



Testimony of Maine Public Health Association in Opposition to:

LD 952: An Act to Exempt Agricultural Employers and Employees from the Maine Paid Family and Medical Leave Benefits Program

LD 1249: An Act to Delay Payment of Benefits Under the Paid Family and Medical Leave Benefits Program

LD 1400: An Act to Exempt Certain Public School Districts and Their Employees from the Paid Family and Medical Leave Benefits Program

LD 1712: An Act to Amend the Paid Family and Medical Leave Benefits Program to Balance Support of Businesses and Employees

Joint Standing Committee on Labor
Room 202, Cross Building
Wednesday, April 23, 2025

Good afternoon, Senator Tipping, Representative Roeder, and distinguished members of the Joint Standing Committee on Labor. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 850 individuals and 70 organizational members across the state, and our mission is to advance the health of all people and places in Maine.

MPHA opposes LD 952: "An Act to Exempt Agricultural Employers and Employees from the Maine Paid Family and Medical Leave Benefits Program," LD 1249: "An Act to Delay Payment of Benefits Under the Paid Family and Medical Leave Benefits Program," LD 1400: "An Act to Exempt Certain Public School Districts and Their Employees from the Paid Family and Medical Leave Benefits Program," and LD 1712: "An Act to Amend the Paid Family and Medical Leave Benefits Program to Balance Support of Businesses and Employees." These bills weaken Maine's new paid family medical leave program by creating carveouts for eligible employees or delaying or lowering benefits.

Paid Family Leave (PFL) is an investment in public health. It ensures health equity and promotes health for working families. PFL has been shown to have many health-related benefits for mothers, children, and families. PFL increases health benefits associated with breastfeeding,¹ improves mother-child interactions,² and decreases maternal and marital stress.^{3,4,5,6} While federal law requires many businesses to provide unpaid family leave, many lower-wage workers cannot afford to take unpaid leave, so they often miss the health benefits associated with family leave.

PFL promotes health equity in a variety of ways. Mothers who take longer leaves from work are more likely to breastfeed and to breastfeed for longer.⁷ Studies indicate that breastfeeding reduces the risk and rate of infant mortality,⁸ a key indicator of population health. Paid leave, in contrast to unpaid leave, has been shown to reduce infant mortality⁹ and to improve other health outcomes for children. Instituting state-level PFL policies, therefore, has great potential to positively affect health equity.

Of 41 nations, the United States is the only one that lacks paid parental leave; with the smallest amount required being at about two months.¹⁰ Of these same countries, 30 rank higher than the United States in the Bloomberg 2019 Healthiest Country Index.¹¹ In almost half of two-parent households, both parents work full-time; in 40%

of families with children, the mother is the sole or primary breadwinner, and more fathers are taking on child care responsibilities.¹⁰ Thus, PFL promotes health for the whole family.

According to ChangeLab Solutions,¹² best practices for PFL include:

- An expansive definition of covered employer and eligible employees, so that all employers are covered, regardless of their size, and so the policy applies to all employees irrespective of their salary, or whether they work part-time or full-time;
- Increased length of leave to guarantee, at minimum, the amount of PFL that both domestic and international literature recommend is necessary to maximize health outcomes for parents and children during the pregnancy and postpartum periods;
- Increased benefit amount to make it feasible for low-income employees to use PFL for the purpose of bettering the health of themselves or their families;
- Job protection and no waiting period to increase the likelihood that an employee will take PFL; and
- An expansive definition of eligible family members, including who constitutes a “parent,” “spouse,” and “child” to ensure that employees with non-traditional familial relationships are supported by PFL.

Additional research about the benefits of PFL for advancing health equity and promoting public health can be found at ChangeLab Solution’s website: <https://www.changelabsolutions.org/PFL>.

We believe weakening this new program will worsen health disparities. Therefore, we respectfully ask you to vote LD 952, LD 1249, LD 1400, and LD 1712 “Ought Not to Pass.” Thank you.

¹ Chung M, Raman G, Chew P, et al. Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Technol Asses (Full Rep)*. 2007;153(153):1-186.

² Clark R, Hyde J, Essex M, Klein M. Length of maternity leave and quality of mother-infant interactions. *Child Dev*. 1997;68(2):364-83.

³ Support for paid sick leave and family leave policies. *Am Public Heal Assoc*. 2015;(Policy Statement No. 20136). <https://policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/16/11/05/support-for-paid-sick-leave-and-family-leave-policies>.

⁴ Hyde J, Essex M, Clark R, Klein M. Maternity leave, women’s employment, and marital incompatibility. *J Fam Psychology*. 2001;13(3):476-91.

⁵ Lawrence E, Cobb RJ, Rothman AD, Rothman MT, Bradbury TN. Marital satisfaction across the transition to parenthood. *J Fam Psychology*. 2008;22(1):41-50.

⁶ Dagher RK, Dowd BE. Maternity leave duration and postpartum mental and physical health: Implications for leave policies. *J Health Polit Policy Law*. 2014;39(2).

⁷ Huang R, Yang M. Paid maternity leave and breastfeeding practice before and after California’s implementation of the nation’s first paid family leave program. *Econ Hum Biol*. 2015;16:45-59.

⁸ Chen, A & Rogan WJ. 2004. Breastfeeding and the risk of postneonatal death in the United States. *Pediatrics* 113:e435-e439.

⁹ Ruhm CJ. Parental leave and child health. *J Health Econ*. 2000;19(6):931-960.

¹⁰ Livingston G. Among 41 nations, U.S. is the outlier when it comes to paid parental leave. Pew Research Center. <https://www.pewresearch.org/fact-tank/2016/09/26/u-s-lacks-mandated-paid-parental-leave/>

¹¹ Miller, L.J., Lu, W. These are the world’s healthiest nations. Bloomberg. <https://www.bloomberg.com/news/articles/2019-02-24/spain-tops-italy-as-world-s-healthiest-nation-while-u-s-slips>

¹² ChangeLab Solutions. 2019. Paid Family Leave ensures health equity for all. <https://www.changelabsolutions.org/PFL>.