October 10, 2018

The Honorable Alexander Acosta  
Secretary  
U.S. Department of Labor  
200 Constitution Avenue NW, Room S-2521  
Washington, DC 20210

Dear Secretary Acosta:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to request that the U.S. Department of Labor consider changes to the regulations implementing the Family and Medical Leave Act (FMLA) to reflect the needs and realities of today’s diverse workforce, including lesbian, gay, bisexual, transgender, and queer (LGBTQ) employees. The AMA believes that FMLA policies should include any individual related by blood or affinity whose close association with an employee is the equivalent of a family relationship.

Results from the 2008 National Health Interview Survey indicated workers with paid leave are significantly more likely to see health care providers and to receive preventive screenings independent of insured or uninsured status and health status. Research has shown that LGBTQ individuals report poorer health as compared to their heterosexual counterparts, including earlier age at disability, increased risk of sexually transmitted infection among men who have sex with men (MSM), decreased likelihood to obtain preventive cervical cancer screening among lesbian women, and increased incidence of obesity among lesbian and bisexual women. However, in 2016, a study from the *American Journal of Orthopsychiatry* asserted that affirming the chosen family of LGBTQ individuals in family and medical leave policies improved mental well-being. In 2010, the U.S. Office of Personnel Management issued regulations to modify its definitions of family member and immediate relative to include “domestic partner and parents thereof” and “any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship” in order to expand the categories of individuals for whom an employee may use leave. Several states, including Arizona, Hawaii, Maine, New York, and Oregon, as well as the District of Columbia have expanded upon the federal FMLA regulations in favor of the “blood or affinity” model, which allows FMLA-equivalent benefits for chosen family, domestic partners, and individuals who are dependent or mutually interdependent on the employed individual.
At the AMA’s Annual 2018 Meeting, our principal policymaking body, the House of Delegates, representing the views and interests of a diverse group of member physicians from more than 170 societies, adopted new policy urging that FMLA policies include any individual related by blood or affinity whose close association with an employee is the equivalent of a family relationship. Accordingly, I request that the FMLA regulations and policies reflect this position.

Thank you for your consideration of our views. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

James L. Madara, MD