
HOUSE RESOLUTION

REQUESTING THE SENATE STANDING COMMITTEE ON LABOR AND TECHNOLOGY AND HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON LABOR TO CONVENE A LEGISLATIVE WORKING GROUP TO DEVELOP RECOMMENDATIONS FOR ESTABLISHING AND IMPLEMENTING A PAID FAMILY AND MEDICAL LEAVE PROGRAM FOR THE STATE.

1 WHEREAS, the United States is the only remaining
2 industrialized nation without mandated access to paid family and
3 medical leave benefits for the private sector employees under
4 federal law; and

5
6 WHEREAS, paid family and medical leave programs have been
7 enacted in thirteen states and Washington, D.C. as of January
8 2024; and

9
10 WHEREAS, existing Hawaii law does not require employers to
11 provide paid family and medical leave to employees; and

12
13 WHEREAS, the federal Family and Medical Leave Act of 1993
14 (FMLA) requires employers with fifty or more employees to
15 provide unpaid family and medical leave to their employees and
16 existing Hawaii law requires employers with one hundred or more
17 employees to provide unpaid family leave to their employees; and

18
19 WHEREAS, ninety-six percent of private employers in the
20 State however, have fewer than fifty employees, and are
21 therefore not statutorily required to provide unpaid family and
22 medical leave under the FMLA or family leave under existing
23 state law; and

24
25 WHEREAS, as a result, only one in four private sector
26 workers in the State have access to paid family and medical
27 leave, voluntarily provided by their employers; and

28
29 WHEREAS, according to a May 2020 report published by the
30 AARP and National Alliance for Caregiving, there are nearly
31 forty-eight million family caregivers in the United States, of
32 which sixty-one percent are working while juggling caregiving
33 responsibilities; and



1
2 WHEREAS, a family caregiver is a relative, partner, friend,
3 or neighbor who has a significant personal relationship with,
4 and who provides a broad range of assistance for, an older
5 person or an adult with a chronic, disabling, or serious health
6 condition; and
7

8 WHEREAS, family caregivers are the backbone of the long-
9 term care system in the State, especially in the context of the
10 ongoing health care workforce shortage; and
11

12 WHEREAS, according to the Valuing the Invaluable: 2023
13 Update report published by AARP in March 2023, there are 154,000
14 family caregivers in the State, contributing 144 million hours
15 of unpaid services, worth an estimated \$2.6 billion; and
16

17 WHEREAS, family caregivers face many physical, emotional,
18 and financial challenges, especially because they are often
19 required to balance unpaid caregiving duties with employment and
20 other personal responsibilities; and
21

22 WHEREAS, a survey conducted in 2023 by AARP and S&P Global
23 showed that sixty-seven percent of family caregivers are having
24 difficulty balancing their jobs with caregiving duties; twenty-
25 seven percent of working caregivers have shifted from full-time
26 to part-time work or have reduced work hours and sixteen percent
27 have turned down a promotion; sixteen percent have stopped
28 working entirely for a period of time; and thirteen percent have
29 changed employers to meet caregiving responsibilities; and
30

31 WHEREAS, during the past two decades, heightened attention
32 has been given to the dual responsibilities of "sandwich
33 generation" caregivers, who are family caregivers sandwiched
34 between a younger generation--children or grandchildren they
35 care for--and an older one--an older family member or friend for
36 whom they also provide care; and
37

38 WHEREAS, in 2019, thirty percent of family caregivers in
39 the United States were sandwich generation caregivers, who
40 generally span ages thirty-five to sixty-four and are more
41 likely than other caregivers to be working while performing
42 their caregiving responsibilities; and



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

WHEREAS, as a result of the dual-generation care demands, sandwich generation caregivers report higher levels of emotional and financial strain; and

WHEREAS, inequity in the existing socio-economic structure and support infrastructure are also subjecting working women and people of color to be unequally burdened by caregiving duties and economic hardships due to caregiving; and

WHEREAS, a paid family and medical leave program would enable family caregivers to take a limited period of time off from work to care of loved ones without fear of losing their jobs or income; and

WHEREAS, paid family and medical leave programs are associated with improved outcomes in the earliest years of life for individuals, including higher rates of breastfeeding and immunization and lower rates of child abuse, domestic violence, and financial instability; and

WHEREAS, in the face of the current workforce shortage, a paid family and medical leave programs would incentivize individuals to join the labor market and improve employee retention, filling gaps and saving employers long-term recruitment and training costs; and

WHEREAS, most small businesses in the State however, cannot finance a privately-funded paid family and medical leave insurance program that can provide benefits for all of their employees; and

WHEREAS, a state-administered paid family and medical leave program would benefit the State's workforce while reducing the financial burden for employers compared to a privately funded alternative; now, therefore,

BE IT RESOLVED by the House of Representatives of the Thirty-third Legislature of the State of Hawaii, Regular Session of 2025, that the Senate Standing Committee on Labor and Technology and House of Representatives Standing Committee on Labor are requested to convene a legislative working group to



1 develop recommendations for establishing and implementing a paid
2 family and medical leave program for the State; and

3
4 BE IT FURTHER RESOLVED that the working group is requested
5 to:

- 6
7 (1) Recommend parameters for a statewide paid family and
8 medical leave program that benefits both public and
9 private sector workers;
10
11 (2) Review the impact of federal and state regulations on
12 the establishment of a paid family and medical leave
13 program;
14
15 (3) Develop an implementation plan that outlines an
16 administrative framework for paid family and medical
17 leave, including departmental oversight, projected
18 costs, employer and employee contribution rates,
19 staffing needs, outreach to employers and employees,
20 and potential timelines for program enactment and the
21 initiation of benefits distribution; and
22
23 (4) Examine and address how the State's Temporary
24 Disability Insurance (TDI) program may interface with
25 or complement the paid family and medical leave
26 program, including the feasibility, cost-benefit
27 analysis, and a general roadmap for transitioning the
28 existing private TDI program to an expanded public
29 program that includes or complements paid family and
30 medical leave benefits; and
31

32 BE IT FURTHER RESOLVED that the working group is requested
33 to be composed of the following members:

- 34
35 (1) The Director of Labor and Industrial Relations, or the
36 Director's designee, to serve as chairperson of the
37 working group;
38
39 (2) The Chair of the House of Representatives Standing
40 Committee on Labor, or the Chair's designee;
41



- 1 (3) The Chair of the Senate Standing Committee on Labor
2 and Technology, or the Chair's designee;
3
- 4 (4) The Director of Human Resources Development;
5
- 6 (5) A representative from the Hawaii State Teachers
7 Association, to be invited by the chairperson of the
8 working group;
9
- 10 (6) A representative from the United Public Workers,
11 AFSCME Local 646, AFL-CIO, to be invited by the
12 chairperson of the working group;
13
- 14 (7) A representative from the Hawaii Government Employees
15 Association, to be invited by the chairperson of the
16 working group;
17
- 18 (8) A representative from Aloha United Way, to be invited
19 by the chairperson of the working group;
20
- 21 (9) A representative from the American Association of
22 University Women of Hawaii, to be invited by the
23 chairperson of the working group;
24
- 25 (10) A representative from an organization representing the
26 interests of businesses with fewer than fifty
27 employees, to be selected and invited by the Senate
28 President;
29
- 30 (11) A representative from an organization representing the
31 interests of businesses with fewer than fifty
32 employees, to be selected and invited by the Speaker
33 of the House of Representatives;
34
- 35 (12) A representative from AARP Hawaii, to be invited by
36 the chairperson of the working group;
37
- 38 (13) A representative from Hawaii Children's Action Network
39 Speaks!, to be invited by the chairperson of the
40 working group; and
41



1 (14) A representative from a private insurance company
2 offering Temporary Disability Insurance benefits in
3 the State or an association of insurers, to be
4 selected and invited by the Governor; and
5

6 BE IT FURTHER RESOLVED that the working group is requested
7 to identify parameters for a paid family and medical leave
8 program, including:
9

10 (1) A minimum duration of leave that meets the needs of
11 the State's workers;
12

13 (2) A system of wage replacement;
14

15 (3) Coverage for a worker's serious illness, caring for a
16 loved one with a serious illness, bonding with a new
17 child, and needs arising from military deployment and
18 the effects of domestic violence, stalking, and sexual
19 assault;
20

21 (4) Coverage for all employees of employers who employ
22 one or more employees, and a mechanism for the
23 participation of the self-employed;
24

25 (5) A definition of "family" or "family member" for whom
26 an individual may take leave for purposes of providing
27 care that is at least as broad as the definition in
28 chapter 398, Hawaii Revised Statutes, the existing
29 Hawaii Family Leave Law; and
30

31 (6) Employment protections to ensure use of paid family
32 and medical leave does not adversely impact
33 employment; and
34

35 BE IT FURTHER RESOLVED that the working group is requested
36 to review independent studies, research, and other information
37 regarding paid family and medical leave; and
38

39 BE IT FURTHER RESOLVED that the working group is requested
40 to utilize independent consultants and administrative
41 facilitators, including the Legislative Reference Bureau, as
42 needed to assist in the performance of its duties, including but



H.R. NO. 175

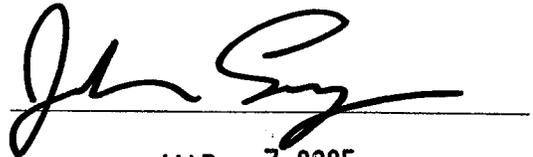
1 not limited to the preparation of the report to the Legislature;
2 and

3
4 BE IT FURTHER RESOLVED that the working group is requested
5 to submit a report of its findings and recommendations,
6 including any proposed legislation, to the Legislature no later
7 than twenty days prior to the convening of the Regular Session
8 of 2026; and

9
10 BE IT FURTHER RESOLVED that certified copies of this
11 Resolution be transmitted to the Governor, President of the
12 Senate, Speaker of the House of Representatives, Chair of the
13 Senate Standing Committee on Labor and Technology, Chair of the
14 House of Representatives Standing Committee on Labor, Director
15 of the Legislative Reference Bureau, Director of Labor and
16 Industrial Relations, and Director of Human Resources
17 Development.

18
19
20

OFFERED BY:



MAR - 7 2025

