

Testimony in Support
House Bill 18-1001 – Concerning the Creation of a Family and Medical Leave Insurance Program

My name is Tom Perille and I am a physician who has practiced in Denver for 35 years. I am speaking as the Director of the Protect Life Coalition and reflecting the views of the Democrats for Life of Colorado.

Family caregivers are the most important source of support to newborn babies, adopted children, foster children, the sick and the elderly. Currently, family leave is underutilized because many families can't afford to take unpaid leave.¹ When new mothers and fathers are encouraged to stay at home through paid family leave, bonding with their children is increased which translates into improved social and educational outcomes for their children.² For mothers, the median duration of breast feeding doubles.³ This increase in breast feeding is one of the factors that can contribute to dramatically improved infant mortality and maternal health.⁴⁻⁶ With paid family leave, fathers are 46% more likely to take time to be with their newborn children.⁷ Children's health in elementary school improves with the introduction of paid family leave.⁸ Workers with extended paid sick leave benefits have lower job turnover rates, lower recruitment and training cost, lower unnecessary absenteeism, and higher level of productivity.⁹ Family caregivers also play a pivotal role in delaying and preventing nursing home entry of their older relatives.¹⁰ In California, paid family leave was demonstrated to reduce nursing home usage by 11%.¹¹ It is because of these attributes of paid family leave that it not only is the compassionate choice to enhance family cohesiveness and success, but it also can translate into cost savings through reduction in social services costs, educational costs, SNAP costs, insurance costs, Medicaid /Medicare costs, business productivity loss and employee retention.

There are other important reasons to endorse paid family leave in Colorado. Colorado is one of only 3 states in the US that allows both abortion anytime till birth and assisted suicide for terminally ill patients. No matter where you sit on the advisability/morality of these "health services", it reasonable for us to do everything we can to make the need for them rare. It is well known that financial circumstances are one of the primary reasons for the decision to pursue abortion.¹²⁻¹³ Seventy three percent of women say that they can't afford a baby and this is the driving reason to pursue abortion for 40%.¹²⁻¹³ Paid Family (Parental) Leave would mitigate this problem and likely contribute to decreasing abortion rates. At the other end of the life continuum, one of the primary reasons that terminal patients choose suicide is the loss of independence and the fear of becoming a burden on family.¹⁴⁻¹⁵ 49% of Oregon and 52% of Washington assisted suicide prescribing physicians cite fear of becoming a burden on family as an important reason for their patients to choose suicide over natural death.¹⁴⁻¹⁵ By comparison, pain or fear of pain or uncomfortable symptoms was only a minor driver of assisted suicide based on physician perceptions and considered unimportant by patients.¹⁶ Consequently, there is very good reason to believe if we make it easier for family caregivers to take paid leave, the care they could provide to their terminally ill loved ones could reduce the demand for assisted suicide.

Finally, without paid leave, the only people who could afford to stay at home with their new baby, refrain from trying to work while sick, or care for elderly/sick/dying family members are those

Coloradoans who are wealthy or the minority that have existing paid leave benefits. This places a regressive, undue burden on the lower income members of our society.

For all these reasons, I hope that both the Democratic and Republican members of the committee will embrace this very worthwhile, life affirming, and ultimately, cost saving bill.

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References:

1. National Partnership for Women and Families, *Expecting Better: A State-by-State Analysis of Laws That Help Expecting and New Parents*. (2016), Retrieved 4/11/2017. <http://www.nationalpartnership.org/research-library/work-family/expecting-better-2016.pdf>.
2. Fuchs A, et. al., The Early Mother-to-Child Bond and its Unique Prospective Contribution to Child Behavior Evaluated by Mothers and Teachers. *Psychopathology* 2016; 49(4): 211-216
3. Appelbaum E and Milkman R, (2011). Leaves that Pay, Employer and Worker Experiences with Paid Family Leave in California. Retrieved 4/11/2017. <http://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>.
4. Shankar MJ, et.al., Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatr* 2015; 104(467): 3-13.
5. Rowe-Finkbeiner K et.al., Why Paid Family and Medical Leave Matter for the Future of America's Families, Businesses and Economy. *Matern Child Health J* 2016; 20(Suppl 1): 8-12.
6. Jou J et.al., Paid Maternity Leave in the United States: Associations with Maternal and Infant Health. *Matern Child Health J*. 2017; Nov 2: doi.10.1007/s10995-017-2393-x.
7. Bartel AP et.al., Paid Family Leave, Fathers' Leave-Taking, and Leave-Sharing in Dual-Earner Households. *J Policy Anal Manage* 2018; 37(1): 10-37.
8. Lichtman-Sadot S and Bell NP, Child Health in Elementary School Following California's Paid Family Leave Program. *J Policy Anal Manage* 2017; 36(4): 790-827.
9. Heymann J et.al., Ensuring a Healthy and Productive Workforce: Comparing the Generosity of Paid Sick Day and Sick Leave Policies in 22 Countries. *International Journal of Health Services* 2010; 40(1): 1-22.
10. Chen Mei-Lan, The Growing Costs and Burden of Family Caregiving of Older Adults: A Review of Paid Sick Leave and Family Leave Policies. *The Gerontologist* 2016; 56(3): 391-396.
11. Aurora K and Wolf DA, Does Paid Family Leave Reduce Nursing Home Use? The California Experience. *J Policy Anal Manage* 2018; 37(1): 38-62.
12. Finer LB et.al., Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives. *Perspectives on Sexual and Reproductive Health* 2005; 37(3): 110-118.
13. Biggs MA, et.al., Understanding why women seek abortions in the US. *BMC Women's Health* 2013; 13: 29.
14. Oregon Public Health Division, Center for Health Statistics, Oregon Death with Dignity Act, Data Summary 2016. (February 2017). Retrieved 4/11/2017. <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>.
15. Washington State Department of Health, 2015 Death with Dignity Act Report Executive Summary. (March 2016). Retrieved 4/11/2017. <http://www.doh.wa.gov/portals/1/Documents/Pubs/422-109-DeathWithDignityAct2015.pdf>.
16. Ganzini L, et.al., Oregonians' Reasons for Requesting Physician Aid in Dying. *Arch Intern Med* 2009; 169(5): 489-492.