

## Testimony of the Human Trafficking Prevention Project

---

**BILL NO:** House Bill 8  
**TITLE:** Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)  
**COMMITTEE:** Economic Matters  
**HEARING DATE:** February 15, 2022  
**POSITION:** **SUPPORT**

House Bill 8 would establish the Family and Medical Leave Insurance Program in Maryland, providing income replacement during what would otherwise be unpaid leave taken under the Family and Medical Leave Act or for employees not entitled to benefits under that act. The Human Trafficking Prevention Project at the University of Baltimore School of Law supports this bill because it ensures that survivors of human trafficking can receive continuity of income if and when they need to care for themselves or their loved ones.

HB 8 would create a structure for income replacement benefits similar to the well-established unemployment benefit system. It would contribute to the financial stability of Maryland workers and families, and because it spreads the risk of paying such benefits among all employers, it would tend to reduce discrimination against employees who themselves are, or who have family members who are disabled, ill, injured, pregnant, or survivors of domestic abuse or trafficking. The funds will be sourced by contributions made by both employers and employees, for a shared contribution total of .67% of wages. Additionally, the bill provides an exemption for employers offering equal or greater benefits.

Some studies have shown that trafficking victims are more likely to talk to medical staff than police.<sup>1</sup> Trafficking survivors often need a complex array of health care services, from the immediate physical and emotional health care concerns to the longer-term mental health and substance use issues. Given the level of physical and psychological abuse that survivors of human trafficking face,<sup>2</sup> it is not surprising that approximately 88% of human trafficking victims access health care during their trafficking situation.<sup>3</sup> Researchers have also indicated medical care is a critical step to avoid re-traumatization, and ongoing trauma-informed care encourages a commitment to empowerment, victim safety, and treatment towards limiting the impact of multiple traumatic events across an individual's life.<sup>4</sup> Further, when the myriad of health issues survivors face is compounded with raising children and families, the availability for paid leave is critical. In fact, studies have shown paid family leave is associated with a reduction in parental stress, including financial stress and a reduction in maternal depression.<sup>5</sup>

The Human Trafficking Prevention Project supports SB 275 because it furthers survivors access to continuous care and ensures protections that will allow victims to take leave to care for themselves, their children, or a close family member, without losing their job and the progress they have made medically and emotionally. This legislation would benefit trafficking survivors and the workforce as a whole, with individuals receiving paid leave being far more likely to return to work, thus saving employers time and money that would otherwise need to be spent on recruiting, hiring, and training new staff.

---

<sup>1</sup> Laura J. Lederer, Christopher A. Wetzel, *The Health Consequences for Sex Trafficking and their Implications for Identifying Victims in Healthcare Facilities* (2014), <https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>.

<sup>2</sup> See generally Cathy Zimmerman & Nicola Pocock, *Human Trafficking and Mental Health: "My Wounds are Inside; They are Not Visible"* 19 *Brown Journal of World Affairs* 2 (Spring/Summer 2013), <https://healtrafficking.org/wp-content/uploads/2021/04/24590833.pdf>.

<sup>3</sup> See generally Brittany Anthony, *On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking* (July 2018), <https://polarisproject.org/wp-content/uploads/2018/08/A-Roadmap-for-Systems-and-Industries-to-Prevent-and-Disrupt-Human-Trafficking-Health-Care.pdf>.

<sup>4</sup> Stacey Hemmings, et. al., *Responding to the Health Needs of Survivors of Human Trafficking: A Systematic Review* (2016), <https://bmchealthservs.biomedcentral.com/track/pdf/10.1186/s12913-016-1538-8.pdf>.

<sup>5</sup> Rada K. Dagher, Patricia M. McGovern, & Bryan E. Dowd, *Maternity Leave Duration and Postpartum Mental and Physical Health: Implications for Leave Policies*, *J. of Health Polit. Policy & Law* (2014),

[https://www.researchgate.net/publication/259201718\\_Maternity\\_Leave\\_Duration\\_and\\_Postpartum\\_Mental\\_and\\_Physical\\_Health\\_Implications\\_for\\_Leave\\_Policies](https://www.researchgate.net/publication/259201718_Maternity_Leave_Duration_and_Postpartum_Mental_and_Physical_Health_Implications_for_Leave_Policies).