



**Testimony of Maine Public Health Association in Support of:  
LD 1559: Resolve, To Create the Commission To Develop a Paid Family and Medical Leave Benefits Program**

Joint Standing Committee on Labor and Housing  
Room 202, Cross State Office Building  
Friday, March 7, 2021

Good morning Senator Hickman, Representative Sylvester, and distinguished members of the Joint Standing Committee on Labor and Housing. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. MPHA is in support of LD 1559: “Resolve, To Create the Commission To Develop a Paid Family and Medical Leave Benefits Program.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities and we take that responsibility seriously.

This bill establishes a commission to develop a paid family and medical leave benefits program in Maine.

We supported [LD 1410](#) in the 129<sup>th</sup> legislature as we believe 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,<sup>1</sup> improves mother-child interactions,<sup>2</sup> and decreases maternal and marital stress.<sup>3,4,5,6</sup> 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.<sup>7</sup> Studies indicate that breastfeeding reduces the risk and rate of infant mortality,<sup>8</sup> a key indicator of population health. Paid leave, in contrast to unpaid leave, has been shown to reduce infant mortality<sup>9</sup> and to improve other health outcomes for children. Instituting a statewide PFL policy, therefore, has great potential to positively affect health equity for large segments of Maine’s population.

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.<sup>10</sup> Of these same countries, 30 rank higher than the United States in the Bloomberg 2019 Healthiest Country Index.<sup>11</sup> 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.<sup>10</sup> Thus, PFL promotes health for the whole family.

For consideration by the Committee and the Commission, according to ChangeLab Solutions,<sup>12</sup> 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](#).

Establishing a Paid Family and Medical Leave program in Maine is important for advancing health equity and reducing health disparities. Therefore, we respectfully ask you to vote LD 1559 “Ought to Pass.” Thank you for your consideration.

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<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>American Public Health Association. [Support for paid sick leave and family leave policies](#). 2015;(Policy Statement No. 20136).

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

<sup>5</sup>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.

<sup>6</sup>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).

<sup>7</sup>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.

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

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

<sup>10</sup>Livington G. [Among 41 nations, U.S. is the outlier when it comes to paid parental leave](#). Pew Research Center. 2016.

<sup>11</sup>Miller LJ, Lu W. [These are the world’s healthiest nations](#). Bloomberg, 2019.

<sup>12</sup>ChangeLab Solutions. [Paid family leave ensures health equity for all](#). 2019.