Letters

Thoughts on Parental Leave

I would like to thank Ruth D. Williams, MD, for her editorial "Why Parental Leave Is Good Medicine" (Opinion, March). I completely agree with her comments that paid time off for parental leave is very important. I would posit that it is important not only for those of us who are working in health care but also for those in other fields. Many highly profitable publicly traded companies offer very generous benefits far exceeding six weeks of paid time off—not only for parental leave but also for personal or family mental or physical health reasons.

Most for-profit companies can—to some degree—pass the costs of paid leave off to the consumer. But private medical practices typically do not have the market opportunity to charge their patients (customers) more as the benefits and compensation of employees improve. In other words, the work continues regardless of whether the doctor or employee is on leave. Do we then temporarily assign more work to the remaining group of providers when one or more providers go on leave? After all, the funding to support paid time off must come from work completed.

Furthermore, it is interesting that the for-profit Medicaid managed companies—such as Molina, Centene, Elevance, UnitedHealth Group, and CVS—all provide very generous employee benefits while providing Medicaid payments to medical practices for services at rates that are far below actual overhead costs. This is an unfair and unsustainable financial model.

Every family should be supported with policies that result in better outcomes, such as paid parental leave. If we, as a society, recognize and promote such priorities, then the funding should follow, no matter the size and location of the practice. This starts with policies that include funding and don't favor large, for-profit health insurance companies.

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One perspective that is missing from the discussion in "Why Parental Leave Is Good Medicine" (Opinion, March) is how to provide this benefit for those who practice in underserved areas, often in solo practice. The staff still needs to be paid, and patients still need timely care. Fewer ophthalmologists choose to work in rural, poor communities, leading to most practices closing without a successor, thus accelerating the decline in access.

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