Whereas, The mission of the American Medical Association is “to promote the art and science of medicine and the betterment of public health…by representing physicians with a unified voice in courts and legislative bodies across the nation, removing obstacles that interfere with patient care…and driving the future of medicine to tackle the biggest challenges in health care.” [1]; and

Whereas, The federal Family Medical Leave Act (FMLA) of 1993 requires private employers with 50 or more employees within 75 miles of the eligible employee’s worksite and all public agencies to provide eligible employees* up to 12 work weeks of unpaid leave in a 12-month period for the birth and care of a newborn, adopted child, or foster child, as well as for care of oneself or an immediate family member with a serious health condition [2]***; and

Whereas, “The American Academy of Pediatrics has publicly endorsed 12 weeks of paid family leave based upon the scientific evidence of benefits to the child.” [3]; and

Whereas, Since April 2022, the American College of Radiology (ACR) “recommends that diagnostic radiology, interventional radiology, radiation oncology, medical physics, and nuclear medicine practices, departments and training programs strive to provide 12 weeks of paid family/medical leave in a 12-month period for its attending physicians, medical physicists, and members in training as needed.” [4]; and

Whereas, The business case for paid family/medical leave is compelling, with “significant rewards that outweigh the costs: improved employee retention; better talent attraction; reinforced values; improved engagement, morale, and productivity; and enhanced brand equity.” [5]. For instance, research has shown that the average time to fill a vacant position is 42 days, and the average cost of a hire is at least 21% of annual salary [6]; and

Whereas, While the most frequent argument against paid family/parental leave is “we can’t afford it,” there are ways to mitigate the cost of paid leave. Some states offer a paid leave program that can be used to offset the cost to a practice [7]. Short-term disability insurance for all practice members can also protect a practice from unexpected medical issues. Lastly, practices can consider creating an account that is funded annually for circumstances requiring family/medical leave [6]; therefore be it

* As defined in the Family Medical Leave Act

** As defined in the Family Medical Leave Act

*** As defined in the Family Medical Leave Act
RESOLVED, That our American Medical Association policy H-405.960 "Policies for Parental
Family and Medical Necessity Leave" be amended by addition and deletion to read as follows:

AMA adopts as policy the following guidelines for, and encourages the
implementation of, Parental, Family and Medical Necessity Leave for Medical
Students and Physicians:

1. Our AMA urges medical schools, residency training programs, medical specialty
boards, the Accreditation Council for Graduate Medical Education, and medical group
practices to incorporate and/or encourage development of leave policies, including
parental, family, and medical leave policies, as part of the physician's standard benefit
agreement.

2. Recommended components of parental leave policies for medical students and
physicians include: (a) duration of leave allowed before and after delivery; (b)
category of leave credited; (c) whether leave is paid or unpaid; (d) whether provision
is made for continuation of insurance benefits during leave, and who pays the
premium; (e) whether sick leave and vacation time may be accrued from year to year
or used in advance; (f) how much time must be made up in order to be considered
board eligible; (g) whether make-up time will be paid; (h) whether schedule
accommodations are allowed; and (i) leave policy for adoption.

3. AMA policy is expanded to include physicians in practice, reading as follows: (a)
residency program directors and group practice administrators should review federal
law concerning maternity leave for guidance in developing policies to assure that
pregnant physicians are allowed the same sick leave or disability benefits as those
physicians who are ill or disabled; (b) staffing levels and scheduling are encouraged
to be flexible enough to allow for coverage without creating intolerable increases in
other physicians' workloads, particularly in residency programs; and (c) physicians
should be able to return to their practices or training programs after taking parental
leave without the loss of status.

4. Our AMA encourages medical schools, residency programs, specialty boards, and
medical group practices to incorporate into their parental, family, and medical
necessity leave policies a six-twelve-week minimum leave allowance, with the
understanding that no parent individual should be required to take a minimum leave.

5. Our AMA recommends that medical practices, departments and training programs
strive to provide 12 weeks of paid parental, family and medical necessity leave in a
12-month period for their attending and trainee physicians as needed.

6. Residency program directors should review federal and state law for guidance in
developing policies for parental, family, and medical leave.

7. Medical students and physicians who are unable to work because of pregnancy,
childbirth, and other related medical conditions should be entitled to such leave and
other benefits on the same basis as other physicians who are temporarily unable to
work for other medical reasons.

8. Residency programs should develop written policies on parental leave, family
leave, and medical leave for physicians. Such written policies should include the
following elements: (a) leave policy for birth or adoption; (b) duration of leave allowed
before and after delivery; (c) category of leave credited (e.g., sick, vacation, parental,
unpaid leave, short term disability); (d) whether leave is paid or unpaid; (e) whether
provision is made for continuation of insurance benefits during leave and who pays for
premiums; (f) whether sick leave and vacation time may be accrued from year to year
or used in advance; (g) extended leave for resident physicians with extraordinary and
long-term personal or family medical tragedies for periods of up to one year, without
loss of previously accepted residency positions, for devastating conditions such as
terminal illness, permanent disability, or complications of pregnancy that threaten
maternal or fetal life; (h) how time can be made up in order for a resident physician to be considered board eligible; (i) what period of leave would result in a resident physician being required to complete an extra or delayed year of training; (j) whether time spent in making up a leave will be paid; and (k) whether schedule accommodations are allowed, such as reduced hours, no night call, modified rotation schedules, and permanent part-time scheduling.

89. Our AMA endorses the concept of equal parental leave for birth and adoption as a benefit for resident physicians, medical students, and physicians in practice regardless of gender or gender identity.

90. Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs.

4011. Physicians should be able to return to their practices or training programs after taking parental leave, family leave, or medical leave without the loss of status.

4412. Residency program directors must assist residents in identifying their specific requirements (for example, the number of months to be made up) because of leave for eligibility for board certification and must notify residents on leave if they are in danger of falling below minimal requirements for board eligibility. Program directors must give these residents a complete list of requirements to be completed in order to retain board eligibility.

4213. Our AMA encourages flexibility in residency training programs, incorporating parental leave and alternative schedules for pregnant house staff.

4314. In order to accommodate leave protected by the federal Family and Medical Leave Act, our AMA encourages all specialties within the American Board of Medical Specialties to allow graduating residents to extend training up to 12 weeks after the traditional residency completion date while still maintaining board eligibility in that year.

4415. These policies as above should be freely available online and in writing to all applicants to medical school, residency or fellowship. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

Received: 09/30/22

REFERENCES:
"Defined, per FMLA, as "Employees are eligible for leave if they have worked for their employer at least 12 months, at least 1,250 hours over the past 12 months, and work at a location where the company employs 50 or more employees within 75 miles." [3]

**Additional reasons under the FMLA include:
- any qualifying exigency arising out of the fact that the employee’s spouse, son, daughter, or parent is a covered military member on "covered active duty"; and
- to care for a covered service member with a serious injury or illness if the eligible employee is the service member’s spouse, son, daughter, parent, or next of kin (leave entitlement is up to 26 weeks in a 12-month period). [2]

***Defined, as "the problem of employees who are not fully functioning in the workplace because of an illness, injury or other condition. Even though the employee may be physically at work, he may not be able to fully perform his duties and is more likely to make mistakes on the job." [12]

**RELEVANT AMA POLICY**

**Policies for Parental, Family and Medical Necessity Leave H-405.960**

AMA adopts as policy the following guidelines for, and encourages the implementation of, Parental, Family and Medical Necessity Leave for Medical Students and Physicians:

1. Our AMA urges medical schools, residency training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of leave policies, including parental, family, and medical leave policies, as part of the physician's standard benefit agreement.

2. Recommended components of parental leave policies for medical students and physicians include: (a) duration of leave allowed before and after delivery; (b) category of leave credited; (c) whether leave is paid or unpaid; (d) whether provision is made for continuation of insurance benefits during leave, and who pays the premium; (e) whether sick leave and vacation time may be accrued from year to year or used in advance; (f) how much time must be made up in order to be considered board eligible; (g) whether make-up time will be paid; (h) whether schedule accommodations are allowed; and (i) leave policy for adoption.

3. AMA policy is expanded to include physicians in practice, reading as follows: (a) residency program directors and group practice administrators should review federal law concerning maternity leave for guidance in developing policies to assure that pregnant physicians are allowed the same sick leave or disability benefits as those physicians who are ill or disabled; (b) staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in other physicians' workloads, particularly in residency programs; and (c) physicians should be able to return to their practices or training programs after taking parental leave without the loss of status.

4. Our AMA encourages medical schools, residency programs, specialty boards, and medical group practices to incorporate into their parental leave policies a six-week minimum leave allowance, with the understanding that no parent should be required to take a minimum leave.

5. Residency program directors should review federal and state law for guidance in developing policies for parental, family, and medical leave.

6. Medical students and physicians who are unable to work because of pregnancy, childbirth, and other related medical conditions should be entitled to such leave and other benefits on the same basis as other physicians who are temporarily unable to work for other medical reasons.

7. Residency programs should develop written policies on parental leave, family leave, and medical leave for physicians. Such written policies should include the following elements: (a) leave policy for birth or adoption; (b) duration of leave allowed before and after delivery; (c) category of leave credited (e.g., sick, vacation, parental, unpaid leave, short term disability); (d) whether leave is paid or unpaid; (e) whether provision is made for continuation of insurance benefits during leave and who pays for premiums; (f) whether sick leave and vacation time may be accrued from year to year or used in advance; (g) extended leave for resident physicians with extraordinary and long-term personal or family medical tragedies for periods of up to one year, without loss of previously accepted residency positions, for devastating conditions such as terminal illness, permanent disability, or complications of pregnancy that threaten maternal or fetal life; (h) how time can be made up in order for a resident physician to be considered board eligible; (i) what period of leave would result in a resident physician being required to complete an extra or delayed year of training; (j) whether time spent in making up a leave will be paid; and (k) whether schedule accommodations are allowed, such as reduced hours, no night call, modified rotation schedules, and permanent part-time scheduling.

8. Our AMA endorses the concept of equal parental leave for birth and adoption as a benefit for resident physicians, medical students, and physicians in practice regardless of gender or gender identity.

9. Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without
creating intolerable increases in the workloads of other physicians, particularly those in residency programs.

10. Physicians should be able to return to their practices or training programs after taking parental leave, family leave, or medical leave without the loss of status.

11. Residency program directors must assist residents in identifying their specific requirements (for example, the number of months to be made up) because of leave for eligibility for board certification and must notify residents on leave if they are in danger of falling below minimal requirements for board eligibility. Program directors must give these residents a complete list of requirements to be completed in order to retain board eligibility.

12. Our AMA encourages flexibility in residency training programs, incorporating parental leave and alternative schedules for pregnant house staff.

13. In order to accommodate leave protected by the federal Family and Medical Leave Act, our AMA encourages all specialties within the American Board of Medical Specialties to allow graduating residents to extend training up to 12 weeks after the traditional residency completion date while still maintaining board eligibility in that year.

14. These policies as above should be freely available online and in writing to all applicants to medical school, residency or fellowship.

Citation: CCB/CLRPD Rep. 4, A-13; Modified: Res. 305, A-14; Modified: Res. 904, I-14; Modified: Res. 307, A-22

**AMA Statement on Family and Medical Leave H-420.979**

Our AMA supports policies that provide employees with reasonable job security and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions. Such policies should provide for reasonable periods of paid or unpaid: (1) medical leave for the employee, including pregnancy; (2) maternity leave for the employee-mother; (3) leave if medically appropriate to care for a member of the employee's immediate family, i.e., a spouse or children; and (4) leave for adoption or for foster care leading to adoption. Such periods of leave may differ with respect to each of the foregoing classifications, and may vary with reasonable categories of employers. Such policies should encourage voluntary programs by employers and may provide for appropriate legislation (with or without financial assistance from government). Any legislative proposals will be reviewed through the Association's normal legislative process for appropriateness, taking into consideration all elements therein, including classifications of employees and employers, reasons for the leave, periods of leave recognized (whether paid or unpaid), obligations on return from leave, and other factors involved in order to achieve reasonable objectives recognizing the legitimate needs of employees and employers.

Citation: BOT Rep. A, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CLRPD Rep. 1, A-08; Reaffirmation A-12; Reaffirmed: CMS Rep. 03, A-16;

**Parental Leave H-405.954**

1. Our AMA encourages the study of the health implications among patients if the United States were to modify one or more of the following aspects of the Family and Medical Leave Act (FMLA): a reduction in the number of employees from 50 employees; an increase in the number of covered weeks from 12 weeks; and creating a new benefit of paid parental leave.

2. Our AMA will study the effects of FMLA expansion on physicians in varied practice environments.

3. Our AMA: (a) encourages employers to offer and/or expand paid parental leave policies; (b) encourages state medical associations to work with their state legislatures to establish and promote paid parental leave policies; (c) advocates for improved social and economic support for paid family leave to care for newborns, infants and young children; and (d) advocates for federal tax incentives to support early child care and unpaid child care by extended family members.

4. Our AMA: (a) encourages key stakeholders to implement policies and programs that help protect against parental discrimination and promote work-life integration for physician parents, which should encompass prenatal parental care, equal parental leave for birthing and non-birthing parents, and flexibility for childcare; and (b) urges key stakeholders to include physicians and frontline workers in legislation that provides protections and considerations for paid parental leave for issues of health and childcare.

Citation: Res. 215, I-16; Appended: BOT Rep. 1, A-19; Appended: Res. 403, A-22