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Testimony in OPPOSITION to all bills seeking to repeal and weaken Maine's Paid Family Medical Leave program: LD406, LD539, LD1273, LD952, LD1400, LD1249, LD1333, LD1712, LD 1169, LD 1307, LD 1712, LD1221

Committee on Labor April 23, 2025

Senator Tipping, Representative Roeder, and Honorable Members of the Labor Committee,

My name is Madeleine DesFosses, and I am submitting this testimony on behalf of the Maine Chapter of the American Academy of Pediatrics (Maine AAP). The Maine AAP is a professional organization of 300 pediatricians and pediatric subspecialists dedicated to protecting the health of Maine children and adolescents. We are in opposition to all bills before the committee that seek to repeal, roll back, and weaken Maine's Paid Family Medical Leave (PFML) program.

The effects of PFML on infant and child health are well documented and overwhelmingly positive. PFML allows parents to bond with their infants after birth, establish feeding routines and recover from the birthing process. PFML is associated with lower rates of child hospital admissions, reduced neonatal, infant, and child mortality rates, higher rates of breastfeeding, and higher rates of on-time vaccination (1). Among these benefits, the ability to breastfeed is especially important, as breastfeeding has been shown to reduce risk for sudden infant death syndrome, childhood infections, cancers, and other chronic conditions. The benefits of PFML extend far beyond infancy, and have the potential to improve health outcomes throughout childhood and into adulthood.

The impacts of PFML on parental health are also significant. For birthing parents, PFML reduces hospitalization rates after delivery, increases breastfeeding initiation and duration rates, decreases postpartum depression rates, and leads to better relationships between parents, all of which have positive impacts on infant brain development. For lactating parents, benefits include reduced rates of breast, ovarian, and endometrial cancer, hypertension, metabolic syndrome, and other health risks.

The evidence and research in support of PFML continues to grow, expanding the list of benefits that can be expected once Maine's PFML program is effective in July, 2026. Efforts to create carve outs and delays that prevent certain sectors of the workforce from participating in PFML (LD 952, LD 1400, LD 1249, LD 1333, and LD 1712), create solvency risks that jeopardize funding and employer compliance (LD 1169, LD 1307 and LD 1712), and wasteful proposals for Constitutional amendments (LD 1221) are unnecessary and risky.

Efforts to repeal the program (LD 506, LD 539, and LD 1273) ignore the overwhelming evidence demonstrating the positive impact of PFML on children and families, and Maine's workforce and economy. PFML is extremely popular among Mainers (recent polling shows 70% of Mainers support the program), and is an evidence-based policy recommended by the American Academy of Pediatrics.

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The Maine AAP urges the committee to let Maine's PFML program be fully implemented as intended, and vote "Ought NOT to Pass" on all bills seeking to repeal or weaken Maine's Paid Family Medical Leave program, including LD 406, LD 539, LD 1273, LD 952, LD 1400, LD 1249, LD 1333, LD 1712, LD 1169, LD 1307, LD 1712, LD 1221.

Thank you for your time and consideration.

Madeleine DesFosses

Advocacy and Public Health Manager, Maine AAP

References:

Christiane E. L. Dammann, Kimberly Montez, Mala Mathur, Sherri L. Alderman, Maya Bunik, COUNCIL ON COMMUNITY PEDIATRICS, COUNCIL ON EARLY CHILDHOOD, SECTION ON BREASTFEEDING, SECTION ON NEONATAL PERINATAL MEDICINE; Paid Family and Medical Leave: Policy Statement. *Pediatrics* November 2024; 154 (5): e2024068958. 10.1542/peds.2024-068958