



Testimony of Rita Furlow,

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Before the Joint Standing Committee on Labor

LD 406, An Act to Repeal the Laws Providing for Paid Family and Medical Leave and to Reimburse Taxpayers

LD 539, An Act to Repeal the Paid Family and Medical Leave Benefits Program

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

LD 1169, An Act Regarding Employer Payments for the Paid Family and Medical Leave Benefits Program

LD 1221, RESOLUTION, Proposing an Amendment to the Constitution of Maine to Prohibit the Legislature from Using Paid Family and Medical Leave Program Funds for Any Other Purpose

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

LD 1273, An Act to Make Paid Family and Medical Leave Voluntary

LD 1307, An Act to Suspend the Remittance Obligation for Paid Family and Medical Leave Private Plan Users

LD 1333, An Act to Make Changes to 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

April 23, 2025

Senator Tipping, Representative Roeder, and members of the Joint Standing Committee on Labor, my name is Rita Furlow. I am the Senior Policy Analyst at the Maine Children's Alliance. I am here this afternoon to speak in opposition to LD 406, LD 539, LD 952, LD 1169, LD 1221, LD 1249, LD 1273, LD 1307, LD 1333, LD 1400, and LD 1712 which would impact Maine's Paid Family and Medical Leave Benefits Program. The Maine Children's Alliance is a statewide non-partisan, non-profit research and advocacy organization whose mission is to promote sound public policy and best practices to improve the lives of children, youth, and families in Maine.

Maine children are our future parents, workers, and leaders. By providing them with the right resources, opportunities, and support early on, we can ensure they have a strong start that will enable them to thrive. When young children receive the critical nurturing and care they need from their parents, they grow up to lead healthier lives and become stronger contributors to Maine's workforce. Our shared future success is closely tied to our investment in Maine children and their families now.

Research reveals that for children to succeed in life, they need strong and responsive relationships with their caregivers, particularly their parents.¹ These parent-child connections are the cornerstone of building a solid early foundation for children, which is essential for all future cognitive, social, and emotional development. The first years of a child's life represent the most significant growth period for their developing brain. Just like building a house, it is critical that the foundation for this brain development be strong, through positive and nurturing interactions with the important adults in a child's early life.

These relationships may seem simple, but they demand care, consistency, and above all, time. To build and sustain this vital bond between parent and young child, we must better support families as they

¹ National Scientific Council on the Developing Child (2004). Young Children Develop in an Environment of Relationship: Working Paper No.1. Retrieved from www.developingchild.harvard.edu

navigate the challenges of balancing family economics with the importance of their role as parents and caregivers. Paid Family and Medical Leave provides parents with the opportunity to spend crucial bonding time with a newborn, newly adopted, or fostered child without the financial burden of taking time off from work without pay.

We know that the early months of a child's life are pivotal for brain development and the nurturing of a responsive relationship essential for their growth. Additionally, breastfeeding offers long-term health advantages for both infants and mothers. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of a baby's life to support the development of children's immune system.² Studies find decreased rates of lower respiratory tract infections, severe diarrhea, ear infections, and obesity.³ Mothers who breastfeed have a lower risk of developing type 2 diabetes, breast, ovarian, and endometrial cancer, and hypertension.⁴

Exclusive breastfeeding is a challenging task for working mothers who must spend many hours away from their newborn. Paid family leave enables parents to prioritize developing positive and secure attachments with their children, thereby increasing breastfeeding rates and contributing to a nurturing environment for healthy child development.⁵ We also know that newborns whose parents take leave are more likely to be taken to the pediatrician for regular check-ups and immunizations.⁶

We know that 69 percent of children under the age of six in Maine have both parents in the workforce.⁷ Too many of these families lack the financial means to take unpaid time off from work to care for their newborns. However, studies from other states that have implemented paid leave systems demonstrate that providing workers with time away from work to care for loved ones or themselves leads to increased employee morale, retention, reduced turnover, and enhanced productivity.⁸

The adoption of family-friendly policies like Paid Family Medical Leave can also attract and retain young families in Maine. We can create an inclusive environment that supports both workers and families, eliminating the forced choice between the two.

We urge to reject proposals to eliminate or weaken Maine's Family Medical Leave law. Recognizing the realities of balancing family, employment, and financial security, we can attract and retain a strong workforce and make significant investments in the nurturing and care of Maine's young children, ultimately benefiting the long-term health and success of our state.

Thank you for your consideration.

² Joan Younger Meek, Lawrence Noble, Section on Breastfeeding; Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics* July 2022; 150 (1): e2022057988. 10.1542/peds.2022-057988

³ Id.

⁴ Id.

⁵ National Partnership for Women and Girls. Children Benefit When Parents Have Access to Paid Leave. March 2015. Retried from www.nationalpartnership.org/research-library/work-family/paid-leave/children-benefit-when-parents.pdf

⁶ Id.

⁷ The Annie E. Casey Foundation, KIDS COUNT Data Center, Children under age 6 with all available parents in work force (5-yr averages) in Maine, retrieved from: <https://datacenter.aecf.org/data/tables/7317-children-under-age-6-with-all-available-parents-in-work-force-detailed?loc=21&loc=2#detailed/2/any/false/2545,1095,2048,574,1729,37,871,870,573,869/any/14380,14381>

⁸ National Partnership for Women and Families. Paid Family and Medical Leave: Good for Business. March 2015. Retrieved from www.nationalpartnership.org/research-library/work-family/paid-leave/paid-leave-good-for-business.pdf