September 16, 2025

Dear Member of Congress,

On behalf of the undersigned organizations and the tens of millions of working families we represent, we **urge you to co-sponsor the Family And Medical Insurance Leave (FAMILY) Act.** The FAMILY Act would create a national paid family and medical leave program to help ensure that people who work can take the time they need to address serious health and caregiving needs. It would help support working families' economic security, promote racial and gender equity, create a more level playing field for businesses of all sizes and strengthen our economy. The FAMILY Act is the national paid family and medical leave plan voters want and our country needs.

The benefits of paid family and medical leave are well documented, yet the vast majority of working people in the United States do not have access to this basic protection. More than 106 million people – or 73 percent of workers – do not have paid family leave through their jobs, and nearly 60 percent lack access to paid personal medical leave through their employer.[1] Access rates for workers in lower-wage jobs are even lower, and advances over the past decade have been concentrated among higher-paid employees, creating even greater disparities between lower- and higher-paid workers.[2] Even unpaid leave through the Family and Medical Leave Act (FMLA) is inaccessible to 44 percent of working people because of eligibility restrictions, and many who are eligible cannot afford to take unpaid leave.[3] This means that when serious personal or family health needs inevitably arise, people face impossible choices between their families' well-being, their financial security and their jobs. In states without paid leave programs, workers and their families lose $34 billion in wages annually due to unpaid or partially paid leave.[4]

Women of color are especially harmed by the lack of paid leave. Racial disparities are stark in meaningful access to leave: about 54 percent of Asian and Pacific Islander workers, 64 percent of Native American workers, 66 percent of Black workers and 69 percent of Latinx workers are either not eligible for or cannot afford to take unpaid FMLA leave.[5] And even while women of color are so often key breadwinners for their families,[6] they continue to face punishing wage

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[1] U.S. Bureau of Labor Statistics. (2024, September). *National Compensation Survey: Employee Benefits in the United States, March 2024 (See Excel tables, Civilian workers, Short term disability)*. Retrieved 25 June 2025, from https://www.bls.gov/ebs/publications/employee-benefits-in-the-united-states-march-2024.htm; U.S. Bureau of Labor Statistics. (2023, September). *National Compensation Survey: Employee Benefits in the United States, March 2023 (See Excel tables, Civilian workers, Leave)*. Retrieved 25 June 2025, from https://www.bls.gov/ebs/publications/employee-benefits-in-the-united-states-march-2023.htm

[2] Mason, J. (2023, September 21). *When We Fight, We Win – Paid Sick Days and Paid Family Leave.* Retrieved 25 June 2025, from https://nationalpartnership.org/when-we-fight-we-win-paid-sick-days-and-paid-family-leave/; Mason, J. (2024, September 19). *It's a Travesty: Nearly 27 Million Workers Lack Paid Sick Days.* Retrieved 25 June 2025, from https://nationalpartnership.org/travesty-27-million-workers-lack-paid-sick-days/

[3] Brown, S., Herr, J., Roy, R., & Klerman, J. A. (2020, July). *Employee and Worksite Perspectives of the Family and Medical Leave Act: Results from the 2018 Surveys*. Abt Associates Publication prepared for the U.S. Department of Labor. Retrieved 25 June 2025, from https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHD_FMLA2018SurveyResults_FinalReport_Aug2020.pdf

[4] Andrews, E., Mehta, S., Milli, J. (2024, September 25). *Working People Need Access to Paid Leave*. Retrieved 25 June 2025, from The Center for Law and Social Policy website: https://www.clasp.org/publications/report/brief/working-people-need-access-to-paid-leave/

[5] Joshi, P., Walters, A. N., Wong, E., Shafter, L., & Acevedo-Garcia, D. (2023, March 1). *Inequitable access to FMLA continues*. Retrieved 25 June 2025, from diversitydatakids.org, Institute for Equity in Child Opportunity & Healthy Development at Boston University School of Social Work website: https://www.diversitydatakids.org/research-library/data-visualization/inequitable-access-fmla-continues

[6] Andara, K., Estep, S., Salas-Betsch, I. (2025, May 9). *Breadwinning Women Are a Lifeline for Their Families and the Economy.* Retrieved 25 June 2025, from Center for American Progress website: https://www.americanprogress.org/article/breadwinning-women-are-a-lifeline-for-their-families-and-the-economy/

gaps: for every dollar paid to white men, Asian American, Native Hawaiian and Pacific Islander women are paid as little as 50 cents, as Bangladeshi women are, and overall just 83 cents for every dollar paid to white, non-Hispanic men, Black women 64 cents, Latina women 51 cents and Native American women just 52 cents.[7] The combination of inequities, including the racial wealth gap, and discrimination also means that families of color may be less able to withstand the financial hardship associated with a serious family or medical event and struggle more to recover their stability afterward.[8]

Paid leave is also an essential support for disabled workers. Disabled workers are also more likely to work in low-wage jobs without access to paid leave. Disabled workers are disproportionately harmed by a lack of paid leave policies that allow them to take care of not only themselves but also their loved ones.[9] The 10 occupations employing the most disabled women pay, on average, $41,200 per year – $15,800 less than the average annual wage across the 10 most-common occupations for non-disabled men.[10] In 2022, disabled women overall were paid about 50 cents for every dollar a non-disabled man is paid.[11] Disabled people are also less likely to be able to come up with emergency funds for unexpected needs.[12] Nationally, subminimum wages for disabled workers are also still permitted. Employment discrimination and payment inequities contributed to the critical need for a paid leave infrastructure for disabled women and their families.

The FAMILY Act would create a strong, inclusive national paid family and medical leave program and set a nationwide paid leave baseline. Workers would earn partial pay, for a limited period of time (up to 60 workdays, or 12 workweeks in a year) to address their own serious health issue, including pregnancy or childbirth; to deal with the serious health issue of a family member, including chosen family; to care for a new child; to address the effects of domestic violence, sexual assault or stalking; and for certain military caregiving and leave purposes. The lowest-paid workers would earn up to 85 percent of their normal wages, with the typical full-time worker earning around two-thirds of their wages. Workers who have been at their job for more than 90 days will have the right to be reinstated following their leave, and all workers will be protected from retaliation. The program would be administered through a new Office of Paid Family and Medical Leave within the Social Security Administration. Eligibility rules would allow younger, part-time, low-wage and contingent workers to benefit, regardless of their employer's size or their length of time on the job. States with existing paid leave programs would be empowered to continue running them.

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[7] National Partnership for Women & Families. (2025, March). *America's Women and the Wage Gap*. Retrieved 25 June 2025, from https://nationalpartnership.org/wp-content/uploads/2023/02/americas-women-and-the-wage-gap.pdf

[8] Mason, J. & Molina Acosta, P. (2021, March). *Called to Care: A Racially Just Recovery Demands Paid Family and Medical Leave*. Retrieved 25 June 2025, from National Partnership for Women & Families website: https://nationalpartnership.org/wp-content/uploads/2023/02/called-to-care-a-racially-just-recovery-demands-paid-family-and-medical-leave.pdf

[9] Ditkowsky, M. (2024, April). *Disability Economic Justice System Transformation Guide.* Retrieved 25 June 2025, from National Partnership for Women & Families website: https://nationalpartnership.org/report/disability-economic-justice-systems-transformation/

[10] National Partnership for Women & Families (2023 March). *Women's Work is Undervalued, And It's Costing Us Billions*. Retrieved 25 June 2025, from https://nationalpartnership.org/wp-content/uploads/2023/04/womens-work-is-undervalued.pdf

[11] Ditkowsky, M., Majumder, A., Ahmed, A., & Gallagher Robbins, K. (2024 October). *Disabled Women and the Wage Gap.* Retrieved 25 June 2025, from National Partnership for Women & Families website: https://nationalpartnership.org/report/disabled-women-wage-gap/

[12] National Disability Institute (2017). *Financial Capability of Adults with Disabilities*. Retrieved 25 June 2025, from https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/01/ndi-finra-report-2017.pdf

The FAMILY Act builds on data and lessons from successful state programs. California has had a paid family and medical leave program in place since 2004, New Jersey since 2009, Rhode Island since 2014, New York since 2018, Washington and the District of Columbia since 2020, Massachusetts since 2021, Connecticut since 2022, Oregon since 2023, and Colorado since 2024. And momentum continues to grow: Delaware, Minnesota and Maine all passed paid leave laws that will be disbursing benefits by 2026, and Maryland passed a paid leave law that will be disbursing benefits by 2028.[13] Evidence from the existing state programs shows their value and affordability; all are financially sound and self-sustaining, and each state that has paid leave in place has or is exploring ways to make it even more accessible to people who need family leave.[14] Analyses of California's law show that both employers and employees benefit from the program.[15] In New Jersey, the program's costs have been lower than expected,[16] and in New Jersey and New York, small business support for paid leave programs increased after the pandemic began.[17] Research on Rhode Island's program found positive effects for new parents, and a majority of small- and medium-sized employers were in favor of the program one year after it took effect.[18] Paid leave programs also helped states quickly address health and caregiving needs in the early stages of the pandemic.[19]

The FAMILY Act would address the range of care needs people face, including the growing need to provide elder care. Changing demographics mean more adults will need elder care and the number of potential family caregivers is shrinking: For every person age 80 and older, the number of potential family caregivers will fall from about seven in 2010 to four by 2030, and then to less than three by 2050.[20] It is also important to note that about three-quarters of people who take family or medical leave each year do so for reasons other than maternity or paternity care, taking leave to care for family members with serious illnesses, injuries or disabilities or for their own serious health issue.[21] The majority of parents, adult children and spouses who provide care for ill family members or family members with disabilities also have paying jobs, and on average work more than 30 hours per week while also managing their caregiving

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[13] National Partnership for Women & Families. (2024, July) *State Paid Family & Medical Leave Insurance Laws.* Retrieved 25 June 2025, from https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf; Maryland Department of Labor. (n.d.) *Family and Medical Leave Insurance: About Us*. Retrieved 25 June 2025, from https://paidleave.maryland.gov/Pages/AboutUs.aspx

[14] National Partnership for Women & Families. (2023, November). *Paid Leave Works: Evidence from State Programs.* Retrieved 25 June 2025, from https://nationalpartnership.org/wp-content/uploads/2023/02/paid-leave-works-evidence-from-state-programs.pdf

[15] Applebaum, E., & Milkman, R. (2013). *Unfinished Business: Paid Family Leave in California and the Future of U.S. Work-Family Policy.* Ithaca, NY; Cornell University Press

[16] Press of Atlantic City. (2010, November 15). *Paid Family Leave / Working well*. Retrieved 25 June 2025, from http://www.pressofatlanticcity.com/opinion/editorials/article_0d6ba980-3a1d-56f7-9101-258999b5d9d0.html

[17] Bartel, A. P., Rossin-Slate, M., Waldfogel, J. et al. (2021, December 9). Support for Paid Family Leave among Small Employers Increases during the COVID-19 Pandemic. *Socius: Sociological Research for a Dynamic World*, *7*. doi: 10.1177/23780231211061959

[18] National Partnership for Women & Families. (2015, February). *First Impressions: Comparing State Paid Family Leave Programs in Their First Years.* Retrieved 25 June 2025, from https://nationalpartnership.org/wp-content/uploads/2023/02/first-impressions-comparing-state-paid-family-leave-programs-in-their-first-years.pdf ; Bartel, A., Rossin-Slater, M., Ruhm, C., & Waldfogel, J. (2016, January). *Assessing Rhode Island's Temporary Caregiver Insurance Act: Insights from a Survey of Employers*. Retrieved 25 June 2025, from U.S. Department of Labor website: https://www.dol.gov/asp/evaluation/completed-studies/AssessingRhodeIslandTemporaryCaregiverInsuranceAct_InsightsFromSurveyOfEmployers.pdf

[19] Boyens, C. (2020, June). *State Paid Family and Medical Leave Programs Helped a Surge of Workers Affected by the COVID-19 Pandemic*. Urban Institute Publication. Retrieved 25 June 2025, from https://www.urban.org/research/publication/state-paid-family-and-medical-leave-programs-helped-surge-workers-affected-covid-19-pandemic

[20] Redfoot, D., Feinberg, L., & Houser, A. (2013, August). *The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers*. AARP Public Policy Institute Publication. Retrieved 25 June 2025, from http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2013/baby-boom-and-the-growing-care-gap-insight-AARP-ppi-ltc.pdf

[21] National Partnership for Women & Families. (2025, February). *Key Facts: The Family and Medical Leave Act*. Retrieved 25 June 2025, from https://nationalpartnership.org/wp-content/uploads/2023/02/key-facts-the-family-and-medical-leave-act.pdf

responsibilities.[22] Two-thirds of military caregivers are also in the labor force and more than one in four has experienced at least one work disruption.[23]

The FAMILY Act would support improved health outcomes and could lower health care costs. New mothers who take paid leave have improved overall health, reduced likelihood of re-hospitalization and of postpartum depression, and lower likelihood of reporting intimate partner violence.[24] Their children are more likely to be breastfed, receive medical check-ups and get critical immunizations.[25] When children are seriously ill, the presence of a parent shortens a child's hospital stay by 31 percent;[26] active parental involvement in a child's hospital care may head off future health problems, especially for children with chronic health conditions,[27] and thus reduce costs. In Massachusetts, paid leave improved the health of people with heart disease and depression.[28] Paid leave also lets people support older family members with serious health conditions, helping them fulfill treatment plans, manage their care, and avoid complications and hospital readmissions.[29] Research has found that California's paid leave program reduced nursing home utilization.[30] And, for the millions of families in communities that are struggling with opioid and other substance use disorders, paid leave supports family caregivers, who play a key role in care and recovery by helping loved ones with health care arrangements and treatment.[31]

The FAMILY Act would also strengthen large and small businesses and support entrepreneurs. Paid leave reduces turnover costs – typically more than one-fifth of an employee's salary[32] – and increases employee loyalty. In California, nine out of 10 businesses surveyed reported positive effects or no impacts on profitability and productivity after the state's paid leave program went into effect.[33] Small businesses reported even more positive or neutral outcomes than larger businesses.[34] Small business owners from across the nation expect that the

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[22] National Alliance for Caregiving. (2020, May). *Caregiving in the U.S: 2020 Report.* National Alliance for Caregiving and AARP Public Policy Institute Publication. Retrieved 25 June 2025, from https://www.caregiving.org/wp-content/uploads/2020/05/Full-Report-Caregiving-in-the-United-States-2020.pdf

[23] Labor force includes those working full-time or part-time and those unemployed but seeking work. Ramchand, R., Dalton, S., Dubowitz, T., Hyde, K., et al. (2024, September 24). *America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows (Tables 3.2 and 3.11)*. Retrieved 25 June 2025, from RAND Corporation website: https://www.rand.org/pubs/research_reports/RRA3212-1.html

[24] Coombs, S. (2020, August). *Paid Leave Is Essential for Healthy Moms and Babies*. Retrieved 25 June 2025, from National Partnership for Women & Families website: https://nationalpartnership.org/wp-content/uploads/2023/02/paid-leave-is-essential-for-healthy-moms-and-babies.pdf

[25] Heymann, J., Sprague, A. R., Nandi, A., Earle, A., et al. (2017). Paid parental leave and family wellbeing in the sustainable development era. *Public Health Reviews*, *38*(21). doi: 10.1186/s40985-017-0067-2

[26] Heymann. J. (2001, October 15). *The Widening Gap: Why America's Working Families Are in Jeopardy—and What Can Be Done About It*. New York, NY: Basic Books.

[27] Heymann, J., & Earle, A. (2010). *Raising the global floor: dismantling the myth that we can't afford good working conditions for everyone*. Stanford, CA.: Stanford Politics and Policy.

[28] National Partnership for Women & Families. (2025, February). *The Impact of Paid Leave on the Health of Massachusetts.* Retrieved 25 June 2025, from https://nationalpartnership.org/report/the-impact-of-paid-leave-on-the-health-of-massachusetts/

[29] See e.g., Institute of Medicine. (2008, April 11). *Retooling for an Aging America: Building the Health Care Workforce*, 254. Retrieved 25 June 2025, from https://nap.nationalacademies.org/catalog/12089/retooling-for-an-aging-america-building-the-health-care-workforce; Arbaje, A. I., Wolff, J. L., Yu, Q., Powe, N. R., et al. (2008, August). Postdischarge Environmental and Socioeconomic Factors and the Likelihood of Early Hospital Readmission Among Community-Dwelling Medicare Beneficiaries. *The Gerontologist*, *48*(4), 495-504. doi: 10.1093/geront/48.4.495

[30] Arora, K., & Wolf, D. A. (2017, November 3). Does Paid Family Leave Reduce Nursing Home Use? The California Experience. *Journal of Policy Analysis and Management, 37*(1), 38-62. doi: 10.1002/pam.22038

[31] Biegel, D.E., Katz-Saltzman, S., Meeks, D., Brown, S., & Tracy, E.M. (2010). Predictors of Depressive Symptomatology in Family Caregivers of Women With Substance Use Disorders or Co-Occurring Substance Use and Mental Disorders. *Journal of Family Social Work, 13*(2), 25-44. doi: 10.1080/10522150903437458

[32] Bahn, K., & Sanchez Cumming, C. (2020, December). *Improving U.S. labor standards and the quality of jobs to reduce the costs of employee turnover to U.S. companies*. Retrieved 25 June 2025, from Washington Center for Equitable Growth website: https://equitablegrowth.org/wp-content/uploads/2020/12/122120-turnover-costs-ib.pdf

[33] See note 14.

[34] Ibid.

FAMILY Act model would help level the playing field with large corporations; improve worker retention, productivity and morale; and help protect their economic security if an accident or medical emergency occurs.[35] Seventy-nine percent of small business owners support a national paid family and medical leave policy.[36] By including self-employed people, the FAMILY Act would also help entrepreneurs balance the risks of starting a new business with the need to ensure their families' health and security.

National paid family and medical leave has broad support from voters across party lines. Three out of four 2024 voters (76 percent) say it's important for Congress to create a national paid family and medical leave program, including 62 percent of Republicans, 71 percent of Independents and 90 percent of Democrats.[37] And qualitative research shows voters prefer a national plan that covers all family relationships and includes employment protections.[38]

Working families need a nationwide paid family and medical leave standard that is comprehensive, inclusive, and sustainable. The FAMILY Act is the only national paid family and medical leave proposal that reflects what most people in the United States need. We urge you to co-sponsor this essential legislation today, to push for swift and thorough consideration that surfaces the best practices and lessons learned from state policies, and to reject inadequate proposals that would fail to meet the needs of the nation's workforce, families or businesses – and that would do more harm than good.

Sincerely,

National:
9to5
A Better Balance
Aids United
All* Above All
American Academy of Pediatrics
American Association of People with Disabilities (AAPD)
American Association of University Women (AAUW)
American Civil Liberties Union
American Federation of Teachers
American Friends Service Committee
American Humanist Association
American Public Health Association
American Society for Reproductive Medicine

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[35] Main Street Alliance. (2018). *The View from Main Street: Paid Family and Medical Leave, 2018 Report*. Retrieved 25 June 2025, from https://static1.squarespace.com/static/5ff74507e375c93150f0ca32/t/6005b387c50f244aee789e87/1610986375301/MSA_PFML_Report_-_Phase_1_v3.pdf

[36] Small Business Majority and National Partnership for Women & Families. (2024, October). *Small Businesses Support a National Paid Family and Medical Leave Program.* Retrieved 25 June 2025, from https://nationalpartnership.org/report/small-businesses-support-national-paid-family-medical-leave-program/

[37] Navigator Research. (2024, September 6). *Paid Family and Medical Leave: A Guide for Advocates*. Retrieved 25 June 2025, from https://navigatorresearch.org/wp-content/uploads/2024/09/Navigator-Update-09.06.2024.pdf

[38] Lake Research Partners and MomsRising.org (2018, February). *Interested Parties Memo on Key Findings from Recent Qualitative Research*. Retrieved 25 June 2025, from https://s3.amazonaws.com/s3.momsrising.org/images/MomsRising__LPR_Interested_Parties_memo_on_paid_leave.pdf

Association of Flight Attendants-CWA
Association of Women's Health, Obstetric and Neonatal Nurses
Autistic People of Color Fund
Autistic Women & Nonbinary Network
Campaign for a Family Friendly Economy
Care in Action
Caring Across Generations
Center for American Progress
Center for Biological Diversity
Center for Economic and Policy Research
Center for Law and Social Policy
Center for Parental Leave Leadership
Center for Reproductive Rights
CenterLink: The Community of LGBTQ Centers
Child Welfare League of America
Children's Defense Fund
Children's HealthWatch
Coalition on Human Needs
Communications Workers of America (CWA)
Community Change Action
Congregation of Our Lady of Charity of the Good Shepherd, U.S. Provinces
Disability Culture Lab
Doctors for America
Empowering Pacific Islander Communities (EPIC)
Equal Rights Advocates
Family Equality
Family Promise
Family Values @ Work
Family Values @ Work Action
First Focus Campaign for Children
Franciscan Action Network
Friends Committee on National Legislation
Futures Without Violence
Gerontological Society of America
Health in Partnership
Healthy Families America
Healthy Horizons Breastfeeding Centers
Human Rights Campaign
Ibis Reproductive Health
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Institute for Women’s Policy Research
International Brotherhood of Teamsters
International Center for Research on Women
Ipas US
Jacobs Institute of Women’s Health
Jobs With Justice

Just Solutions
Justice for Migrant Women
Justice in Aging
JustLeadershipUSA
La Leche League Alliance
La Leche League USA
Labor Council for Latin American Advancement (LCLAA)
Legal Momentum, The Women's Legal Defense and Education Fund
Main Street Alliance
MANA, A National Latina Organization
Many Languages One Voice (MLOV)
March of Dimes
Men’s National Community Health Worker Alliance
Mila’s Keeper
MomsRising
Movement Advancement Project
National Action Network
National Advocacy Center of the Sisters of the Good Shepherd
National Asian American Pacific Islander Mental Health Association (NAAPIMHA)
National Asian Pacific American Women’s Forum
National Association for Family Child Care
National Association of Social Workers
National Coalition for the Homeless
National Council of Jewish Women
National Diaper Bank Network
National Disability Institute
National Disabled Legal Professionals Association
National Domestic Violence Hotline
National Domestic Workers Alliance
National Education Association
National Employment Law Project
National Latina Institute for Reproductive Justice
National Network to End Domestic Violence
National Organization for Women
National Partnership for Women & Families
National Resource Center on Domestic Violence
National Respite Coalition
National Urban League
National WIC Association
National Women's Law Center
NCBCP Black Women's Roundtable
NETWORK Lobby for Catholic Social Justice
New Disabled South
Nitamising Gimashkikinaan Our First Medicine
Oxfam America
Paid Leave for All

ParentsTogether Action
People Power United
PHI
Physicians for Reproductive Health
Poder Latinx
Prevent Child Abuse America
Public Advocacy for Kids (PAK)
Religious Action Center of Reform Judaism
Reproductive Freedom for All
Rural Organizing
Service Employees International Union (SEIU)
Seventh Generation Interfaith Coalition for Responsible Investment
Shriver Center on Poverty Law
SiX Action
Small Business Majority
Southern Poverty Law Center
T'ruah: The Rabbinic Call for Human Rights
The Arc of the United States
The Healthy Children Project
The National Black Justice Collective (NBJC)
The National Domestic Violence Hotline
U.S. Breastfeeding Committee
UnidosUS
Union for Reform Judaism
Unitarian Universalists for Social Justice
United Church of Christ
United Food and Commercial Workers International Union (UFCW)
United for Respect
Voices for Progress
Washington Premier Group
Women of Reform Judaism
WorkLife Law
Workplace Fairness
Youth Law Center
YWCA USA
ZERO TO THREE

Arkansas:
Arkansas Black Gay Men's Forum

California:
California Child Care Resource & Referral Network
California LGBTQ Health and Human Services Network
End Child Poverty California powered by GRACE
Equality California
San Diego Black Worker Center

The Children's Partnership

Delaware:
Delaware Working Families Party

Florida:
Central Florida LCLAA Chapter
Florida Alliance for Community Solutions, Inc.
Florida Black Women's Roundtable
Florida National Association for Women (NOW)
Women's Foundation of Florida

Illinois:
EverThrive Illinois
Prevent Child Abuse Illinois
Women Employed

Indiana:
Healthier Moms and Babies
Indiana Coalition Against Domestic Violence
Indiana Community Action Poverty Institute
Marion County Commission on Youth

Iowa:
Sisters of the Presentation, Dubuque IA

Kansas:
Kansas Breastfeeding Coalition
Kansas Infant Death and SIDS Network, Inc.
Kansas Public Health Association

Kentucky:
Kentucky Voices for Health

Maine:
Maine People's Alliance
Maine Women's Lobby
MWL Education Fund
Seedlings to Sunflowers Non Profit Child Care and Family Center

Maryland:
Public Justice Center

Michigan:
Dominican Sisters, Grant Rapids
Michigan United

Michigan United Action
Oakland Forward
Oakland Forward Action Fund

Mississippi:
Mississippi Black Women's Roundtable

Missouri:
Healthy Nourishments, LLC
Missouri Jobs with Justice
People's Health Centers WIC Program
St. Louis Breastfeeding Coalition

Nevada:
Silver State Equality

New Jersey:
Family Voices NJ
NJ Citizen Action
SPAN Parent Advocacy Network

New Mexico:
Coalition to Stop Violence Against Native Women
Southwest Women's Law Center

New York:
Birth By Queens Foundation
Child Care for Every Family
Citizen Action of NY
Gender Equality Law Center
PowHer New York

North Carolina:
NC State AFL-CIO
North Carolina Council of Churches
North Carolina Justice Center
Pro-Choice North Carolina
Women AdvaNCe

Ohio:
Abortion Forward (formerly Pro-Choice Ohio)
Collaborate Cleveland
Ohio Breastfeeding Alliance
Ohio Working Families Party
Village of Healing
YWCA Columbus

Oregon:
Family Forward Oregon

Pennsylvania:
Children First
Maternity Care Coalition
The Restaurant Opportunities Center of Pennsylvania (ROC PA)
Women's Law Project

Rhode Island:
Rhode Island KIDS COUNT
Right from the Start Coalition

South Carolina:
The Baby Lady
Women's Rights and Empowerment Network

Vermont:
Hunger Free Vermont
Vermont Paid Leave Coalition

Washington:
Economic Opportunity Institute
PAVE