



Testimony of Whitney A. Parrish Perry

American Heart Association

Opposition to LDs 406, 539, 952, 1169, 1249, 1273, 1307, 1333, 1400, and 1712

April 23, 2025

Dear Senator Tipping, Representative Roeder, and Honorable Members of the Joint Standing Committee on Labor:

Thank you for the opportunity to submit written comments on these bills. My name is Whitney Parrish Perry, and I am writing on behalf of the American Heart Association (AHA)—the nation’s oldest and largest voluntary organization dedicated to fighting heart disease and stroke, and whose mission is to be a relentless force for a world of longer, healthier lives.

The following testimony reflects *opposition to* LDs 406, 539, 952, 1169, 1249, 1273, 1307, 1333, 1400, and 1712. In summary, AHA does not support any repeal, rollback, or weakening of the current paid family and medical leave (PFML) statute, as these sweeping changes could **severely impede, or prevent, Mainers from accessing benefits provided by the program.**

As stated in the organization’s 2023 testimony, the American Heart Association supports policies that create and increase access to PFML programs that can be used for situations like **cardiovascular treatments, survivorship care, and caregiving**. Across our state and the nation, meaningful access to PFML programs remains vital and urgent, especially for individuals with acute or chronic illnesses and health conditions, as well as individuals caring for loved ones with these same serious illnesses and conditions. “Meaningful” may be defined as having adequate wage replacement, offering sufficient duration of leave, ensuring broad eligibility and inclusive reasons for leave—including caring for a seriously ill family member, and guarantee of job security.

Treatment for serious cardiovascular illnesses and conditions, such as sudden cardiac arrest or stroke, is often difficult, time consuming, and requires intentional recovery time. **The flexibility to balance treatment, recovery, and employment is essential for both patients and caregivers.** However, as we know, not all patients or caregivers have access



to PFML benefits through employment. Without it, they risk financial hardship or job loss, as well as not receiving the care they or their loved ones need to live longer, healthier lives. Reverting to a patchwork system of paid and unpaid leave forces too many patients and caregivers to choose between treating their illness and keeping their job or having enough income to survive—all while exacerbating health inequities. While we understand and appreciate the intent of addressing potential “undue hardship” to employers, these proposed sweeping structural changes **may inadvertently undermine the overall policy intent of improving access to care and investing in both the health of employees and businesses**. Paid family and medical leave programs are designed for medical emergencies, caregiving, and other—often unpredictable—medical and family situations. Unfortunately, serious illnesses and health conditions do not take a break for the summer, nor do they skip over individuals employed by smaller businesses and organizations.

Our organization has long fought to ensure patients have access to the care they need to treat serious cardiovascular illnesses and health conditions. **Being able to take time off work is fundamentally an access to care issue**. We believe rollbacks to Maine’s current policy are antithetical to the good work of this committee and the full Legislature to create policies that improve the health and wellbeing of our residents and their families.

For these reasons, we urge the committee to **reject any proposal that would scale back or eliminate the state’s paid family and medical leave program**.

Thank you for your time and consideration. Please do not hesitate to contact me at the email address listed below should you have any questions regarding this testimony.

Respectfully,

Whitney A. Parrish Perry

Government Relations Director

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