

Written Testimony on HB 015-1258: The Family And Medical Leave Insurance Act

Good afternoon, Madam Chair and distinguished members of this committee. Thank you very much for the opportunity to speak today in support of HB 015-1258. My name is Jennifer Greenfield, and I'm an assistant professor at the University of Denver's Graduate School of Social Work. I am also a mom of twin toddler boys, who, like so many twins, were born prematurely and hospitalized for the first month of their lives in a neonatal intensive care unit (NICU). In fact, that was a pretty crazy week for us: as I was whisked down the hall to the operating room, I received a text message telling me that we were cleared to close on our new house. I gave birth on a Wednesday, bought a house on Thursday, and my husband moved us in on Friday while my boys and I were patients at Saint Joseph Hospital downtown.

I hardly remember my own painful and complicated recovery from the birth because I spent nearly every waking moment at the bedsides of my two tiny sons. During those first few weeks, as I spent hour after hour nervously watching their breathing rates, counting heart beats, and jumping at the sound of every alarm in the NICU, I couldn't imagine trying to do or be anywhere else. My day job – a job I love – was the farthest thing from my mind, and thankfully, I had short-term disability insurance and maternity leave that let me focus on the health of my babies and myself without wondering how I was going to pay our new mortgage.

And yet, as I sat there, I watched mothers all around me struggling to find time to hold their babies. The mother of the child in the next crib over often came into the NICU at 7 or 8 o'clock at night, nursed her baby and read or sang to him for an hour or two, then left because she had to be at work by 7 the next morning. On nights when she couldn't come, her husband would drop off a day's worth of breast milk late at night or on his way to work the next morning – and sometimes he had time to stop by the crib to say hi to his son. This mother struggled to keep up with milk production because of the stress of juggling work, infant care in the NICU, and all the other daily tasks that can be put aside for a little while, but not forever.

Unfortunately, there is strong evidence that providing breast milk to newborns – and to preterm infants in particular – is critically important to their health, both short- and long-term. We also know that when mothers hold preterm infants skin-to-skin, the babies have more stable body temperature, more regulated sleep, improved neurological development, and better bonding with their mothers (Kymre, 2014). These improvements likely lead to better health outcomes in the long term, including lower rates of disability and cognitive delays.

When mothers are too stressed to produce enough milk to nourish their babies, or when they have to choose work over spending time with their infants – either in the hospital or at home during the first few months of life – both mothers and their babies suffer measurable health and mental health consequences. These consequences are often passed on to society in the long run through increased health costs, and these are often paid through Medicaid.

The story of another mother comes to mind. Her baby is in a local NICU right now, having been born in February, 10 weeks early, at a weight of less than 2 lbs. This family had planned everything out – she didn't have access to paid maternity leave, but they had a savings plan in place so that when her due date came, they would have enough set aside for her to take 6 weeks

off before returning to work. Unfortunately, she developed a life-threatening condition, pre-eclampsia, that affects nearly 4% of all pregnancies in the United States and is a leading cause of preterm birth (Ananth, Keyes, & Wapner, 2013). Her health emergency and the subsequent preterm birth of her daughter meant that her plans went out the window – and that while her health care costs and those for her daughter were soaring, her income came to a halt 10 weeks earlier than she had expected. Even with her husband’s income, her family has gone from living comfortably to relying on food stamps, Medicaid, and other social programs for support. As she put it in an email to me: “as a contributing member of society, it pains and embarrasses me to go from self-sufficient to depending on government assistance to get through this time. I’d like to believe that if I’d had paid maternity leave available we could have avoided this whole situation. Maybe I would have had a few weeks of unpaid time (which I’d be able to cover with my tax return since I always over pay), [but then] life would continue as normal.”

I’m focusing on the plight of mothers of premature babies because it’s a story I know all too well, but also because it’s a surprisingly common story here in Colorado. More than 10% of all babies born here are born early (Kaiser Family Foundation, 2015). And since only about 13% of Colorado workers have access to paid family leave (9to5.org), this means that many preterm babies have moms who can’t sit with them during their first days and months of life because they are working instead.

Of course, I could also focus on the similar story told by countless caregivers for aging parents or family members with disabilities. In the U.S., 45 million people serve in a caregiving role for a loved one over the age of 21, and more than half of these caregivers work full- or part-time (NAC, 2009). Most caregivers who work say that their caregiving responsibilities have impacted their employment – many employees reduce hours, take extra sick leave, and report being distracted or less effective at work. Paid family leave, like that described in the FAMILI Act, that allows workers to take a few weeks at a time is just what these workers need in order to be present with their loved ones at doctor’s appointments, after surgery, or when a chronic illness flares. Workers shouldn’t have to worry about losing their job or their house because a child, spouse, or parent needs them.

Here in Colorado, we take health seriously and we are proud to be known as one of the healthiest states in the country. In that spirit, I think we should view paid family leave – for moms and for caregivers of all ages – as an important investment in the health of our citizens. A small investment upfront will pay dividends in the form of a healthier, more stable workforce, healthier children, and fewer people depending on our state’s social programs. I strongly urge you to pass the FAMILI Act this year.

Thank you.

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