



**Testimony of Hilary Schneider, Regional Government Relations Director,  
American Cancer Society Cancer Action Network**

**In Support of LD 1964 “An Act to Implement the Recommendations of the Commission to Develop a Paid  
Family and Medical Leave Benefits Program”**

**May 24, 2023**

Senator Tipping, Representative Roeder, and members of the Labor and Housing Committee. My name is Hilary Schneider, and I am the Regional Government Relations Director of the North Atlantic Region for the American Cancer Society Cancer Action Network (ACS CAN). In this role, I serve as the lead Government Relations Director for Maine. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation’s leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

I would like to thank you for this opportunity to submit the following testimony in support of LD 1964 because ACS CAN supports policies at the national, state and local levels that increase access to job-protected paid family & medical leave that can be used for cancer treatments, survivorship care, and caregiving as well as other illnesses.

The need for access to paid medical & family leave became clearer nationwide during the COVID-19 Public Health Emergency. The availability of paid family and medical leave for people with and caring for individuals who have a serious illness or health condition is vital, as treatment for and recovery from serious illnesses and conditions are often difficult and time consuming. The flexibility to balance treatment and employment is essential for patients and caregivers. For example, multiple studies show that cancer patients and caregivers who have paid leave have higher rates of job retention and lower rates of financial burden than those who do not have access to paid leave.<sup>i,ii,iii</sup> Not all patients or caregivers have access to paid family and medical leave, and without it they risk financial hardship or not getting the care they or their loved ones need.

The American Cancer Society Cancer Action Network (ACS CAN) conducted multiple surveys in 2017- 2021 to explore the impact of paid family and medical leave on cancer patients, survivors and caregivers.<sup>iv</sup> The survey results showed that access to paid medical/family leave makes an important difference for cancer patients, survivors and their caregivers; contributing to positive outcomes like being able to complete treatment, manage symptoms and side effects and afford treatments. The survey results also showed that, access to paid leave is a health equity issue. Respondents who reported having issues with cancer/caregiving and their job – including the quality of their work suffering, having to take two or more days off of work in a row, or having to leave work early – most often tended to be those in lower income households, those with lower levels of education, younger respondents, and those working in smaller companies. Additionally, those respondents who had paid medical/family leave were less likely to report experiencing problems related to financial pressures than those who did not have it.

About 1 in 4 employees (24 percent) in the private sector workforce have access to paid family leave<sup>v</sup> and only two in five have access to short-term disability insurance through their jobs that allows them to receive partial pay while they recover from their own serious health issue.<sup>vi</sup> People of color and those with lower incomes are less likely to have access to paid family medical leave. These groups of people are also disproportionately impacted by diseases like cancer - meaning the very patients who are more likely to need to use paid family and medical leave are the ones least likely to have access to it.

For the above reasons, we urge you to vote “ought to pass” on LD 1964. We appreciate your time and consideration of our comments. I would be happy to answer any questions about this testimony.

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<sup>i</sup> Veenstra CM, Regenbogen SE, Hawley ST, Abrahamse P, Banerjee M, Morris AM. Association of Paid Sick Leave With Job Retention and Financial Burden Among Working Patients With Colorectal Cancer. JAMA. 2015 Dec 22 29;314(24):2688-90. doi: 10.1001/jama.2015.12383. PubMed PMID: 26717032.

<sup>ii</sup> Veenstra, C.M., Abrahamse, P., Wagner, T.H., Hawley, S.T., Banerjee, M. & Morris, A.M. (2018). Employment Benefits and Job Retention: Evidence Among Patients With Colorectal Cancer. Cancer Med. 2018 Mar; 7(3): 736–745. doi: 10.1002/cam4.1371.

<sup>iii</sup> ACS CAN. Paid Leave is an Important Component of Cancer Care for Working Patients, Survivors and Caregivers. October 23, 2020. <https://www.fightcancer.org/sites/default/files/Paid%20Leave%20External%20Factsheet%20Final%2010-23-20.pdf>

<sup>iv</sup> See <https://www.fightcancer.org/policy-resources/survivor-views-missed-work-and-paid-leave> and <https://www.fightcancer.org/releases/survey-cancer-patients-report-paid-leave-improves-their-ability-complete-treatment-manage> and <https://www.fightcancer.org/releases/new-survey-shows-clear-need-paid-leave-among-cancer-patients-and-survivors>

<sup>v</sup> U.S. Bureau of Labor Statistics, “Table 7. Leave benefits by average wage category, private industry workers, March 2022,” in “National Compensation Survey: Employee Benefits in the United States, March 2022,” September 2022, Excel file (“private-average-wage-category-2022”) available at <https://www.bls.gov/ncs/ebs/benefits/2022/home.htm>.

<sup>vi</sup> U.S. Bureau of Labor Statistics. Employee Benefits in the United States – March 2022, <https://www.bls.gov/news.release/pdf/ebs2.pdf>