



SUIT UP MAINE

May 7, 2021

My name is Kelli Whitlock Burton and I am a resident of Waldoboro. I offer this testimony in support of LD 1559, “Resolve, To Create the Commission To Develop a Paid Family and Medical Leave Benefits Program” on behalf of Suit Up Maine, an independent, all-volunteer constituent action group representing more than 5,000 Mainers in all 16 counties, and on behalf of my mother, Donna Corley Whitlock.

In 2005, my mother was in a car accident on her way home from work. She had a fractured pelvis, a ruptured spleen, broken ribs, and a collapsed lung. She was rushed into emergency surgery with little hope for survival. Mom was in the trauma intensive care unit for six weeks and my brother and I spent as much time with her as we could. That time was limited, however, because neither of us had much paid vacation or sick time and couldn’t afford to take unpaid leave from our jobs. Those six weeks turned out to be the last six weeks of my mother’s life. She died on Nov. 28, 2005. I would give anything to have had those extra hours with her. But when forced to choose between working and being with my dying mother, I had no choice. I had to work.

No one should have to make that choice. And with paid family and medical leave (PFML), no one would. The U.S. is the only industrialized nation in the world without a paid family leave system,¹ even though 85% of Americans—including 75.5% of Mainers—support the idea.^{2,3} In California, one of five states with PFML, 87% of employers report no increased costs as a result of the program, and 9% report decreased employee turnover.⁴ A paid medical leave law in New York City was associated with a significant decrease in emergency room visits by adult, non-elderly Medicaid recipients.⁵ Other studies suggest PFML reduces the financial burden of illness, boosts worker morale and productivity, supports economic growth,⁶ and lower infant mortality.⁷ In Maine and across the U.S., Black people and women are more likely to work front-line jobs with limited access to benefits. A PFML system in Maine would reduce these inequities, and ensure working Mainers don’t have to choose between a paycheck and caring for loved ones, as I did.

LD 1559 would create a study to determine the best PFML program for Maine and would include input from businesses, workers, medical professionals, caregivers, and others. This ensures the system implemented here will be the right one for Maine. It’s a thoughtful approach and deserves your support. I urge you to vote Ought to Pass. Thank you.

Kelli Whitlock Burton
Co-Leader, Suit Up Maine

¹Pew Research Center. December 2019. <https://pewrsr.ch/2RCIHtd>

² Pew Research Center. March 2017. <https://pewrsr.ch/3erUALF>

³ 2020 Omnibus Poll. <http://www.mainefamilyleave.com/the-facts/>

⁴ National Partnership for Women and Families. September 2018. <https://bit.ly/3f43QVd>

⁵ Ko H, Glied SA. Associations Between a New York City Paid Sick Leave Mandate and Health Care Utilization Among Medicaid Beneficiaries in New York City and New York State. *JAMA Health Forum*. 2021;2(5):e210342. doi:10.1001/jamahealthforum.2021.0342.

⁶ U.S. Congress Joint Economic Committee. <https://bit.ly/3vOvMmT>.

⁷ Heymann J, Raub A, Earle A. 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 Sep-Oct;126 Suppl 3(Suppl 3):127-34. doi: 10.1177/00333549111260S317. PMID: 21836745; PMCID: PMC3150137.