HOUSE OF REPRESENTATIVES
2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: MAINE RELAY 711

Sam Zager
90 Prospect Street
Portland, ME 04103
Residence: (207) 400 - 6846
Sam.Zager@legislature.maine.gov

April 23, 2025

Testimony of Rep. Sam Zager in opposition to

LD 406, LD 539, LD 952, LD 1169, LD 1221, LD 1249, LD 1273, LD 1307, LD 1333, LD 1400

And neither for nor against

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

Before the Joint Standing Committee on Labor

Good afternoon, Senator Tipping, Representative Roeder, and esteemed members of the Labor Committee. I am Sam Zager and I represent part of Portland. Thank you for the opportunity to testify in opposition to and neither for nor against the above-referenced measures.

The proposed bills all in some way degrade Maine's Paid Family Medical Leave (PFML) framework by rendering it unnecessarily burdensome, less effective, ineffective or outright suggest repealing the program.

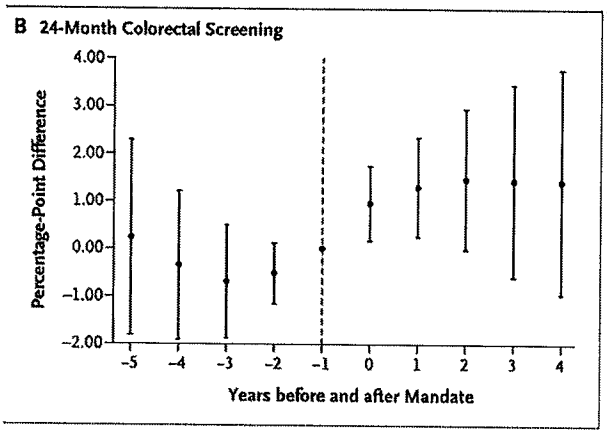
PFML is a big policy change, and I appreciate that it's an adjustment. This period, after the payroll tax began but before the benefits start, is naturally a time when some are raising the same concerns that came up previously. Those concerns were weighed against the benefits during an exceptionally thorough stakeholder and public comment process, as well as legislative and inter-branch debates and discussions.

I'd like to focus on an aspect that has been studied pertaining to the health benefits of PFML that might surprise you:

Preventing Acute Illness in Babies. For example, it has been demonstrated that acute care for infant respiratory infections reduced 18% after PFML policy was adopted.[1] That's right, far fewer babies had to be seen in an emergency room where PFML was applied compared to similar places where it wasn't applied.

[1] Ahrens KA et al. Paid Family Medical Leave and Prevention of Acute Respiratory Infections in Young Infants, Journal of the American Medical Association Pediatriatics, 2024; 178(10): 1057-1065. https://jamanetwork.com/journals/jamapediatrics/article-abstract/2822790#google_vignette

Preventing Cancer. Another study looked at rates of cancer screening. This is also interesting in that it was a "pulse-chase" experiment, in which the same population is compared *before* and *after* implementation of PFML. Methodologically, this is a strong study design.



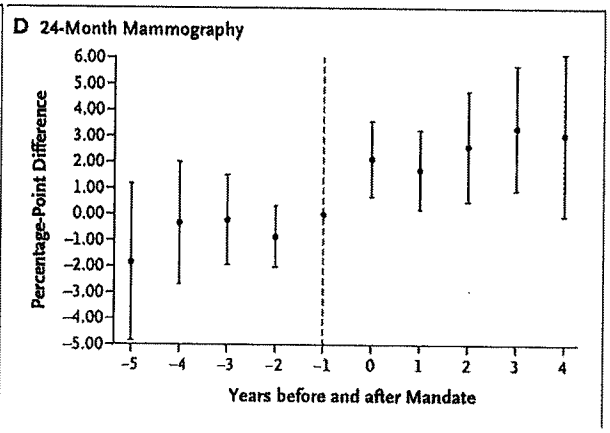


Table 2. Estimates of the Association between Paid-Sick-Leave Mandates and Cancer Screening.*

Outcome	Observations	Unadjusted Models		Adjusted Models	
		Increase in Screening Rate Associated with Paid-Sick-Leave Mandate Exposure (95% CI)	Standard Error	Increase in Screening Rate Associated with Paid-Sick-Leave Mandate Exposure (95% CI)	Standard Error
	no.	*percentage points*		*percentage points*	
Colorectal-cancer screening					
12-Mo rate	2376	1.54 (0.51 to 2.57)	0.53	1.31 (0.28 to 2.34)	0.52
24-Mo rate	2079	2.06 (0.68 to 3.44)	0.71	1.56 (0.33 to 2.79)	0.63
Mammography					
12-Mo rate	2376	1.90 (0.03 to 3.76)	0.95	1.22 (−0.20 to 2.64)	0.72
24-Mo rate	2079	3.02 (0.42 to 5.62)	1.33	2.07 (0.15 to 3.99)	0.98

* Unadjusted models included indicator variables for each year and each MSA-by-state combination. Adjusted models added controls at the MSA-by-state-by-year level for racial- and ethnic-group composition, educational attainment, share of the population that is uninsured, state-level unemployment, share of the population living in poverty, and an indicator for Medicaid expansion adoption. The unit of observation is the MSA-by-state-by-year, and the standard errors and 95% confidence intervals were calculated with the use of a bootstrap procedure that is robust to heteroskedasticity and within-state correlation.

In the graphs, you can see that rates of screening for colon cancer and breast cancer went up after PFML implementation. This indicates that PFML encourages access to and utilization of life-saving health care.[2] The authors concluded: "A lack of paid-sick-leave coverage presents a barrier to cancer screening."

This is important for two reasons:
1. Improved rates of evidence-based screenings saves lives.
2. Increased cancer screenings indicates PFML helps people connect in productive ways with primary care and the health system generally. This pays off in a variety of ways.

[2] Callison K et al. Cancer Screening After the Adoption of Paid Family Medical Leave Mandates, *New England Journal of Medicine* 2023; 388:824-32.
https://www.nejm.org/doi/pdf/10.1056/NEJMsa2209197

For example, a middle-aged man once came to me for an acute orthopedic problem, after a years-long absence from care. I treated his principal concern, then pivoted the discussion to some preventive health things. (As a family doctor, it made sense to get some balls rolling in his favor while he was in the office.) As a result, he got his colonoscopy, which found a malignant tumor. Fortunately, it was early enough that he had it removed for a complete cure! He now owns a restaurant employing many Mainers, and is thriving. Likewise, PFML can help people connect with the medical system, which can pay off in ways they might not expect.

There are other reasons to protect Maine's PFML policy, which others have elucidated. For example, it supports small businesses who want to offer employees benefits that compete with larger corporations.[3] And it allows women – who are often tasked with stepping out of the workforce more permanently to care for family members – to participate more fully in our workforce.[4] With this program, we can keep more Mainers employed and more of our local businesses thriving.

Thank you very much for your time and consideration. I'd be happy to answer questions.

[3] https://www.cbpp.org/research/economy/a-national-paid-leave-program-would-help-workers-families
[4] https://iwpr.org/wp-content/uploads/2020/01/B383-Paid-Leave-Fact-Sheet.pdf