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## LD 1559: Resolve, To Create the Commission To Develop a Paid Family and Medical Leave Benefits Program

Senator Hickman, Representative Sylvester, and esteemed members of the Labor and Housing Committee. My name is Sydney Sewall, MD, MPH, and I have been practicing pediatrics in Central Maine since 1982 and am a long-standing member on the Maine Chapter of the American Academy of Pediatrics Board of Directors. **I am submitting testimony in favor of LD 1559** as an intervention that will improve the lives and future functioning of children -- especially our most vulnerable children. The same principles, however, also apply to the lives of those of Maine's elderly who depend on their working offspring for support to maintain their quality of life.

Is there a need? The US is the only nation in the developed world that lacks a national paid leave policy. Most countries provide paid leave after the birth or adoption of a child, along with paid days off for acute illnesses and the time caregivers need for managing complex chronic illnesses. FMLA covers many, but not all, components of the workforce, and allows for time off but not compensation, limiting access. Surveys have shown that less than half of those eligible can afford to use it. (**Pediatrics** 2020 v.146(3)). This deficiency is yet another driving force behind health care disparities.

As pediatricians, we recognize the long-term benefits of effective prenatal, perinatal, and postnatal care. The ability to take time off without financial penalties for both parents to adjust to the new infant, and to deal with risk factors present during all phases of birthing is an investment in the future health of the child. Robust data supports the contention that these measures promote breast feeding. Effective interventions for the common issue of postpartum depression, for example, typically include frequent visits, rest, and stress reduction made more challenging by pressures to return to work. Untreated maternal depression is associated with bonding issues that can have permanent negative effects on the wiring of the child's nervous system.

Parents are the best caretakers for their children when they are ill. They are best able to recognize when a condition that initially seems benign is taking a change for the worse. If they are able to stay home without penalty, their presence mitigates the stress on the child, and by keeping in contact with their primary care providers, expensive ER visits can be avoided.

When a child has a chronic illness, these principles are magnified. The timely application of an asthma action plan by a knowledgeable parent can reduce both ER visits and hospitalizations. In another survey, full-time-employed parents of CSHCN (special needs) experienced substantial conflict between work and family. Fewer than half reported always being able to spend enough time with their child when he or she was ill, and nearly half reported not missing work on at least 1 occasion leaving the child in less experienced hands. Although most parents had access to employer-provided leave, only 15% had access to paid leave outside sick leave/vacation. A majority of parents cited financial concerns as a major reason both for ending leave early or for not taking leave at all, even though their child needed the care. (**Pediatrics** 2007 v. 119 (5)).

It's time for Maine to practice its motto and lead. The rest of the country will soon catch up. This bill rightfully insists that we commit to an investment in the health and productivity of our workforce.