

Dear Senator Tipping, Representative Roeder, and honorable members of the Committee on Labor and Housing:

My name is Kimberly Simmons and I am a sociologist from Portland, the mother of 2 young adults and daughter of 2 older adults – the ham in the family sandwich.

I enthusiastically support LD1964, and respectfully disagree with some of the sponsor's amendments and the Governor's proposed challenges. In particular, I believe we actually need a higher level of income replacement and job protections for all workers.

The Urgency of Temporary Income Replacement

As one opponent testified, “what you don't know is scary” – I submit that among my friends, what scares us is a parent falling, our spouse suffering a heart attack, a child in a car accident, a diagnosis of our own that puts our families at financial risk. While we are responsible planners, we know that we cannot prevent every emergency. It is also impossible for the Legislature to address every extenuating circumstance in a bill. LD1964 addresses the biggest needs of the most people and we should not allow the worst-case-scenario outliers to deny us this progress.

A lack of paid leave doesn't prevent emergencies, it just leaves us scrambling to live without wages. With [1 in 4](#) Mainers unable to cover an unexpected expense of \$400 or more, this puts housing, food security and other basic needs in jeopardy.

For example, as the Speaker mentioned, 1 in 4 women return to work within 10 days of giving birth. This [results](#) in dismal rankings on maternal health, mortality and [infant death](#) in comparison to other countries. The [Global Gender Gap study](#) ranks the United States 83rd in the world for women's health and survival overall. Racism increases [health risks](#) for mothers and babies of color yet this group is often [excluded](#) from paid leave offered as a private benefit. Paid leave is possibly the most [significant intervention](#) we can offer.

Without paid time off, we may need to ignore our own health care, at a high price. Delaying medical care leads to significantly worse public health outcomes, as recently exacerbated by the pandemic, including “[increased morbidity and mortality risk among those with underlying, preventable, and treatable medical conditions.](#)” As evidenced by the torrent of gofundmes (See “[cancer patient living in van](#)” “[beloved bookstore owner](#)” or [Tim's Stage 4 Cancer](#) as examples), Maine families depend on each other's generosity already, but this private networking [exacerbates](#) existing inequalities in our society and simply fails us as a genuine public safety net.

Unpaid caregiving is extremely expensive for women. According to a 2020 Oxfam study, if American women earned minimum wage for the unpaid work they do around the house and caring for relatives, we would have earned a collective \$1.5 trillion. A 2023 labor department [report](#) estimates that women who are now in their 40s will see lifetime earnings reduced by \$295,000 due to caregiving responsibilities. Women my age, in our 50s, often suffer financially if we juggle care for our parents as well as others in our families, [decreasing our incomes by an average](#) of 33% – this is a decade when non-caregivers often reach their highest income years. 11% of women in our 50s leave the workforce entirely, to care for someone at home around-the-clock.

Why would we want our community to endure this level of chaos when an insurance program can help us through? A lower wage replacement will exclude families living closest to the bone. These changes undermine the purpose of the program - to improve the health and well-being of our communities. We should replace the highest level of income possible while maintaining solvency and use the research completed by the commission to find this balance.

Job Protection and Workforce Shortages

Similarly, who can really afford to become unemployed when welcoming a new baby or suffering from a medical emergency?

I turned 23 the year the [Federal FMLA](#) was signed, and [presumed](#) paid leave was around the corner; we were one of a [handful of countries](#) without it even then. Thirty years later, no real progress has been made and now my own children must navigate the same economy their grandmothers and I did - one both demanding we maintain high levels of paid and unpaid labor and hostile to us for doing so when the roles conflict. The age of first birth has [risen](#) over these decades, in [large part](#) because parenting is simply unaffordable, and a growing number of young adults [plan to remain](#) childless. While I respect all individual choices in family planning (and am horrified [others](#) read these statistics as reason to force pregnancy on unwilling bodies), it is slightly dystopian to create a collective so hostile to parenting and caregiving, when different choices are replicable and relatively easy to make. LD1964 helps make future generations more possible.

I am offended by the opposition's characterization of their employees as cheaters who don't want to work. Maine women are, as a group, extremely hard workers. I am a hard worker. I teach part-time for the University of Maine system, and work far and beyond the hours I am contracted to provide. I earn a low wage and do not qualify for paid family and medical leave. For my pregnancies, I simply had to leave the workforce and

rely on family support. I needed ankle surgery and worked through a time I should have used for rest and recovery. I showed up with the utmost responsibility and commitment, but ultimately have found myself burned-out and [demoralized](#) from the lack of reciprocity of care. The logic of adjunctification and [contingency](#) hurts morale and [drives educators](#) out of the workforce. As [analysis](#) of the “Great Resignation” shows, I am not alone. I DO want to work, but I do not want to be exploited, disrespected and endlessly exhausted. I urge the Legislature to pass LD 1964 in its original form to genuinely allow the sectors that need to recruit and maintain a healthy workforce (like education) to compete with industry.

As a board member of a small nonprofit, I worry about our ability to cover our extremely responsible staff who may experience a health emergency, a new baby, and caregiving crisis - again, the stuff of life. LD1964 would allow the State to replace the primary employees wages which would free up budgeted resources for us to pay for short-term substitute help. This is so preferable to losing a trained and valued employee, decreasing programming or service provision, or depending on volunteers (so often the [unpaid labor of women](#), again) to fill the gaps. Nonprofits [employ 1 in 6 Mainers](#), and only [20% report](#) offering Paid Family and Medical Leave in 2022. Access to this insurance program could significantly improve recruitment and retention in this sector, and allow more employers to treat nonprofit staff with dignity, compassion and respect.

Refuting the Notion that Caregiving = Vacation

Maine women are [hard workers](#) and we participate in both the paid and unpaid labor force- as caregivers and [volunteers](#) - at high rates. According to [time-use data](#), women provide almost double the hours of unpaid domestic labor than men. Women volunteer in our communities at [higher rates](#) as well, and Maine [depends](#) on volunteerism to get many of our community needs met. Caregiving fulfills a community need, yet is discussed as if it is a purely private experience and responsibility. I wish those opposing LD 1964 or wanting to diminish the benefit could spend a week in a world without “women’s work.”

The stress of juggling the demands of work and family without more support, erodes women’s well-being. Described as “[time poverty](#),” caregiving working women simply lack the time we need to care for ourselves, resulting in an expensive [toll](#) on our own health and mental health, again costing families and communities. What if instead of considering this a private problem, we understood our society to be externalizing the cost of care onto individual women and named this as an unacceptable practice?

I am increasingly recognizing that I will eventually need more care myself. [Researchers](#) estimate that 69% of individuals reaching age 65 will need help with the activities of daily living at some point in our lives. I hope to live into my 90s and I hope my daughters will help with my care if I need them, but not at the expense of their own careers, financial security, or well-being. I presume you all want this too. Paid Family and Medical Leave is an essential program for our shared futures. Please support the more generous benefits originally proposed in LD1964.

Sincerely,

Kimberly Simmons, PhD
Portland, ME