25 years, I have evaluated equitable access to work supportive policies, including family and medical leave, and examined whether these policies are effectively reaching underserved groups. The goal of this research is to ensure that programs like family and medical leave benefit all workers. But, we also want to make sure that workers who have the least access to paid leave through their employers, and workers who face the highest obstacles to using public programs, are able to use the paid leave benefits to which they are entitled.

So, how do we know whether eligible workers receive benefits and whether state programs are working for specific populations? Clearly, we need high quality program administrative data to answer these questions. Yet, we often lack the information needed to conduct analyses. Recently, I served as a Senior Advisor on Racial Equity at the U.S. Department of Health and Human Services. In reviewing federal data systems, it was clear that states often lack the basic demographic information and program performance data needed to identify program barriers or to guide targeted investments. The fact is, to remove bottlenecks and ensure equitable policy solutions are successful, we need robust state-level data systems that measure how different groups of workers access benefits and successfully move through an administrative system.

State-level paid family and medical leave programs like Massachusetts' are relatively new, and there is sparse data available to evaluate these policies, but the research we do have suggests there is a lot of room for growth. National survey data shows that there are clear access issues to paid leave due to restrictive eligibility criteria, and that there is limited information and knowledge about programs among workers who earn low wages, and Hispanic, Black and immigrant workers. Even when workers are eligible and are in-need, immigrant and Hispanic families often have extremely low utilization of program benefits. This Act, which specifies that program indicators will be disaggregated by participant demographics including race, ethnicity, primary language and geography will help address data gaps and can lead to program improvements.

Specifically, the following additions to the data collection and reporting section of the Act will ensure high quality measurement of equitable access to the paid family and medical leave program:

1. **Define race and ethnicity using a single measure with mutually exclusive categories that include “Hispanic.”** A minimum of six categories are recommended by [the OMB interagency technical group on race and ethnicity standards](#): White, Hispanic or Latino, Black or African American, Asian, American Indian or Alaska Native, Middle Eastern or North African, Native Hawaiian or Pacific Islander.
2. **On forms, include information about the purpose of asking about race/ethnicity so that applicants understand how this information may be used.** Applicants [may feel more comfortable providing sensitive information](#) if they understand the reasons for these questions, how these data will be used to improve access, and that their response does not affect eligibility.
3. **Disaggregate PFML program indicators for workers with Individual Tax Identification Numbers (ITIN).** Eligible immigrant workers who file taxes with ITINs will likely face more complexities in navigating the program because they are independent contractors and must opt in.

Our inability to monitor the way paid leave is implemented has consequences not only for workers, but also for children. I recently served as a committee member on a National Academies of Sciences consensus study that found persistent gaps in resources and opportunities affect young children’s health and education by race/ethnicity, income and immigrant status. Paid family and medical leave is one policy that can help reduce these gaps, but only if states collect granular, disaggregated data to ensure that it's been implemented equitably.

Respectfully submitted,

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