



Committee of Interns and Residents **SEIUHealthcare®**

WORKFORCE DEVELOPMENT BUDGET HEARING TESTIMONY ON BEHALF OF COMMITTEE OF INTERNS AND RESIDENTS / SEIU HEALTHCARE

Submitted by
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On behalf of the Committee of Interns and Residents/SEIU Healthcare, a labor union that exists to unite and empower resident physicians to create a better and more just healthcare system for patients and healthcare providers, we thank the members in attendance at the Workforce Development Joint Budget Hearing for the opportunity to share the reasons why thousands of physicians-in-training so firmly support the establishment of a strong paid family leave program in New York State.

CIR represents 14,000 resident physicians nationwide and over 5,000 physicians in New York. We are part of the New York State Paid Family Leave Campaign. The direct experience of our members on the front-lines of our healthcare system confirms and reinforces all of the best public health studies that unanimously express the clear health benefits to patients and working families that are enabled by the establishment of a paid family leave program similar to those in California and New Jersey, where our union also represents physicians-in-training.

The contrast between what medicine recommends and what the harsh realities of working paycheck to paycheck in our state's economy allow are truly jarring and often heart-breaking. Our doctors recommend that parents spend time with either a newborn or a newly-adopted child, and thoroughly explain that this precious bonding time has a demonstrable effect on the physical and mental well-being of the child and often the mother as well. Similarly, our doctors have had to advise and even comfort family members dealing with the sudden illness or injury of one of our patients, and have emphasized with their frustration when they feel they must balance their natural instinct to care for their loved one with the necessities of potential financial hardship. Even worse, many of these working family members fear for their jobs or worry about on-the-job discrimination should they choose to do the right thing and focus on their families during a temporary period of crisis or life-changing adjustment.

Study after study shows the health benefits of allowing working parents, including mothers and fathers, the option of taking leave without worrying about economic disaster.

- Approximately 13% of pregnant women have a complication during pregnancy requiring hospitalizationⁱ, and 20% of pregnant women will receive a doctor's order for at least one week of bed rest due to these complications that threaten the health and possibly the life of mother and/or childⁱⁱ. Such situations eat into a working mother's allotted sick time or unpaid leave even before she gives birth when paid family leave is not an option.
- Another study found that women were four times more like to deliver by Caesarian section, with its attendant risks and complications for recovery, if they did not take any leave prior to giving birth.ⁱⁱⁱ
- Among the potential complications, a study in Mexico City found that women without paid parental leave were more likely to deliver babies with low birth weight and size compared to the norms for their gestational age.^{iv}

These are the most extreme and dangerous outcomes. But the health benefits for routine birth and delivery have also been confirmed by extensive studies.

- The Centers for Disease Control and Prevention, the U.S. Surgeon General, the World Health Organization, and UNICEF, as well as nearly all major medical societies in the United States, are unanimous in their praise of the health benefits of breastfeeding: a lower risk for asthma, obesity and sudden infant death syndrome for the babies, and a lower risk of breast cancer, ovarian cancer, type 2 diabetes and heart disease for the mother. They are also unanimous in their call for accommodations to encourage more mothers to breastfeed. Paid family leave is one such reasonable accommodation.
 - In a 2011 California study, that state's passage of paid family leave resulted in a doubling of the median length of breastfeeding for new mothers, from five to eleven weeks (and from five to nine weeks for those in low-wage jobs).^v
 - On the converse, another study found that mothers who took less than six weeks of maternity leave were four times more likely to fail to establish breastfeeding or to stop breastfeeding once they returned to work.^{vi}
- Immunizations are also critical to the survival of health and infants. One study found dramatic increases in the likelihood that children would receive their vaccines for measles (25.3%) and polio (22.2%) when a parent had access to paid family leave.^{vii}
- Studies have also shown that a primary caregiver's premature return to work is harmful on a range of factors, including the risk of impaired motor and social development^{viii}, and children's overall cognitive development within their critical first three months^{ix}.

Combine all of these factors, and it should come as no surprise that paid family leave contributes to a 10% reduction in infant mortality in the countries that have already established these programs.^x

But paid family leave does not just yield a health benefit for the child. Increasing leave time away from work reduced post-partum and other depressive symptoms in new mothers by 5-10%, and another study found this boost to mental health extended into the future: mothers with more generous leave time in one study were 18% less likely to suffer from depression 30 years after they gave birth.^{xi} Additionally, the correlation between

providing paternity leave and fathers' short-term and long-term involvement in the support and care of their children is undeniable.^{xii}

Although most of the academic literature has focused on the health impact for infants and new parents, there are a host of medical conditions affecting children of all ages that would benefit from working families having the option of taking paid family leave to deal with a serious, long-term or intermittent healthcare issue, from autism, to cancer, to unpredictable but all-too-common injury requiring rehabilitation or major accommodations. In one study, parents with access to paid leave were five times more likely to take time off to directly care for their children than parents without paid leave.^{xiii} The effect of parental involvement in a child's recovery is also clear from the literature: having a parent by a hospitalized child's bedside results in quicker recovery times and fewer complications.^{xiv}

We agree with our fellow organizations in the New York Paid Family Leave Campaign that what's needed is a strong, comprehensive program that adequately covers all workers with sufficient wage replacement that it does not exacerbate already existing racial and socio-economic disparities in health and access to healthcare.

A strong paid family leave program would:

1. Cover all workers
2. Provide up to twelve weeks of leave
3. Provide two-thirds wage replacement when a worker is on leave
4. Provide job protection to workers who take leave
5. Raise the benefit under Temporary Disability Insurance

Paid family leave must cover all workers, including those employed by small businesses. Simply put, a patient is a patient. In programs run by your peer states that have covered all workers, there has been no subsequent demonstrable proof that paid family leave has hindered small business or large business growth or creation. There is no financial penalty for any business under the paid family leave program in the budget because it designed not as a mandate but a social insurance program – workers are paid by the insurance provider when on leave, not by the employer, granting flexibility to make accommodations by the business.

Working families need up to twelve weeks of leave. Experience in the states that have paid family leave programs – California, New Jersey, and Rhode Island – show that workers take only the time they need. Many will not take the full twelve weeks.

A sufficient wage replacement rate (the percentage of a worker's income the worker receives while on leave) is critical to ensure that working families receive enough income to make ends meet while on leave. Some of the proposals floated are simply insufficient to offer a real choice to families and caregivers about whether to avail themselves of paid leave. Under a proposal of 50% wage replacement a minimum wage worker would get just \$180/week. A wage replacement rate of two-thirds would greatly improve the chances that working families will use the leave that they've paid into when they need it.

This is also our opportunity to improve Temporary Disability Insurance, which has been a lifeline for thousands of New Yorkers each year. The benefit for Temporary Disability Insurance has been at \$170 a week since 1989, and clearly no longer would adequately protect the economic security of families facing the disability of a loved one. A meaningful increase ensures that workers can avoid financial hardship, provides parity for workers dealing with their own disability and those caring for a family member, and particularly would provide an adequate benefit for women who experience complications during pregnancy.

CIR strongly supports a well-designed, well-functioning paid family leave program that would benefit infants, children, mothers, fathers, parents, and other family caregivers, as well as businesses. We urge the New York State Legislature to enact fair, sustainable paid family leave insurance legislation this year.

ⁱ Williams L et al., U.S. Department of Health and Human Services, Pregnancy Risk Assessment Monitoring System: PRAMS 2002 Surveillance Report.

ⁱⁱ Dunn LL, Handley MC, Carter MR. 2006. Antepartal Bed Rest: Conflicts, Costs, Controversies and Ethical Considerations. *Online Journal of Health Ethics*. 3(1).

ⁱⁱⁱ Guendelman S, Pearl M, Graham S, Hubbard A, Hosang N, Kharrazi M. 2009. Maternity leave in the ninth month of pregnancy and birth outcomes among working women. *Womens Health Issues*. 19(1):30-7.

^{iv} Cerón-Mireles P, Harlow SD, Sánchez-Carrillo CI. 1996. The risk of prematurity and small-for-gestational-age birth in Mexico City: the effects of working conditions and antenatal leave. *Am J Public Health*. 86(6):825–831.

^v Applebaum E, Milkman R. 2011. Leaves that Pay: Employer and Worker Experiences with Paid Family Leave in California. Available at: <http://www.cepr.net/index.php/publications/reports/leaves-that-pay>. Accessed 2/5/2016.

^{vi} Guendelman S, Kosa JL, Pearl M, Graham S, Goodman J, Kharrazi M. 2008. Juggling Work and Breastfeeding: Effects of Maternity Leave and Occupational Characteristics. *Pediatrics*. 123(1):e38-e46.

^{vii} Berger, Lawrence M., Hill, Jennifer, Waldfogel, Jane. Maternity leave, early maternal employment and child health and development in the US. 2005. *The Economic Journal* 115 (501).

^{viii} Sherlock RL, Synnes AR, Koehoorn M. 2008. Working mothers and early childhood outcomes: lessons from the Canadian National Longitudinal Study on Children and Youth. *Early Human Development*. 84(4):237-242.

^{ix} Sherlock RL, Synnes AR, Koehoorn M. 2008. Working mothers and early childhood outcomes: lessons from the Canadian National Longitudinal Study on Children and Youth. *Early Human Development*. 84(4):237-242.

^x Jody Heymann, MD, PhD Amy Raub, MS and Alison Earle, PhD. Creating and Using New Data Sources to Analyze the Relationship Between Social Policy and Global Health: The Case of Maternal Leave. *Public Health Rep*. 2011; 126(Suppl 3): 127–134.

^{xi} Mauricio Avendano, Lisa Berkman, Agar Brugiavini and Giacomo Pasini. The Long-Run Effect of Maternity Leave Benefits on Mental Health Evidence from European Countries, <http://arno.uvt.nl/show.cgi?fid=133880>. Accessed 2/5/2016

^{xii} Huerta, Maria del Carmen, Willem Adema, Jennifer Baxter, Wen-Jui Han, Mette Lausten, RaeHyuck Lee, and Jane Waldfogel. 2013. "Fathers' Leave, Fathers' Involvement and Child Development: Are They Related? Evidence from Four OECD Countries." OECD Social, Employment and Migration Working Paper No. 140, OECD Publishing

^{xiii} Heymann SJ, Toomey S, Furstenberg F. 1999. Working parents: what factors are involved in their ability to take time off from work when their children are sick? *Arch Pediatrics and Adolescent Medicine*. 153:870-4.

^{xiv} Taylor RH, O'Connor P. 1989. Resident Parents and Shorter Hospital Stay. *Archives of Disease in Childhood*. 64:274-276; Palmer SJ. 1993. Care of Sick Children by Parents: A Meaningful Role. *J Advanced Nursing*. 18:185–191.