

Approved by SPARC 2024 Sept 3

**DEMOCRATIC PARTY OF BERNALILLO COUNTY RESOLUTIONS COMMITTEE
APPROVED AND REFERRED TO THE DEMOCRATIC PARTY OF NEW MEXICO
STATE PLATFORM AND RESOLUTIONS COMMITTEE AND
STATE CENTRAL COMMITTEE
on November 6, 2023**

Resolution Title:

To Support the Passage of Paid Family and Medical Leave in 2025

Submitted by:

Ward 31A: Ward Chair, Kathleen Moseley, Vice Chair, Carl Peterson, Precinct Chairs, Dr. Osana Obich Oliva, Teacher Cheryl Haase, Athena Christodoulou

Email:

kathleenmoseley45@gmail.com

City/County:

Albuquerque, Bernalillo

Whereas, the Democratic Party of New Mexico’s 2022 Platform (“DPNM” and “Platform”) states that Democrats envision a New Mexico where “every person can live a life of dignity with secure jobs that pay fair wages. ... [and, further] strongly and unequivocally support the decision to have a child ... by providing services during pregnancy, postpartum care and paid parental leave [among other things]”;¹ and

Whereas, the maternal mortality rate is rising: the U.S. maternal mortality rate for 2021 was 32.9 deaths per 100,000 live births, compared with a rate of 23.8 in 2020 and 20.1 in 2019; New Mexico’s maternal mortality rate was 28 per 100,000 compared with the U.S. rate of 20.1 per 100,000 in 2019; the maternal mortality for black women in 2021 was 2.6 times the maternal mortality rate of white women including Hispanic women, underlying a huge disparity;² American Indian and Alaska Natives (AIAN) and black women have a 2-3 times higher maternal mortality rate than white Non-Hispanics; women in high poverty areas have double the mortality rate of those in more affluent areas;³ and

Whereas, there is a growing body of evidence that paid leave after the birth of a child is associated with improved maternal health;⁴ and

¹ Democratic Party of New Mexico, State Platform, Preamble, p. 3, and Health Care, p. 18-19, March 2022.

² Donna L. Hoyert, Ph.D., “Maternal Mortality Rates in the United States in 2021,” Mar. 2023, published by the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, at <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>; and Voices for Children, “Supporting Parents and Newborns for a Healthier NM,” Nov. 2021, citing N.M. Dept. of Health, Selected Health Statistics, Annual Report, 2017.

³ GK Singh, “Trends in Social Inequalities in Maternal Mortality in the United States’, 1969-2018, Int J MCH AIDS 2021 10(1); 29-42. doi: 10.21106/ijma.444. Epub 2020 Dec 30. PMID 33442490; PMCID: PMC7792749. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7792749/>

⁴ Daria C. Grayer, J.D., *et al.*, “Paid Leave: A Health Justice Imperative for Maternal Mental Health,” Nov. 1, 2022, Association of American Medical Colleges (AAMC), <https://www.aamchealthjustice.org/news/policy/paid-leave>

Whereas, implementation of paid family leave policies in California have been associated with a 12 percent reduction in post neonatal mortality;⁵ and

Whereas, the need and use of paid family and medical leave includes leave for one’s own self-care (51% of those taking leave under the unpaid federal Family and Medical Leave Act) and the care of one’s family members (19% of those using the federal FMLA) as well as parental leave (25% of those using the FMLA);⁶ and

Whereas, in 2021, New Mexico had the fourth lowest Labor Force Participation Rate or LFPR for women, after West Virginia (49.9 percent), Mississippi (50.5 percent), and Alabama (50.6 percent);⁷ and

Whereas, low-wage workers are most likely to not have paid family and medical leave; and women tend to be caregivers and, therefore, most likely to be forced to quit their jobs due to family and medical reasons;⁸ and

Whereas, a study based on four national surveys on different types of leave shows common patterns of race and ethnic differences, the most consistent of which is that Hispanic workers have lower rates of paid leave access than their White non-Hispanic counterparts;⁹ and

Whereas, parental leave programs typically reduce turnover after childbirth, have positive or zero effects on wages after childbirth, help to remedy deep, chronic social inequities, and level the playing field for low-wage workers, all of which benefit labor market participants, both employers and employees;¹⁰ and

Whereas, New Mexico’s Paid Family and Medical Leave (PFML) program design, as outlined in the task force report, addresses disparities while supporting small businesses, promoting

⁵ Diana Montoya Williams, M.D., *et al.*, “The Impact of Paid Family Leave in the U.S. on Birth Outcomes-Mortality in the First Year of Life,” *Health Serv.Rev.*, Apr. 5, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7518811/> see also Bay Area Council Economic Institute, “Evaluation of the California Paid Family Medical Leave Program,” June 19, 2020, <http://www.bayareaconomy.org/report/evaluation-of-the-california-paid-family-leave-program/>

⁶ Diana Boesch, “Quick Facts on Paid Family and Medical Leave,” Feb 5, 2021, <https://www.americanprogress.org/article/quick-facts-paid-family-medical-leave/#contributer-group-1>

⁷ Rachel Moskowitz, Bureau Chief, N.M. Department of Workforce Solutions, “Why is New Mexico’s Labor Force Participation Rate So Low?”, *Labor Market Review*, April 2022, https://www.dws.state.nm.us/Portals/0/DM/LMI/NM_LFPR_2022.pdf

⁸ Williams, *et al.*, “The Impact of Paid Family Leave...” HSR, at note 5; see also Grayer, “Paid Leave: A Health Justice Imperative ...,” at note 4.

⁹ Ann P. Bartel, *et al.*, “Racial and Ethnic Disparities in Access to and Use of Paid Family and Medical Leave; Evidence from Four Nationally Representative Data Sets,” in *Monthly Labor Review*, U.S. Bureau of Labor Statistics, January 2019. Bartel notes some differences between Black non-Hispanic and White non-Hispanic workers, but those differences were smaller and less often statistically significant. Accessible at <https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>

¹⁰ Maya Rossin Slater, “Easing the Burden: Why Paid Family Leave Policies are Gaining Steam,” Stanford University, Institute for Economic Policy Research (SIEPR), Policy Brief, February 2018, p. 3.

innovation and entrepreneurship, and contributes to a more vibrant and resilient economy, through the following key components:^{11 12}

- State-administered trust fund to disburse compensation payments to PFML recipients funded by employee and employer contributions;
- Universal coverage for all eligible employees;
- Optional participation for all self-employed individuals or contract workers;
- Portability of benefits across all jobs worked by an employee (concurrently or sequentially);
- Compensation benefits adequate to ensure that low wage workers can afford to participate;
- Maximum of twelve weeks leave to follow the American Pediatric Society and American Public Health Association guidelines recommending that children not enter into child care settings before three months of age due to risks of communicable illness and its impacts on very young infants;¹³
- Leave payments to be 100% of minimum wage and then 67% of wages beyond minimum wage up to the average wage of all New Mexico workers as a cap.

Therefore, be it resolved that DPNM candidates and elected officials shall affirm their support of this Resolution and the core values in the underlying Party Platform by:

Including in their campaign platforms and other constituent materials their adoption of the following goals:

- a. Passing the Paid Family and Medical Leave Act in 2025;
- b. Increasing women’s Labor Force Participation Rate by two percent in five years;
- c. Decreasing the maternal mortality rate by two percent in five years;
- d. Decreasing infant mortality rate by five percent in five years; and
- e. Increasing the overall labor force participation rate of caregivers, especially in rural communities by eight percent in two years, consistent with findings of California’s Paid Family Medical Leave policy.¹⁴

Strongly and unequivocally leading their constituents in support of paid family and medical leave by:

- a. Educating the community on the health and economic benefits of optimizing maternal and child health including decreased infant and maternal mortality, improved socioemotional and cognitive development for our children, and decreased parental stress through financial stability;

¹¹ Mimi Stewart, Michael Padilla, Christine Chandler, Linda Serrato, and Patricia Roybal Caballero, “Senate Bill 11”, introduced First session 2023,

https://www.nmlegis.gov/Sessions/23%20Regular/Amendments_In_Context/SB0011.pdf

¹² “Paid Family and Medical Leave Task Force; Report and Recommendations to the New Mexico Legislature”, October 2022, Click [HERE](#)

¹³ This is a compromise as midwives, lactation providers, and mental health providers requested six months leave due to increasing maternal postpartum depression among New Mexico mothers.

¹⁴ Elisabeth Jacobs, “Paid Family and Medical Leave in the United States; a Research Agenda”, Washington Center for Equitable Growth, October 22, 2018,

<https://equitablegrowth.org/research-paper/paid-family-and-medical-leave-in-the-united-states/#:~:text=Preliminary%20evidence%20from%20California%20suggests.7%20years%20of%20the%20program>

- b. Supporting labor-intensive small businesses in the implementation of paid family and medical leave by encouraging businesses to develop substitute pools or temporary agencies;^{15 16}
- c. Explaining New Mexico’s historical efforts to pass Paid Family Medical Leave;¹⁷ and
- d. Reinforcing findings from the evaluation of California’s Paid Family Medical Leave Act showing decreased per-person labor costs for businesses with 25 or fewer employees by 14%!¹⁸

Be it further resolved that DPNM through its internal bodies make a report card for all legislators on this policy to track their voting record and publish it for all Democratic voters to see in accordance with State Central Committee-Approved Resolution 2022-04, “To Require that ... [DPNM] Candidates and State Officers Support the Party Platform,”

¹⁵ Substitute pools of employees are employees who do not work on a regular schedule but call in or are on call for work assignments, and have no obligation to work when they are not available or do not call in. These pools can be industry wide, e.g., coordinated by a state early childhood association or state-supported substitute pools. An example of a state-supported day care employee substitute pool can be found in Washington state. Under one alternative, WorkForce Solutions would create a substitute pool. Under another support, WorkForce Solutions would provide employers technical support by including worker replacement costs in budgets to make the costs and benefits of paid family medical leave clearer. See generally Law Insider, definition of term, “pool employee” at www.lawinsider.com/dictionary/pool-employee

¹⁶Janelle Retka, “Will You Be My Sub? ...,” Yakima Herald Republic, January 19, 2020, at https://www.yakimaherald.com/news/local/business/will-you-be-my-sub-state-backed-child-care-substitute-pool-aims-to-support-providers/article_4583a0e9-d4e0-56fd-a9a7-a94e468e3e1a.html

¹⁷ Advocates in New Mexico have been trying to pass Paid Family Medical Leave for 20 years. In 2021, a memorial passed that established a task force that later published a report that can be accessed here: [HERE](#) In 2022 Senate Bill 11 passed the Senate, but failed in the last committee.

¹⁸ Bay Area Council Economic Institute, “Evaluation of the California Paid Family Medical Leave Program,” June 19, 2020, <http://www.bayareaeconomy.org/report/evaluation-of-the-california-paid-family-leave-program/>