

SB275_AliceWeisko_Fav.doc.pdf

Uploaded by: Alice Weisko

Position: FAV

Date of Hearing: 2/10/2022
Alice Weisko
Towson, MD 21286

**TESTIMONY ON SB275 - POSITION: FAVORABLE FOR LABOR AND
EMPLOYMENT-FAMILY AND MEDICAL LEAVE INSURANCE
PROGRAM-ESTABLISHMENT (TIME TO CARE ACT OF 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Alice Weisko, resident of District 12

I am the single mother of an autistic child, the daughter of a frail 99 year-old mother with open wounds and the sister of a person with Stage IV pancreatic cancer. My moral and Jewish values bind me to these people. My love for them is expressed through duty to care for them.

My son was born with multiple disabilities, including autism. Because his care was highly demanding I had to seek employment far below my educational level. Co-pays for his medications and medical visits were high. The Federal Family and Medical Leave Act, passed the year after his birth, preserved my job and health insurance. But my son's behavioral and physical illnesses caused me to miss 5 – 8 weeks of work each year until he entered 11th grade, leaving me without pay for a portion of each year. Because it is impossible to find babysitters for autistic children with aggression, I was unable to take on a second job.

I had to choose between financial hardship and my son's needs. Everything except rent, food, and medical bills had to go. Simply going out for breakfast was an extravagance. Treatments that could have made a difference in his life but weren't covered by insurance were not pursued. Emergencies went on credit cards. I spent years of austerity paying them off instead of saving for retirement.

My mother turned 99 and my sister was diagnosed with pancreatic cancer the year before I planned to retire at 70. There was no question. I retired immediately to care for them. That decision will affect my financial standing for the rest of my life.

If I had received paid family leave I would have been a more productive employee with fewer stress-related illnesses. I would have paid more state taxes and be less likely to need assistance in my old age.

Despite these realities, I consider myself fortunate compared to others in identical circumstances who earn a lower hourly wage. They would likely declare bankruptcy, fall below the poverty line, apply for medical assistance and food stamps, and might even enter a homeless shelter. Illness happens to every family. It is sad and stressful but it needn't leave a family destitute.

I respectfully urge this committee to return a favorable report on SB275.

SB275_PaidLeave_FAV.pdf

Uploaded by: Alice Wilkerson

Position: FAV



**Testimony in Support of Senate Bill 275
Time to Care Act of 2022
FAVORABLE**

February 10, 2022

Dear Chair Kelley and members of the Committee:

On behalf of Strong Future Maryland, we write in strong support of Senate Bill 275. Strong Future Maryland works to advance bold, progressive policy changes to address systemic inequality and promote a sustainable, just and prosperous economic future for all Marylanders. We urge you to support this legislation that guarantees a paid family and medical leave insurance fund. While the United States is the only industrialized country that does not mandate paid family leave, nine other states such as New York, California, Rhode Island and the District of Columbia have enacted [policies](#) to provide paid leave to employees. It is clear that the Federal Family and Medical Leave Act alone does not suffice as a solution, but requires complementary state legislation.

Paid family leave should not be viewed as a privilege amongst economically developed countries and progressive states, but a right for our Maryland citizens, especially in the midst of a pandemic that has taken over 400,000 lives across the US. The refusal to pass policies for paid family and medical leave is an explicit declaration from elected legislators, that Marylanders who have compromised health or individuals who are managing family responsibilities and demands will not be protected; single mothers in particular during the pandemic have experienced this strain. Many face the possibility of losing the ability to pay for basic needs if they need to take leave to support themselves or their families.

SB 275 encompasses all Marylanders, including self-employed individuals, employees of small business, and employees earning lower wages and thus will receive benefits and job protection through the [FAMLI program](#). According to evidence from the [Maryland Center on Economic Policy](#), “Most businesses in states that today offer paid leave report positive or neutral impacts on their bottom line” and find that “businesses fare well when workers can take paid leave because it increases likelihood that workers would return to the same employer, potentially meaning lower costs for hiring and training.” In a similar study in California, they found that “large and small businesses, employers’ payroll costs slightly decreased when workers took

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leave.” Small businesses owners have also indicated their support as 61% would agree to establishing paid family and medical leave programs.

We must also recognize that since the 1920s, according to the [Department of Labor](#) there has been an exponential incline of women in the workforce, many of whom are mothers. With several US states implementing paid leave policies, a [study](#) from the March of Dimes Center for Social Science Research states that there has been a “20 percent reduction in the number of female employees leaving their jobs in the first year after giving birth—and up to a 50 percent reduction after five years.” In addition, there are detrimental effects for women who do not have access to paid family leave in which “30% dropped out of the workforce after giving birth and one in five did not return for over a decade.”

The 21st Century for women has moved beyond maternal responsibilities such as giving birth and caring for ill family members. We live now in a paradoxical society that while we may view women as invaluable members of the workforce and matriarchs, we have not sufficiently adapted to create an environment where all women are able to return to work after taking necessary extended family leave— including both women and men who are low-wage earners. The bill would not only benefit women, but those who are immunocompromised, inflicted with long-term illnesses, and those who must care for terminally ill family members. With many struggling families requiring two incomes and the plight of the pandemic, it is a necessity to ensure paid family leave in the state of Maryland and urge a favorable vote on SB 275.

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Alicia Pereschuk

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. **I am a resident of District 43. I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Alicia Pereschuk
321 W. 28th St
Baltimore MD 21211
Showing Up for Racial Justice Baltimore

SB0275 testimony from Anita Lampel (1).pdf

Uploaded by: Anita Lampel

Position: FAV

Date of Hearing: 2/10/2022

Anita Lampel
Bethesda, Dist. 16, 20817

TESTIMONY ON SB0275 - POSITION: FAVORABLE
THE TIME TO CARE ACT

TO: Honorable Senate Finance Committee

FROM: Anita Lampel

My name is Anita Lampel. I am a resident of District 16.. I am submitting this testimony in support of SB#0275.

I am a retired psychologist, parent of two, and grandparent of four. I belong to Congregation Adat Shalom, Bethesda, which is a Community of Faith signatory in favor of this bill. My Jewish values hold that it is a sacred obligation of the community to help care for the sick and elderly, the newborn, the orphan, and those in the military. This is more than just a prayer for the healing of the ill which we say every Shabbat. It is a direct call to act on their behalf.

During COVID, one of my grandchildren, age 8, was very ill with a hard-to-diagnose strep infection. His parents had to take him to an Emergency Room, where he stayed for almost 24 hours before being transferred to a hospital by ambulance and then home. He needed days of tender, constant care. The younger sibling, 5, of course also required attention. Even if one parent had been enough, which was not the case, that parent had to take time off work. Because this grandchild lives in California, a state with guaranteed sick leave to care for a family member and guaranteed salary support, my grandchild's illness did not cause his parents to lose their jobs or to worry about how to balance food and shelter with critical health costs. In Maryland, however, adults confront job loss, no income, and the horrible choice—take care of my child, myself, my loved one OR work.

SB0275, so aptly named the Time to Care Act, will correct this. For a minimal amount of money, the employee can self-insure and the employer can contribute just .05% or less per pay period. Both employer and employee gain. And the more vulnerable, the lower paid workers, those who have less savings to fall back on, who are more likely to suffer significant deprivation because they have no paid leave, will have enough money to keep shelter and food and medicine in place.

In closing, I support the passage of SB0275. Now, in the time of COVID, it is imperative to do this. Please act now to end the crippling financial hardship that accompanies illness, having a

baby, or going off to serve our country. **I respectfully urge this committee to return a favorable report on SB0275.**

MCF_Fav_SB 275.pdf

Uploaded by: Ann Geddes

Position: FAV



SB 275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment

Committee: Finance

Date: February 10, 2022

POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF strongly supports SB 275.

Families who are caring for a child or other loved one with a mental illness frequently are desperate to provide for their needed care. If they have sick leave or vacation leave, it is often not enough to help with a seriously mentally ill child, spouse or parent. At the Maryland Coalition of Families, we have seen first-hand the added burden on families in crisis when they have to worry about their family's finances as well as the mental well-being of their loved one.

Just one example – it is not unusual for the parent of a child or adolescent with a serious mental illness who is in crisis to have to wait weeks in an emergency department until an inpatient bed is found for the child. If the child has co-occurring mental health and autism spectrum disorders, the wait could be for over a month. Some hospital emergency departments have the policy that a parent/caregiver must be in the room at all times with the child, except for brief breaks when a "sitter" can be found. The parent simply cannot go to work during this time. How awful is it that on top of their grave concern for their child, they must worry about their job and how they're going to pay the rent or mortgage that month.

It is not just families with a child in an emergency department for psychiatric reasons who face such dilemmas. Our family was in a similar position trying to care for our 16 year old son in the home. Our son, who was a severe self-injurer, could not be left alone lest he find a way to hurt himself. Owing to his severe mental illness, he would cut himself, burn himself, drink bleach, drink other household cleansers, or hit himself with a bat. There was simply no way of ensuring his protection without constant supervision, and we couldn't find (or afford) a full time baby-sitter for a 16 year old while we were at work.

Our hope was that as he continued with his mental health treatment and medications, his compulsion to hurt himself would go away, but we couldn't wait the months that this would take. Therefore I had to resign from my job to be with him full-time. After months he did improve, but by then I was out of the workforce and our families' finances had taken a considerable hit. We racked up thousands of dollars in credit card debt until I was able to find a new job and slowly start to rebuild our finances.

These are just two of many examples that could be given of families with a loved one with serious mental illness that would benefit from the Family Medical Leave Insurance program.

Therefore we urge a favorable report on SB 275.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
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ageddes@mdcoalition.org

SB0275 - FAV -Anna Levy.pdf

Uploaded by: Anna Levy

Position: FAV

February 10, 2022

Anna Levy
Rockville, MD 20852

TESTIMONY IN SUPPORT OF SB0275
Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)

TO: Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee

FROM: Anna Levy

My name is Anna Levy. I am a resident of Rockville, MD, District 16. I am submitting this testimony in support of HB0008/SB275, the Time to Care Act of 2021.

As a working mother and as an adult daughter of an aging parent, I have experienced first-hand, the importance of having access to paid leave for the birth of a child and to care for family members. In the 1980's, I was pregnant with my second child and working full time. We were fortunate that I was working for a forward-thinking non-profit organization that carried disability insurance covering 6 weeks of maternity leave at 60% salary for all staff members. This was exceptional at that time when most workplaces, including the federal government, did not provide assurances of a position to return to, much less paid leave for the birth of a child. We were prepared for that time off at a lower salary, but not that I would need to go on bed rest for 6 weeks prior to my expected due date to prevent a premature birth. The disability insurance kicked in early, but I then needed to take additional time off without pay following our son's healthy birth. Fortunately, my position awaited me upon my return and we were able to manage without my paycheck for those additional weeks.

Later, while still employed by the same family friendly organization, one of my sons required lifesaving cardiac surgery. Medical appointments, hospitalization, and recovery required many days of leave. Again, my employer allowed me to use accumulated sick and vacation leave to care for our son. When that was exhausted, they advanced leave to me, which I paid back over time as I returned to work and earned leave. We were able to rely on family and friends to be with our son until he was healthy enough to go back to school, so that my husband and I could return to work. What would we have done if we had not had even that support, the assurance of a position to return to, and some, albeit diminished, income?

Fast forward to the 2010's when my 90+ year old mother needed me to be there at medical appointments, hospitalizations, and the transition from fully independent to wheelchair bound due to debilitating arthritis. Again, I was fortunate to work, now as a federal employee, in an agency that granted the use of accrued sick leave to care for ailing family members and flexible workplace options. How could I have made the choice between being present to advocate for my mother's care when she was hospitalized for 6 weeks, or being at work and earning my paycheck and paying bills? How does someone make the choice between caring for their sick

child, spouse, or parent when their job is not amenable to working remotely on a laptop in a hospital room or leaving work early or coming in late? Or face the loss of a job that might come with the health insurance coverage that is critical to their loved one's care?

It is our responsibility to ensure that every member of our community is able to take time to care for their own health and that of their family members. Paid family and medical leave will give families more economic stability, and less to worry about so that they can focus on giving new parents and infants a positive start, or on critical health needs. **No one should have to choose between putting food on the table or paying the rent and caring for themselves or a loved one.** As a community, we have a responsibility to provide all Marylanders with the tools to take care of the physical, emotional and economic health of themselves and their families. Healthy employees who are able to care for themselves and their families contribute to healthy and productive workplaces that build healthy communities.

I respectfully urge a favorable report for this important bill, SB0275.

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Anne Rosenthal

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 40. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Anne Rosenthal
810 Cathedral St Apt 3R
Baltimore, MD 21201

Showing Up for Racial Justice Baltimore

SB 275 Time To Care Act Testimony.pdf

Uploaded by: Antonio Hayes

Position: FAV

ANTONIO HAYES
Legislative District 40
Baltimore City

Finance Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 10, 2022

Testimony of Senator Antonio Hayes in Support of SB 275:
Family and Medical Leave Insurance Program

Chair Kelley and Members of the Finance Committee,

It is with great pleasure that I reintroduce the Time to Care Act this session because I believe that almost all Marylanders, whatever their circumstances, will at some point in their lives, need extended time away from work to provide necessary care for a family member or for themselves. Despite this, only 23% of U.S. workers have access to paid family leave, and fewer than 40% have paid personal leave for short-term disabilities. Unpaid leave forces too many Americans, especially those whose needs are the greatest, to choose between the job they need and the family they love. Nearly 25% of women, for example, take 10 or fewer days of maternity leave, potentially putting themselves and their children at risk physically and emotionally. Families endure financial hardships, mental and physical distress. People suffer needlessly, none of which is helpful to employers either.

Covid-19 has brought to light the harsh realities that far too many face in deciding if they are able to afford caring for a loved one. Over 966,000 Marylanders have contracted Covid-19 since the start of this pandemic and this has brought real hardship to families across the state. It is truly a shame that people are forced to choose between economic security and caring for their family. This pandemic has only heightened the need for a sensible paid family leave program and that is what the Time to Care Act provides.

The Time to Care Act (**SB 275**), by establishing a Family and Medical Leave Insurance Program (FAMLI), would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child and when needed to provide care for a family member or oneself. Support for this legislation crosses party lines and reaches all corners of the state. A state-wide poll of 1,077 Maryland registered voters was conducted between December 2021 and January 2022 and identified extremely strong support for a proposed family and medical leave program. Eighty-eight percent of voters favor this proposal, while only 8% oppose it.

SB 275, administered by the state's Division of Unemployment Insurance, allows for time away from work with partial wage replacement to care for new babies/children, elderly dependents, other family members with health/(dis)ability needs, or to take care of ourselves. The definition

of "family member" mirrors the definition in the newly amended Maryland Healthy Working Families Act of 2017 and includes: a child, parent, spouse, grandparent, grandchild, or sibling. Adoptive, foster, guardianship, in loco parentis, and step-relationships are all included in these categories. Individuals filing claims must provide certification supporting the claim, for example from a doctor.

The program provides wage replacement during the leave period ranging from \$50 to \$1000 per week. The benefit level is calculated based on the employee's weekly wage and the State's average weekly wage. In general, the amount received by low-income employees reflects a higher percentage of their total wages. Costs associated with start-up and ongoing administration of the program are borne by the program fund itself. The fund will collect contributions for 18 months before providing payouts to recipients. Collections are to start January 2023, while benefits will not start to be distributed until July 2024.

SB 275 establishes a 50/50 split for employee and employer contributions. The legislation allows for employers' family and medical leave benefits to use a private program as long as it provides benefits equal to or exceeding those in the legislation. There is a combined contribution rate of no more than 0.75% of total wages. It also increases the salary ceiling for the 90% wage replacement level from 50% to 65% of state weekly wage. The self-employed can also enroll, and individuals can take intermittent leave, if necessary, meaning they could take their time off on non-consecutive days. However, employees may not take leave under this legislation and leave under FMLA consecutively, ie. leave "stacking" is not allowed. Based on experiences elsewhere, the average payroll deduction from each employee would be in the neighborhood of \$3 to \$4 a week.

A total of 9 other states and our neighbors in Washington DC have already enacted similar programs. California, New Jersey, and Rhode Island's programs have been established the longest.

It is important to note that allowing individuals an opportunity to care for a newborn or sick relative without losing their job or facing bankruptcy is a benefit that touches all of us. It's good for employers. It's good for families. It's good for keeping health care affordable. It's good for society at large. Paid family and medical leave means a stronger economy, healthier families and businesses, greater equity regardless of a person's job and more workplace equality for women.

I strongly urge a favorable report on SB 275.

Respectfully,



Senator Antonio L. Hayes
40th Legislative District - MD

SB0275_Arielle_Juberg_FAV.pdf

Uploaded by: Arielle Juberg

Position: FAV

SB0275, Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Testimony in **Support**

To: Chair Kelley and members of the Senate Finance Committee

From: Arielle Juberg, Baltimore MD 21234

My name is Arielle Juberg. I am a resident of Baltimore County in District 8. I belong to Showing Up for Racial Justice (SURJ) in Baltimore. SURJ is working in collaboration with Out for Justice. I belong to a church in Essex and volunteer at several organizations in Baltimore City. I am testifying in **support** of SB0275, Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022).

SB0275 is important to me because my family has experienced unexpected health emergencies. While I was in school for a public health degree, I learned about the lack of federal family and caregiving paid leave. We always heard that sudden health emergencies could happen to anyone at any time. After I graduated, I learned this lesson first-hand. One of my parents fell outside, breaking their upper arm. Immediately, this disability upended their independent life. Days became filled with doctor's appointments and physical therapy. They could not drive to these appointments. They needed help with everyday tasks like dressing and cooking. My life was also upended. I moved home temporarily to help, eventually staying for several months. I was very lucky; I was in-between jobs and had the time to help. If I had been employed, it would have been impossible to hold down a job and take care of my parent. It is scary to think about what would have happened to my parent without anyone there to help them.

Too many people in Maryland have to choose between caring for a loved one and losing a paycheck. This horrible choice especially impacts lower-income workers of color. This difficult decision exists because our current public policy in Maryland does not support families and caregivers.

My church in Essex prides itself on being a welcoming, caring community. We all share our updates about illnesses, accidents, and births. We support each other with cards, trips to pick up groceries, and small gifts – but we're not equipped to support a family with their income over a long illness or after the birth of a baby. It isn't realistic to expect community groups to take on this role. This is an occasion where we need public policy to recognize the current burdens on families.

SB0275 is urgently needed because every one of us will have a child, family member, or friend who needs care. Many of us will depend upon someone else to take care of us. It is for these reasons that I am encouraging you to **support** SB0275. Thank you for your time, consideration, and service.

SB 275- FAMLI - UULM-MD Support - Google Docs.pdf

Uploaded by: Ashley Egan

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

TESTIMONY IN SUPPORT OF SB 275: Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)

TO: Senator Delores Kelley and Members of the Finance Committee

FROM: Craig Beyler,
Unitarian Universalist Legislative Ministry of Maryland

DATE: February 10, 2022

As a community of faith, Unitarian Universalists affirm the dignity and worth of all people. It's a bedrock principle that we hold dear and promote throughout the community. There is a dignity that arises out of caring for one's family.

All workers should be able to take paid leave for newborn children and family illness. Existing law calls for leave but does not provide for paid leave. For many Marylanders, taking unpaid leave is simply not possible. They live paycheck to paycheck. Family and Medical Leave should be for every Marylander, not just the affluent. We don't want Marylanders to face impossible choices between job and family.

The bill provides for paid Family and Medical Leave through an insurance program administered by the state and funded by the employer and the employee. This is a common-sense approach that has worked for other forms of statewide insurance (like unemployment insurance).

This is a common-sense solution to a statewide problem and supports families throughout the State of Maryland. Please support SB 275 "Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)."

Craig Beyler,

Unitarian Universalist Legislative Ministry of Maryland

SB 275- FAMLI - UULM-MD Support - Google Docs.pdf

Uploaded by: Ashley Egan

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

TESTIMONY IN SUPPORT OF SB 275: Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)

TO: Chairwoman Kelley and Members of the Finance Committee

FROM: Craig Beyler,
Unitarian Universalist Legislative Ministry of Maryland

DATE: February 10, 2022

As a community of faith, Unitarian Universalists affirm the dignity and worth of all people. It's a bedrock principle that we hold dear and promote throughout the community. There is a dignity that arises out of caring for one's family.

All workers should be able to take paid leave for newborn children and family illness. Existing law calls for leave but does not provide for paid leave. For many Marylanders, taking unpaid leave is simply not possible. They live paycheck to paycheck. Family and Medical Leave should be for every Marylander, not just the affluent. We don't want Marylanders to face impossible choices between job and family.

The bill provides for paid Family and Medical Leave through an insurance program administered by the state and funded by the employer and the employee. This is a common-sense approach that has worked for other forms of statewide insurance (like unemployment insurance).

This is a common-sense solution to a statewide problem and supports families throughout the State of Maryland. Please support SB 275 "Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)."

Craig Beyler,

Unitarian Universalist Legislative Ministry of Maryland

Time to Care Act 2022 Carol Stern FAV SB275.pdf

Uploaded by: CAROL STERN

Position: FAV

February 8, 2022

Carol Stern
4550 North Park Avenue, Apt T106
Chevy Chase, MD 20815

TESTIMONY IN SUPPORT OF SB275

**Labor and Employment - Family and Medical Leave Insurance Program - Establishment
(Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Carol Stern

My name is Carol Stern, and I am testifying in favor of SB275, the Time to Care Act, as a resident of Montgomery County's District 16 and a member of Adat Shalom Reconstructionist Congregation in Bethesda.

The Jewish text that shapes my religious and moral conviction that every employee in the state of Maryland should have access to paid family and medical leave explains that *pikuach nefesh*, the saving of a life, supersedes all other commandments. This assures us that we have a moral obligation to pursue life at any cost. Offering paid leave to employees is an act of *pikuach nefesh* since it prioritizes people's health and well-being. This is a directive for us to secure the wellness of the labor force, which passing the Time to Care Act can help to do.

I have used employer sponsored paid family leave during three crucial times of my life - the birth of my two children, the major illness of my spouse, and during the last weeks of my mother's life. I was one of the fortunate Americans who worked for a Fortune 500 Company that offered this benefit. I know personally how invaluable this paid time off was for me and my family. It is a benefit that all employees should have when these life events occur.

Maryland needs to pass a comprehensive paid family and medical leave law that allows workers to care for themselves and family members without sacrificing their livelihood. We know that caregiving now spans the life cycle of all families from the care of a newborn, to a sick loved one, an aging family member, and the employee's own health.

Giving people 12 weeks of paid leave will remove the stress and burden of taking an unpaid day off, which might mean job termination. No one should ever be asked to make that choice, yet too many workers who need time off often do so at the expense of their own financial well-being. Especially during this time of the unprecedented pandemic when so many are caring for family members, the need is even more crucial for this coverage.

I respectfully urge a favorable report on SB275

SB0275_Time_to_Care Act_MLC_FAV.pdf

Uploaded by: Cecilia Plante

Position: FAV



**TESTIMONY FOR SB0275
LABOR AND EMPLOYMENT – FAMILY AND MEDICAL LEAVE INSURANCE PROGRAM –
ESTABLISHMENT (TIME TO CARE ACT OF 2021)**

Bill Sponsor: Senator Hayes

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0275 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of individuals and grassroots groups with members in every district in the state. We have over 30,000 members across the state.

All of us have been in a position where we had to take leave without pay, or lose vacation time, or put our jobs at risk because of our own illness or medical condition or that of a family member. The struggles of those with loved ones who have a family member who has Covid are even more poignant. Family is important. Health is important. We should not have to choose.

This bill establishes a program that both employees and employers make small contributions to each pay period. Those contributions become a bank of funds that would allow an individual employee take up to 12 weeks of paid leave without causing financial harm to the employer.

Being able to take the time to care for yourself or your loved ones helps everyone in the long term. Because so many people are living paycheck to paycheck these days, this would make many individuals far less likely to go bankrupt over an illness or a medical condition. It would help businesses retain their skills, rather than have them drop out entirely.

This is a problem that has been in need of a solution for a long time. We believe this solution would benefit the state tremendously and would make our state a more attractive place to work.

The Maryland Legislative Coalition supports this bill and we recommend a **FAVORABLE** report in Committee.

SB 275_Koplik_fav.pdf

Uploaded by: Charles Koplik

Position: FAV

Date of Hearing: February 10, 2022

Charles M. Koplik
1484 Catbriar Way
Odenton, Maryland 21113

TESTIMONY ON SB0275 - POSITION: FAVORABLE
**Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Charles M. Koplik

My name is Charles Koplik. I am a resident of District 33. I am submitting this testimony in support of SB0275, Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022).

In 2008, when my mother at age 91 learned she had uterine cancer, I was needed for a long series of emergencies. There were first the visits to Los Angeles to be part of the meetings with the doctors. Then came the operations and radiation treatment. And finally trips to Los Angeles to support my mother through home hospice care in the final months of her illness and ultimately funeral arrangements and burial in Cleveland. My dad had passed away in 1979. How many families faced with similar emergencies can handle life shattering experiences with demanding employers and the crisis of loss of critical income. Why can we not pool all our resources to create an insurance program that protects workers and young families?

To be effective, the Paid Family and Medical Leave Insurance Program must include well-established reasons people need leave, including caring for a new child by birth, adoption, or foster, caring for a family member with a serious health condition or disability, caring for one's own serious health condition, and for needs resulting from a military family member's deployment. The program should offer 12 weeks of paid leave to all working Marylanders with an inclusive definition of family, and a 50/50 split in contribution from employers and employees. Low-income workers must be provided a larger percentage of their income to make it affordable for them to take the time. All workers must also be protected against adverse consequences, particularly job loss, for taking leave.

The Time to Care Coalition includes more than 150 organizations and businesses, and the proposed bill is supported by 88% of Maryland voters.

Bills such as this have been effective in many other states and provide an enormously important benefit at a minimal cost to the state, and a very small cost that is shared by employers and workers. By creating a cost-effective insurance program across all businesses in Maryland, everyone can benefit. **I respectfully urge this committee to return a favorable report on SB0275.**

SB275 Favorable Testimony.pdf

Uploaded by: Christianne Marguerite

Position: FAV



PROGRESSIVE MARYLAND

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**Testimony on Maryland Senate Bill 275
Labor and Employment – Family and Medical Leave Insurance Program – Establishment
Time to Care Act of 2022**

TO: Chair Kelley and members of the Senate Finance Committee
FROM: Christianne Marguerite, Director of Communications, Progressive Maryland
DATE: February 10, 2022
POSITION: Support

Thank you for the opportunity to offer testimony in support of SB 275. Progressive Maryland is a grassroots nonprofit organization with 9 chapters from Frederick to the Lower Shore and more than 100,000 members and supporters who live in nearly every legislative district in the state. In addition, there are dozens of affiliated community, faith, and labor organizations across the state that stand behind our work. Our mission is to improve the lives of working families in Maryland. Please note our **strong support for SB 275, the Time to Care Act of 2022.**

It is unacceptable that our state and nation still force workers to choose between their income and the health of their families. The U.S. is one of only a handful of countries in the world without a national paid leave policy, and it's the only industrialized country that fails to offer workers this basic guarantee. With this bill, the State of Maryland has the opportunity to lead the nation in beginning to make this shameful situation right. Paid family and medical leave policies have overwhelming public support from Maryland voters, as demonstrated by extensive polling, and states that have enacted similar programs in recent years have fared well.

Paid family and medical leave isn't just ethical, it's economically smart. Without a paid leave policy, many Maryland workers are forced to leave the labor force to care for their own health or the health of loved ones. This sets them back in terms of career advancement, salaries and total earnings, and retirement savings – all of which have negative consequences for Maryland's economy. In addition to creating greater economic security for Marylanders, the paid family and medical leave program, this bill will benefit employers by reducing turnover rates, saving them the costs of hiring and training new employees and allowing them to retain skilled, committed workers.

For these reasons, **we respectfully urge a favorable report on SB 275.**

Christianne Marguerite
Director of Communications
Progressive Maryland

SB0275_FAV_JOTF.pdf

Uploaded by: Christopher Dews

Position: FAV



Advocating better skills, jobs, and incomes

TESTIMONY IN SUPPORT OF SENATE BILL 275:

**Labor and Employment - Family and Medical Leave Insurance Program -
Establishment (Time to Care Act of 2022)**

TO: Hon. Delores Kelley, Chair, and Members of the Senate Finance Committee

FROM: Christopher Dews, Senior Policy Advocate

DATE: February 17, 2022

The Job Opportunities Task Force (JOTF) is an independent, nonprofit organization that advocates for better jobs, skills training, and wages for low-income workers and job seekers in Maryland. JOTF strongly supports Senate Bill 275 as a means to ensure that hardworking Marylanders can take family and medical leave without having to risk their job, paycheck, or financial security.

According to the U.S. Bureau of Labor Statistics, nationally, in 2018, 16% of workers in private-industry businesses had access to paid family leave. Family leave is granted to an employee to care for a family member and includes paid maternity and paternity leave. Low-wage workers or those who worked in small businesses were less likely to receive paid family leave.

The Pew Research Center performed a study on paid family and medical leave based on two nationally representative online surveys conducted in 2016. The study found that 27% of adults employed in the previous two years reported taking parental, family, or medical leave during that period, while 16% said they needed or wanted to take these types of leave during that period but were unable to do so. The Pew Research Center reports blacks and Hispanics, those without a bachelor's degree, and those with annual household incomes of less than \$30,000 are more likely than whites and those with more education or higher incomes to say they were not able to take leave when they needed or wanted to. According to the 2016 survey, employees that received only some pay or no pay when they took family or medical leave did the following: 78% reduced spending; 41% shortened their leave duration; 37% took on debt; 33% delayed paying their bills, and 17% went on public assistance.

This lack of paid family and medical leave drives families below the poverty level. Too often, the pay gap that occurs when a new mother must take unpaid leave after giving birth, combined with the increasing expenses of child care, sets families back for years to come. One study found that a significant share of bankruptcies follow a worker missing two or more weeks of work due to illness, or the illness of a family member. The lack of paid family and medical leave threatens the employment security of millions of workers because it reduces the chances that an individual will stay employed at their current job. The reality is that most workers have caregiving responsibilities at one time or another, but lack the workplace support to balance these obligations with work. The benefits of paid family and medical leave would be largest for those with limited education and lower incomes, as these workers currently have the lowest levels of access to any form of leave, paid or unpaid.

JOTF JOB OPPORTUNITIES TASK FORCE

Advocating better skills, jobs, and incomes

Paid family leave has been very successful in other states, most notably, California. For workers in low-quality jobs, PFL increased job retention and financial security, and workers reported a positive effect on their ability to care for a new child. Since California's success, eight states plus the District of Columbia have enacted legislation to create state paid family and medical leave insurance programs. It is time for Maryland to join these states.

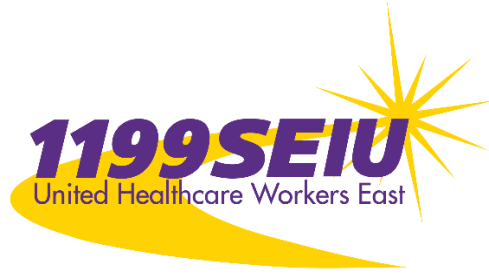
Senate Bill 275 seeks to do just this, by establishing a Family and Medical Leave Insurance Fund under the supervision of the Secretary of the Division of Unemployment Insurance at MDL. When taking unpaid or partially paid family or medical leave, the fund would provide a weekly benefit of up to 50% of wages (not to exceed \$ 1,000) for a maximum of 12 weeks per year. The fund would be fully funded by both employee and employer contributions, placing no additional financial burden on employers.

We urge a favorable report of Senate Bill 275, as it would ensure that millions of hard-working Marylanders, in particular low-income workers who are least able to lose even a single paycheck, are able to take necessary time off for family and medical life events without the risk of falling into poverty. This bill brings us one step closer to a more prosperous and vibrant economy in Maryland, where all workers have the necessary workplace supports to thrive and successfully balance work and life.

2022-Testimony-SB275 Labor and Employment – Family

Uploaded by: Christopher Stevenson

Position: FAV



Testimony on SB275
Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)
Position: FAVORABLE

Dear Madam Chair and Members of the Finance Committee,

My name is Ricarra Jones, and I am the Political Director with 1199SEIU- the largest healthcare union in the nation, where we represent over 10,000 healthcare workers in Maryland. Given the need to provide family and medical leave to hardworking employees in Maryland, we are supportive of SB275- Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022).

The current family and medical leave systems in Maryland are broken and the pandemic has worsened the status quo. No person should have to choose between caring for an aging family member with COVID-19 and paying their electricity bill. No person should have to worry about how to afford the next meal while healing from a traumatic medical experience. Unfortunately, unpaid leave forces too many Marylanders, especially those whose needs are the greatest, to choose between income and family, as well as self needs. Employees are often reduced to dangerously balancing limited days off and pressing family and medical needs particularly with families that have children. Establishing a Family and Medical Leave Insurance Program would allow employees to take up to 12 weeks of paid leave to care for new children and family members with severe health conditions or disabilities, including themselves.

For 1199SEIU members who are our everyday healthcare workers fighting on the frontlines of COVID-19, this Act is vital to help them manage treating the thousands that are sick in this state, while also maintaining their very sanity and livelihoods at the workplace. We must remember that despite healthcare workers being our heroes during this pandemic, they are people as well and they need paid leave to juggle the everyday struggles and realities of life. Not only would this Act help our members during this pandemic, but it would also create a wage replacement system that would ensure that the leave period would range from \$50 to \$1000 per week. For our healthcare workers who risk their lives daily, this bill would add a layer of value to the work they do.

For this reason, we believe that this Act will create the necessary structure in place to improve overall family and medical leave structure in Maryland and ask that you support the Time to Care Act of 2022.

Respectfully,

Ricarra Jones
Maryland/DC Political Director
1199SEIU United Healthcare Workers- East
Cell: [443-844-6513](tel:443-844-6513)

SCCAN Testimony SUPPORT- Time to Care Act 2022 - S

Uploaded by: Claudia Remington

Position: FAV



**311 W. Saratoga Street, Room 405
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Phone: (410) 767-7868
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Claudia.Remington@maryland.gov**

SCCAN is an advisory body required by Maryland Family Law Article (Section 5-7A) “to make recommendations annually to the Governor and General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs.”

TESTIMONY IN SUPPORT OF SB 275:

**Labor and Employment—Family and Medical Leave Insurance Program—Establishment
(Time to Care Act of 2022)**

TO: Hon. Delores Kelley, Chair, and members of the Senate Finance Committee
FROM: Wendy Lane, MD, MPH, Chair, State Council on Child Abuse & Neglect (SCCAN)
Claudia Remington, Executive Director, State Council on Child Abuse & Neglect (SCCAN)
DATE: February 8, 2022

The State Council on Child Abuse and Neglect (SCCAN) strongly supports SB 275 which would establish a paid family and medical leave program to the benefit of Maryland’s children and their families. It will provide employees up to 12-weeks paid leave to care for new children, family members with serious health conditions or disabilities, or themselves. Primary prevention of child maltreatment is a critical focus of the Council. Investing in the healthy development of the next generation is critical to reducing child maltreatment and other adverse childhood experiences in Maryland.

Maryland’s Future Needs Paid Family Leave

- In Maryland, we take seriously our role as stewards of the next generation and know that our ability to raise healthy children who will lead tomorrow’s communities requires smart and innovative thinking today. The good news is that the science of the developing brain and the Adverse Childhood Experience (ACE) Study are clear about what children need to thrive.
- The time after the birth or adoption of a baby is an essential time of development for babies and families. Because *early relationships nurture early brain connections that form the foundation for all learning and relationships that follow*, parents and caregivers are on the front line of preparing our future workers, innovators, and citizens.
- Most working parents do not have access to paid family leave. Many parents must make the impossible choice between unhurried time to bond with their babies and losing their jobs or economic security.
- Now is the time for policymakers to secure the best beginnings for children and the best future for our country by supporting a comprehensive paid family and medical leave program.

Paid Family Leave Supports Babies' Health & Development– Newborns reap the benefits of paid family leave, including:

- Better bonding with parentsⁱ
- Increased breastfeeding, including the health benefits for mother and childⁱⁱ
- Improves vaccination completionⁱⁱⁱ
- Decreased infant mortality^{iv}
- Increased placement in high quality stable childcare^v

Paid Family Leave has been Shown to Reduce Child Abuse^{vi}:

- Research published in the journal *Injury Prevention* has shown that paid family leave is linked with fewer cases of abuse head trauma (AHT) in infants. AHT, including shaken baby syndrome, was shown to occur less in California, a state with paid family leave, as compared with seven states without the policy. AHT declined in California while other states' numbers actually rose during 2007-2009, during the "Great Recession".
- AHT is a leading cause of fatal child maltreatment in young children.
- According to lead researcher Joanne Klevens, M.D., Ph.D., M.P.H., of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC), the study found that California's 2004 paid family leave policy was associated with decreased rates of AHT admissions in children under two years old compared to the states without this policy. The national average of AHT cases is 50 per 100,000 children. The California policy was associated with a fall of 5.1 cases per 100,000 children under one. As current prevention efforts have not been proven consistently effective in reducing AHT, this finding is significant.
- What's the connection between AHT and paid family leave? Parental stress and maternal depression are risk factors for child maltreatment. AHT is often a reaction to a baby's incessant crying and can result in long-term damage and even death of the infant. Paid family leave is associated with a
 - Reduction in parental stress, including financial stress^{vii}
 - Reduction in maternal depression^{viii}

Paid Family Leave has been Shown to Reduce Adverse Childhood Experiences (ACEs); Women who receive paid family leave:

- more likely to maintain their current employment, increasing the protective factor of economic stability.
- less likely to suffer from maternal depression, decreasing the ACE of parental mental illness.
- more likely to be protected against intimate partner violence (IPV), which is another ACE exposure. Apart from the trauma of witnessing IPV, children growing up in homes with IPV are at increased risk for experiencing violence themselves and at increased risk for later involvement in crime and violence.

For these reasons, the Maryland State Council on Child Abuse & Neglect (SCCAN) respectfully urges a favorable report on SB 275, the Time to Care Act of 2022.

ⁱ Curtis Skinner & Susan Ochshorn, "Paid Family Leave: Strengthening Families and Our Future," (January 2014): accessed September 1, 2016, <http://bit.ly/1M7HrRv>

ⁱⁱ M. Baker & K. Milligan, "Maternal employment, breastfeeding, and health: Evidence from maternity leave mandates," *Journal of Health Economics* 27(2008): 871-887; R. Huang & M. Yang, "Paid maternity leave and breastfeeding practice before and after California's implementation of the nation's first paid leave program," *Journal of Economics & Human Biology* 16(2015): 45-59.

ⁱⁱⁱ Skinner & Ochshorn, "Paid Family Leave"; Mark Daku, Amy Raub, & Jody Heymann, "Maternal leave policies and vaccination coverage: A global analysis," *Social Science & Medicine* 74(2012): 120-124.

^{iviv} M. Rossin, "The effects of maternity leave on children's birth and infant health outcomes in the United States," *Journal of Health Economics* 30(2011): 221-239; S. Tanaka, "Parental leave and child health across OECD countries," *The Economic Journal* 115(2005): F7-F28.

^v National Partnership for Women & Families, "Expecting Better." (2016).

^{vi} Joanne Klevens, Feijun Luo, Likang Xu, Cora Peterson, & Natasha E Lutzman, "Paid family leave's effect on hospital admissions for pediatric abusive head trauma," *Injury Prevention* (2016): Doi: 10.1136/injuryprev-2015-041702

^{vii} Stanczyk, A. B. (2019). Does Paid Family Leave Improve Household Economic Security Following a Birth? Evidence from California. *Social Service Review*, 93(2), 262–304. <https://doi.org/10.1086/703138>

^{viii} "But our study showed that women who return to work sooner than six months after childbirth have an increased risk of postpartum depressive symptoms." The study is published in the *Journal of Health Politics, Policy, and Law*. Maternity Leave Duration and Postpartum Mental and Physical Health: Implications for Leave Policies Rada K. Dagher Patricia M. McGovern Bryan E. Dowd

J Health Polit Policy Law (2014) 39 (2): 369-416.

<https://doi.org/10.1215/03616878-2416247> April 2014

DAG-SB275.pdf

Uploaded by: Daniel Golombek

Position: FAV

Testimony in Support of SB 275
“Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)”
Senate Finance Committee
February 10, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee
FROM: {Your Full Name}

My name is Daniel Golombek. I am a resident of District 11. I am submitting this testimony *in support of SB 275*, the Time to Care Act of 2022, which would establish a paid family and medical leave insurance program.

I was lucky enough that my employer always offered a generous paid sick leave on top of vacation. This leave was later extended to cover family reasons. This benefit with such positive impact and overwhelm support is not enjoyed by many other Marylanders.

The Time to Care Act will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or yourself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family.

No Marylander should have to choose between the job they need and the family they love when a medical crisis strikes or a new child is welcomed into the home, which is why we need comprehensive paid family and medical leave in Maryland.

I respectfully urge this committee to return a favorable report on SB 275.

Thank you,
Daniel Golombek
51 Southwark Bridge Way
Lutherville, MD 21093
dannygolombek@gmail.com

SB0275_DanielRing_FAV.pdf

Uploaded by: Daniel Ring

Position: FAV

February 10, 2022
Daniel Ring
Rockville, MD 20853

TESTIMONY ON SB0275 POSITION: FAVORABLE
**Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Daniel Ring

OPENING: My name is Daniel Ring. I am a resident of District 19. I am submitting this testimony in support of SB#0275, Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022).

As an public school educator, a husband, a son, and especially a parent of two young children, I know it is time for Maryland to offer paid family leave for everyone in our state. My recent struggles with obtaining leave illustrate precisely why we need this legislation as soon as possible.

As an employee of one of the largest, best school systems in the country, I had assumed that I would receive parental leave when I needed it and didn't check into it. However, when we realized that my second child was to be born in December, I began to ask around how to apply. I found out that no such parental leave exists in the school system. New mothers must apply for disability and new fathers can only take any sick leave or unpaid leave.

I was dismayed but also simply accepted the fact that the 3.5 weeks of leave I had saved up over my entire 8 years of teaching were for a purpose for such as this. It wouldn't be enough for sure, but it would be something. However, then I contracted a virus from my toddler and was out for a week. As a result I only had 2.5 weeks left of leave.

I asked other employees, the union, and the Board of Education about any other options for extending paid leave. However every response boiled down to one line: you're on your own.

Thankfully, as I was lucky enough to be born into a family with financial means to help us out, I was able to take unpaid leave in addition to my paid sick leave. This meant I was able to assist my wife in preparing a toddler for daycare in the morning, helping with her medical care after surgery, and generally taking care of our home and family.

Yet still, 2 months later, we are trying to fill the hole in our savings from my unpaid time, while providing for 2 children.

I still find myself pondering what would happen if we didn't have any family support. How would we choose between taking care of our family and putting food on the table? How would we choose between helping our children develop in their most vulnerable stages and paying for housing?

I also ponder what benefits my family might have gained if I had 12 weeks of paid leave. What did I miss out on from that time we could have spent together? Those days with my newborn daughter are gone. The loss is simply immeasurable and irrecoverable.

Our leave policy creates an impossible decision that no one should have to make. We need to support our families and our fellow citizens at their most vulnerable, and this bill is a necessary step in the right direction.

I respectfully urge this committee to return a favorable report on SB0275.

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Daryl Yoder

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 12. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, Russia, the United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Daryl Yoder

309 Glenmore Ave.

Catonsville, MD 21228

Showing Up for Racial Justice Baltimore

Dasha's Testimony on SB 275.pdf

Uploaded by: Dasha Johnson

Position: FAV



**Testimony in Support of SB 275 “Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)”
Submitted to the Senate Finance Committee
February 10, 2022**

My name is Dasha Johnson, I live in Maryland, and I am the Operations Manager at Well-Paid Maids, a living-wage home cleaning company with approximately 20 employees, most of whom live in Maryland. In my job, I hire, train, and manage all of our wonderful employees. I am very aware of what makes our employees succeed at work and in life and what holds them back. I am also very aware of what helps the business grow and what creates obstacles to our growth. That is why I am here to support SB 275 which would address the dire need for paid family and medical leave.

I am confident that having a state public program makes our business stronger and be better for our employees. Originally, our company provided private short term disability insurance, which had a very difficult process for claims approval, did not cover many types of leave, and was costly. Since moving to DC’s public Paid Family and Medical Leave program, our company is now able to provide better coverage at a third of the cost. A Maryland paid family and medical leave program would give businesses like ours the same great coverage through a public program and bring the cost to all businesses down, allowing them to invest more in growth and other employee benefits.

Not only do I believe that businesses around the state can afford this, I believe that they will benefit greatly from the provision of statewide paid leave. The small additional payroll tax required for a statewide paid leave program would be a negligible additional cost that business could easily bear. Given that we could afford it with our already generous benefits package, I believe that other businesses around the state could easily afford it as well.

We have been around since 2017 and were recently voted Best Maid Service in the Washington City Paper’s Best of DC competition. We serve Maryland, DC, and Virginia, all our employees make at least \$20 per hour, and everyone receives a full benefits package including 22 paid days off per year, health, dental, and vision insurance, and employer-paid commuting costs.

Our company has reaped tremendous gains by offering the benefits I mentioned. My employees are happy, hardworking, and dependable because our benefits package faces the reality of every day life – people get sick, get injured and need vacations. By accommodating these facts of life with benefits that recognize them, our employees know that we have their back. In turn, they offer better service to our customers and stay with the firm longer than I believe they otherwise would.

To summarize, a strong paid family and medical leave program cut our small business’s expenses, increased our revenue, and allowed us to invest more in growth so that we can create more living-wage jobs in our community. Beyond being the right thing to do, these measures are crucial to helping small businesses like ours recover from the pandemic and I do hope that you will support SB 275.

I am happy to answer any questions you may have. Thank you so much again for your time.

PJC - SB 275 - Time to Care Act - FAV.pdf

Uploaded by: David Rodwin

Position: FAV



David Rodwin
Public Justice Center
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Baltimore, Maryland 21201
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SB 275

Labor and Employment

Family and Medical Leave Insurance Program – “Time to Care Act of 2022”

Hearing of the Senate Finance Committee, February 10, 2022

Position: FAVORABLE

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Workplace Justice Project works to expand and enforce the right of low-wage workers to receive an honest day’s pay for an honest day’s work, as well as other basic protections on the job. The PJC **SUPPORTS SB 275** and requests a **FAVORABLE** report.

Marylanders Need Time to Care for Serious Health Issues and Major Life Events. We all need time to care—for new babies, for aging parents, for loved ones with serious health needs or disabilities, or for ourselves. While many Marylanders can now earn short-term earned leave under the Healthy Working Families Act (HWFA), that law does not help the thousands of Marylanders with longer-term health issues or with major life events, such as birth or adoption. In fact, in Maryland, even *unpaid* leave under the federal Family and Medical Leave Act is inaccessible for 56 percent of working people.¹ Moreover, without paid leave, many of those covered by FMLA cannot afford to take it. Marylanders need a paid family leave program.

SB 275 represents a common-sense solution to the very real struggles of working families. SB 275 is a common-sense solution that would allow Maryland workers up to 12 weeks of leave following the birth or adoption of a child and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which both workers and their employers would contribute. Unlike unemployment insurance, the cost of SB 275 would be shared equally by employees, and not be borne exclusively by employers.

¹ Nat’l Partnership for Women and Families, “Paid Leave Means a Stronger Maryland” Fact Sheet (2020), <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-leave-means-a-stronger-maryland.pdf>.

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

SB 275 Appropriately Recognizes that Low-Wage Workers Need Maximum Wage Replacement. In addition to sensibly splitting contributions between employers and employees, SB 275's graduated wage replacement recognizes that lower-wage employees would be unable to afford to take leave absent nearly full wage replacement. Allowing up to 90% wage replacement for the lowest-paid Marylanders will ensure that the program is accessible to those who could otherwise not afford to participate.

Paid Family Leave is Good for the Economy and Good for Business. Paid family leave is not just good for families. Employees who know that they don't have to worry about taking time to care for a new child or a loved one with a serious illness are more productive and more loyal. And businesses thrive when employees are more productive.

For the foregoing reasons, the PJC **SUPPORTS SB 275** and urges a **FAVORABLE** report. Should you have any questions, please call David Rodwin at 410-625-9409 ext. 249.

Sieradzki Testimony in Support of SB 275 - Paid Fa

Uploaded by: David Sieradzki

Position: FAV

David L. Sieradzki
6104 Yorkshire Terrace
Bethesda, MD 20814

Hearing Date: February 10, 2022

**Testimony in Support of SB 0275
Paid Family and Medical Leave – Time to Care Act of 2022**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: David Sieradzki

My name is David Sieradzki. I am a resident of District 16 (Bethesda) and am submitting this testimony in support of SB 0275, the Time to Care Act of 2022.

Maryland should enable all workers to take time off when they suddenly fall ill and are unable to go to their jobs, when they need to take care of family members who experience unexpected health crises, or when they or other members of their families confront other pressing challenges. We shouldn't force people to lose wages and face the risk of being fired, thus impoverishing themselves and their families, at the very time when they need to deal with urgent family crises.

My wife and I have experienced these issues first-hand: we luckily avoided financial catastrophe due to a supportive employer. One of our daughters had a health problem shortly after she was born that required around-the-clock attention at home. Fortunately, my wife had accumulated sick leave at her job, and I was able to transfer some of my accumulated sick leave to her through the federal employees' "leave donation" program. If we hadn't been able to draw on these supports, we would have faced a financial crisis as well as a very scary health crisis for our newborn baby daughter.

Even more challenging, recurring problems have come up involving another daughter who has serious, life-long disabilities. On numerous occasions, she experienced health crises that required my wife or me to pick her up (from school when she was younger, and now, from the apartment where she lives independently) to take her to a hospital or other facility for urgent treatment. It would have been disastrous if we had to worry about losing our jobs or suffering serious income loss just because we had to take substantial time off to be present with our child when she needed our help.

The impact of the Coronavirus pandemic on low-income families has made this problem especially acute. At the school in a low-income area where our third daughter worked until recently, numerous teachers and other staff members were catching COVID from children who were sent to school even though the kids were infected or ill. Why didn't these kids' families keep them home from school? Because they had low incomes and badly-paying jobs, and they felt they had to send the kids to school because they couldn't take time off from their jobs to stay home and take care of them. Paid family and medical leave would have enabled these low-wage workers to stay home and kept their sick children home from school – and could have reduced the spread of COVID and saved lives.

All workers should be able to count on this kind of support from their employers. Our state needs to step in to address this urgent problem.

Thank you for the opportunity to submit this testimony. I respectfully urge this committee to return a favorable vote on SB 0275.

SB0275_DebraBand_FAV.pdf

Uploaded by: Debra Band

Position: FAV

Date of Hearing: 2/10/2022

Debra Band

Potomac MD, 20854

**TESTIMONY ON SB0275/HB0008 - POSITION: (FAVORABLE/FAVORABLE
WITH AMENDMENTS/UNFAVORABLE)**

Full Bill Name

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Debra Band

I'm Debra Band, and I live in Potomac, District 6. I'm passionately interested in the Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)_SB0275 /HB0008 and so glad to participate in JUFJ's long and dedicated effort to promote the bill with the Time to Care Coalition. **I am submitting this testimony in support of SB0275/HB0008, the Time to Care Act.**

I have long family experience with this issue, in Maryland and other states. As a young mother in other historically liberal states during the 80s, no paid family leave was available to me, and my late first husband and I struggled to give our children a secure and loving start in life while maintaining our nascent careers and financial stability. Later, I became a self-employed artist, and I can tell you that during the 7.5 years of my first husband's battle with cancer I could never commit to being anywhere at any prescribed time of day or night—I HAD to be available for the essential home care he often needed, especially his final two weeks in home hospice. If I had been dependent upon a regular job, without paid leave, my family would have been crushed. It was only because of the flexibility that my artwork commissions afforded me that I could more or less keep up with my work while caring for him.

In contrast, my younger son and his wife, in DC, just had a baby, and between the family leave benefits offered by DC, and their employers—Federal government and an NGO—they have been able to work together to give their baby son a loving and healthy welcome to life. DC and their employers understand that paid family leave is essential for families, and vital to the health of our whole labor economy, and so must Maryland. Indeed, I have a graduate degree (MIT) and experience in policy studies, and have always preferred to approach policy decisions first from a pragmatic stance rather than from Judaism's humanitarian values alone. In our present labor economy, we need to be doing everything we can to enable parents and caretakers to retain their jobs in the face of inescapable family demands. Indeed, state action is imperative for this and other important social issues when federal initiatives are paralyzed by malignant

political divisions. **I respectfully urge this committee to return a favorable report on SB/0275HB0008.**

In gratitude for your work,
Debra Band

SB 275 Time to Care Act.pdf

Uploaded by: Denise Riley

Position: FAV



A Union of Professionals
AFT-Maryland

5800 Metro Drive, Suite 100 • Baltimore, MD 21215-3226
410/764-3030 • fax: 410/764-3008
md.aft.org

Marietta English
PRESIDENT

Kenya Campbell
SECRETARY-TREASURER

**Written Testimony Submitted to the
Maryland Senate Finance Committee
SB 275 - Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)
February 10, 2022**

SUPPORT

Chair Kelley and members of the committee, on behalf of the American Federation of Teachers - Maryland (AFT-MD), which represents more than 20,000 educators, government, and healthcare workers across Maryland, I urge you to support SB 275 - Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022).

The Time to Care Act will help address the economic hardship when caring for new babies, loved ones with serious health conditions, or yourself. An employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their financial needs and commitments while caring for their family.

An OpinionWorks study conducted on December 15, 2021 - shows 88% of Maryland voters favor the creation of “a family and medical leave insurance program that would provide workers with partial wage replacement for up to 12 weeks when they need time away from work to care for a new child, seriously ill family member, or their own serious health condition.”

We need comprehensive paid family and medical leave in Maryland. A true paid family and medical leave policy must be cost-effective for workers, employers, and the government; with employers contributing at least as much as employees. We must ensure that our paid family and medical leave program covers all working people; covers all the well-established reasons people need leave; reflects an inclusive definition of family; and provides up to 12 weeks of leave and job security. SB 275 has all of these key components of a meaningful paid family and medical leave. We ask this committee for a favorable report on SB 275. Thank you.

Kenya Campbell
President

Molly Moon Testimony.pdf

Uploaded by: Dominic Procopio

Position: FAV



**Maryland General Assembly Senate Finance Committee Hearing Time to Care Act
Senate Bill 0275 - Favorable
February 8, 2022**

**Testimony of Molly Moon Neitzel
Owner, Molly Moon's Homemade Ice Cream, Seattle WA**

Members of the Committee:

Thank you for the opportunity to submit testimony on the need to invest in care infrastructure, including paid family and medical leave.

My name is Molly Moon Neitzel. I own Molly Moon's Homemade Ice Cream in Seattle. I'm a mom to two amazing girls – 9 and 4 years old – and a founding member of Main Street Alliance, a national network of small business owners building community-focused, people-centered small businesses for local economies.

I launched my business in 2008 committed to building a profitable entity that reflects my values. In 2013, I gave birth to our first daughter. After taking 12 weeks of leave, I gained a newfound appreciation of how hard it is to care for a new child. After much research, I decided to provide 12 weeks of paid family and medical leave to all my employees.

Given limited, costly private insurance options, I assumed all costs of paid leave and replacement work. But the benefits soon became evident. We retained valued staff and recruited talented managers who wanted benefits competitive with what larger companies offer. But many smaller businesses can't afford to provide paid leave on their own. So, I was an early supporter of Washington State's paid leave bill, passed in 2017.

Our company's total premium costs for the state program are less than what it cost us to cover a 12-week leave for one management employee on our own. Since the state benefits are capped, I now just 'top off' employees' paychecks so they get full pay while on leave.

Before the pandemic, Molly Moon's had eight locations, with up to 150 employees in summer. Then came COVID. We closed fully for 6 weeks and laid off almost all our employees, including my own father. Then we gradually reopened for takeout. In that period, we lost 97% of our retail income. I feared losing my company, our house, and life savings.

When we saw we'd need to close, I wrote to our elected officials, pleading for higher unemployment benefits closer to true wages for our workers.

We had to make real sacrifices. My husband sold his coffee shop to limit our debt and stay home with our girls while schools were closed, so I could work to save my company. During this time, our daughter was diagnosed with autism and ADHD – stressful diagnoses with time consuming therapies.

molly moon's

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My choices were difficult, but many of my staff had fewer resources and even more challenges. One employee used to own a commercial cleaning business. She had 30 workers before being wiped out by a property management merger of the office buildings that were her major clients. She took a job at Molly Moon's before the pandemic. When we had to lay her off, she got by on unemployment insurance, then started working part-time at a big box store.

A single mom of a teenager and 11-year old quadruplets, she was juggling so much. We told her about the Families First Coronavirus Emergency Response Act (FFCRA) – the first national paid leave program – and worked out a schedule so she could use the benefits while holding down two jobs and doing remote school with the quads. Then she was diagnosed with double carpal tunnel syndrome. Our state paid leave covered her wages during her surgery and recovery. She wasn't given any paid leave by her big-box employer - for the pandemic related school closures or the surgeries -- showing the need for a national minimum standard.

Two other employees of ours – single moms – used FFCRA while their kids were doing remote learning. One of our managers had a baby in 2020 and took state paid leave. We then offered her FFCRA when her parents couldn't watch the baby due to COVID risk. And our Director of Finance and HR moved her elderly mother with dementia in with her. She is able to use state paid leave when needed.

It has ultimately taken our company policies, my innovative HR Director, the state paid leave program and FFCRA to patch together a caregiving response that kept these highly valued employees connected to Molly Moon's. Far too many other small business owners and employees never found out about FFCRA and did not have a state or company program. To make matters worse, Congress let FFCRA expire last September with the pandemic still nowhere near being over. And the President's Build Back Better agenda that includes a national, permanent paid leave program is stalled in the U.S. Senate.

COVID has exposed large gaps in critical infrastructure for small business. The toll on women and BIPOC small business owners and their families is especially stark. It has shown more clearly than ever that we desperately need to improve our caregiving infrastructure across the country -- from paid family and medical leave to child and elder care.

Thank you for your time and attention.

molly moon's

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SB275_JCRC_fav.pdf

Uploaded by: Elizabeth Singer

Position: FAV

TESTIMONY ON SB 275 - FAVORABLE
**Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: The Jewish Community Relations Council, Jewish Federation of Howard County, Elizabeth Singer, Co-Chair

I am submitting this testimony on behalf of the Jewish Community Relations Council (JCRC) of the Jewish Federation of Howard County. The JCRC unanimously endorsed support of this critically important legislation. The pandemic has never made it more vital for every worker to be able to stay home when they, or a loved one, are sick. As Jews, we know that preserving life and health is paramount above all else. This bill will allow working people to stay healthy. Paid family and medical leave benefits everyone and is an issue that 88% of Marylanders support.

No one should have to choose between their job or taking care of their own or a loved one's health. Far too many Marylanders must make this impossible choice when they are facing an illness, welcoming a new child, or needing to care for an aging parent.

The program should offer 12 weeks of paid leave to all working Marylanders with an inclusive definition of family, and a 50/50 split in contribution from employers and employees. Low-income workers must be provided a larger percentage of their income to make it affordable for them to take the time. All workers must also be protected against adverse consequences, particularly job loss, for taking leave.

Women and people of color are disproportionately impacted when they do not have access to leave, and in too many cases these groups are forced to leave the labor force to care for their families or health, increasing turnover among workers. At a time when every business is competing to attract and retain labor, small businesses are often the ones left behind by large, out-of-state companies who can better afford to offer paid leave. This program will level the playing field among businesses and workers.

Bills such as this have been effective in many other states and provide an enormously important benefit at a minimal cost to the state, and at a very small cost that is shared by employers and workers. By creating a cost-effective insurance program across all businesses in Maryland, everyone can benefit. I respectfully urge this committee to vote in favor of SB 275.

Elizabeth Singer
6180 Devon Dr.
Columbia, MD 21044

Southwest Partnership Workforce Committee Testimon

Uploaded by: Elizabeth Weber

Position: FAV

Dear Members of the Finance Committee,

The Southwest Partnership Workforce Development Committee would like to express our strong support for HB0008/SB0275 Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022).

A Family and Medical Leave Insurance program will ensure that members of our community--and all Marylanders--have access to the time needed to care for family members and welcome new family members into their lives without having to sacrifice their pay--or their jobs.

The Southwest Partnership is a coalition of seven neighborhood associations and six anchor institutions in Southwest Baltimore. We work to implement our Vision Plan for our seven neighborhoods and build an awesome, healthy, architecturally beautiful, diverse, cohesive community of choice built on mutual respect and shared responsibility.

As the Workforce Development Committee, we are a group of committed community members who work together to ensure that all of our neighbors have access to high quality, family sustaining employment. One of our key strategies is to 'reduce barriers to employment and develop workforce opportunities in the Southwest Partnership area'. A lack of paid Family and Medical Leave is a major barrier to long term, high quality employment--and the economic stability that should result from that employment. Through Southwest Works, our workforce development program that connects local residents to good local jobs, we regularly meet with community members who are out of work because of time spent caring for family members--and as a result have struggled economically and have gaps on their resumes that make getting hired in high quality jobs more challenging.

86% of Maryland workers in private industry do not currently have access to paid Family and Medical Leave-- and these workers are very often low wage workers of color--like ourselves, our families, and our neighbors. Many community members work for themselves, or work multiple gig jobs to support themselves and their families--this bill would allow them time they need to care for themselves and their families without losing all their income.

The Time to Care Act of 2022, in establishing an insurance program that all employers, employees, and people who are self-employed can pay a small amount into in order to receive these benefits removes much of the burden of providing paid Family and Medical Leave from small employers--and will help ensure that all Marylanders--and all members of our community in Southwest Baltimore have access to paid time to heal, care, and welcome new family members.

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Erica Palmisano

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with Out for Justice. I am a resident of District 12. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave, according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans – especially those whose needs are the greatest – to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave, according to a poll done by Time to Care Maryland.

As a freelancer with a flexible schedule and no children of my own, I might not seem like the best advocate for this bill. But for almost all the people I love, this is a huge issue. I have watched my friends experience the birth of children as a logistical nightmare alongside a miracle. I am watching my parents age with concern and, knowing how few options my siblings have should they need care, mounting alarm. With this bill, you can give Marylanders options as they face the great joys and sorrows of family life.

It is for these reasons that I am encouraging you to vote in support of SB 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,

Erica Palmisano
5580 Vantage Point Rd, Apt 5, Columbia, MD
Showing Up for Racial Justice Baltimore

SB 0275 Time to Care Act (2).pdf

Uploaded by: Essita Duncan

Position: FAV



www.marylandwomen.org

Maryland Commission for Women

A Commission of the Maryland Department of Human Services

51 Monroe Street, Ste. 1034 – Rockville, Maryland 20850

301-610-4524

www.marylandwomen.org

February 8, 2022

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Tamara England Wilson

The Honorable Delores G. Kelley, Chair
The Honorable Brian J. Feldman, Vice Chair
Senate Finance Committee
Miller Senate Office Building – 3 East
Annapolis, Maryland 21401

Re: SB 0275 - Time to Care Act

Dear Senator Kelley, Senator Feldman, and Members of the Senate Finance Committee:

The Maryland Commission for Women writes to you with respect to SB 0275 – the Time to Care Act, which concerns family and medical leave. As discussed below, family and medical leave is an issue that the Maryland Commission for Women (“MCW”) has long supported.

As you may know, the MCW was established in 1965 and was set in state law in 1971. An office of the Department of Human Services, the Commission is a 25-member advisory board whose duties outlined in its enabling legislation include: study the status of women in our state, recommend methods of overcoming discrimination, recognize women’s accomplishments and contributions, and provide informed advice to the executive and legislative branches of government on the issues concerning the women of our state. It is to fulfill this mandate that the Commission writes to you today.

(Please note that the positions expressed in this letter are those of the MCW and do not necessarily reflect the position of the Governor or the Department of Human Services.)

Family and medical leave issues have long been a forefront concern of the Commission. This issue became even more of a concern during the pandemic when numerous women sacrificed their own health, well-being and careers to care for others. The Commission’s survey of women in Maryland led us to conclude that paid leave is essential for all employees, especially women who tend to be primary caregivers, in order to deal with family and medical needs. We state loudly and strongly our support for family and medical leave. No one should have to choose between going to work or losing a job when they or a family member is ill.

The MCW believes it is essential for family and medical leave legislation to be passed. The Commission would be supportive of any legislation that adequately and promptly deals with family and medical leave concerns.

With very best regards,

Yun Jung Yang, Chair
Maryland Commission for Women

SB275_Rubinson_fav.pdf

Uploaded by: Harriet Rubinson

Position: FAV

**Testimony in Support of SB 275 “Labor and Employment – Family and Medical
Leave Insurance Program – Establishment (Time to Care Act of 2022)”
Senate Finance Committee
February 10, 2022**

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee
FROM: Harriet Rubinson

My name is Harriet Rubinson. I am a resident of District 11. I am submitting this testimony in support of SB 275, the Time to Care Act of 2022, which would establish a paid family and medical leave insurance program.

When asked why I am working to enact Paid Family and Medical Leave (PFML) in Maryland — the Time to Care Act — I usually respond by saying that it is because it is an important and timely issue; or, that the United States is the only Western country that does not have a paid leave program; or that several other states have successfully introduced PFML; I may share that over 88% of Marylanders— of both parties— support PFML; and that Marylanders deserve to be able to care for their loved ones ...and themselves...when there’s a family challenge or a new child comes into the home. All of that is true.

But, as is true for almost all of us, there have been times in my life when I ..or a loved one.. needed care and support. When balancing - and choosing — between caring for a loved one or my job responsibilities or loss of income caused distress and conflict. I cared for my mother, father and...just last year...my sister in managing medical situations for protracted periods. I was fortunate that I was able to do so without forfeiting my job or compromising my income.

Except when caring for my mother over 30 years ago. That was before Federal Family Medical Leave (FMLA) was enacted, ensuring that one’s job would be held for 6 months in a large company. Since I had exhausted all my leave where I worked taking care of my mom, I now faced the decision of taking care of my mother at the end of her life, or losing my job.

Despite the consequences - economic, career, personal —I knew what my decision needed to be for my family. And the Sunday before I planned to speak to my boss about my decision and options the next day, my mother passed away. So I didn’t lose my job. But I experienced the anguish of that conflict.

But no one should have to make that decision between caring for their family and loved ones, and their jobs. Everyone should have “time to care” for the people they love. That’s why I support Paid Family and Medical Leave Act **SB 275** and hope your committee will help move this critical bill forward in Maryland this year.

Thank you,
Harriet Rubinson
50 Barbican Way
Pikesville, MD 21208
Hrubinson@gmail.com

SB 275 to FIN - FAV - Time to Care Act.pdf

Uploaded by: Henry Bogdan

Position: FAV

February 10, 2022

Testimony on Senate Bill 275
Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)
Senate Finance Committee

Position: Favorable

Maryland Nonprofits is a statewide association of more than 1300 nonprofit organizations and institutions. We strongly urge you to support Senate Bill 275, but at the same time we must press for assistance to address the current workforce crisis impacting health and social services providers.

Under this legislation, employees may take up to 12 weeks of paid leave from their jobs to care for new children, other family members with serious health conditions or disabilities, or themselves.

The weekly benefit level is calculated based on the employee's weekly wage and the State's average weekly wage. In general, the amount received by low-income employees reflects a higher percentage of their total wages. Wage replacement benefits are drawn from a fund pool into which employers and employees contribute. Contributions are mandatory and are calculated based on the employee's wages.

Millions of Americans aren't able to be there to comfort a dying parent, to care for a newborn child during those fragile first weeks, to help a family member injured in an accident, or even to care for themselves during an unexpected illness. Twenty-five percent of American women, for example, take 10 or fewer days of parental leave. This puts them and their children at risk physically and emotionally.

We urge you to **support Senate Bill 275** and give it a favorable report.

While this proposal does create an incentive to join or remain in the workforce, nonprofit service providers are facing unprecedented vacancy levels and staffing shortages as a result of the pandemic and salary levels held at uncompetitive levels by inadequate government funding and reimbursement policies. Many have already been forced to limit their services and over-stress existing staff, and they would be hard-pressed to replace additional staff on leave.

This dilemma cannot be resolved in the pending legislation, but action must be taken to provide adequate funding for these services through contract or rate-setting reforms. The state is in the most favorable fiscal situation in recent memory – if not now, when?

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Holly Powell

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of **District 46 I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

When I was expecting my first child, I was newer to my field and while I was lucky enough to have decent health insurance, my agency allowed paid leave for specific circumstances such as having a child, fostering a child or adopting a child. By the time my second child was born, I had moved to another, much smaller, nonprofit agency. The insurance was less comprehensive and there was no paid leave making it more difficult to meet the increased expenses between my son and the hospital bills with me not having an income. While there were challenges, I realize that my family was able to make it work. That is not the case for many families which is the reason that I support this legislation. When families do not need to be overly concerned with income, they can be focused on what is important and that is building strong relationships with their child.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,

Holly Powell
2308 Cambridge Street
Baltimore, Maryland 21224

Brian Seel
223 South Wolfe Street
Baltimore, Maryland 21231

Christina Pham-Linhoff
46 E. Randall Street
Baltimore, Maryland 21230

Lillian Chapa
212 S. Washington Street
Baltimore, Maryland 21232

Liz Simon-Higgs
308 E. Randall Street
Baltimore, Maryland 21230

Showing Up for Racial Justice Baltimore

SB275 MCRC Testimony 2022.pdf

Uploaded by: Isadora Stern

Position: FAV

**Testimony to the Senate Finance Committee
SB275: Time to Care Act of 2022
Position: Favorable**

February 10, 2022

Senator Kelley, Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401
Cc: Members, Senate Finance Committee

Honorable Chair Kelley and Members of the Committee:

The Maryland Consumer Rights Coalition is a statewide coalition of individuals and organizations that advances financial justice and economic inclusion for Maryland consumers through research, education, direct service, and advocacy. Our 8,500 supporters include consumer advocates, practitioners, and low-income and working families throughout Maryland.

MCRC is in support of SB275.

The Time to Care Act will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or oneself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family.

An OpinionWorks study conducted from December 15, 2021- January 10, 2022, showed overwhelming support for paid family leave in Maryland that crosses all partisan and geographic lines. Results showed 88% of Maryland voters specifically favor creation of "a family and medical leave insurance program that would provide workers with partial wage replacement for up to 12 weeks when they need time away from work to care for a new child, seriously ill family member, or their own serious health condition."

No Marylander should have to choose between the job they need and the family they love when a medical crisis strikes or a new child is welcomed into the home. This is why we need comprehensive paid family and medical leave in Maryland. A true paid family and medical leave policy must be cost-effective for workers, employers, and the government with employers contributing at least as much as employees. We must ensure that our paid family and medical leave program covers all working people, applies equally to everyone, covers all the well-established reasons people need leave, reflects an inclusive definition of family, and provides up to 12 weeks of leave and job security.

SB275 has all of these key components of a meaningful paid family and medical leave program, and MCRC respectfully urges this committee to return a favorable report.

Thank you,
Marceline White
Executive Director

2209 Maryland Ave · Baltimore, MD · 21218 · 410-220-0494

info@marylandconsumers.org · www.marylandconsumers.org · Tax ID 52-2266235

Maryland Consumer Rights Coalition, Inc is a 501(c)(3) nonprofit organization and your contributions are tax deductible to the extent allowed by law.

Mark BucherMedium Rare Testimony.pdf

Uploaded by: Jarryd Hawkins

Position: FAV

February 10, 2022

Dear Committee Chair Kelley and Members of the Finance Committee:

I am writing to you in support of **SB275** - The Time to Care Act, which would establish a paid family leave insurance program. I became an entrepreneur not only for personal gain, but to provide a great work environment for people. I was raised to value everyone, treat people with decency, and be empathetic. My years in business have taught me just how crucial staff is to the viability of a business. My restaurant, Medium Rare is at its best when my team does well collectively and individually. I have also learned that having to replace a team member on a permanent basis is one of the costliest expenditures a small business can face. Allowing a member of my team the opportunity to take time off to take care of a sick child or spend time with their newborn is not only good for the individual, but it also provides stability within my business, and society. The numerous stories and data that have been presented to me displays the positive impact that a paid family leave insurance program will have on Marylanders.

The Time to Care Act will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or yourself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family.

No Marylander should have to choose between the job they need and the family they love. Every Marylander deserves a secure and prosperous life for themselves and their families, and paid family leave will get us one step closer.

Thank you for considering this timely piece of legislation.

Best,

Mark Bucher
Owner
Medium Rare
4904 FAIRMONT AVE.
Bethesda, MD 20814
markhbucher@gmail.com

Jeffrey Rubin_SB0275_021022.pdf

Uploaded by: Jeffrey Rubin

Position: FAV

February 10, 2022

Dr. Jeffrey S. Rubin
Potomac, MD 20854

TESTIMONY ON SB0275 - FAVORABLE

**Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Dr. Jeffrey S. Rubin

My name is Jeffrey Rubin. I am a resident of District 15. I am submitting this testimony in support of SB0275, the Time to Care Act of 2022.

Family responsibility, care for the sick, and concern for the needs of the wider community are all Jewish values manifested in the Time to Care Act that are important to me. And not only to me! The Board of my synagogue, Adat Shalom Reconstructionist Congregation (in Bethesda), unanimously decided to sign on to the Time to Care Campaign. This reflected the support shown by several dozen congregants at presentations about the topic.

Nobody should have to choose between their job and caring for their health. Rabbi Hillel teaches us that we can't separate ourselves from our community; we all have a responsibility for each other's well-being and care. The General Assembly must make sure that all people can take time to attend to their own health and the needs of their family.

I have two personal stories to share with you.

1.) Several years ago when my father was living by himself in Florida he became very ill. I took time off from work, spent one week with him in the hospital, and then brought him back to Maryland for additional medical attention. He required months of around the clock care to recover from his newly diagnosed cancer. I was his primary caregiver. This was an intense, stressful time. It would have been much worse had I not benefitted from paid family and medical leave. I was able to focus on what it took for my dad to get better, without worrying about job security or income.

2.) A couple years ago, my daughter gave birth to her first child. Fortunately, her employer provided maternity leave that allowed her to take four months off from work without sacrificing pay. I saw firsthand the profound value of this benefit, which enables

parents to cope with the life-changing, new challenges of caring for newborns in their early months of life.

We were lucky because our employers provided for us. I believe everyone who works in Maryland should have the benefit of paid family and medical leave. **I respectfully urge this committee to return a favorable report on SB0275.**

MD BUSINESSES IN SUPPORT OF SB0275 (2).pdf

Uploaded by: Jen Brock-Cancellieri

Position: FAV

SB0275-Labor and Employment - Family and
Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)
SUPPORT
Finance Committee

February 10, 2022

Dear Chair Dolores G. Kelley and Finance Committee Members,

Thank you and your committee for your consideration of this important issue that will mean so much to Maryland workers and their families.

We are Maryland business owners and we are joining a coalition of diverse businesses to support the Time to Care Act so that families can have the financial security to care for themselves and their loved ones after the birth of a child or in the case of serious illness.

Marylanders face impossible choices when new children are born or adopted and when serious personal or family health needs arise. The Time to Care Act would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute.

As small businesses, paid family leave is good for our business and our employees because programs like Paid Family Leave, strengthen employee loyalty and morale.

When Paid Family Leave is administered through an insurance program, small businesses benefit because the cost is shared. As many of us have experienced through offering these benefits, first-time moms who take paid leave are more likely to return to the same employer. For these reasons, I am signing on in support of the Time to Care Coalition to urge the Maryland Legislature to pass legislation establishing a Family and Medical Leave Insurance Program.

A Friendly Bread
Ace Hardware
AGM Financial Services, Inc.
Amalgamated Bank
Atawater's Traditional Food
B. Marie Accessories
Forest Hill Nature Preschool
Gap Self Storage
Great Blue Co
Innovative Party Planners
Lawyers Life Coach LLC
Mayson-Dixon Companies
Motzi Bread
Parvit
RBS Consulting
Red Canoe Cafe

Baltimore Bicycle Works
Baltimore Consulting
BenefitsApp
Beyond the Bar LLC
Black Oak Associates
Busboys and Poets
Remedy
Saxon Legal
Sense of Wonder Early
Childhood Consultants, LLC
Sophomore Coffee
Soup's On
The Chop Shop
The ParVIT Company
Therapy LLC
Tinyshop Custom Woodwork

Casa Figlia
Charmington's
Church Bar
Doug Bonilla LLC
The Chop Shop
Dover Chiropractic
Unknown Studio Landscape
Architecture & Urban Design
UPD Consulting
Well-Paid Maids LLC
Work Printing and Graphics
Zeke's Coffee

HPP Paid Family Leave Testimony- FINAL.pdf

Uploaded by: Jessica Emerson

Position: FAV

Testimony of the Human Trafficking Prevention Project

BILL NO: Senate Bill 275
TITLE: Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)
COMMITTEE: Finance
HEARING DATE: February 10, 2022
POSITION: SUPPORT

Senate Bill 275 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.

SB 275 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 confide in or disclose to medical staff than police.¹ 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,² it is not surprising that approximately 88% of human trafficking victims access health care during their trafficking situation.³ 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.⁴ 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.⁵

The Human Trafficking Prevention Project supports Senate Bill 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. We respectfully urge a favorable report.

¹ Lederer L.J., Wetzel C.A. "The health consequences for sex trafficking and their implications for identifying victims in healthcare facilities," *Annals of Health Law*. 2014;23:61–91

² 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>.

³ 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>.

⁴ Hemmings, S., Jakobowitz, S., Abas, M. et al. Responding to the health needs of survivors of human trafficking: a systematic review. *BMC Health Serv Res* 16, 320 (2016). <https://doi.org/10.1186/s12913-016-1538-8>.

⁵ *Maternity Leave Duration and Postpartum Mental and Physical Health: Implications for Leave Policies* Rada K. Dagher Patricia M. McGovern Bryan E. Dowd *J Health Polit Policy Law* (2014) 39 (2): 369-416. <https://doi.org/10.1215/03616878-2416247A> April 2014.

MLAW Testimony - SB275 - Labor and Employment - Fa

Uploaded by: Jessica Morgan

Position: FAV



Bill No: SB275
Title: Labor and Employment - Family and Medical Leave Insurance Program -Establishment (Time to Care Act of 2022)
Committee: Finance
Hearing: February 10, 2022
Position: FAVORABLE

The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women's groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. MLAW's purpose is to advocate for legislation affecting women and families. To accomplish this goal, MLAW creates an annual legislative agenda with issues voted on by MLAW members and endorsed by organizations and individuals from all over Maryland. **SB275 - Labor and Employment - Family and Medical Leave Insurance Program -Establishment (Time to Care Act of 2022)** is a priority on the 2022 MLAW Agenda and we urge your support.

SB275 would ensure Marylanders no longer have to choose between the job they need and the family they love by establishing a family and medical leave insurance fund to provide partial wage replacement for employees who take leave to care for a new child, a family member with a serious health condition, their own serious medical condition, or a family member's military deployment.

Unpaid leave forces too many Americans, especially those whose needs are the greatest, to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify.

A lot of populations have been affected during this pandemic, but families are dependent on working women. In Maryland, 79% of mothers are in the workforce. Nearly 25% of women take 10 or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally. We have seen that women are being disproportionately affected because they are more likely to leave work to care for their families. While Maryland saw a net gain of 13,000 men entering the labor force from January 2020 to June 2021, the number of working women fell by 57,000 in the same time frame, according to the Maryland Department of Labor.

The "Time to Care Act" establishes a Family and Medical Leave Insurance (FAMLI) program through which employees may take up to 12 weeks of paid leave from their jobs to care for new children, other family members with serious health conditions or disabilities, or themselves.

The program provides wage replacement during the leave period ranging from \$50 to \$1000 per week. The benefit level is calculated based on the employee's weekly wage and the State's average weekly wage. In general, the amount received by low-income employees reflects a higher percentage of their total wages.

Wage replacement benefits are drawn from a fund pool into which employers and employees contribute. Contributions are mandatory and are calculated based on the employee's wages.

Maryland Legislative Agenda for Women
305 W. Chesapeake Avenue, Suite 201 • Towson, MD 21204 • 443-519-1005 phone/fax
mdlegagenda4women@yahoo.com • www.mdlegagendaforwomen.org

The job security and partial wage replacement offered by paid family and medical leave will provide women economic security until they return to the workforce.

For these reasons, MLAW strongly urges the passage of SB275.



MLAW 2022 Supporting Organizations

The following organizations have signed on in support of our 2022 Legislative Agenda:

Allegany County Women's Action Coalition
American Association of University Women - Anne Arundel County
American Association of University Women - Maryland
American Association of University Women - Garrett Branch
Anne Arundel County Commission for Women
Anne Arundel County NOW (National Organization for Women)
Baltimore County Commission for Women
Baltimore Jewish Council
Baltimore NOW (National Organization for Women)
Business and Professional Women of Maryland
For All Seasons, Inc.
Forward Justice Maryland
Indivisible Central Maryland
Make A Difference Monday
Maryland NOW (National Organization for Women)
Maryland Network Against Domestic Violence
Maryland Women's Heritage Center
MoCoWoMen
MomsRising
Montgomery County NOW (National Organization for Women)
Montgomery County Commission for Women
Montgomery County Women's Democratic Club
National Coalition For Sexual Freedom
National Organization for Women
NCBW Anne Arundel County Chapter
Prince George's County Alumnae Chapter
Prince George's County Drug Policy Coalition, Inc.
Reproductive Justice Inside
South Prince George's Business and Professional Women
WISE - WISE Women of Maryland
Women's Equality Day Celebration across Maryland
Women's Law Center of Maryland
Yellow Rose Foundation
Zonta Club Mid Maryland
Zonta Club of Annapolis

Maryland Legislative Agenda for Women

305 W. Chesapeake Avenue, Suite 201 • Towson, MD 21204 • 443-519-1005 phone/fax
mdlegagenda4women@yahoo.com • www.mdlegagendaforwomen.org

SB275-FAV-Jo Shifrin, JUFJ (1).pdf

Uploaded by: Jo Shifrin

Position: FAV

February 10, 2022



THINK JEWISHLY. ACT LOCALLY.

Jo Shifrin
Bethesda, MD 20817

TESTIMONY ON SB275/HB8 - POSITION: FAVORABLE
**Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Jo Shifrin, on behalf of Jews United for Justice

My name is Jo Shifrin. I am a resident of Bethesda, District 16. I am writing on behalf of Jews United for Justice (JUFJ) and am submitting this testimony in support of SB275/HB8, the Time To Care Act of 2022. Jews United for Justice organizes 6,000 Jews and allies from across Maryland in support of local and state social, racial, and economic justice campaigns.

Judaism has many values that support the passage of a paid family and medical leave law: tikkun olam (repairing the world); rodef tzedek (pursuing justice); gemilut chasadim (acts of loving kindness); kehillah (building and connecting to community); tzedakah (righteous financial giving); among others.

The absence of paid family and medical leave has impacted my husband and me twice in the past two and a half decades. The first time, in the late 1990s, we discovered that my husband's mother –who was 86 years old, living alone, and diabetic– could no longer manage her home. Shortly thereafter, she was diagnosed with the first stages of dementia. She was adamant about not wanting to be put into assisted living or a nursing home, so we found a house that could be adapted for two families and moved all three of us in together. Shortly thereafter, her health rapidly declined and I realized that I could no longer care for her and work full time. My employer didn't have a paid family leave policy, so I was forced to leave the paid workforce and stayed home to be a full-time caregiver. We were fortunate that my husband's job paid well enough to allow me to stay home and to cover all our bills. **I'm acutely aware that many are not that fortunate, and have to make a decision between working to pay their bills or staying home to care for themselves or a loved one.**

Fifteen years later, I was working as an independent contractor and was diagnosed with breast cancer. The chemotherapy I received every two weeks made me very sick for the first 11 or 12

days of every 14 day treatment cycle, so that it was nearly impossible for me to work for several months. When I wasn't working, I wasn't getting paid. A paid family and medical leave law would have reduced a great deal of the stress associated with being sick by lessening the financial burden of caring for myself.

At the same time I was dealing with my breast cancer, a single mother who lived nearby was suffering with the same diagnosis. She continued to work through her treatment because she didn't have the support she needed to take time off from work. Consequently, she never had the chance to rest and recover, as I did. **A few months later, as I was getting back on my feet and returning to work, I learned that she had died. I wonder if things might have been different for her if she had had access to paid family and medical leave.**

SB275/HB8 would establish a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child; care for themselves or family members with serious health or medical conditions; or address needs resulting from a military family member's deployment. Nearly every one of us will face a situation where we need to take off an extended period of time from work for any of the above reasons. Please make 2022 the year in which we pass the Time to Care Act and finally recognize the needs of all Maryland workers and their families.

On behalf of Jews United for Justice, I respectfully urge this committee to return a favorable report on SB275/HB8.

WDC Testimony SB0275-2022_FINAL.pdf

Uploaded by: JoAnne Koravos

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

**Senate Bill SB0275 - Labor and Employment – Family and Medical Leave Insurance
Program – Establishment (Time to Care Act of 2022)
Finance Committee – February 10, 2022
SUPPORT**

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2022 legislative session. WDC is one of the largest and most active Democratic Clubs in our County with hundreds of politically active women and men, including many elected officials.

WDC urges the passage of SB0275 - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022). This bill will establish an insurance fund pool beginning January 1, 2023, to provide up to twelve weeks of paid leave to an individual who is taking leave to care for a newborn or newly adopted child, a family member with a serious health condition, themselves if they have a serious health condition, or a military service member who is next-of-kin or has a specified need because of the military deployment of a family member. Benefits range up to 90 percent of the employee's average weekly wage, depending on the employee's income. Each employee and employer must contribute to the insurance fund in equal and sufficient amounts to fund and administer the program (not to exceed .75 percent of an employee's wages). A self-employed individual has the option to participate. A covered individual may submit a claim beginning July 1, 2024. The fund will be administered by the State Department of Labor.

Passage of this bill will ensure that all working Marylanders can afford to take leave when they need time to care for family members or themselves. Unpaid leave for many families translates to women oftentimes not taking the leave they are entitled to take. Nearly 25 percent of women take 10 or fewer days of their unpaid parental leave because they simply cannot afford to go without pay.

WDC has a particular interest in this bill because women make up nearly 50 percent of Maryland's labor force, and by and large, are the individuals in our society who take the primary caretaking role for our families – a role so critical that our society cannot function without it. In 76 percent of Maryland households with children all parents have paying jobs. Further, 80 percent of Black mothers, 51 percent of Latina mothers, and 50 percent of White mothers in Maryland are the breadwinners for their families. Simply stated: paid family and medical leave in Maryland will mean an employee will not have to choose between their job and family, employers will help keep qualified workers in the labor force, and employee turnover will be reduced.

WDC has been following this bill very closely and submitting testimony in support of the bill for the past three years. **We ask for your support for SB0275 and strongly urge a favorable Committee report.**

Respectfully,

Leslie Milano
President

ACS CAN_SB 275_FAV.pdf

Uploaded by: Jocelyn Collins

Position: FAV



February 10, 2022

The Honorable Delores G. Kelley, Chair
The Honorable Brian J. Feldman, Vice Chair
Members of the Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE: SUPPORT OF SB 275 Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)

Dear Chair Kelley, Vice-Chair Feldman, and Members of the Senate Finance Committee,

The need for access to paid medical & family leave became clearer nationwide during the COVID-19 Public Health Emergency. The American Cancer Society Cancer Action Network (ACS CAN) supports policies such as SB 275 that increase access to job-protected paid family & medical leave that can be used for cancer treatments, survivorship care, and caregiving as well as other illnesses.

In 2018, over 6 million workers in the U.S. had a history of cancer.ⁱ Cancer treatment is time consuming – often requiring time off from work for doctor’s visits, surgery and recovery, chemotherapy, and radiation. The flexibility to balance cancer treatment and employment is essential.

Studies show that cancer patients who have paid leave have higher rates of job retention and lower rates of financial burden.ⁱⁱⁱⁱⁱ Yet not all cancer patients, survivors and caregivers who work have access to paid leave, and without it they risk losing employment or not getting the care they need.

The American Cancer Society Cancer Action Network (ACS CAN) conducted multiple surveys in 2017-2019 to explore this issue amongst cancer patients, survivors, and caregivers.^{iv}

The survey results showed that access to paid medical/family leave makes an important difference for cancer patients, survivors, and their caregivers; contributing to positive outcomes like being able to complete treatment, manage symptoms and side effects, and afford treatments.

The survey results also showed that, access to paid leave is a health equity issue.

Respondents who reported having issues with cancer/caregiving and their job – including the quality of their work suffering, having to take two or more days off work in a row, or having to leave work early – most often tended to be those in lower income households, those with lower levels of education, younger respondents, and those working in smaller companies.

Additionally, those respondents who had paid medical/family leave were less likely to report experiencing problems related to financial pressures than those who did not have it.

SB 275—Time to Care Act of 2022— increases access to job-protected paid family & medical leave by creating a statewide paid family and medical leave insurance program and insurance fund to provide up

to 12 weeks of benefits to a covered individual taking leave from employment due to specified personal and family circumstances.

ACS CAN applauds the Maryland General Assembly for addressing the need for paid family and medical leave. We ask for a “favorable report” and encourage swift passage of SB 275.

I can be contacted at jocelyn.collins@cancer.org or **301-254-0072** with any questions.

Sincerely,



Jocelyn I. Collins

ⁱ National Center for Health Statistics. Survey Description (<https://www.cdc.gov/nchs/nhis/data-questionnairesdocumentation.htm>), 2018 National Health Interview Survey Public Use Data Release. Hyattsville, Maryland. Analysis performed by American Cancer Society Intramural Research team, April 7, 2020.

ⁱⁱ Veenstra CM, Regenbogen SE, Hawley ST, Abrahamse P, Banerjee M, Morris AM. Association of Paid Sick Leave With Job Retention and Financial Burden Among Working Patients With Colorectal Cancer. JAMA. 2015 Dec 22 29;314(24):2688-90. doi: 10.1001/jama.2015.12383. PubMed PMID: 26717032.

ⁱⁱⁱ Veenstra, C.M., Abrahamse, P., Wagner, T.H., Hawley, S.T., Banerjee, M. & Morris, A.M. (2018). Employment Benefits and Job Retention: Evidence Among Patients With Colorectal Cancer. Cancer Med. 2018 Mar; 7(3): 736–745. doi: 10.1002/cam4.1371.

^{iv} See Public Opinion Strategies. Key Findings – National Survey of Cancer Patients, Survivors and Caregivers. December 8, 2017.

<https://www.fightcancer.org/sites/default/files/ACS%20CAN%20Paid%20Leave%20Surveys%20Key%20Findings%20Press%20Memo%20FINAL.pdf>

SB 275_Leigh Vinocur_fav.pdf

Uploaded by: Jodi Hesel

Position: FAV

Testimony in Support of SB 275 “Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)”

Senate Finance Committee

February 10, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Leigh Vinocur MD MS FACEP

I’m Dr. Vinocur, I am an emergency physician from Owings Mills, MD

I’m here to support the Time to Care Act because it will make a significant difference for the health and well-being of my patients and all Marylanders.

When a patient is sick or injured, I sometimes recommend that they stay home to fully recover.

Some illnesses and injuries require days or even weeks of recovery – more than what their paid sick leave allows.

For many patients, it’s best for them to have a family member in the home to best follow our medical advice and course of treatment.

And, of course, when a patient welcomes a new child into their family, we encourage them to be able to take time to bond with their baby, which has countless physical and emotional benefits to both.

But too many Marylanders don’t have the leave they need to take care of themselves or to care for their loved ones or new babies.

Too many of my patients have to quit their job or spend what little savings they have to get a little more time with their baby or to care for a sick family member.

Unfortunately, without income or a job, these patients can face additional obstacles to good health moving forward, such as fresh groceries or needed prescriptions.

The lack of paid family and medical leave is leaving Marylanders less healthy and worse off.

You have an opportunity to change this.

By establishing a paid family and medical leave insurance program, SB 275 can give Maryland families the freedom to care for themselves and each other without depleting their bank accounts or going into debt.

We've learned that all workers are essential, and under the Time to Care Act, all workers would be able to recover from sickness or injury, or childbirth, without having to lose their jobs.

I hope that you'll pass SB 275 without delay to help my patients and all Maryland families gain paid family and medical leave.

BaltimoreCounty_FAV_SB0275.pdf

Uploaded by: Joel Beller

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

JOEL N. BELLER
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BILL NO.: Senate Bill 275

TITLE: Labor and Employment – Family and Medical Leave Insurance Program – Establishment

SPONSOR: Senator Hayes

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: February 10, 2022

Baltimore County **SUPPORTS** Senate Bill 275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment. This legislation would provide up to 12 weeks of paid family and medical leave for covered individuals due to specified personal and family circumstances.

Family and medical leave is crucial to the health and well-being of all Maryland residents. The COVID-19 pandemic has forced many employees to choose between earning a paycheck to support their families or taking the time to stay home and care for them. For many, the decision has significant consequences on the financial and physical health of their families. As an employer of more than 20,000 individuals, Baltimore County supports the implementation of a paid family leave program in the State of Maryland.

Senate Bill 275 protects Maryland’s workers by providing them with up to 12 weeks of family and medical leave paid for by the Family and Medical Leave Insurance Fund through contributions of all employees in the state. This would allow for employees to care for themselves or their loved ones without fear of losing income or employment.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 275. For more information, please contact Joel Beller, Acting Director of Government Affairs at jbeller@baltimorecountymd.gov.

SB 275_John Bowers_fav.pdf

Uploaded by: JOHN BOWERS

Position: FAV

Testimony in Support of SB 275 “Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)”

Senate Finance Committee

February 10, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: John H. Bowers

My name is John Bowers. I am a resident of Montgomery County, and a District 14 constituent, and I am also a volunteer Alzheimer’s advocate.

I am fortunate to be represented in the Maryland State Senate by Sen. Craig Zucker (D). I am submitting this testimony in support of SB 275, the Time to Care Act of 2022, which would establish a paid family and medical leave insurance program.

Alzheimer's is a devastating disease that eventually kills. I know this first hand because I lost my mother to Alzheimer's disease. Alzheimer's affects entire families, not just those that have the disease. And care is expensive! Families may cut back on food, transportation, and medical care to pay for it, or borrow money, or use retirement savings. In Maryland, 1 in 5 unpaid caregivers are providing care for a person with Alzheimer’s disease or other dementia.

Paying for these costs is often made even more difficult by the employment consequences for caregivers. In the US, 1 in 6 Alzheimer's caregivers have had to give up their jobs either to become a caregiver, or because their caregiving duties became too burdensome. Among those who continue to work, 57% have had to go to work late, leave early, or take time off because of their caregiving responsibilities. These caregivers need paid family leave.

The Alzheimer’s Association Maryland Chapter stands in full support of SB 275. We provide help, answers and referral to those affected by Alzheimer's disease and dementia. The Time to Care Act will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or yourself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family.

No Marylander should have to choose between the job they need and the family they love when a medical crisis strikes or a new child is welcomed into the home, which is why we need comprehensive paid family and medical leave in Maryland. A true paid family and medical leave policy must be cost-effective for workers, employers, and the government with employers contributing at least as much as employees. We must ensure that our paid family and medical leave program covers all working people, applies equally to everyone, covers all the well-established reasons people need leave, reflects an inclusive definition of family, and provides

up to 12 weeks of leave and job security. SB 275 has all of these key components of a meaningful paid family and medical leave program, and I respectfully urge this committee to return a favorable report on SB 275.

Thank you,

John H. Bowers
Volunteer Alzheimer's Advocate
ALZ Impact Movement
13328 Hidden Valley Drive
Silver Spring, MD 20904
301-332-7019

Public Testimony_TimeToCare_SB 275_FAV.pdf

Uploaded by: John King

Position: FAV



**Public Testimony in Support of SB 275
Labor and Employment – Family and Medical Leave Insurance Program – Establishment
Time to Care Act of 2022
February 10, 2022
Favorable**

Dear Chairwoman Kelley and Honorable Members of the Senate Finance Committee:

In addition to our organizational testimony in support of SB 275, the Time to Care Coalition and Strong Future Maryland are proud to present the public comments of more than 40 Marylanders from all over our state who strongly support this legislation. Many of them share their own experiences struggling with illness, caring for family members, uncertainty during the COVID-19 pandemic, starting a family, and more. The emotional, mental, and financial hardships they describe are heart wrenching, and not at all unique. The message is clear: Marylanders support SB 275 and are calling on the General Assembly to take action and establish paid family and medical leave this session.

Public Comment:

No one should have to choose between a) going to work to earn the money they need to pay rent and feed their family, and b) staying home to take care of family members who are sick or take care of themselves. This will not only help workers and their families, but it will also bolster the economy in Maryland.

Jo Shifrin, Montgomery County

Twice I have had to quit my teaching jobs to take care of elders in my family. These resignations hurt my career and my earning power. No Marylander should have to make the choice between earning and caring.

Susan Allen, Anne Arundel County

Because sometimes people need to stay home to take care of themselves or a family member, and not everyone can afford to do so without pay.

Sandy Bell, Calvert County

It is needed and the right thing to do.

Louis Rimbach, Wicomico County

Paid family leave is vital for the success of families and families are the basis of community. And community is the basic tenet that we all live together and need each other. My own family has

benefitted from paid family leave. I believe that in an equitable community all persons, regardless of race, gender orientation or anything else should have paid family leave and I appreciate that we will soon have it here in our beloved communities.

Donna Martin, Baltimore County

As a society, we can only benefit from the talents and contributions of everyone if we also support the need to care for our future generations (children) and those who need medical and eldercare. Too many talented individuals, especially women, are forced to choose between contributing to the world through their work/career or caring for family members in need.

Mary Gross, Montgomery County

I support paid family and medical leave because of the uncertain reality we all live in. In a second, I could become the main caretaker of my mother or mother-in-law because of their declining health or my husband or toddler due to an unexpected illness. The fact that I have to rely on my employer (who does not provide paid family and medical leave) instead of a state mandated system for when an emergency happens with my family is causing a deep fear in my heart. I do not always want to look over my shoulder and attempt to financially plan for my worst fear while also having to think about saving for other emergencies. It is pertinent that after almost three years, the Time to Care Act is passed.

Deborah Euzebio, Prince George's County

People should not have to choose between their jobs and taking care of family members. A mother or father should not have to short change a new born or adopted child because they have to return to work.

Andre Thompson, Baltimore City

Too many Marylanders have to choose between their jobs and families, which contributes to significant economic, social, emotional and physical strain on workers, especially women. This is a choice many workers are forced to make is unacceptable. Paid family and medical leave is good for our economy, businesses, health and for families. I recognize the privilege I have had with the type of jobs that allowed me to work virtually and balance caring for family members who were recovering from surgery or short-term illnesses. And even with this level of flexibility, there are gaps in our existing policies. While the Family Medical Leave Act (FMLA) provides unpaid leave and important job protections, according to the National Partnership for Women & Families, FMLA is available to less than 60% of workers and many cannot afford to take it. This is why we need paid family and medical leave. This bill will allow workers to earn a portion of their wages while caring for a new child or parent or family member with a serious health condition. Maryland has an opportunity to lead with equity and to care for our workers who we relied upon heavily during this pandemic. The COVID-19 pandemic has shown us the frailties of our systems and the inequities that continue to grow. Marylanders need an equitable policy solution that will address this crisis. This bill provides a cost-effective solution, covers all and applies equally to men and women, provides 12-weeks of leave with a substantial share of usual wages and protects workers against adverse consequences for taking leave. This is the

solution Marylanders need. I urge you to pass the 2022 Time to Care Act. Thank you for your consideration.

Jennifer White, Baltimore County

Absolutely necessary, should have been enacted by now.

Lisa Fuller, Montgomery County

I had to go back to work 6 weeks after having a c-section because there is no paid family and medical leave. I support this, so the same thing won't happen to my daughter when she starts a family. It is disgraceful that the U.S. is so behind on this issue.

Elana Pate, Montgomery County

All workers deserve paid time to support their family for new births or adoptions, and to care for themselves or family members when someone is ill.

Sally Murek, Montgomery County

When I had children, I had to use leave and luckily, I had enough to get me through. I had many colleagues however who did not and were forced to quit or come back before they or their family was ready. I have had colleagues who were unable to provide care for ill family members because they did not have enough paid leave.

Julianne Cardemil, Montgomery County

As a professional social worker, I believe that no one should have to choose between the job they need and the family they love.

Jonathan Lebolt, Prince George's County

It is important for families to have a stress-free healthy start.

Cheryl Knoppel-Hanlon, Baltimore County

I support paid family and medical leave because it is a necessity. It is vital for each working person to be able to take the time they need to care for a loved one without worrying that they will not be able to survive without any pay. The lack of appropriate policy puts many families and individuals at risk, and it also deters people from having children or expanding their families. A paid leave policy is long overdue, and I sincerely hope that it will be implemented soon.

Lynn Panepinto, Baltimore City

This is especially important for paid caregivers AND for those in need of care, including the elderly, people with disabilities, and those with serious health issues. Ironically, even at \$15/hr, wages are relatively low for paid caregivers and, at the same time, a huge expense for those in need of full-time care. When a paid caregiver needs an extended period of family or medical leave, this can be a financial hardship all the way around. Being able to participate in a State-

run paid family leave program, into which employers and employees contribute, is especially important to Maryland's paid caregivers and for Marylanders in need of care.

Ann Sloane, Montgomery County

I am an Oncology Social Worker. I work with cancer patients and have a support group for caregivers. I support this legislation because working adults are often needed as caregivers to help with the symptoms of a loved one's illness, side effects of treatments, transportation to appointments, picking up medications, running errands, making meals and communication on behalf of the patients they care for. Most families do not have the funds to hire caregivers (nor are paid caregivers necessarily available since the pandemic). Family members know the patient best and are invaluable during visits with providers to obtain information and background. In my experience, patients whose family caregivers cannot take paid time off are more likely to miss appointments, less likely to complete needed treatments and experience more stress among family members that has repercussions for everyone. Having been a caregiver MYSELF for my elderly mother for 5 years, I know how stressful it is to juggle caregiving responsibilities and a job. I was only able to do so because I was paid during the times I used FMLA. My income was needed to help pay for gas and medicine and supplies for my mom. Ultimately, she did not have to depend on the State to help with nursing home costs because I could continue to support her with my own earnings. Please do the right thing especially for hourly wage employees so they can maintain their families during periods of FMLA.

Patricia Plakson, Talbot County

I don't think a serious family crisis should result in job loss or job insecurity for anyone. Support for workers means a healthier workforce.

Victoria Bolton, Frederick County

I support the 2022 Time to Care Act because there are times in our lives when family health needs occur, and a family member will need support. About ten years ago my mother was living alone in the condo she had shared with my father. When he passed away she was able to stay in her home because she had great neighbors to check in on her and my brother and I would each visit her on the weekends or after work. She lived within the city limits of Frederick and was able to use their Transit-Plus Bus Service for seniors and persons with disabilities. A bus would pick her up at her home and take her to doctors' appointments for a low bus fare. She was able to live there on her own independently for five years. As she aged into her upper 80's we started to see signs of cognitive challenges and she was falling more often. One fall fractured her pelvic bone and she needed full time care at home after that. My brother and I took turns staying with her while we were trying to find affordable part time home care during the weekdays. Once we found the daytime care we both continued taking turns on the weeknights and on the weekends. I worked in Bethesda and lived in Germantown. My brother worked and lived an hour away from Frederick. We both had families with children who were in college but a few years earlier they would have been in high school and needing a parent's help at this time in their life as much as a younger child would. Full time at home care was more than my mother's fixed income could afford so this was how we could manage the time and cost. I was lucky enough to have sick leave that I could use for the work days I needed to be

with my mom until we could find daytime help. I know not everyone has an employer who offers that much sick leave that could be used for another family member. My employer also has a sick leave pool that employees can donate and receive sick leave hours when necessary. Fortunately, I did not need to utilize that benefit. I was fortunate that we could find a solution for the full-time care in my mom's home that was somewhat affordable and manageable for a time. I know there are families that don't have the funds and support to manage full time care for a family member even for a short time. We were able to manage this way for several months while we could look for an affordable senior assisted living place that she would be safely cared for, where she would feel at home and she could bring her cat. Finding the right place while giving her full-time care took some time. The stress of doing all of this was dreadful and at times wore me down. I cannot imagine how someone would be able to manage a similar scenario with the fear of losing their income during that time or possibly losing their job. My story is just one of the many stories people have or will have in their lifetime. These stories include family members from the smallest premature infant trying to survive to the oldest family members trying to live their senior lives as safely and as comfortably as possible. Sometimes a family needs support. That is why I believe Marylanders need the 2022 Time to Care Act (SB275/HB8) to pass this session. Thank you for taking the time to listen and the time to care.

Roxanne Moore, Montgomery County

When my father was terminally ill for five months, my mother, three sisters and I cared for him at home. It brought him peace to be cared for by those who loved him most and we would have had it no other way. Though it did put financial stress on us to take unpaid time off from work, we knew we were fortunate because we could all share in my father's care. Many families do not have that option. We need families to have paid leave when they need to care for loved ones during times of severe illness. In addition, as a retired social worker who specialized in Infant and Early Childhood Mental Health, I know that families who are welcoming a new child into their family need paid leave. Infants and adopted children need a consistent, stable environment in the crucial first months of life or of settling into a new home. When parents have to worry about fulfilling family and work obligations, it compromises that stability.

Kate Sanner, Carroll County

I support paid family and medical leave because no one should have to choose between caring for a loved one and making a living that supports their family. No one should have to go back to work before they are fully recovered from an illness for fear of losing their job and their health insurance. A medical crisis or a new child in the family should not send workers back to square one. The unemployment caused by not insuring one's job is bad for individuals, families, businesses and the economy overall.

Annie O'Connell DeMeo, Montgomery County

I support paid family and medical leave because families are the foundation of our society. We need to support and enable families to care for each other. Families shouldn't have to sacrifice financially to provide care for each other. On a very personal level, I want to have children, but

saving a sufficient safety net for maternity leave (3-4 months of salary) is a barrier to starting a family. It would be a game-changer if some or all of that leave was covered by my employer.
Ellen Line, Baltimore City

I support paid family and medical leave for the sake of those who are ill or need to be away from their jobs, for the caregivers who may need to provide care to family members. It is the civilized thing to do, it is economically just for all involved. Children need their parents, family for extended periods when crises occur.
Mary Graham, Frederick County

Too many families have to leave their jobs to care for children or adult relatives putting their financial future in jeopardy.
Nancy Kusmaul, Howard County

Families are struggling to make ends meet, and desperately need this support.
Patricia Denne, Harford County
People need to make decisions based on health, not whether or not they will get paid. Let's join all other advanced countries in providing paid family leave.
Carol Rice, Baltimore City

Illness, dying, death, tragedy, accidents happen to everyone. It requires days if not weeks at times to deal with these. Monetary demands continue. In most cases of employment, the money stops. How are people to live!? You can change the economic picture.
Rev. Julia Hart, Talbot County

Crises happen in all families, but for those with means and the support of extended family they are generally weathered. For our fellow Marylanders whose income places them barely one step away from disaster or whose family support is not as strong, the ability to take time away from their jobs for catastrophic personal or family illness or the birth of a child can be catastrophic. It's time, Maryland. Let's knit up this critical hole in our safety net.
Gail Martin, Baltimore County

Paid family leave is necessary.
Ruth Cromwell, Baltimore County

It's the right thing to do for families.
Jocelyn Malone, Baltimore County

Marylanders deserve medical and caregiving leave. It would reduce financial and job insecurity in a time of stress and would allow workers to balance job and family responsibilities. In addition it would be a huge benefit to businesses by improving worker productivity and employee retention because employees would not have to choose between keeping their jobs

and being able to take care of themselves or loved ones. And ultimately, it is a reasonable and humane expectation for a happy, healthy populace.

Sandra Graziano, Howard County

Everyone should be able to have time off to care for families. It should not be a choice to keep a job and a loved one in need. I was lucky to have an understanding boss when my mother was taken ill and was never questioned when I needed to take off to care for her.

Barbara Weiner, Montgomery County

Paid family leave is essential for the well-being of women, children, and families.

Katherine White, Montgomery County

I have been a care provider for family members & I know how much stress is involved when you're trying to figure out care, money, and work.

Betsy Schindler, Baltimore City

It's essential to keep many workers from falling into poverty.

William Samuel, Montgomery County

It's the right thing to do.

Barbara Jo Wuest, Baltimore City

Too many families do not have adequate leave to care for sick family members and support themselves. As a society we must put families and caring for our children and elderly first.

Mark Beggs, Baltimore County

When I got my cancer diagnosis at age 32, my first thought was 'I don't have enough sick leave for treatment. I'm going to lose my job and then I will lose my healthcare coverage.' I returned to work only 6 weeks after two 17 cm tumors were removed from my abdomen. I weighed less than 100 lbs and nearly fainted in my office the first day back. I didn't return to work because I was ready or healthy - I did it because I did not have access to enough paid medical leave and I needed to pay my rent. We need Time to Care for our families, for our children, and our loved ones.

Jenny Egan, Baltimore City

The pandemic has shown how important it is to allow sick people to stay home and to take care of their sick family members. It's good for the economy and our society.

Heidi Rhodes, Montgomery County

No one should need to choose between taking care of themselves or a loved one and paying their bills. Healthy communities need to support the ability of the people who live in them to be healthy.

Anna Levy, Montgomery County

I am a clinical social worker specialized in treating perinatal mental health disorders which are the most common complication of pregnancy and postpartum. Financial stressors and caregiving stressors are risk factors for perinatal mental health. This is an especially vulnerable time for families and it's essential to give our parents and infants the time and financial support to get off to a good start. People need time to heal, time to bond with their child and time to establish new routines before returning to the workplace.

Andrea Agalloco, Montgomery County

Paid family and medical leave would be a smart investment in the physical and mental health and well-being of Marylanders. The benefits are clear: improved maternal and mental health, economic security, healthy development for newborn and adopted children, reduced stress, and increased productivity. It's also the right thing to do, especially as families continue to struggle with the financial pressures of the pandemic.

Carl Graziano, Howard County

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Jonathan Smeton

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 40. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**

In the past month, I lost my Grandma Barbara. My grandma was a special person. She loved bells, had the most thorough skin-care regimen of anyone I know, and she had sharp edges that hid her warm heart underneath. She'd roll her eyes when my sisters would buy a new dog (Chloe) and the next week Chloe would be over her house grandma she didn't want Chloe to be alone while we were at school. After she passed, we discovered my mother's 1st grade report card with a teacher's comment about her distracting another student (Susan) in class, followed by a defiant rebuttal by my grandmother explaining all the ways Susan was actually the problem child. She suffered no fools, but she wouldn't let fools suffer.

Grandma spent her last three weeks of life in a hospital suffering from medical complications due to dementia. My grandpa, mother, father, aunts, uncle, and sisters did everything they could to minimize the amount of time she would spend alone, while struggling with the emotional weight of that fact that they were functionally strangers to her at this point. This took a massive toll on us with our holiday festivities interspersed with tear-filled lamentations that my grandma might die alone. As the only person without a job, my 90-year-old grandfather spent the biggest share of time taking care of her, visit for several hours a day between two to three visits daily. In just three weeks, the stress, grief, and significant time spent shuttling between home and hospital caused him to lose 20 pounds. We were so worried that bearing the weight of my grandma's life would be the cause of my grandpa's death. Only in the cruelest and uncaring systems would set up a situation where one has to weigh the value of one grandparent's life against the other, yet without the availability of a paid medical family program that'd allow us to bear a greater share of grandma's care, our family was left to wonder whether the best thing for my grandpa would be the death of my grandma.

The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Sincerely,
Jonathan Smeton
Baltimore, MD 21211
Showing Up for Racial Justice Baltimore

SURJ
BALTIMORE
showing up for racial justice

MDDCSAM PFML FAV SB 275.pdf

Uploaded by: Joseph Adams, MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

Senate Bill 0275 Labor and Employment – Family and Medical Leave Insurance Program (Time to Care Act of 2022)

Senate Finance Committee February 10, 2022

SUPPORT

As an addiction medicine physician, I often see individuals seeking treatment for a substance use disorder who face an impossible decision: engage in much-needed medical care while sacrificing income and potentially even losing their employment, or continue to work while trying to face their addiction on their own. The escalation of overdose deaths during the COVID-19 pandemic, in all states and involving substances ranging from prescription opioids to cocaine to fentanyl, reinforces the urgent need to American workers to have access to Paid Family & Medical leave as part of a multi-pronged approach to support individuals on their road to recovery.

Fear of job loss inhibits many individuals from seeking care in the first place. Then, inability to afford adequate unpaid time away from work interferes with an individual’s ability to remain engaged in treatment for their substance use disorder. For many individuals without paid medical leave, the support of family, who might drive them to treatment or become caregivers for their children, is pivotal; paid family leave would facilitate that essential family involvement without which some of our patients would not be able to engage in their addiction treatment.

From a moral, practical, and economic perspective, paid family & medical leave is a policy with great potential to benefit the health of the increasing number of Marylanders with substance use disorders. Therefore, we respectfully urge a favorable report on Senate Bill 0275, the Time to Care Act.

Respectfully,

Natalie Spicyn, MD, MHS

Member, Public Policy Committee

MD Hunger Solutions - SB 275 - Time to Care Act -

Uploaded by: Julia Gross

Position: FAV



TESTIMONY IN SUPPORT OF SB 275

Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Senate Finance Committee

February 10, 2021

Mr. Chairman and Members of the Committee,

Maryland Hunger Solutions fully supports SB 275, which establishes a Family and Medical Leave Insurance (FAMLI) program through that will allow employees to take up to 12 weeks of paid leave from their jobs to care for new children, family members with serious health conditions or disabilities, family members who are leaving for deployment, or for their own health conditions.

As a statewide, non-partisan, non-profit organization working to end hunger and improve the nutrition, health, and well-being of individuals, children, and families in Maryland, we understand that food insecurity can only be solved by also addressing the underlying systemic causes of poverty.

SB 275 helps to do so by providing economic stability for working Marylanders, and in particular those living in or near poverty. As Maryland strives to recover from the economic impacts of the COVID-19 pandemic, too many families have to worry about losing their jobs or sacrificing needed income if they or someone in their family becomes ill. With the continuing threat of this public health crisis in mind, we need to ensure that families are able to recover from illness without risking their economic stability at a time they can least afford it. Economic stability provides food stability.

Although Maryland is one of the wealthiest states in the nation, over 860,000 Marylanders struggle with food insecurity and rely on the Supplemental Nutrition Assistance Program (SNAP) for help keeping food on the table, a number that has continued to rise throughout the pandemic. At the same time, food prices have skyrocketed nearly 7% over the past two years and are projected to continue increasing at historic levels.

In these tough economic times, having a stable income can be the difference between putting food on the table or families having to skip a meal. SB 275 ensures that Marylanders will not have to worry about losing income –or their employment – in order to care for themselves and their families. In essence, workers won't be forced to choose between the families they love and the jobs they need.

Maryland Hunger Solutions strongly supports and respectfully urges a favorable report on SB 275 as it creates food security by way of economic stability for all Marylanders, and in particular those working while living in or near poverty.

Thank you for your consideration.

2-10-2022 Final - SB275 - Time to Care Act.pdf

Uploaded by: Justin Hayes

Position: FAV



Peter Franchot
Comptroller

TESTIMONY OF COMPTROLLER PETER FRANCHOT

Support – Senate Bill 275 – Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)

Finance Committee

February 10, 2022

Chairman Kelley, Vice Chairman Feldman and members of the Committee, it is my pleasure to provide testimony in **support** of **Senate Bill 275 – Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)**. I would like to thank Senator Antonio Hayes and Senator Joanne Benson for sponsoring this important legislation, and the Committee for providing the opportunity for my testimony to be heard.

One of the many inequities that the COVID-19 pandemic has revealed is our country's lack of paid family and medical leave policies. The measure before you today is vitally important to correct that inequity and ensure that workers can care for themselves and loved ones in times of illness without jeopardizing their financial security or employment.

It shouldn't take a global pandemic for us to recognize that all workers deserve the freedom and peace of mind that comes with having a paid family and medical leave program. Maryland should declare that it is both good public health policy and good economics to give workers the ability to stay home when they are sick, or care for family members when they need help.

For the reasons stated above, I respectfully request a **favorable report** for Senate Bill 275. Thank you for your time and consideration.

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SB275_MD Center on Economic Policy_FAV.pdf

Uploaded by: Kali Schumitz

Position: FAV

Paid Family and Medical Leave Promotes a Healthier and More Effective Workforce

Position Statement in support of Senate Bill 275


Given before the Senate Finance Committee

Ensuring Maryland workers can afford to take time off to care for a new child or a family member dealing with a serious illness would benefit families, communities, and Maryland's economy. Credible research and evidence from other states show that guaranteeing family and medical leave to most workers brings significant and wide-ranging benefits, including improved infant health and reduced employee turnover. Ensuring workers can take needed time off to deal with major life events is especially vital as families contend with the continued upheaval of the COVID-19 pandemic. For these reasons, **the Maryland Center on Economic Policy supports Senate Bill 275.**

Maryland's current failure to guarantee paid family and medical leave causes significant harm to workers and our economy. Although the federal Family and Medical Leave Act enables many workers to take up to 12 weeks of job-protected leave to care for a new child or a loved one with a serious health condition, or to recover from their own serious health condition, carve-outs exclude large numbers of workers from these protections. Moreover, a large majority of Americans are not guaranteed any paid leave from their employers for such circumstances, including 93% of low-wage workers. Taking significant time off without pay is not an affordable choice for many Marylanders.

As a result, many workers either forgo needed time off work or take less leave than the amount they need:

- About 16% of workers nationwide needed to take family or medical leave in the last two years but were unable to, according to a 2016 survey by the Pew Research Center.ⁱ Another 12% took less time off than they needed.
- The Pew survey found that one in five women needed leave but were unable to take any. Latinx workers were more likely than white workers to forgo needed time off, and Black workers were twice as likely as their white counterparts to do so. Workers taking home less than \$30,000 per year were more than twice as likely as those making at least \$75,000 to need leave but not take any.
- Among workers with unmet need for time off, more than two-thirds said they could not afford to take the leave they needed and about half said they were afraid that doing so could cost them their job.
- Some workers who took leaves received full or partial pay during their time off—generally out of accrued paid time off, sick days, or vacation days—but 37% received no pay at all. Half of Latinx workers and three out of five low-wage workers received no pay at all during their time off.
- Among workers who received partial or no pay, half dealt with the loss of income by dipping into savings



intended for another purpose, 41% cut their leave short, 37% took on debt, and 33% put off paying bills.

Senate Bill 275 would enable most Maryland workers to take up to 12 weeks of partially paid leave to care for a new child, to care for a family member with a serious health condition, or to treat their own serious health condition. The bill also extends job protections to workers who are currently left out of the federal Family and Medical Leave Act, ensuring they can take time off without fear of losing their job. Altogether, Senate Bill 275 would likely extend access to paid leave to 1 million private-sector workers who currently lack it.ⁱⁱ

Similar to unemployment insurance, employers and employees would share the cost of benefits through payroll contributions. Previous analysis by the Institute for Women's Policy Research has found that contributions of 0.67% of wages, up to the Social Security contribution cap, would cover the cost of benefits. For a worker earning the FY 2020 average weekly wage of \$1,050, this would mean that employers and employees would each contribute \$3.52 per week.

Evidence from states that guarantee paid family and medical leave shows that small and large businesses alike fare well under these programs:

- Most businesses in states that today offer paid leave report positive or neutral impacts on their bottom line. Owners of small businesses are equally or more likely to report positive or neutral impacts than others.ⁱⁱⁱ
- 61% of small business owners support establishing state paid family and medical leave programs.^{iv}
- Peer-reviewed research finds that businesses fare well when workers can take paid leave, with little impact on their bottom line and an increased chance that workers will return to their previous job after taking leave.^v Reduced turnover has significant cost savings for businesses.

Credible academic research, as well as the experience of other states with similar programs, shows that paid family and medical leave brings significant and wide-ranging benefits:^{vi}

- **Public health benefits:** Evidence links paid leave guarantees to a decline in infant mortality, improvements in mothers' mental health, a 33% drop in upper respiratory complications among infants, and increased ability for aging adults to live at home. Research shows that children in low-income families see especially large health benefits.
- **Economic benefits:** A study found that California's paid leave guarantee decreased the number of mothers of young children with family income below the federal poverty line (currently about \$26,000 for a family of four). While paid leave enables parents to take more time off during the first few weeks of a child's life, research shows that it can also enable mothers to return to the paid workforce sooner. Studies have linked paid leave to improvements in productivity and declines in turnover.

If we want to foster broadly shared prosperity across our state, we should create a Maryland where workers can keep their jobs and their livelihoods while dealing with some of life's most significant events. If working Marylanders cannot take off from work to deal with important family matters without risking their economic stability, we are all worse off. Ensuring hardworking Marylanders have financial support and flexibility during their times of need is essential to a thriving Maryland.

For these reasons, the Maryland Center on Economic Policy respectfully requests that the Finance Committee make a favorable report on Senate Bill 275.

Equity Impact Analysis: Senate Bill 275

Bill summary

Senate Bill 275 would guarantee partially paid, job-protected family and medical leave to workers who have worked at least 680 hours in the last year, regardless of employer size. Benefits would be equal to 90% of wages for a worker who takes home less than 65% of the average weekly wage (\$683 per week in FY 2019), with wages above this amount replaced at a rate of 50%. Benefits would be a minimum of \$50 per week and a maximum of \$1,000 per week. To fund these benefits, employers and employees would equally share payroll contributions on wages and salaries up to the Social Security cap (currently \$147,000 per year, or \$2,827 per week).

Background

The federal Family and Medical Leave Act enables certain workers to take up to 12 weeks of unpaid, job-protected leave to care for a new child, care for a family member's serious health condition, or recover from one's own serious health condition. To qualify for these protections, an employee must have worked at the same employer for at least 12 months, have at least 1,250 hours of employment in the last 12 months, and work for an employer with 50 or more employees within a 75-mile radius.

California enacted the first paid family and medical leave law in the United States, in 2004. Seven other states have since followed suit. However, as of 2021 only 23% of private-sector workers nationwide have paid family leave at their job.

Equity Implications

Maryland's current lack of a paid family and medical leave guarantee poses significant equity concerns:

- Sixteen percent of workers nationwide needed to take family or medical leave in the last two years but were unable to do so, according to a 2016 survey by the Pew Research Center. This group includes 19% of women, 23% of Latinx workers, 26% of Black workers, and 30% of workers with less than \$30,000 in annual income.
- Workers with unmet need for leave were more likely to cite inability to afford the lost income as a reason for taking no leave or less than they needed than any other factor (72% of those taking no leave, 69% of those taking less leave than they needed).
- While some workers received full or partial pay during their time off, Latinx workers and workers with annual income under \$30,000 were least likely to receive any pay.
- Many workers who took a pay cut during their time off work dealt with the loss of income by dipping into savings intended for another purpose, cutting their leave short, taking on debt, or putting off paying bills.
- Research suggests that parents who take no leave, insufficient leave, or unpaid leave may face a higher risk of experiencing mental health problems; their children may face a higher risk of health problems or even death. Workers who face barriers to taking the leave they need—who are disproportionately workers of color or low-wage workers—are especially likely to face these risks.

Senate Bill 275 would mitigate—though not eliminate—these equity concerns by guaranteeing partially paid, job-protected family and medical leave to the majority of Maryland workers.

Impact

Senate Bill 275 would likely **improve racial, gender, and economic equity** in Maryland.

ⁱ Juliana Horowitz, Kim Parker, Nikki Graf, and Gretchen Livingston, “Americans Widely Support Paid Family and Medical Leave, but Differ over Specific Policies,” Pew Research Center, 2017, <https://www.pewsocialtrends.org/2017/03/23/americans-widely-support-paid-family-and-medical-leave-but-differ-over-specific-policies/>

ⁱⁱ Based on MDCEP analysis of 2016–2018 IPUMS American Community Survey microdata, 2016–2018 IPUMS Current Population Survey Annual Social and Economic Supplement microdata, 2019 Employee Benefits Survey. Assumes Maryland private-sector workers are equally likely as private-sector workers nationwide to have access to paid family leave (18%) and short-term disability insurance (42%).

ⁱⁱⁱ Eileen Applebaum and Ruth Milkman, “Leaves that Pay: Employer and Worker Experiences with Paid Family Leave in California,” Center for Economic and Policy Research, 2011, <https://www.cepr.net/documents/publications/paid-family-leave-1-2011>

^{iv v} “Opinion Poll: Small Businesses Support Paid Family Leave Programs,” Small Business Majority, 2017, <https://smallbusinessmajority.org/sites/default/files/research-reports/033017-paid-leave-poll.pdf>

^v Sarah Bana, Kelly Bedard, and Maya Rossin-Slater, “The Impacts of Paid Family Leave Benefits: Regression Kink Evidence from California Administrative data,” *Journal of Policy Analysis and Management* 39(4), 2020, <https://onlinelibrary.wiley.com/doi/abs/10.1002/pam.22242>
Kelly Bedard and Maya Rossin-Slater, “The Economic and Social Impacts of Paid Family Leave in California: Report for the California Employment Development Department,” California Employment Development Department, 2016, https://www.edd.ca.gov/disability/pdf/PFL_Economic_and_Social_Impact_Study.pdf

^{vi} Heather MacDonagh, “Family and Medical Leave Insurance,” Department of Legislative Services, 2019, http://dls.maryland.gov/pubs/prod/BusTech/Family_and_Medical_Leave_Insurance.pdf

Worker's Average Weekly Wage	Annualized	Weekly Contribution (Assume 0.67% Rate)		Weekly Contribution (0.75% Maximum Allowable Rate)		Weekly Wage Replacement	Notes
		Total	Worker's Share (50% of Total)	Total	Worker's Share (50% of Total)		
\$100	\$5,200	\$0.67	\$0.34	\$0.75	\$0.38	\$90	
\$150	\$7,800	\$1.01	\$0.50	\$1.13	\$0.56	\$135	
\$200	\$10,400	\$1.34	\$0.67	\$1.50	\$0.75	\$180	
\$250	\$13,000	\$1.68	\$0.84	\$1.88	\$0.94	\$225	
\$500	\$26,000	\$3.35	\$1.68	\$3.75	\$1.88	\$450	\$12.50 per hour, 40 hours per week *
\$600	\$31,200	\$4.02	\$2.01	\$4.50	\$2.25	\$540	\$15.00 per hour, 40 hours per week **
\$683	\$35,490	\$4.57	\$2.29	\$5.12	\$2.56	\$614	90% / 50% Replacement rate threshold
\$750	\$39,000	\$5.03	\$2.51	\$5.63	\$2.81	\$648	
\$1,000	\$52,000	\$6.70	\$3.35	\$7.50	\$3.75	\$773	
\$1,050	\$54,600	\$7.04	\$3.52	\$7.88	\$3.94	\$798	FY 2020 average weekly wage ***
\$1,250	\$65,000	\$8.38	\$4.19	\$9.38	\$4.69	\$898	
\$1,454	\$75,608	\$9.74	\$4.87	\$10.91	\$5.45	\$1,000	Maximum benefit
\$1,500	\$78,000	\$10.05	\$5.03	\$11.25	\$5.63	\$1,000	
\$1,750	\$91,000	\$11.73	\$5.86	\$13.13	\$6.56	\$1,000	
\$2,000	\$104,000	\$13.40	\$6.70	\$15.00	\$7.50	\$1,000	
\$2,250	\$117,000	\$15.08	\$7.54	\$16.88	\$8.44	\$1,000	
\$2,500	\$130,000	\$16.75	\$8.38	\$18.75	\$9.38	\$1,000	
\$2,827	\$147,000	\$18.94	\$9.47	\$21.20	\$10.60	\$1,000	Social Security contribution cap
\$3,000	\$156,000	\$18.94	\$9.47	\$21.20	\$10.60	\$1,000	
\$3,500	\$182,000	\$18.94	\$9.47	\$21.20	\$10.60	\$1,000	
\$4,000	\$208,000	\$18.94	\$9.47	\$21.20	\$10.60	\$1,000	
\$5,000	\$260,000	\$18.94	\$9.47	\$21.20	\$10.60	\$1,000	

Source: Maryland Center on Economic Policy. Created January 11, 2022.

* 2022 Minimum wage.

** 2025 Minimum wage for most workers.

*** For illustration, this table uses the FY 2020 average weekly wage of \$1,050 as reported by the Maryland Workers' Compensation Commission.

SB 275 Time to Care Act Morris FAVORABLE.pdf

Uploaded by: Kandi Morris

Position: FAV

Testimony in Support of SB 275 “Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)”

Senate Finance Committee

February 10, 2022

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee
FROM:: K. Morris

It’s Time for the Time to Care Act. In 2009 I heard a radio ad about a procedure called uterine fibroid embolization (UFE). The ad said that I should call the number to "see whether you are a candidate". I called and I expressed all of my concerns to the doctor, including the ability to conceive in the future. He gave me what I now know to be intentionally evasive, vague answers. But I trusted him because he is a doctor and so I had the procedure. This procedure was a more attractive option for me because it was being marketed as non-surgical and minimally invasive so that I could return to work within a few days. The alternative procedure would require me to be out of work for 6-8 weeks, which I could not afford to do as a single mom.

Two weeks after having the UFE procedure done, I found out that it is experimental and not recommended for women of child-bearing age because of the risk of infertility. I was 32-years-old at the time. Last year I went to a fertility specialist to see whether I can try to conceive because I was now aware that the UFE had compromised my fertility. In April 2021, a fertility doctor told me that after a woman has had a UFE procedure her chances of conceiving are reduced by 95%. Meaning, a woman who has had a UFE procedure only has a 5% chance of having a successful pregnancy. Despite my efforts to get all the information I could, I was used as an experiment and essentially sterilized.

The procedure was done in 2009. However, I continue to discover new information that horrifies me even more. Recently, at a doctor's appointment I was told there might be a calcified fetus still in my womb. If so, he died as a result of the UFE procedure treating him like a fibroid and depriving him of blood and oxygen until he suffocated. I continue to suffer from PTSD because of this. Every night I go to sleep thinking about how I was violated. I remain traumatized by the experience. Because of the laws in Maryland I would have to sue within 3 years. However, infertility is not an injury that can always be discovered within 3 years. So this doctor got away with murder, specifically feticide, and with robbing me of my fertility. After all that, I still have to have the same major surgery that I was trying to avoid in 2009.

We need the Time to Care Act in place to protect workers, in my case women and single mothers, from being seen as targets for alternative and sometimes experimental procedures that have a negative impact on long-term health. Had a law like the Time to Care Act that protected my income been in place in 2009, I never would have even considered a UFE procedure. Then I would be a mother of two and my unborn child would not have suffered. I still need the Time to Care Act so I can have surgery to attempt to restore my health. And families need the Time to Care Act to protect their family’s income and allow them the freedom to choose medical procedures without being influenced by lost income and the need to rush back to work. I respectfully urge this committee to return a favorable report on SB 275.

SB0275 Family Medical Leave Act on MDAAP letterhea

Uploaded by: Kara Ashby

Position: FAV

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Maryland Chapter



TO: The Honorable Antonio Haynes and Joanne C. Benson
Members, Senate Finance Committee

FROM: Wendy Lane, M.D., MPH, Chair, Child Maltreatment and Foster Care Committee, Maryland Chapter of the American Academy of Pediatrics and Kara Ashby, M.D., MPH, Pediatric Resident, member Maryland Chapter of the American Academy of Pediatrics

DATE: February 8, 2022

RE: **SUPPORT** – Senate Bill 275 – *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)*

The Maryland Chapter of the American Academy of Pediatrics is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of support for Senate Bill 0275 – *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)*

SB 0275 will establish Family and Medical Leave Insurance for Marylanders. It will provide employees up to 12-weeks paid leave to care for new children, family members with serious health conditions or disabilities, or themselves.

Newer research has found a direct positive correlation between favorable economic childhood experiences and brain activity patterns associated with the development of subsequent improved cognitive skills¹. The first few months and years of a child’s life are vital to his or her physical and emotional development². In fact, more and more research has shown that allowing a parent time to stay home with that child during the first months of life provides a myriad of benefits to the child and family. Additionally, a recently published 2022 study “Baby’s First Years” demonstrates causal impact of a poverty reduction intervention on early childhood brain activity, which established family and medical leave insurance may further facilitate. Further positive benefits of established family and medical leave insurance include, and perhaps are not limited to:

- Attention to child health care needs, particularly if a baby is born premature, at low birth weight, or with birth defects².
- Strong establishment of breastfeeding, and longer duration of breastfeeding, which can reduce respiratory tract and ear infections and reduce the risk of sudden infant death syndrome. It may also reduce rates of childhood obesity, type 2 diabetes, allergies, and asthma²
- Increased involvement of fathers in children’s care³

¹ Troller-Renfree, S. V., Costanzo, M. A., Duncan, G. J., Magnuson, K., Gennetian, L. A., Yoshikawa, H., & Noble, K. G. (2022). The impact of a poverty reduction intervention on infant brain activity. *Proceedings of the National Academy of Sciences*, 119(5).

² <https://www.nichd.nih.gov/health/topics/breastfeeding/conditioninfo/benefits>

³ Nepomnyaschy L, Waldfogel J. Paternity leave and fathers’ involvement with their young children: Evidence from the American ECLS-B. *Community, Work, and Family*. 2017;104(4):427-453

- Improved vaccination completion⁴
- Increased placement in high quality, stable childcare⁵
- Reduced rates of abusive head trauma (shaken baby syndrome)⁶
- Decreased infant mortality^{7,8}
- Reduced rates of maternal post-partum depression⁹
- Positive and long-term influence of parental bonding on social skills¹⁰

Family leave policies ensure that all parents are afforded the opportunity to stay home with their newborn or sick child, to develop a strong family bond, and to improve health outcomes. For all these reasons, MDAAP strongly urges a favorable report.

⁴ Skinner & Ochshorn, “Paid Family Leave”; Mark Daku, Amy Raub, & Jody Heymann, “Maternal leave policies and vaccination coverage: A global analysis,” *Social Science & Medicine* 74(2012): 120-124.

⁵ National Partnership for Women & Families, 2018. <http://www.nationalpartnership.org/our-work/resources/an-agenda-for-progress-for-women-and-families.pdf>

⁶ Klevens J, Luo F, Xu L, Peterson C, Latzman NE. Paid family leave’s effect on hospital admissions for pediatric abusive head trauma. *Injury Prevention*. 2016;22(6):442-445.

⁷ M. Rossin, “The effects of maternity leave on children’s birth and infant health outcomes in the United States,” *Journal of Health Economics* 30(2011): 221-239; S. Tanaka, “Parental leave and child health across OECD countries,” *The Economic Journal* 115(2005): F7-F28.

⁸ Nandi, A., Jahagirdar, D., Dimitris, M. C., Labrecque, J. A., Strumpf, E. C., Kaufman, J. S., ... & Heymann, S. J. (2018). The impact of parental and medical leave policies on socioeconomic and health outcomes in OECD countries: a systematic review of the empirical literature. *The Milbank Quarterly*, 96(3), 434-471.

⁹ Kornfeind KR, Sipsma HL. Exploring the link between maternity leave and postpartum depression. *Women’s Health Issues*. 2018;28(4):321-326.

¹⁰ Joas, J., & Möhler, E. (2021). Maternal Bonding in Early Infancy Predicts Childrens' Social Competences in Preschool Age. *Frontiers in Psychiatry*, 1278.

Favorable Written Testimony of SB 275 - Time to Ca

Uploaded by: Kayla Mock

Position: FAV

Testimony in Support of HB0275

**Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)**

TO: Hon. Chair Kelley, Vice Chair Feldman, and members of the Senate Finance
Committee

FROM: Kayla Mock, Political Organizer

United Food and Commercial Workers Union, Local 400

Chair Kelley and members of the Senate Finance Committee, I appreciate the chance to share my testimony on behalf of our over 10,000 members in Maryland, working on the front lines of the ongoing pandemic in grocery, retail, food distribution, law enforcement, and healthcare. Through collective bargaining, our members raise the workplace standards of wages, benefits, safety, and retirement for all workers.

We strong support SB 275 and urge this committee to vote it favorably.

The Time to Care Act will help address the economic hardship, stress, and other burdens that happen when caring for newborns, loved ones with health conditions, or yourself. No Marylander should have to choose between the job they need and caring for their loved ones or their own health.

This ongoing pandemic has put so much stress on already burdened working families. Workers have been forced to choose between going to work and providing for their families or staying home and caring for their families. I have seen grocery store employees crying in the back room because they could not be home with their sick kids – it's heartbreaking.

This is not a partisan issue – an OpinionWorks study conducted from December 15, 2021-January 10, 2022, showed overwhelming support for paid family leave in Maryland that crosses all partisan and geographic lines. Results showed 88% of Maryland voters specifically favor creation of “a family and medical leave insurance program that would provide workers with partial wage replacement for up to 12 weeks when they need time away from work to care for a new child, seriously ill family member, or their own serious health condition.”

A true paid family and medical leave policy must be cost-effective for workers, employers, and the government with employers contributing at least as much as employees. We must ensure that our paid family and medical leave program covers all working people, applies equally to everyone, covers all the well-established reasons people need leave, reflects an inclusive definition of family, and provides up to 12 weeks of leave and job security.

On behalf of our members and all of Marylanders, we urge a favorable report from this committee on SB 275, providing paid family and medical leave.

Pro Testimony Chief Kenneth Gattis-Antolik.pdf

Uploaded by: Ken Antolik

Position: FAV

**Testimony Regarding S.B. 275, Labor and Employment – Family and Medical Leave Insurance Program
– Establishment (Time to Care Act of 2022),
Submitted to the record of the Finance Committee Hearing on February 10, 2022
by Chief Kenneth Gattis-Antolik**

Testimony in Favor

I am Chief of Police in Berwyn Heights and member of Fight Crime: Invest in Kids, a network of 5,000 police chiefs, sheriffs, and prosecutors across the U.S. – including over 50 in Maryland – who promote evidence-based solutions that prepare kids for successful lives and steer them away from crime.

I write in support of S.B. 275, the establishment of a Family and Medical Leave Insurance Program in Maryland.

The proposed plan would help to ensure that Maryland families are strong and financially stable from the first days of an infant’s life. Studies show that state paid family leave programs can help low-income mothers retain employment, reduce parents’ reliance on other forms of public assistance, and significantly reduce a family’s chance of living in poverty, which is a risk factor for crime.

I’ve seen firsthand the way that struggling new parents and their infants can succumb to poverty and stressors, which adversely impacts the children and their parents in the long run. I know that it’s important in the early days for parents to set up routines, to care for their baby and themselves, and to begin the process of bonding with their baby, which helps make sure a child develops in a healthy way. As it stands, many parents in Maryland do not have ample opportunity to make these early connections without taking a serious financial hit, which some families simply cannot afford or which causes excessive stress, which is not healthy for their newborns.

I also support S.B. 275 because I worry about the impact that adverse childhood experiences have on kids’ trajectories. Paid family leave may help reduce maternal depression and stress, and even prevent child abuse and neglect. Research shows that depressed mothers attend to their young children less and are more likely to use corporal punishment and to perpetrate child abuse and neglect. We know this behavior can have long-term effects on public safety, as children who experience maltreatment are significantly more likely to commit a crime by their teenage years and end up in the backseat of one of my officer’s cars.

In summary, I support S.B. 275 because it will help ensure that Maryland’s families, especially at-risk families, have the support they need to successfully raise a child in their first year of life. And it will ensure a more secure and safe future for the next generation in this state.

Health Care for the Homeless - SB 275 FAV - Time t

Uploaded by: Kevin Lindamood

Position: FAV

TESTIMONY IN SUPPORT OF
SB 275 – Labor and Employment – Family and Medical Leave
Insurance Program – Establishment (Time to Care Act of 2022)



Senate Finance Committee
February 10, 2022

Health Care for the Homeless supports SB 275, which would The "Time to Care Act" establishes a Family and Medical Leave Insurance (FAMLI) program through which employees may take up to 12 weeks of paid leave from their jobs to care for new children, other family members with serious health conditions or disabilities, or themselves. Health Care for the Homeless is deeply committed to equitably supporting our staff as whole people. As a nonprofit agency of 250 employees, we have long offered paid time off and paid parental leave to help our staff navigate changes in their lives – and it has only improved retention and morale.

We applaud this body for taking important measures over the last several years to support Marylanders in the workplace, such as providing employees paid sick days and increasing Maryland’s minimum wage. Providing access to paid family and medical leave is an important next step to help enable workers across Maryland to deal with life events like a major illness or caring for a new child without facing financial hardship.

Establishing a program like paid family and medical leave program would enable workers across Maryland to deal with life events like a major illness or caring for a new child without facing financial hardship. This has been true for our agency which has implemented similar policies. And, importantly, our doors have remained open for the clients we serve.

You will hear from employers who claim that establishing a paid family and medical leave program would negatively impact their bottom line. We heard the same unfounded fears when other policies to support Maryland workers were being considered. Take, for instance, raising the minimum wage. Contrary to what some small businesses and non-profits argued - that they could not afford \$15/hr. and it would result in layoffs - our agency is proof that raising the minimum wage was good for staff and employers, both. We instituted a wage floor many years before the General Assembly passed legislation to increase minimum wage and what actually happened is that we hired more staff and have since more than tripled in size. Staff morale and retention improved, and staff took fewer hardship loans against their retirement accounts.

Similarly, we found that offering our employees benefits like paid time off and paid parental leave help support employees and their families. And, importantly, our doors have remained open. In fact, we provide more care and services to more clients because of our policies that help keep our staff and their families safe and healthy. In fact, businesses in Maryland and throughout the country that have offered paid leave have found similarly positive results. In states that have paid family leave laws, reports from businesses have shown that after five years of implementation, opponents’ concerns about costs, litigation, and administrative burdens had generally not panned out.¹

¹ See Jennifer Redmond and Evgenia Fkiaras, “California Paid Family Leave Act Is Less Onerous Than Predicted,” Society for Human Resource Management Legal Report, 2010, https://www.sheppardmullin.com/media/article/809_CA%20Paid%20Family%20Leave%20Act%20Is%20Less%20Onerous%20Than%20Predicted.pdf.

Policies promoted by the Time to Care Act are good for everyone, and we strongly stand behind this bill. We urge you to issue a favorable report on SB 275.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit www.hchmd.org.

AFSCME_FAV_SB275.pdf

Uploaded by: Lance Kilpatrick

Position: FAV



190 West Ostend St., #201
Baltimore, MD 21230
Phone: 410.547.1515
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Patrick Moran - President

Testimony
SB 275 – Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)
Finance
February 10, 2022
Support

AFSCME Council 3, representing approximately 30,000 State and Higher Education employees in Maryland, supports the passage of SB 275. SB 275 would establish the Family and Medical Leave Insurance Program in the Maryland Department of Labor to provide paid leave benefits to individuals who take leave from employment for the following reasons:

- Is caring for a newborn child or child newly placed for adoption or foster care;
- Is caring for a family member with a serious health condition or disability;
- Has a serious health condition that makes the employee unable to perform his or her job;
- Is caring for a military service member who is next of kin; and
- Has a specified need resulting from the military deployment of a family member.

Maryland state employees have existing, albeit limited, paid parental leave. As stated on the Department of Budget & Management's website:

*Parental Leave is paid leave granted to a Primary Caregiver to care for and nurture the employee's child within 6 months following the birth or adoption by the employee of a child less than 6 years of age. **Employees are required to exhaust any available annual or personal leave prior to being granted Parental Leave.** If the employee has less than 60 days of annual and personal leave combined, the employee is eligible for additional paid Parental Leave to attain the 60 days of Parental Leave. **If the employee has 60 days or more of annual or personal leave (combined), the employee is not entitled to additional Parental Leave.***

The Time to Care Act would enhance ALL Maryland's workers' ability to engage in the most vital yet underappreciated human act: provide care to loved ones. As the only industrialized nation lacking this policy, we are long overdue. We urge you to provide a favorable report of SB 275.

Every AFSCME Maryland State and University contract guarantees a right to union representation.
An employee has the right to a union representative if requested by the employee.
800.492.1996

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SB 275_Our Maryland-fav .pdf

Uploaded by: Larry Ottinger

Position: FAV



Testimony in Support of SB 275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Senate Finance Committee
February 10, 2022

To: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee:

From: Larry Ottinger

My name is Larry Ottinger. I am a resident of District 18. I am submitting this testimony in support of SB 275, the Time to Care Act of 2022, which would establish a paid family and medical leave insurance program.

Launched in 2017, Our Maryland is a nonprofit, multi-issue communications hub for promoting a just and sustainable future for all Marylanders. Our Maryland currently has close to 55,000 Facebook followers and 14,000 email subscribers. Our followers and subscribers from across the state affirm the importance of and broad support for the Time to Care Act now.

An OpinionWorks study conducted from December 15, 2021- January 10, 2022, showed overwhelming support for paid family leave in Maryland that crosses all partisan and geographic lines. Results showed 88% of Maryland voters specifically favor creation of “a family and medical leave insurance program that would provide workers with partial wage replacement for up to 12 weeks when they need time away from work to care for a new child, seriously ill family member, or their own serious health condition.”

Now is the time for the legislature to finally join other states and the District of Columbia in ensuring that no Marylander has to choose between the job they need and the family they love. With the spike last month in hospitalizations and deaths and the failure of Congress to enact any paid leave nationally, the need to act and lead now could not be clearer.

A true paid family and medical leave policy must be cost-effective for workers, employers, and the government with employers contributing at least as much as employees. It must cover all working people, apply equally to everyone, cover all the well-established reasons people need leave, reflect an inclusive definition of family, and provide up to 12 weeks of leave and job security. SB 275 has all of these key components of a meaningful paid family and medical leave program. I respectfully urge this committee to return a favorable report on SB 275.

*Larry Ottinger, President
Our Maryland
7004 W. Greenvale Pkwy
Chevy Chase, MD 20815
Lsottinger@gmail.com*

SB_275_JewishCommunityRelationsCouncilofHoward Cou

Uploaded by: Laura Salganik

Position: FAV

Date of Hearing: February 10, 2022

Laura Salganik
10386 Eclipse Way
Columbia, MD 21044



TESTIMONY ON SB275 - POSITION: (FAVORABLE)
**Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: The Jewish Community Relations Council, Jewish Federation of Howard County, Laura Salganik, Co-Chair

I am submitting this testimony on behalf of the Jewish Community Relations Council (JCRC) of the Jewish Federation of Howard County. The JCRC unanimously endorsed this critically important legislation. As Jews, we know that preserving life and health is paramount above all else. Paid family and medical leave benefits everyone and is an issue that 88% of Marylanders support.

Much of the case in support of the Time to Care Act focuses on preventing employees from having to quit their jobs to welcome new babies or care for ill loved ones. However, the act can also help in the opposite way – by preventing workers with new babies or ill loved ones from deciding they can't afford to leave their job. This results in family members who don't get the care they need and, truth be told, stressed workers who cannot possibly function at their best.

I am pleased that the Maryland bill offers a larger percentage of income to those with the lowest salaries. Rhode Island has paid family leave but does not have a sliding scale, and my son heads a nonprofit there with many employees in relatively low-paid social services jobs. I learned from him that these workers often feel they just can't afford to use the paid family leave benefit because it is so low. In reality, the benefit doesn't exist for them. That is why I'm glad the Maryland bill is different.

I am also pleased that the Maryland bill has an inclusive definition of family, and a 50/50 split in contribution from employers and employees. This bill provides an enormously important benefit at a minimal cost to the state, and at a very small cost that is shared by employers and workers. By creating a cost-effective insurance program across all businesses in Maryland, everyone can benefit. I respectfully urge this committee to vote in favor of SB275.

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SB 275_MFN_FAV_Weeldreyer.pdf

Uploaded by: Laura Weeldreyer

Position: FAV



Testimony Concerning SB 275
“Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)”
Submitted to the Senate Finance Committee
February 10, 2022

Position: Support

Maryland Family Network (MFN) strongly supports SB 275, which would establish a Family and Medical Leave Insurance (FAMLI) program through which employees could take partially paid leave from their jobs to care for new children, other family members with serious health conditions or disabilities, or themselves.

MFN has worked since 1945 to improve the availability and quality of child care and other supports for children and their families. We have been active in state and federal debates on policies that address the needs of working families and are strongly committed to ensuring that they have the supports they need to care for their children while meeting the demands of their jobs.

For many Maryland employees, the ability to take time away from work following the birth or adoption of a child is simply unaffordable. And yet we know that benefits to children, to parents, and to society as a whole are profound. Parental leave demonstrably improves child and maternal health, and it helps address some of the most critical opportunities for child development.

Nearly 25% of women return to work after taking 10 or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally. New mothers who take paid leave are more likely to breastfeed and less likely to suffer from maternal depression. Their children are more likely to attend their well-baby visits, to receive their immunizations, and to thrive. Fathers who take time off after the birth of a child are more likely to remain involved in the child’s life. Parents with paid leave are better able to balance work and family responsibilities, and they have greater economic security than parents without access to paid leave.

Families have to juggle many demands on their time, but none are more important than their responsibilities to their children. SB 275 gives parents time to care for their families during a critical window of child development. We urge your favorable consideration.

sb275, family leave, 2022.pdf

Uploaded by: Lee Hudson

Position: FAV



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony prepared for the
Finance Committee
on
Senate Bill 275
February 10, 2022
Position: **Favorable**

Madam Chair and members of the Committee, thank you for the opportunity to support humane work conditions in Maryland. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America. We are a faith community with three synods in every part of Maryland.

In our community's statement on economic life ("Sustainable, Sufficient Livelihood for All," 1999) we call for provision of "adequate pension and health benefits, safe and healthy work conditions, sufficient periods of rest, vacation, and sabbatical, and **family-friendly** work schedules." We have supported family medical leave at the federal level and previously have advocated appropriate family-related medical leave in Maryland.

Senate Bill 275 proposes a new program in the Maryland Department of Labor that would insure workers' medical leave for up to twelve weeks. Employers, employees, and the self-employed would all contribute to the insurance fund, spreading risk across Maryland's work context.

We support a plan that establishes and administers a credible medical/family leave policy in Maryland and believe it will contribute to a constructive work environment. We ask your favorable report.

Lee Hudson

Community Action Board Testimony_SB275_Family and

Uploaded by: Leslie Frey

Position: FAV



**Montgomery County Community Action Board Testimony in Support of SB275
Labor and Employment – Family and Medical Leave Insurance Program – Establishment
Thursday, February 10, 2022**

TO: The Honorable Delores G. Kelley, Chair; The Honorable Brian J. Feldman; and Members of the Senate Finance Committee

FROM: Tiffany Jones, Chair, Montgomery County Community Action Board

As advocates for the low-income community, the Montgomery County Community Action Board strongly supports SB275, which will establish a family medical leave insurance program in Maryland. Our Board has been a longtime advocate for policies and programs such as the EITC, childcare subsidies, and work supports that help people move towards self-sufficiency. We applaud the state's efforts in recent years to increase the Maryland minimum wage and to require employers with 15 or more employees to provide earned sick leave. Policy changes such as these help people find employment that pays a living wage and maintain such employment.

Establishing a statewide family and medical leave insurance program will provide critical support to lower-wage workers because many of these workers do not earn any paid time off from work or simply do not earn enough. These workers often find themselves confronted with difficult situations where they must miss work without pay due to their or their loved one's medical challenges, possibly jeopardizing their employment, or continue to work during this period in order to maintain a job. Our Board does not believe employees should have to make this choice.

The Community Action Board also strongly believes that the lack of family leave in Maryland is a serious equity issue. While many higher-wage jobs offer generous benefits such as paid time off and medical insurance, lower-wage jobs often do not.¹ We also know that 31% of women here in Montgomery County, 44% of African Americans, and 54% of Hispanic residents have incomes below the Self-Sufficiency Standard.² These are many of the same workers who will benefit the most from the proposed family and medical leave insurance program.

In Montgomery County, where the cost of living is so high, the lack of paid family and medical leave available to all employees is especially problematic. For example, the County's Self-Sufficiency Standard, which measures the actual cost of living in a given geographic location for a certain family type, is more than \$103,000 for a family of three with one working adult, one infant, and one preschooler. Finding employment that pays this very high salary is incredibly difficult, especially when 18 of the 20 largest occupations in the County have average salaries below this amount.³ Paid family and medical leave, along with other work supports, will help people

¹ <https://www.bls.gov/news.release/ebs2.t06.htm>

² <http://www.selfsufficiencystandard.org/>

³ <http://www.selfsufficiencystandard.org/>

maintain employment. Authors of the Self-Sufficiency note that paid leave and other work supports are among the best strategies available to help people reach self-sufficiency.

The Community Action Board recommends that you pass SB275 and continue to explore other policies that support workers and help Marylanders move towards self-sufficiency.

2022 Time to Care Act Testimony LDwight.pdf

Uploaded by: Leslye Dwight

Position: FAV

Testimony in Support of SB 275 “Labor and Employment – Family and Medical Leave Insurance Program
– Establishment (Time to Care Act of 2022)”
Senate Finance Committee
February 10, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee
FROM: Leslye Dwight

My name is Leslye Dwight, a District 27B resident, submitting this testimony in support of SB 275, the Time to Care Act of 2022. Currently, I am an expecting mother whose full -time job has been terminated due to lack of funding at the organization for which I am currently employed. While the search has been ongoing to find new employment, the reality is that when that happens, I will not have been in a new position to either a) be covered by FMLA for unpaid maternity leave or b) have accrued enough leave that would allow me to physically heal from a delivery or have enough time to bond and care for my newborn child.

This circumstance is clearly through no fault of my own. Even when you consider that I have been fiscally prudent and routinely saving, 6 weeks of my personal savings without additional income coming into my household, in the form of paid leave, will create a financial hardship for myself and my family. Prior to this, I was already an advocate of the Time to Care Act but it still hits very different when it becomes your personal reality.

While this may not be your reality, I am asking you to put yourself in the shoes of the many Marylanders who are currently or will face this harsh reality. The numerous stories and data available about paid family and medical leave insurance programs display the positive impact it will have on Marylanders. The Time to Care Act will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or yourself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family. No Marylander should have to choose between the job they need and the family they love when a medical crisis strikes or a new child is welcomed into the home, which is why we need comprehensive paid family and medical leave in Maryland.

An OpinionWorks study conducted from December 15, 2021- January 10, 2022, showed overwhelming support for paid family leave in Maryland that crosses all partisan and geographic lines. Eighty-eight percent of Maryland voters favor creation of “a family and medical leave insurance program that would provide workers with partial wage replacement for up to 12 weeks when they need time away from work to care for a new child, seriously ill family member, or their own serious health condition.” We must ensure that our paid family and medical leave program covers all working people, applies equally to everyone, covers all the well-established reasons people need leave, reflects an inclusive definition of family, and provides up to 12 weeks of leave and job security. SB 275 has all of these key components of a meaningful paid family and medical leave program, and I respectfully urge this committee to return a favorable report on SB 275.

Sincerely,

Leslye Dwight

10808 Hollaway Drive

Upper Marlboro, MD 20772

leslyedwight@gmail.com

SB 275 testimony 2022 pdf.pdf

Uploaded by: Linda Boyd

Position: FAV



THE EPISCOPAL DIOCESE OF MARYLAND

SUPPORT SB 275

Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)
Finance Committee

Good afternoon Chair Kelley, Feldman, and members of the Finance Committee,
the Episcopal Diocese of Maryland support SB 275. We represent 108 parishes
and over 45,000 parishioners stretching from Western Maryland to Calvert County.

We support this Bill.

The Covid Pandemic has helped to show the disparities in our society with medical care of individuals and the care of family. Too often, it is women, single parent families and especially women of color who pay the price of caring for ill family members. We need to support families so that they can continue to have a source of income during this time, and not come through major illnesses with huge medical debt from which they cannot recover. Large debt for families in this situation harms us as a community or for us as a society. Families require support economically so that they can continue to pay mortgages or rent for housing, feed their families, and provide for other needs. The provisions for job security provided in the Bill are particularly important so that the individual's job is protected. We respectfully request a favorable report.

FAVORABLE SB 275 (Time to Care Act) LB.pdf

Uploaded by: Linda Bussey

Position: FAV

To Chair Kelley and members of the Senate Finance Committee:

My name is Linda and I have 38 years of experience in retail service at Safeway in Chevy Chase Maryland. Thirty days after my hire date, I joined the UFCW Local 400 Union and have been a member ever since.

Even though I am currently in management, I stayed a part of this organization because I am a single mother of 3 boys and I wanted to ensure that I could always have a job that would assist me with taking care of them. This is why I am here today to tell you about my experience with the sick leave policy when I recently got ill at work and needed to take time off. I realized that if I didn't come to work, I did not get paid. But If I don't get paid, I cannot support my family.

We need a family paid sick leave option so that workers like me can get paid and still be able to support their families.

I ask that you support SB 275 for Maryland families.

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Lindsay Keipper

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 46 and **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, Russia, the United Kingdom, and Iran. Providing family medical leave at the state level isn't even new; California, New Jersey, New York, Rhode Island, and the District of Columbia have declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

Family leave shouldn't be a privilege accorded only to those who have the right kind of jobs. Please vote in support of the Time to Care Act of 2022.

Thank you for your time, service, and consideration.

Sincerely,

Lindsay Keipper

2425 Fleet St.

Showing Up for Racial Justice Baltimore

Support SB275 -time to care.pdf

Uploaded by: Linnie Girdner

Position: FAV

To the members of the Senate Finance Committee,

I am a resident of District 21, a retired Marriage and Family Therapist and Military and Family Life Counselor, former Congressional Fellow and a member of Showing Up for Racial Justice Annapolis and Anne Arundel County. I am **testifying in support of SB0275**, which will create an insurance fund to provide individuals throughout the state of Maryland with compensated time off to attend to specific health issues to include the birth of a child, the care of a family member with a serious health condition, and to prepare for the deployment of a service member, among other reasons.

Years ago I worked in a Congressional office when we were trying to pass the Family and Medical Leave Act, which was unpaid leave. Would you believe it took 9 years to simply not have people be fired for taking care of an ill family member? That bill was finally passed in 1993 – 29 years ago. During that time it has become abundantly clear that having one's job protected while having no income is not a workable solution.

During the COVID-19 pandemic, we see how inequitable the situation has been for workers. Paid sick leave is something often only afforded to those in specific jobs, usually people who already have higher means. Those in our society on whom we have depended heavily, our front-line and essential personnel who are employed in service and food industry jobs, among others, are often left to fend for themselves financially when it comes to taking time off work. When these individuals need to spend time at home recovering from illnesses or other major life events, it often means there is little or no money coming into the household. Their bills (e.g. rent, utilities, and car loans) are still due each month and they still need to put food on their table for their family. This often leaves these individuals with no choice but to go to work sick.

This insurance fund will provide enormous relief to Maryland citizens who find themselves in this position. The fund will be paid into by employers and employees, similar to how a retirement account with matching funds works, and will allow workers to maintain their income even if they need to step away from work for up to 12 weeks.

There are so many reasons the average individual needs to be home from work for up to 12 weeks. Parents in America today must rely on the generosity of their employers to receive any paid leave after having a baby or adopting a child, for example. I remember working in an organization that provided some paid leave for parents after a child was born. A coworker of mine received that after the birth of her baby. But her ill newborn died a few weeks later and Human Resources told her that since she didn't have a baby anymore, she did not qualify for the paid parental leave. This, needless to say, was inhumane. We cannot leave this up to individual companies.

As a therapist, I cannot express to you strongly enough the importance of emotional attachment of parents and children. Not only for babies, but for children when they face scary operations and procedures or are very ill. And even for adult children and their elderly parents to have irretrievable time when a parent has a terminal disease.

As a Military and Family Life Counselor, I worked with soldiers and their families before and after deployments to Iraq and Afghanistan. Army spouses are serving the American public by all that they do to help their mate, to help their children adjust, and to take care of themselves during stressful times. They should be paid for the time they need to take off from their jobs. Frankly, that is the least we should do.

For these reasons I ask you to support SB0275.

Thank you for your time, service, and consideration.

Sincerely,

Linda Girdner
941 Fall Ridge Way
Gambrills, MD 21054

MDGA 2022 SB-0275- FAV- Lisa Firnberg.pdf

Uploaded by: Lisa Firnberg

Position: FAV

February 10, 2022

Lisa Firnberg
Baltimore, MD 21212

TESTIMONY ON SB-0275

POSITION: FAVORABLE

**Labor and Employment - Family and Medical Leave Insurance Program - Establishment
(Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Lisa Firnberg

My name is Lisa Firnberg, and I have lived and voted in Baltimore City since I moved to Maryland for college 20 years ago. I live in District 43. I have established my family roots here, and I submit this testimony in support of SB-0275, the Time to Care Act.

When I gave birth to my first daughter five years ago, I was relatively lucky. I had an easy pregnancy, an uncomplicated c-section, and my daughter spent just a few hours in the NICU to ensure her steady breathing. We were home from the hospital in just a few days. I was also lucky professionally. My employer supported my taking maternity leave, and assured me that my job would be waiting for me when I returned. It's a good thing, because I was the primary breadwinner for my family.

But what income would I have while I cared for my newborn baby? First, I made a claim to my employer's short term disability policy, the premium for which came out of my paycheck. That got me a few weeks to recover from major surgery. Then I used up most of my paid vacation and sick time. That got me a few more weeks. Then I dug into my savings and took a few weeks of unpaid time, which I was lucky to be able to afford.

I did okay. But too many other parents' stories are much, much different. **Someone's ability to care for their newborn baby during their first few months of life, a period often called "the fourth trimester," should not be subject to the generosity of their employer's leave policies, or their socioeconomic status.** The waitress working shifts at three different restaurants, the custodian cleaning office buildings at night, and the childcare worker who devotes her career to caring for all of our children, also need Time to Care - but for them, it is too often out of reach. I am horrified to know that they don't have the same choices, the same privilege, that I had when my baby needed me, and I needed to be home with my baby.

This bill will benefit all of us who, at some point in our lives, will need to care for our children, ourselves, or other loved ones. No one should have to choose between caring for their family and keeping a roof over their heads and food on the table. **We must debunk the myth that businesses cannot afford this.** An insurance fund means that employees taking time off are paid by the fund, so employers can afford to pay others overtime or bring in temporary workers while their employee is out. **Everybody wins: employers keep their experienced employees on**

staff, which reduces turnover costs; children and other ailing family members get the care they need; and most importantly, families don't fall apart.

Nine other states and the District of Columbia have passed Paid Family and Medical Leave programs. **The United States is one of two countries in the world without any paid maternity leave** policy - and we have worse health outcomes to show for it. You can make Maryland a place that honors the importance of family, while also doing what's right for our economy and the health of everyone who lives here.

I respectfully urge you to support SB-0275.

WA- SB275 - Time to Care Act - FAV.docx.pdf

Uploaded by: Lisa Kligenmaier

Position: FAV



Welfare Advocates

Founded 1979

228 W. Lexington Street — Suite 220 • Baltimore, Maryland 21201-3432
Phone: 667.600.3356 • Fax: 410.889.0203

Senate Bill 275
Labor and Employment- Family and Medical Leave Insurance Program- Establishment
(Time to Care Act of 2022)

Senate Finance Committee
February 10, 2022

Support

Welfare Advocates is a statewide coalition of social service organizations, advocacy groups, faith communities, and community members, whose mission it is to educate ourselves, and the wider community and to advocate for an adequate safety net and public policies that support families moving towards economic stability.

Welfare Advocates supports SB 275, which would establish a Family and Medical Leave Insurance program in Maryland. This program allows families to take up to 12 weeks of paid leave to care for new children, family members with serious health conditions or disabilities, family members who are leaving for military deployment, or for their own health conditions.

The need to take time off is universal, but the ability to do so is not. The vast majority of employees in the U.S. do not have access to paid family leave.ⁱ SB 275 would be particularly beneficial for low-wage workers who disproportionately lack access to this vital benefit. For low-income families, just a few days of lost pay is equivalent to an entire month's grocery budget or rent payment. Implementing a paid family leave program – especially with a progressive pay structure as proposed in SB 275 – increases the health and financial security of Marylanders living in or near poverty.

No one should have to choose between caring for a loved one or paying the bills. Paid family and medical leave provides a safety-net for workers in unexpected circumstances. This bill would allow workers to comfort a dying parent, care for a newborn or adoptive child, or care for themselves during an unexpected medical crisis. Low-wage workers typically have to face tradeoffs by forgoing wages and job security to take time off to care for their families. Broadening the scope of who can access this vital benefit also reduces the likelihood that low-income Marylanders will need to access safety-net programs – such as TCA or SNAP – if they are able to access paid leave.

Access to paid leave is a racial justice issue. Black and Brown workers on average earn significantly less than white workersⁱⁱ and women of color in particular are more likely to be the breadwinner as well as caregiver for their familiesⁱⁱⁱ. Economic disparities make it harder for families to absorb financial emergencies, which in turn magnify their need for paid family leave. SB 275 presents an opportunity to take a tangible step in the effort to dismantle the inequities born of structural racism and oppression in the workforce and in our communities.

For the reasons stated above, we respectfully urge a favorable report on SB 275.

Submitted by Lisa Klingenmaier, Chair of Welfare Advocates

ⁱ U.S. Bureau of Labor Statistics. (2018, September). *National Compensation Survey: Employee Benefits in the United States, March 2018*. <https://www.bls.gov/ncs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf>;

ⁱⁱ The Center for Law and Social Policy (CLASP). https://www.clasp.org/sites/default/files/publications/2018/12/2018_pfmliscriticalfor_0.pdf

ⁱⁱⁱ National Partnership for Women and Families. <http://www.nationalpartnership.org/our-work/resources/workplace/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>

liz_SB 275 - Paid Family Medical Leave - Time2Care

Uploaded by: Liz Simon-Higgs

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice (SURJ) in Maryland. I am a resident of District 46. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**

The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

I was immensely grateful, as a new parent (back in 2009), to have several weeks of paid leave while I stayed home with our first child. I was teaching in Baltimore City Schools (a very intense job). This time allowed me to heal from giving birth, and it allowed my son and me to bond. I had time to nurse him. This time together also helped me identify, as time went on, that he had special needs. Early identification is crucial – to support kids during their periods of most rapid development – and a parent who is PRESENT with a child is best positioned to recognize these needs.

At some point, nearly all of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Liz Simon-Higgs
308 E Randall St, Baltimore, MD 21230
Showing Up for Racial Justice

Testimony on Time to Care Act - SB0275.pdf

Uploaded by: Mara Greengrass

Position: FAV

February 10, 2022

Mara Greengrass
Rockville, MD 20852

TESTIMONY ON (SB0275) - POSITION: FAVORABLE

**Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Mara R. Greengrass

My name is Mara Greengrass and I am submitting this testimony in support of SB0275, the Time to Care Act.

I am a mother, 22-year resident of Rockville, member of Congregation Beth El in Bethesda, and a frequent board member of the Randolph Civic Association.

As a Jew, a mother, and a daughter, I care deeply about paid family and medical leave. My Jewish values include bikur cholim, a requirement to visit and help the sick, not just with your presence but also with concrete tasks, as well as pikuach nefesh, the preservation of life.

When I was pregnant with my daughter, Yael, I was fortunate enough to be an employee of an organization that provided paid leave. This was a tremendous relief when I was put on 3 months of bed rest.

Four years later, pregnant with my son, Barak, I once again had to go on bed rest. But at that time, I was self-employed and had no paid leave. I worked from my bed through most of the pregnancy, including a period in which I was so nauseated that I had to lie next to my laptop and slowly turn my head to look at it.

Nine years after that, my mother was diagnosed with pancreatic cancer and I had to swiftly move my parents out of their house and into two different care facilities. Once again, I was self-employed and had no paid leave. Although my coworkers have been nothing but supportive, the fact remains that if I don't work, I don't get paid.

Paid leave would have enabled me to focus on my children and my parents instead of taking meetings and writing reports in hospital rooms. Paid family and medical leave will enable Marylanders like me—freelancers, contractors, consultants, and others who don't receive employer benefits—to take care of their own health and the health of their loved ones.

The proposed paid family and medical leave closes a loophole that has left people like me out in the cold. I respectfully urge this committee to return a favorable report on SB0275.

SB 275 - MoCo_Elrich_FAV (GA 22).pdf

Uploaded by: Marc Elrich

Position: FAV



OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

February 10, 2022

TO: The Honorable Delores G. Kelley
Chair, Finance Committee

FROM: Marc Elrich
County Executive

RE: Senate Bill 275 – *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)* – Support

I am writing to express my strong support for **Senate Bill 275 – Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)**, which establishes a much needed and long-awaited insurance program to provide up to 12 weeks of wage replacement to workers who need to take temporary leave to: (1) deal with a serious health condition; (2) care for a child during the first year after the child's birth or after the placement of a child through foster care, kinship care, or adoption; (3) care for a family member with a serious health condition; or (4) care for a family member who is an active or former member of the United States military on the verge of deployment or dealing with other qualifying exigencies relating to military service.

Maryland's workforce needs access to this kind of insurance so that workers have the flexibility that is required to address their health challenges and family responsibilities while remaining in the labor force and sustaining our economy. The United States is one of the few industrialized countries that does not offer family and medical leave insurance. In the absence of an adequate federal program, it is time for Maryland to step forward and proactively address this challenge.

In addition to the crossfile of this bill, **House Bill 8 – Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2022)**, a second bill that would also establish a Family and Medical Leave Insurance Program, **House Bill 496 – Labor and Employment - Family and Medical Leave Insurance Program - Establishment**, has also been filed in the House of Delegates. I am supportive of both bills in concept and encourage the Finance Committee to carefully evaluate the differences between the two bills so that it can develop a final product that provides meaningful benefits to as many Marylanders as possible.

I respectfully request that the Committee move forward in adopting legislation that creates a Family and Medical Leave Insurance Program that helps to relieve the financial burden of taking time off to address health care needs and family responsibilities, particularly for low-income families.

cc: Members of the Finance Committee

SB0275 Time to Care Act_MHAMD Support.pdf

Uploaded by: Margo Quinlan

Position: FAV

**Senate Bill 275 Family and Medical Leave Insurance Program - Establishment
(Time to Care Act of 2022)
Senate Finance Committee
February 10, 2022
Position: Support**

The Mental Health Association of Maryland is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to submit testimony in support of Senate Bill 275.

SB 275 seeks to establish a Family and Medical Leave Insurance program which would entitle employees to take up to 12 weeks of paid leave from work in order to care for themselves, new children, or other family members with serious health conditions or disabilities. The program would also provide wage replacement during the period of leave, drawn from a fund pool into which employers and employees contribute.

The Centers for Disease Control and Prevention (CDC) state that one in five Americans will experience a mental illness in a given year, and one in five children, "either currently or at some point during their life, have had a seriously debilitating mental illness."¹ The COVID-19 pandemic has only further taxed the mental and behavioral health of many Marylanders: the Baltimore Sun has reported that around 40% of Marylanders have experienced anxiety or depression as a result of the pandemic, and Black and Brown communities have endured disproportionately higher rates of job loss and higher infection and mortality rates due to COVID-19.² The CDC reports that "younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation."³

Allowing Maryland workers time to care for themselves and their families during long-term mental or behavioral health treatment or recovery is critical to supporting a strong economy. The

¹ Centers for Disease Control and Prevention, 2018. <https://www.cdc.gov/mentalhealth/learn/index.htm>

² Wenger, Y., Sept. 29, 2020. *As coronavirus rolls on in Maryland, mental health toll surges, with experts fearing spike in suicides.* <https://www.baltimoresun.com/features/bs-hs-mental-health-covid-20200929-yzjfdfc2ijb4vab7o3v4g7q25a-story.html>

³ Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057.

DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external_icon

For more information contact:

Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org

Maryland Department of Health has cited⁴ studies which indicate that depression and anxiety disorders alone cost the global economy \$1 trillion annually in lost productivity.⁵ At a time when our national economy is still weathering one of the worst public health crises of a generation, it is increasingly critical that we support a healthy and sustainable Maryland workforce.

For these reasons, the Mental Health Association of Maryland supports the Time to Care Act and urges a favorable report on Senate Bill 275.

⁴ Maryland Department of Health. *Mental Health Promotion*. <https://health.maryland.gov/suicideprevention/Pages/Mental-Health-Promotion.aspx#:~:text=Data%20from%20the%20Substance%20Abuse,by%20the%20state%20Mental%20Health>

⁵ The Ripple Effect of Mental Illness. *National Alliance on Mental Illness*. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-Impact-Ripple-Effect-FINAL.pdf>

SB 275 - Time To Care Act.pdf

Uploaded by: Matt Peterson

Position: FAV

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Simon E. Sobeloff Jewish Law Society
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Temple Beth Shalom
Temple Isaiah
Zionist Organization of America
Baltimore District



WRITTEN TESTIMONY

Senate Bill 275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Finance Committee

February 10, 2022

SUPPORT

Background: Senate Bill 275 (SB275) would establish the Family and Medical Leave Insurance Program (FAMLI) to be administered by the Maryland Department of Labor. Eligible workers and employers would contribute to the fund from each paycheck. The program would approve benefits for up to twelve weeks and payments to workers will range from \$50 - \$1000 each week, based on the recipient's income.

Written Comments: The need for access to paid leave has been greatly exasperated by the pandemic. No one should have to choose between their job or taking care of their own or a loved one's health. Far too many Marylanders must make this impossible choice when they are facing a long term illness, welcoming a new child, or needing significant time to care for an aging parent. According to the Bureau of Labor Statistics, only 17% of workers in the Mid-Atlantic Region have access to paid family leave. The Time to Care Act would change that by guaranteeing every worker in Maryland paid leave.

Preserving life and health is a central tenet in Judaism and paramount above all else, and this bill will ensure more people are able to stay healthy. Paid family and medical leave benefits everyone and is an issue that 88% of Marylanders support. Women and people of color are disproportionately impacted when they do not have access to leave, and in too many cases these groups are forced to leave the labor force to care for their families or health, increasing turnover among workers. At a time when every business is competing to attract and retain labor, small businesses are often the ones left behind by large, out-of-state companies who can better afford to offer paid leave. This program will level the playing field among businesses and workers.

With this in mind, the Baltimore Jewish Council urges a favorable report of SB 275.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Maxwell Hope

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of **District 46. I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Maxwell Hope
24 S. Potomac Street
Baltimore, MD 21224
Showing Up for Racial Justice Baltimore

Mike English SB275.pdf

Uploaded by: Michael English

Position: FAV

February 8, 2022

Michael English
Silver Spring, MD, 20910

TESTIMONY ON SB275 - POSITION: FAVORABLE

**Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Vice Chair Feldman, and members of the Finance Committee
FROM: Michael English

My name is Michael English. I am a resident of District 20. I am submitting this testimony in support of SB275, Family and Medical Leave Insurance Program, or the Time to Care Act of 2022).

I am one of the lucky ones. When I had to take time to help care for my parents after surgery on several occasions over the years I not only had the paid sick leave to do so, but knew I had an employer that wouldn't hold it against me, or my employment status, for taking it. Many are not so lucky. Whether it is caring for a sick relative, or taking parental leave after having a child, too many people and families need to make a choice between caring for the people they love and keeping food on the table and a roof over their heads. That's just plain wrong, especially in a state like Maryland that likes to tout its progressiveness. Several close friends of mine have children in recent years, and both from talking with them and seeing it first hand, I can tell you that the paid time off many of them were able to have with their child was priceless. Or at least, I'd like to be able to tell you that. It's no coincidence that these friends had the means and the jobs to get paid leave and fill in the gap of their normal pay. Families with no assistance and fewer resources to throw at the situation know all too well how high the price actually is.

This needs to stop, and it needs to stop now. The bill provides an even split between employees and employers, and will help make small businesses more competitive with larger ones that can already afford this benefit. It has wide approval for a reason and we need to move it forward.

I respectfully urge this committee to return a favorable report on SB275

HPRP Testimony SB 275.pdf

Uploaded by: Michelle Madaio

Position: FAV



HOMELESS PERSONS REPRESENTATION PROJECT, INC.

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SUPPORT

SB 275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022) Senate Finance Committee, February 10, 2022

Testimony of Michelle Madaio, Director – Economic Justice, HPRP

The Homeless Persons Representation Project, Inc. (HPRP) is a non-profit civil legal services organization that provides free legal representation to people who are experiencing homeless or at risk of homelessness on legal issues that will lead to an end to homelessness. HPRP regularly represents individuals and families who are experiencing food and housing insecurity in accessing public benefit programs through administrative appeals and advocacy.

SB 275 would increase economic stability and housing security for individuals and families living in poverty. HPRP has worked with countless families who lost their job when they needed time off from work to care for a new child or serious medical event. These families were working in low-wage jobs, living paycheck to paycheck without adequate savings to afford unpaid leave. The jobs did not provide these families with paid leave or even the ability to take unpaid leave and hold their jobs until their return. Loss of employment caused the families to experience homelessness because without the income, they could no longer afford their rent. The paid leave program under SB 275 would allow families to attend to their health and medical needs when ill or injured, recover from childbirth, establish infant feeding schedules and bond with a new child, without the threat of losing their wages, job, or housing.

Maryland’s lack of a paid medical and family leave program disproportionately harms Black and Latinx workers. Due to factors including systemic racism and wage and employment discrimination, Black and Latinx workers are less likely to be able to afford unpaid leave and have less access to paid leave when compared to white workers.¹ Lack of access to paid family and medical leave exacerbates existing racial disparities in wealth and health outcomes. Without a paid leave program in Maryland like SB 275, racial disparities will continue to exist in which workers have access to paid leave.

Paid leave programs in other states and countries are associated with positive health and economic outcomes. Increases in paid parental leave are associated with better infant and child health.² Studies on California’s paid family leave policy suggest positive impacts on health outcomes, including self-rated health, psychological distress, decreased likelihood of obesity and asthma.³

HPRP strongly urges the Committee to issue a favorable report on SB 275. If you have questions or would like additional information, please contact Michelle Madaio (mmadaio@hprplaw.org).

1 National Partnership for Women & Families, “Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity,” (August 2018), *available at* <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>

2 Nandi A, Jahagirdar D, Dimitris MC, et al. “The Impact of Parental and Medical Leave Policies on Socioeconomic and Health Outcomes in OECD Countries: A Systematic Review of the Empirical Literature,” *Milbank Q.* 2018;96(3):434-471, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6131347/>

3 Bullinger LR. “The Effect of Paid Family Leave on Infant and Parental Health in the United States,” *J Health Econ.* 2019 Jul;66:101-116, <https://pubmed.ncbi.nlm.nih.gov/31150953/>; *see also* Lee BC, Modrek S, White JS, Batra A, Collin DF, Hamad R, “The Effect of California’s Paid Family Leave Policy on Parent Health: A Quasi-Experimental Study,” *Soc Sci Med.* 2020 Apr;251:112915, <https://pubmed.ncbi.nlm.nih.gov/32179364/>

SB 275 - Labor and Employment - Family and Medical

Uploaded by: Michelle Siri

Position: FAV

BILL NO: Senate Bill 275
TITLE: Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act)
COMMITTEE: Finance Committee
HEARING DATE: February 10, 2022
POSITION: **SUPPORT**

The Women’s Law Center of Maryland is dedicated to ensuring the physical safety, *the economic security*, and the autonomy of women throughout the State. One way we work towards this goal is by supporting systemic changes to our current economic policies and practices that disproportionately affect women. Senate Bill 275 would establish the Family and Medical Leave Insurance (FAMLI) Program. The bill’s purpose is to provide 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 bill would provide a continuity of income for persons needing to take time off to care for themselves, for a family member with a serious health condition, or for a newborn or newly placed adopted or foster child, or to take time needed for enumerated reasons related to a relative being deployed by the armed services.

This bill 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 in the military. The funds will be sourced by contributions made equally by both employers and employees, for a shared contribution not to exceed up to .75% of wages. Those covered employees are then entitled to up to 90% of their average weekly salary during periods of qualified leave. Additionally, the bill provides an exemption for employers offering equal or greater benefits.

The Women’s Law Center supports SB 275 because it furthers the purposes of the FMLA and the state laws extending similar protections, including the more recently enacted Pregnancy Leave Act. Many employees have been assisted by the passage of laws allowing them to take leave to care for their own or a close family member’s serious health condition, or to care for a new child, without losing their job. Yet the ability to take leave is often accompanied by a reduction or elimination of the employee’s regular wages. This is of particular concern to the Women’s Law Center as women continue to be the primary caregivers for children and family members. Yet at the same time, the number of women entering the workforce has continued to grow. Unfortunately, while women now make up nearly half the workforce, and two-thirds of Maryland families have women as the sole, primary, or co-breadwinner, women are disproportionately represented in low-wage jobs. Indeed, while only 18% of workers in general are covered by paid leave, that number is reduced to 6% for low wage workers – the workers who can least afford to go without a paycheck. As such, it should not be surprising that 15% of working women who have a child without paid leave end up on public assistance. But this legislation would benefit the workforce as a whole, as women with paid leave are 70% 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.

During the pandemic, women have been disproportionately forced out of the job market at unprecedented rates. This so-called she-cession has resulted in women, who are overrepresented in many of the sectors that have been hardest hit such as hospitality, leisure, restaurants, and education, accounting for as much as 83% of the jobs lost in those sectors.

It has been even more devastating for Black and Latina women, who make up a disproportionate percentage of workers in those sectors and who, not surprisingly, have experienced unemployment levels at an even higher rate than their white counterparts. During December of 2020, women accounted for all the net jobs lost in the entire country. Our hope was that as the economy rebuilt, that those losses would be addressed, but sadly, that is not the case. The most recent jobs report was incredibly optimistic - showing promising signs of recovery amid the ongoing pandemic and staffing shortages. Yet much of that growth was driven by men. New research from the National Women's Law Center shows that over one million men joined the labor force in January, compared to just 39,000 women. In other words, men have now recouped all of their job losses since the pandemic began, while women are struggling to catch up with nearly 1.1 million fewer women in the labor force now compared to February 2020.

To address the current economic crisis, and return the over a million women to our workforce, and our economy, the legislature must take action. Senate Bill 275 is a reasonable and modest effort that demonstrates Maryland's commitment to working families by helping to protect their health, stability and wellbeing, and will have an immediate positive impact on our economy. Therefore, the Women's Law Center urges a favorable report on SB 275.

The Women's Law Center of Maryland is a private, non-profit legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal representation for individuals and statewide advocacy to achieve systemic change.

MD Catholic Conference_FAV_SB0275.pdf

Uploaded by: MJ Kraska

Position: FAV



ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

February 10, 2022

SB 275

**Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)**

Senate Finance Committee

Position: Support

The Maryland Catholic Conference (“Conference”) represents the public policy interests of the three Roman Catholic (arch)dioceses serving Maryland: the Archdiocese of Baltimore, the Archdiocese of Washington, and the Diocese of Wilmington.

Senate Bill 275 establishes a Family and Medical Leave Insurance program in the state, through which employees may take up to twelve weeks of paid leave from their jobs when they are:

- Welcoming a new child from birth, adoption, or foster care placement.
- Suffering serious health conditions or disabilities.
- Involved in a relative’s military deployment or caring for a wounded service member.
- Caring for aging parents or family members with critical needs.

The Conference supports efforts that increase the dignity of a person’s work as well as expand opportunities to care for themselves and their families during times of critical need, from the welcoming of a new child into the family through caring for aging parents, and every stage in between. No Marylander should have to choose between the jobs they need and the family they love when a medical crisis strikes or a new child is welcomed into the home, which is why we need comprehensive paid family and medical leave in Maryland. A true paid family and medical leave policy must be cost-effective for workers, employers, and the government with employers contributing at least as much as employees. We must ensure that our paid family and medical leave program covers all working people, applies equally to everyone, covers all the well-established reasons people need leave, reflects an inclusive definition of family, and provides up to 12 weeks of leave and job security. SB 275 has all of these key components of a meaningful paid family and medical leave program

The Conference appreciates your consideration and, for these reasons, respectfully requests a favorable report on Senate Bill 275.

ABBMDSenateTestimony2022.pdf

Uploaded by: Molly Williamson

Position: FAV



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Testimony Regarding the Family and Medical Leave Insurance Program—Time to Care Act of 2022 (S.B. 275)

Submitted to the record of the Senate Finance Committee Hearing on February 10, 2022 by Molly Weston Williamson, Director of Paid Leave and Future of Work, A Better Balance

This testimony is submitted on behalf of A Better Balance, a legal advocacy organization whose mission is to fight for policies that will protect American workers from having to choose between caring for themselves and their families and maintaining their economic security. To that end, we have been working on paid family and medical leave issues in states throughout the country for over a decade. We are delighted that Maryland is considering this important issue and proud to support this critical legislation.

I. Paid family and medical leave laws are working in other states.

Since the middle of the last century, five states (California, New Jersey, Rhode Island, New York, and Hawaii) have provided a legal right to temporary disability insurance (TDI), which provides partial wage replacement to those unable to work due to an off-the-job illness or injury. In recent years, California, New Jersey, Rhode Island, and New York have expanded these programs to provide benefits to workers bonding with a new child or caring for a seriously ill loved one.¹ Washington State, Washington, D.C., Massachusetts, and Connecticut have created new insurance systems to provide similar benefits. In addition, Oregon and Colorado have passed laws to create new insurance systems to provide benefits in these same situations, which those states are currently working to implement. Though their exact structures vary, all existing comprehensive paid family and medical leave programs provide benefits through a social insurance model.

In each state with a paid family and medical leave law, almost all private sector (non-government) employees have an automatic legal right to coverage, including hourly, part-time, and subcontracted workers.² These laws cover employees regardless of the size of their employer, meaning that even those who work for an employer with just one employee have the right to coverage. Most programs also allow self-employed workers to opt in to coverage if they choose.

These laws provide benefits in a few types of situations. Workers can receive medical leave benefits (sometimes called TDI benefits) when they are unable to work due to a serious off-the-job illness or injury. In all programs, family leave benefits are available to those taking leave from work to bond with a new child (including children newly placed for foster care or adoption) or to care for a family member with a serious health condition. New York, Washington State, Massachusetts, California, Connecticut, and Colorado also provide (or will provide) paid family



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leave benefits to workers dealing with certain needs in connection with a family member's military deployment. New Jersey, Oregon, Connecticut, and Colorado also provide (or will provide) benefits known as "safe time," which covers certain needs arising from domestic or sexual violence.

Programs vary in the number of weeks of benefits workers can receive. For their own medical needs, workers can receive benefits for fifty-two weeks in California, thirty weeks in Rhode Island, twenty-six weeks in New York and New Jersey, twenty weeks in Massachusetts, twelve weeks in Washington State and Connecticut (with an additional two weeks in each state for certain pregnancy-related health needs), and six weeks in Washington, D.C. Workers will be able to receive benefits for their own medical needs for twelve weeks in Oregon (with an additional two weeks for certain pregnancy-related health needs), and Colorado (with an additional four weeks for certain pregnancy-related health needs). For paid family leave, New York, New Jersey, Washington State, Connecticut, and Massachusetts³ offer twelve weeks, California offers eight weeks, and Rhode Island offers five weeks; Washington, D.C. offers six weeks of benefits to care for a seriously ill or injured loved one and eight weeks of benefits to bond with a new child. Oregon and Colorado will each offer twelve weeks of paid family leave benefits. Programs vary in the extent to which workers can combine family and medical leave benefits sequentially.

Benefits are calculated as a percentage of workers' income. In some programs, this is a flat percentage of workers' own income. Workers receive a flat percentage of their average weekly wage in Rhode Island (approximately 60%) and New Jersey (85%). New York also uses a flat wage replacement rate, currently 50% for medical leave and 67% for family leave.

Other programs use what are called progressive wage replacement rates, where lower income workers receive a higher percentage of their income. California uses a progressive wage replacement rate ranging from 60% to 70% for most workers, with lower-income workers receiving a higher percentage of their income. Washington, D.C., Washington State, Massachusetts, Connecticut, Oregon, and Colorado use (or will use) progressive rates structured in a similar way. In these states, workers will receive a higher percentage of their income up to a threshold (ranging from 80% to 100%) and then a lower percentage of income (ranging from 50% to 65%) above that threshold. In effect, this will create a sliding scale of benefits. The exact thresholds vary from state to state, but are typically tied to a percentage of the state's average weekly wage or to the state's minimum wage.⁴

In every program, benefits are subject to a cap (a maximum weekly benefit). In many states, this cap is set as a percentage of the state's average weekly wage, so that it adjusts each year in response to growth in wages. Other programs use other mechanisms to ensure the benefit keeps



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pace with growth; for example, D.C.’s program adjusts benefits each year in response to regional inflation.

Paid family and medical leave laws are social insurance systems. Though the mechanics vary by state, in all states the programs work by combining small contributions from employers, employees, or both into an insurance system. When workers need family or medical leave, the insurance system pays their benefits. This means that employers do not have to pay workers’ wages out of pocket when they are out on leave, making providing paid leave inexpensive to the employer. This feature may be especially important for small employers, who often cannot afford to pay for paid leave out of pocket and therefore are at a competitive disadvantage in hiring the best employees as compared to larger employers who can afford to do so.

II. The need for Maryland to pass a paid family and medical leave law is overwhelming.

Maryland needs paid family and medical leave now—for workers, businesses, families, and the economy. Families who have access to paid leave are healthier, more economically secure, and less likely to require taxpayer-funded public assistance resources. The lack of paid leave costs U.S. workers and their families \$22.5 billion each year in lost wages alone.⁵

This bill is especially timely now. Paid family and medical leave will be crucial as our nation recovers from the COVID-19 pandemic. States that had paid family and medical leave programs in place prior to the pandemic were better able to respond to workers’ needs, while, even with emergency interventions, our lack of a national paid leave policy compromised the effectiveness of our pandemic response.⁶ As we move forward, paid family and medical leave will ensure workers can take the time they need to address their own or a loved one’s COVID-related needs in the years to come,⁷ while also responding to longstanding existing needs.

Shockingly, the United States remains one of only two countries in the world, along with Papua New Guinea, with no national paid parental leave benefit of any kind.⁸ Only 23% of civilian workers receive paid family leave through their employers to bond with a new child or care for a seriously ill or injured family member; among low-income workers, the number is even lower.⁹

This lack of access has predictable and devastating consequences for American families. Women without paid leave are more likely to be pushed into lower-paying jobs or to drop out of the work force entirely.¹⁰ In contrast, women who take paid leave after a child’s birth are more likely to be employed nine to twelve months after the child’s birth than working women who take no leave and new mothers who take paid leave are also more likely to report wage increases in the year following the child’s birth.¹¹ For working fathers, taking longer paid family leave means



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increased satisfaction in their contact with their children¹² and greater engagement in their children's lives.¹³

Lack of paid leave also hurts children. When parents cannot take the leave they need, babies are less likely to get checkups and important vaccinations, less likely to breastfeed, and more likely to develop behavioral problems.¹⁴ For foster children, the first few months are a critical adjustment period in the transition to a new placement,¹⁵ during which children need time to bond with their foster parents. Seriously ill children benefit when their parents can afford time off to care for them. Research shows that ill children have better vital signs, faster recoveries, and reduced hospital stays when cared for by parents.¹⁶

Nor is the need for family leave limited to new parents: today, nearly one in three U.S. households provide care for an adult loved one with a serious illness or disability.¹⁷ With an aging population, these numbers will only increase in the future. Family caregivers can help these individuals recover more quickly and spend less time in hospitals.¹⁸ Policies that support family caregiving create savings that benefit all Maryland taxpayers. Unpaid family caregivers not only help to ease the burden on our crowded hospitals and long-term care facilities but also create enormous financial savings. For example, recipients of family caregiving are less likely to have nursing home care or home health care paid for by Medicare.¹⁹ Because most caregivers providing care for adults are employed,²⁰ the demands of providing care are in constant tension with earning a much-needed income.

Workers also need time off to address their own serious health needs. Nationwide, about 3 in 5 civilian workers lack access to short-term disability insurance through their employers, leaving them vulnerable when they need time off from work to address their serious health needs.²¹ Among low-income workers, these numbers are even more stark. Eighty percent of those in the bottom quarter of earners and 90% of those in the bottom tenth of earners lack access to short-term disability insurance through their employers.²² When workers do not have the leave they need, they may defer or forego necessary medical treatment.²³ For example, paid medical leave helps cancer patients and survivors determine a course of treatment, follow through with and avoid that treatment, and manage side effects.²⁴

Medical problems are a leading cause of personal bankruptcy in this country²⁵ and a frequent contributor to home foreclosures.²⁶ Without paid leave, those dealing with a disabling illness are often pushed onto public benefits.²⁷ Nearly 1 in 3 seriously ill workers either lose their jobs or have to change jobs as a result of their illness.²⁸ Paid medical leave can help workers balance their health needs with work and keep their jobs. Paid medical leave also helps keeps workers safe on the job, increasing productivity and decreasing employer costs. Workers with paid medical leave are significantly less likely to suffer dangerous injuries on the job²⁹ or deaths on



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the job.³⁰ When workers must return to work before a chronic condition is stabilized or before they have healed from an injury, they are more likely to relapse or re-injure themselves while working.³¹ Paid leave allows workers to recover and return to full productivity more quickly than they would by continuing to work.

Finally, military families lack the protections they need when their loved ones are called to active duty service of our country. In one national survey, the amount of time service members spend away from family was ranked as the top issue of concern for service members and military spouses.³² Families that make these sacrifices deserve the paid time off they need to address the effects of deployment on their families and their lives. Moreover, due to the impacts of the military lifestyle, a shocking 30% of military spouses are unemployed, despite actively seeking employment, and many more are underemployed.³³ 52% of military spouses reported that unemployment and underemployment are the main obstacles to financial security.³⁴ Ensuring that these patriots can take the time away they need and then return ready to work can help them maintain employment and better support their loved ones serving abroad and those who remain at home.

The Business Case for Paid Leave

Eight states, California, New Jersey, Rhode Island, New York, Washington State, Washington, D.C., Massachusetts, and Connecticut have already implemented paid family and medical leave programs, with programs in the works under laws passed in Oregon and Colorado.³⁵ The experiences of these states have shown that paid family and medical leave laws can provide critically needed benefits at an affordable cost and without burdening businesses.

Contrary to opponents' claims, paid leave does not hurt businesses and can even help. In California, 92.8% of employers reported that paid family leave had a positive or neutral effect on employee turnover,³⁶ saving employers the costly step of replacing an existing employee.³⁷ A majority of California employers also reported positive or neutral effects on productivity (88.5%), profitability/performance (91.0%), and employee morale (98.6%).³⁸ And the California Society for Human Resource Management, a group of human resources professionals that initially opposed the state's paid family leave law, declared that the law is less onerous than expected, and few businesses in their research reported challenges resulting from workers taking leave.³⁹

Nor is it true that paid family and medical leave is bad for small businesses. Without a state program, small businesses that cannot afford to offer the same generous leave benefits as larger companies are at a competitive disadvantage in hiring.⁴⁰ Providing paid leave through a social insurance program levels the playing field for small businesses. That is why, for example, one



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year after Rhode Island's paid family leave law went into effect, a majority of small employers reported they were in favor of the program.⁴¹

The Health Case for Paid Leave

A robust and growing body of research demonstrates the substantial health benefits of paid family and medical leave for working families. For example, paid leave is associated with better physical and mental health for mothers, including a lower risk of postpartum depression.⁴² Moms who return to work within twelve weeks of giving birth are less likely to breastfeed and, when they do, breastfeed for less time than those who stay home longer.⁴³ In this context, it is unsurprising that access to paid leave has substantial positive effects on breastfeeding. For example, one leading study of California's paid family leave program found that use of paid family leave more than doubled the average number of weeks of breastfeeding and, among workers with low-quality jobs, notably increased the percentage of women who initiated breastfeeding at all.⁴⁴

Paid leave is also tied to reduction in infant and child mortality. In one study of 141 countries, controlling for other factors, an increase of ten full-time-equivalent weeks of paid maternal leave reduced neonatal and infant mortality rates by 10% and the mortality rate of children younger than five by 9%.⁴⁵ Expanding paid leave may also help redress existing maternal health disparities. For example, one study found that the positive effects of increasing the length of paid maternity leave are especially pronounced for low-resource families.⁴⁶ Moreover, there are significant racial disparities in maternal health, especially for Black women who are significantly more likely to die in childbirth or experience serious complications than white women.⁴⁷ Greater access to paid leave can help bridge these gaps.

Family care leave also provides significant health benefits to both caregivers and care recipients. Ill children have better vital signs, faster recoveries, and reduced hospital stays when cared for by parents.⁴⁸ Paid leave is a crucial part of this equation, because parents with paid leave are more than five times more likely to care for their sick children than those without.⁴⁹ In one study, parents of children with special needs who received paid leave were more likely to report positive effects on their children's physical and mental health than those who took leave without pay.⁵⁰ Paid family care leave also has important health benefits for caregivers, who face many negative health repercussions from caregiving. Research shows that access to paid leave improves caregivers' mental and emotional health.⁵¹

Paid medical leave provides workers extended time off to deal with their own serious health need, including acute conditions like cancer, chronic conditions like diabetes or asthma, or recovery from an accident or serious injury. Paid leave allows workers to get the treatment they



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need, when they need it. For example, paid medical leave helps cancer patients and survivors determine a course of treatment, follow through with that treatment, afford treatment, and manage side effects.⁵² Paid leave also helps keep workers safe on the job, increasing productivity and decreasing employer costs. Workers with paid leave are significantly less likely to suffer dangerous injuries on the job⁵³ or deaths on the job (for example, from heart conditions).⁵⁴ When workers must return to work before a chronic condition is stabilized or before they have healed from an injury, they are more likely to relapse or re-injure themselves while working.⁵⁵ Nationally, one in three U.S. adults under 65 has at least one chronic health condition.⁵⁶ For workers who receive health insurance through their employers, taking needed leave can mean risking their coverage when they need it the most. Strong paid leave laws, like the bill before you today, protect workers' right to keep their employer-provided health insurance, ensuring that workers do not lose the coverage they need at these critical junctures.

Paid leave can help fight substance abuse, including the rising threat of opioid abuse, which costs our nation over \$740 billion each year.⁵⁷ Key treatment options, including both in-patient and outpatient care,⁵⁸ generally require time off work, which is why treatment of substance use disorders is covered under existing leave laws.⁵⁹ Family caregivers are critical in ensuring those with substance use disorders can get treatment,⁶⁰ but caregiving can come at a high mental, physical, and financial cost.⁶¹ Paid leave can ensure they have the time away from work they need, along with easing the financial burdens of caregiving. Recovery benefits workers, their families, and their employers. Workers in recovery from substance use disorders have the lowest rates of turnover and absenteeism—lower, even, than the general workforce.⁶²

While critics charge that employees will abuse the program, the evidence does not support that claim. Studies in California⁶³ and New Jersey⁶⁴ show little to no abuse of the programs by workers.

III. S.B. 275 would create a strong paid family and medical leave program.

Key policy elements must be included for a strong paid family and medical leave program, building on lessons learned from successful programs in the states that have enacted paid family and medical leave. S.B. 275 would provide these crucial policy elements to offer strong protections to Maryland workers.

12 weeks is a minimum length of leave time to serve the purposes of this legislation.

S.B. 275 would provide at least twelve weeks of paid family and medical leave (with additional weeks in certain situations where workers have multiple needs). This minimum benchmark, which is also consistent with the FMLA, ensures that workers have the time they need to attend



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to their own or a family member's serious health needs, address the impact of a family member's military deployment, or bond with a new child. Providing twelve weeks of coverage would also match the length of paid family leave coverage in New York, New Jersey, and Massachusetts and of paid family and medical leave coverage in Washington State, Connecticut, Oregon, and Colorado.

The health benefits of providing 12 weeks of leave for bonding are overwhelming for children, mothers, and fathers. Children whose mothers do not return to work full time in the first 12 weeks are more likely to receive medical checkups and critical vaccinations.⁶⁵ Mothers who take at least 12 weeks of leave are also more likely to breastfeed, with important lasting health benefits for their children.⁶⁶ Fathers who take longer leaves experience greater engagement in their children's lives;⁶⁷ greater paternal engagement has cognitive and developmental advantages for children.⁶⁸ For foster children, the first few months are a critical adjustment period in the transition to a new placement,⁶⁹ during which children need time to bond with their foster parents. Experts including the American Academy of Pediatrics recommend that healthy full-term infants should not be enrolled in child care until they are at least 12 weeks old due to rapid developmental changes and the risk of developing severe undetected illness.⁷⁰

For new birth mothers, having less than 12 weeks of family leave is associated with increased symptoms of postpartum depression.⁷¹ For working fathers, taking longer paid family leave means increased satisfaction in their contact with their children.⁷²

Job protection is critical to the ability of a worker to take this benefit for which the worker is paying.

SB 275 protects the jobs of workers taking paid family and medical leave under the law. Job protection for all employees covered by the program is an essential element—without it, it's not leave. This is especially important for low-income workers, who change jobs more often than other workers⁷³ and are more likely to be working part time⁷⁴ (including many part-time workers who would prefer to be working full time).⁷⁵ Massachusetts provides job protection to all employees covered by its paid family and medical leave law, while Oregon, Connecticut, and Colorado provide (or will provide) job protection to nearly all employees covered by their paid family and medical leave laws and New York and Rhode Island provide job protection to all employees covered by their paid family leave laws.

The need for paid family and medical leave occurs at some of the most stressful times in a person's life: the arrival of a new child, a health crisis in the family, or a looming deployment. At these times, workers shouldn't have to worry whether they will have a job to return to after their leave. Without job protection, workers will pay for a program they can't use. Without a legal



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right to get their job back, many workers will be unable to take the leave they need—the risk to their long-term economic security will be too great. In one California study, fear of being fired was a commonly cited reason workers who were eligible for paid family leave under that state’s program did not take it.⁷⁶ In Rhode Island, 45% of workers who took leave under their state’s paid family leave law (which provides job protection) said that without the law they would not have taken leave for fear of losing their job.⁷⁷

Job protection keeps workers attached to the workforce. When workers are unable to take short-term leave and then return to their job, they are often pushed out of the workforce altogether. One study estimated that men who leave the labor force early due to caring for an aging parent lose almost \$90,000 in wages, while women who do so lose over \$140,000 in wages.⁷⁸ Women who take paid leave after having a baby are more likely to be working 9 to 12 months after the birth than women who take no leave.⁷⁹ And keeping workers on the job saves taxpayers money. Both men and women who return to work after taking paid leave are much less likely to be receiving public assistance or food stamps in the year following their child’s birth than those who return to work without taking family leave.⁸⁰

Workers need a decent wage replacement in order to be able to take time off, especially workers at the bottom of the economic spectrum.

SB 275 follows established best practices, providing a progressive wage replacement rate that will provide meaningful, accessible benefits to workers across the economic spectrum and ensure a benefit that low-income workers can afford to use. By adopting SB 275, Maryland would mirror the progressive wage replacement rates already in place California, Washington State, Massachusetts, the District of Columbia, and Connecticut and those that will be implemented in coming years in Oregon and Colorado.

Under progressive wage replacement systems like the one proposed here, lower-income workers, who need to use all of their income to meet their basic needs, receive a higher proportion of their income while they are on leave. This of this bill provides that workers will receive 90% of their wages up to 65% of the state average weekly wage (in current terms, this amount equals approximately \$870) and 50% of their wages above that amount. Benefits will initially be capped at \$1,000 per week, and will be adjusted in subsequent years based on inflation. Progressive wage replacement systems strike a reasonable balance between meeting the needs of low-wage workers and offering a reasonable maximum benefit to help protect the solvency of the fund.

The wage replacement rate (the percentage of their own income workers receive while on leave) is an extremely important element of a paid family and medical leave law: if the rate is too low,



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workers will not be able to afford to take the leave they need. This problem can be especially acute for low-income workers living paycheck to paycheck, who need every dollar of their income to pay their bills. Moreover, for programs that are partially worker-funded, it is particularly essential to ensure that workers will not be required to pay for a program they cannot afford to use.

Though low-income workers are the most vulnerable, workers of any income level can find themselves unable to afford to take leave if the wage replacement rate is too low. In a major California study, workers across income levels reported that the 55% wage replacement level made it difficult to afford to use the program, potentially contributing to low rates of use.⁸¹ For this reason, California amended their statute to raise the wage replacement rate, especially for low-wage workers. Maryland can learn from the experience of existing programs and create a benefit level that works for workers.

For purposes of family care, all close family members should be covered.

A strong bill includes the close family members for whom many workers will feel responsible and will therefore need leave to provide care should there be a serious illness. Here, SB 275 offers a strong foundation covering a range of loved ones, helping to reflect and protect the diversity of Maryland's families.

In today's families, many grandparents are raising grandchildren and both grandparents responsible for their grandchildren and grandchildren who owe their grandparents the care given them should be covered. Adult children with a serious illness are no less in need of care from their parents than any other adult to whom the worker is related. And many siblings look to their sisters or brothers as the first person to whom they would turn for care in the event of a serious illness. This bill would allow workers to take the time they need to care for these and other loved ones when they are seriously ill or injured.

Self-employed workers deserve the opportunity to get coverage if they choose.

Significantly, S.B. 275 would allow self-employed workers, including independent contractors and freelancers, to opt in to coverage. Eight states—California, New York, Washington, D.C., Washington State, Massachusetts, Connecticut, Oregon, and Colorado—have laws that allow or will allow such workers to opt in to coverage under their respective programs. By even conservative measures, more than one in ten American workers are self-employed (as of 2015),⁸² though some counts place the number even higher.⁸³ A disproportionately high number of caregivers—in one study, as many as one in six—are self-employed.⁸⁴ Self-employment can be a double-edged sword for the ability to take leave, trading off (at least theoretically) greater control



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of one's work schedule with less reliable income and fears of losing clients or work due to absence.

Recently, the rise of the so-called “gig economy” has placed increasing importance on ensuring basic protections for independent contractors and other self-employed workers, even as it raises significant questions regarding whether these workers are in fact employees who have been misclassified as contractors.⁸⁵ Despite their claims to provide flexibility, in practice platform companies like Uber often punish workers for not being available during profitable time slots, making it risky to take needed leave.⁸⁶ Moreover, as with other low-income workers, taking unpaid time away from work may be economically unfeasible for many gig economy workers who struggle to find enough hours of work.⁸⁷ For this reason, it is critically important that new laws, therefore, account for the needs of these workers and ensure that they can access the tools they need to take real leave regardless of whether they are considered traditional “employees”—as SB 275 would do.

Portable benefits meet the needs of a changing workforce.

S.B. 275 would provide the type of portable benefits—benefits that workers can take with them as they move from job to job or combine multiple sources of income—needed to fulfill the realities of today's workforce. As workers increasingly find themselves in nonstandard, precarious, and insecure jobs, portable benefits are increasingly essential. Low-income workers in particular may be more likely to change jobs than other workers more generally, even with employment that is not formally set up as temporary. Without needed protections, like eligibility standards that promote portability, a worker who happens to change jobs shortly before a life event requiring leave could be excluded, even if that worker had a long tenure and qualified in their prior position.

Additionally, a strong paid leave program should provide benefits to previously covered workers during unemployment. Many nonstandard employees may go through periods of unemployment between periods of employment. For example, temporary workers may have gaps between engagements or seasonal workers may struggle to find sufficient work in the off-season. For these workers, it is important that they can still access benefits they previously qualified for if the need arises during a period of unemployment—especially as the economic effects of the COVID pandemic continue to shape our economy, especially for women.

Outreach and education are important.

Especially in a program in which employees are paying in part for the benefit, it is very important that workers know about the benefit if there is a covered event in their lives. Strong



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bills include provisions committing the state to providing outreach and education on the new program and require employers to provide their employees with notice of their rights.

Maryland has taken an important step forward today by examining paid family and medical leave. We thank you for the opportunity to submit this testimony and for all your efforts to enact the crucial protections working families need.

¹ Hawaii's law continues to provide for TDI benefits, but has not been expanded to provide paid family leave benefits. Under the law, workers can receive TDI benefits for up to twenty-six weeks. Workers receive 58% of their own income through TDI, up to a cap.

² Some state paid family and medical leave laws also cover state or local government employees, while others generally allow public sector employer to opt in to coverage or allow unionized public sector workers to negotiate for coverage through the bargaining process.

³ For military caregivers, Massachusetts provides up to 26 weeks of benefits.

⁴ For exact details by state, please see the attached chart.

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⁸ INTERNATIONAL LABOUR ORGANIZATION, *MATERNITY AND PATERNITY AT WORK: LAW AND PRACTICE ACROSS THE WORLD* 16 (2014), available at http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf.

⁹ *National Compensation Survey: Employee Benefits in the United States, Mar. 2021*, U.S. Bureau of Labor Statistics, Table 33 (2021), <https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf>.

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¹² Linda Haas & C. Phillip Hwang, "The Impact of Taking Parental Leave on Fathers' Participation in Childcare and Relationships with Children: Lessons from Sweden," *Community, Work & Family*, 11:1, 85-104.

¹³ Maria del Carmen Huerta *et al.*, *Fathers' Leave, Fathers' Involvement and Child Development Are They Related? Evidence from Four OECD Countries* (2013).

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- ¹⁵ Annette Semanchin Jones & Susan J. Wells, *PATH/Wisconsin-Bremer Project: Preventing Disruptions in Foster Care* (2008).
- ¹⁶ See S. J. Heymann, A. Earle & B. Egleston, *Parental Availability for the Care of Sick Children*, Pediatrics, Vol. 98 No. 2 (Aug. 1996), p. 226-30; S.J. Heymann, THE WIDENING GAP: WHY AMERICA'S WORKING FAMILIES ARE IN JEOPARDY AND WHAT CAN BE DONE ABOUT IT (2000), p. 57.
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- ²³ See Abt Associates Inc., *Family and Medical Leave in 2012: Technical Report 131* (Sep. 2012), <https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>.
- ²⁴ Elizabeth Harrington & Bill McInturff, *Key Findings -- National Surveys of Cancer Patients, Survivors, and Caregivers*, American Cancer Society Cancer Action Network (2017), <https://www.acscan.org/sites/default/files/ACS%20CAN%20Paid%20Leave%20Surveys%20Key%20Findings%20Press%20Memo%20FINAL.pdf>. The results of this survey strongly suggest that other workers with chronic or serious illnesses will have better access to treatment and care when they are able to take paid time off from work.
- ²⁵ See David U. Himmelstein, Deborah Thorne, Elizabeth Warren, Steffie Woolhandler, *Medical Bankruptcy in the United States, 2007: Results of a National Study*, 122 AM. J. OF MED. 742 (2009).
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- ²⁷ See Anne L. Alstott, *Why the EITC Doesn't Make Work Pay*, LAW & CONTEMP. PROBS. 285, 311-12 (Winter 2010).
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- ³⁰ Daniel Kim, *Paid Sick Leave and Risks of All-Cause and Cause-Specific Mortality Among Adult Workers in the USA*. 14.10 Int. J. of Env. Research and Pub. Health 1247 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5664748/pdf/ijerph-14-01247.pdf>.
- ³¹ T.G. Hollo, *Evaluating family and medical leave insurance for Washington state*, 11 Economic Opportunity Institute (May 2012), <http://www.opportunityinstitute.org/wp-content/uploads/family-leave-insurance/EvaluatingFamilyandMedicalLeave-Jan13.pdf>.
- ³² *Military Family Lifestyle Survey: Comprehensive Report*, BLUE STAR FAMILIES, p. 20 (2018), available at <https://bluestarfam.org/wp-content/uploads/2019/03/2018MFLS-ComprehensiveReport-DIGITAL-FINAL.pdf>.
- ³³ *Id.* at 10
- ³⁴ *Id.*
- ³⁵ Paid family and medical leave benefits will begin in Oregon in 2023 and Colorado in 2024.

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³⁶ Eileen Appelbaum & Ruth Milkman, *Leaves That Pay: Employer and Worker Experience with Paid Family Leave in California* (2011), CENTER FOR ECONOMIC AND POLICY RESEARCH, p. 8, available at <https://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>.

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⁴⁸ See Heymann, Earle & Egleston, *supra* note 13, at 226-30; Heymann, *supra* note 13.

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⁵² Harrington & McInturff, *supra* note 21. The results of this survey strongly suggest that other workers with chronic or serious illnesses will have better access to treatment and care when they are able to take paid time off from work.

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the work and family legal center

Overview of Paid Family & Medical Leave Laws in the United States

Nine U.S. states and the District of Columbia have paid family and medical leave laws on the books. This document provides an overview of these laws.

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
What purposes can leave be used for?	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury. Temporary caregiver insurance (TCI) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; or (2) care for a family member with a serious health condition.	Disability insurance (DI) can be used for a worker's own serious off-the-job illness or injury. Paid family leave (PFL) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; (3) address certain military family needs.	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury. ¹¹ Family leave insurance (FLI) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain non-medical needs arising from domestic or sexual violence, also known as "safe time."	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury. Paid family leave (PFL) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain military family needs. ¹²	Universal paid leave (UPL) can be used (1) for a worker's own serious health condition; ¹³ (2) to bond with a child within one year of the child's birth or placement for foster care or adoption; or (3) to care for a family member with a serious health condition.	Medical leave can be used for a worker's own serious health condition. Family leave can be used to (1) bond with a child within one year of the child's birth or placement; (2) care for a family member with a serious health condition; or (3) address certain military family needs.	Medical leave can be used for a worker's own serious health condition. Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain military family needs.	Medical leave can be used for a worker's own serious health condition. ¹⁴ Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; (3) address certain military family needs; or (4) address certain medical and non-medical needs arising from domestic violence, also known as "safe time."	Medical leave can be used for a worker's own serious health condition. Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; or (2) care for a family member with a serious health condition. Safe leave can be taken to address certain medical and nonmedical needs arising from domestic violence, harassment, sexual assault or stalking. <i>Benefits begin Sept. 3, 2023.</i>	Family and medical leave can be used: (1) for a worker's own serious health condition; (2) to bond with a child within one year of the child's birth, adoption, or placement for foster care; (3) to care for a family member with a serious health condition; (4) to address certain military family needs; or (5) to address certain medical and non-medical needs arising from domestic violence, stalking, or sexual assault or abuse, also known as "safe leave." <i>Benefits begin Jan. 1, 2024.</i>

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
Who is covered? ¹⁵	Employees covered by the state unemployment insurance law, except for public employees, are covered.	Employees covered by the state unemployment insurance law, except for most public employees, are covered.	Employees covered by the state unemployment insurance law are covered, with some exceptions for public sector employees.	Most private sector employees are covered. ¹⁶	Most private sector employees are covered.	All employees are covered.	Employees covered by the state unemployment insurance law, except for some public employees, are covered.	Almost all private sector and many public sector employees are covered.	Almost all employees are covered.	Almost all employees are covered.
Are public sector workers automatically covered? ¹⁷	No. Public employers can opt in to coverage, as can some unions covering public sector workers through the collective bargaining process.	No, with a few exceptions. Many public employers can opt in to coverage, but may need to do so through a negotiated agreement with an authorized bargaining unit.	Own health: No, with a few exceptions. Public employers can opt in to coverage. Paid family leave: Yes.	No. Public employers can opt in to coverage and unions covering public sector workers can opt in to paid family leave through the collective bargaining process.	No.	Yes.	State employees are automatically covered. Local government employees are not automatically covered. Public sector employers not covered by the law can opt in to coverage.	State employees are covered if their collective bargaining unit has negotiated coverage or if they are not in a collective bargaining unit. Municipal employees and employees of a local or regional board of education are covered if their collective bargaining unit has negotiated coverage or if they are not in a collective bargaining unit and their employer has	Yes, except employees of federal and tribal governments. Tribal governments may opt in to coverage.	Yes. However, local government employers may decline coverage. Local government employees whose employers declined coverage can opt in to wage replacement benefits.

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
								negotiated coverage for members of any collective bargaining unit.		
Are domestic workers covered?	Yes, subject to a low minimum payment requirement.	Yes, subject to a low minimum payment requirement.	Yes, subject to a low minimum payment requirement.	Domestic workers who work at least 20 hours per week for a single employer are covered.	Yes, subject to a low minimum payment requirement.	Yes.	Yes.	Yes.	Yes.	Yes.
Can self-employed workers opt in to coverage?	No.	Yes.	No.	Yes.	Yes.	Yes.	Yes. <i>Certain self-employed workers may be covered automatically.</i>	Yes.	Yes.	Yes.
What are the requirements to qualify for benefits?	Workers must have earned wages in 1 quarter of the base period of at least 200 times the minimum wage (currently, \$2,300), must have earned income across the base period of at least 1.5 times the worker's highest earning	Workers must have earned at least \$300 during the base period. The base period is the first 4 of the 5 most recently completed quarters <i>or</i> may include earlier quarters if the worker was unemployed	Workers must have either earned at least 20 times the minimum wage (currently, \$240) in at least 20 weeks <i>or</i> earned at least 1,000 times the minimum wage (currently, \$12,000) during the base year. The base year is the first 4 of the 5	Own health: Workers generally must have been employed for at least 4 consecutive weeks by a single employer; ¹⁹ previously qualified workers qualify immediately upon the start of employment with a new covered	Workers must have been employed by a covered employer in D.C. during at least some of the 52 weeks preceding the event that precipitated their need for leave. Workers who have worked for covered	Workers must have worked at least 820 hours in the qualifying period. ²⁰ The qualifying period means the first 4 of the 5 most recently completed quarters or the 4 most recent	Workers must have earned a minimum amount (currently, \$5,700) during the base period and must meet an earnings requirement tied to the worker's average earnings that, in effect, means the worker must have worked for	Workers must have earned at least \$2,325 during the highest earning quarter within the base period. The base period is the first 4 of the 5 most recently completed quarters. This can	Workers must have earned at least \$1,000 during the base year. The base year is the first 4 of the last 5 completed quarters or the 4 most recently completed quarters. This can combine income from	Workers must have earned at least \$2,500 during the base period. The base period is the first 4 of the last 5 completed quarters or the 4 most recently completed quarters. This can combine income from more than one employer. ²¹

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
	<p>quarter, and must have earned at least 400 times the minimum wage (currently, \$4,600) over the entire base period.</p> <p>The base period is the first 4 of the 5 most recently completed quarters <i>or</i> the 4 most recent completed quarters.</p> <p>This can combine income from more than one employer.</p>	<p>during part of the base period.¹⁸</p> <p>This can combine income from more than one employer.</p>	<p>most recently completed quarters <i>or</i> the 4 most recent completed quarters <i>or</i> the 3 most recent completed quarters and the portion of the current quarter that has already occurred.</p> <p>This can combine income from more than one employer.</p>	<p>employer.</p> <p>Paid family leave: Workers generally must have been employed by their current employer for at least 26 consecutive weeks; those who work less than 20 hours per week must have worked at least 175 days for their current employer.</p>	<p>D.C. employers for less than 1 year may receive a prorated benefit amount.</p>	<p>completed quarters.</p> <p>This can combine hours worked at more than one employer.</p>	<p>a certain number of weeks.</p> <p>The base period is the last 4 completed quarters.</p> <p>This can combine income from more than one employer.</p>	<p>combine income from more than one employer.</p>	<p>more than one employer.</p>	
What family members are covered?	<p>A family member includes a worker's child, parent, parent-in-law or parent of the worker's registered domestic partner,</p>	<p>A family member includes a worker's child, parent, grandparent, grandchild, sibling, spouse, registered domestic</p>	<p>A family member includes a worker's child, parent, parent-in-law, sibling, grandparent, grandchild, spouse, registered domestic partner, civil union</p>	<p>A family member includes a worker's child, parent, parent-in-law, spouse, grandchild, grandparent, or domestic partner.²³ The law's definition</p>	<p>A family member includes a worker's child, parent, parent-in-law, spouse, grandparent, sibling, or registered</p>	<p>A family member includes a worker's child, child's spouse or domestic partner, grandchild, grandparent,</p>	<p>A family member includes a worker's spouse, domestic partner, child, parent, parent of a spouse or domestic partner, grandchild, grandparent, or</p>	<p>A family member includes a worker's spouse, sibling, son or daughter, grandparent, grandchild, parent, parent-</p>	<p>A family member includes a worker's spouse or registered domestic partner, sibling, child, child's spouse or domestic partner, grandparent, grandchild,</p>	<p>A family member includes a worker's child, parent, parent of a spouse or domestic partner, spouse, domestic partner,²⁸ grandparent, grandparent of a spouse or domestic</p>

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
	grandparent, spouse, or registered domestic partner.	partner, or the parent of a worker's spouse or registered domestic partner. ²²	partner, any other person related to the worker by blood, and any other person that the worker shows to have a close association with the worker which is the equivalent of a family relationship.	of domestic partner is flexible and does not require registration. ²⁴ <i>Beginning January 1, 2023, a family member will also include siblings.</i>	domestic partner.	parent, parent-in-law or parent of the worker's registered domestic partner, sibling, spouse, registered domestic partner, any individual who regularly resides in a worker's home where there is an expectation that the worker care for the individual, or any individual where the relationship creates the expectation that the worker care for the individual and that individual depends on the worker for	sibling. The law's definition of domestic partner is flexible and does not require registration. ²⁵	in-law, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships. ²⁶	parent, parent-in-law or parent of the worker's registered domestic partner, or any individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship. ²⁷	partner, grandchild, grandchild of a spouse or domestic partner, sibling, sibling of a spouse or domestic partner, or as shown by the worker, any other individual with whom the worker has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship.

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
How is the program funded?	Workers cover the full cost of both TDI and TCI. Both programs are funded by a single payroll deduction, currently set at 1.1% of wages. This deduction does not apply to wages above \$81,500/year.	Workers cover the full cost of both DI and PFL. Both programs are funded by a single payroll deduction, currently set at 1.1% of wages. ²⁹ This deduction does not apply to wages above \$145,600/year.	Workers and employers share the cost of TDI. Workers contribute 0.14% of their wages. Employers contribute a percentage of workers' wages ranging from 0.10% to 0.75%. The percentage contribution for employees does not apply to a worker's wages above \$151,900/year; the percentage contribution for employers does not apply to a worker's wages above \$39,800/year. Workers cover the full cost of FLI. The program is funded by a payroll deduction, currently set at 0.14% of wages. This deduction	Workers and employers share the cost of TDI. Employers can withhold 0.5% of workers' wages to pay for coverage, up to \$0.60/week; employers cover the remaining cost. ³¹ Workers cover the full cost of PFL. The program is funded by a payroll deduction, currently set at 0.511% of wages. This deduction does not apply to wages above an average of \$1,594.57/ week.	Employers cover the full cost of UPL. Employers contribute a percentage of workers' wages, currently set at 0.62%.	Workers and employers share the cost of medical leave. Employers can withhold up to 45% of the premium from workers' wages; employers cover the remaining cost. ³² Employers with fewer than 50 employees in Washington State are not required to pay the employer portion. ³³ Currently, the <i>total</i> premium for medical leave is about 0.29% of wages. Workers cover the full cost of family	Workers and employers share the cost of medical leave. Employers can withhold up to 40% of the premium from workers' wages; employers cover the remaining cost. ³⁵ Employers with fewer than 25 employees in Massachusetts are not required to pay the employer portion. ³⁶ Currently, the <i>total</i> premium for medical leave is 0.56% of wages. Workers cover the full cost of family leave. Currently, the premium is 0.12% of wages. The <i>total</i> premium for	Workers cover the full cost of all leave. Workers contribute 0.5% of wages. ³⁷ Contributions do not apply to wages above the Social Security contribution base.	Workers and employers share the costs of all leave. Employers can withhold up to 60% of the contribution from workers' wages; employers cover the remaining costs. Employers with fewer than 25 employees are not required to pay the employer contribution. ³⁸ The total premium will not exceed 1% of wages. Premiums do not apply to wages above \$132,900/year. Contributions begin January 1, 2023.	Workers and employers share the cost of all leave. Employers can withhold up to 50% of the premium from workers' wages; employers cover the remaining cost. ³⁹ Employers with fewer than 10 employees are not required to pay the employer portion. Initially, the total premium will be 0.9% of wages. ⁴⁰ Premiums do not apply to wages above the Social Security contribution base. Premiums begin January 1, 2023.

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
			does not apply to wages above \$151,900/year. ³⁰			leave. Currently, the premium is about 0.31% of wages. ³⁴ Premiums do not apply to wages above the Social Security contribution base.	family and medical leave is 0.68% of wages. Premiums do not apply to wages above the Social Security contribution base.			
What percentage of wages do workers receive?	About 60% of a worker's average weekly wage (formally, 4.62% of a worker's wages in the highest earning quarter of the base year) ⁴¹	Between 60% and 70% of a worker's average weekly wage, depending on their income ⁴²	85% of a worker's average weekly wage	Own health: 50% of a worker's average weekly wage Family leave: 67% of a worker's average weekly wage	90% of a worker's average weekly wage up to an amount equal to 40 times 150% of the D.C. minimum wage and 50% of a worker's average weekly wage above an amount equal to 40 times 150% of the D.C. minimum wage ⁴³	90% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage	80% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage	95% of a worker's average weekly wage up to an amount equal to 40 times the state minimum wage and 60% of a worker's average weekly wage above an amount equal to 40 times the state minimum wage	100% of a worker's average weekly wage up to an amount equal to 65% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 65% of the statewide average weekly wage	90% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage, and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage

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What is the maximum weekly benefit?	85% of the statewide average weekly wage <i>Current: \$978/week</i>	About 100% of the statewide average weekly wage <i>Current: \$1,540/week</i>	70% of the statewide average weekly wage <i>Current: \$993/week</i>	Own health: \$170/week Family leave: 67% of the statewide average weekly wage <i>Current: \$1,068.36/week</i>	\$1,009 per week, adjusted annually based on inflation	90% of the statewide average weekly wage <i>Current: \$1,327/week</i>	64% of the statewide average weekly wage <i>Current: \$1,084.31/week</i>	60 times the state minimum wage <i>Current: \$780/week</i>	120% of the statewide average weekly wage	\$1,100 per week initially, adjusted annually after the first year to 90% of the statewide average weekly wage
For how long can a worker receive benefits?	Own health: Up to 30 weeks in a 52-week period. ⁴⁴ Family leave: Up to 5 weeks in a 52-week period. Total: Up to 30 weeks in a 52-week period. <i>When the program is fully phased in in 2023, workers will be able to take up to 6 weeks of family leave.</i>	Own health: Up to 52 weeks for any period of disability. ⁴⁵ Family leave: Up to 8 weeks in a 12-month period. <i>California does not specify a cumulative limit.</i>	Own health: Up to 26 weeks for any period of disability. ⁴⁶ Family leave: Up to 12 weeks in a 12-month period. <i>New Jersey does not specify a cumulative limit.</i>	Own health: Up to 26 weeks for any period of disability or in any 52-week period. Family leave: Up to 12 weeks in a 52-week period. Total: Up to 26 weeks in a 52-week period.	Own health: Up to 6 weeks in a 52-week period. ⁴⁷ Caring for a seriously ill relative: Up to 6 weeks in a 52-week period. Bonding with a new child: Up to 8 weeks in a 52-week period. Total: Up to 8 weeks in a 52-week period.	Own health: Up to 12 weeks in a 52-week period. ⁴⁹ Family leave: Up to 12 weeks in a 52-week period. ⁵⁰ Total: Up to 16 weeks in a 52-week period. ⁵¹ <i>Workers with certain pregnancy-related health needs may receive up to an additional 2 weeks of benefits, which can be combined</i>	Own health: Up to 20 weeks in any benefit year. Family leave: Up to 12 weeks in any benefit year. Total: Up to 26 weeks in any benefit year. <i>Military caregivers can receive up to 26 weeks of family leave in any benefit year.</i>	Own health: Up to 12 weeks in a 12-month period. Family leave: Up to 12 weeks in a 12-month period. Safe time: Up to 12 days in a 12-month period. Total: Up to 12 weeks in a 12-month period. <i>Workers with certain pregnancy-related health needs may receive up to an additional 2</i>	Own health: Up to 12 weeks in any benefit year. Family leave: Up to 12 weeks in any benefit year. Safe leave: Up to 12 weeks in any benefit year. Total: Up to 12 weeks in any benefit year. <i>Workers with certain pregnancy-and childbirth-related health needs (including lactation) may receive up to an additional 2</i>	Own health: Up to 12 weeks in an application year. Family leave: Up to 12 weeks in an application year. Safe leave: Up to 12 weeks in an application year. Total: Up to 12 weeks in an application year. <i>Workers with certain pregnancy-and childbirth-related health needs may receive up to an additional 4 weeks of benefits, which can be combined with</i>

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
					<p><i>Workers with certain pregnancy-related health needs may receive up to an additional 2 weeks of benefits, which can be combined with other uses up to a total of 10 weeks in a 52-week period.</i></p> <p><i>After October 1, 2022, the maximum leave duration may vary.⁴⁸</i></p>	<p><i>with other uses up to a total of 18 weeks in a 52-week period.</i></p>		<p><i>additional 2 weeks of benefits, which can be combined with other uses up to a total of 14 weeks in a 12-month period.</i></p>	<p><i>weeks of benefits, which can be combined with other uses up to a total of 14 weeks in any benefit year.</i></p>	<p><i>other uses up to a total of 16 weeks in a 12-month period.</i></p>
Is there an unpaid waiting period?	No.	<p>Own health: Yes—there is a 7-day unpaid waiting period.</p> <p>Family leave: No.</p>	<p>Own health: Yes—there is a 7-day unpaid waiting period.⁵² However, if a worker is eligible for benefits during each of 3 consecutive weeks after the waiting period,</p>	<p>Own health: Yes—there is a 7-day unpaid waiting period.</p> <p>Family leave: No.</p>	<p>Typically, yes—there is a 1-week unpaid waiting period.</p> <p><i>Due to the public health emergency, the unpaid</i></p>	<p>Own health and family leave other than bonding leave: Yes—there is a 7-day unpaid waiting period.</p> <p>Bonding</p>	Yes—there is a 7-day unpaid waiting period.	No.	No.	No.

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
			that worker can also be paid benefits for the waiting period. Family leave: No.		<i>waiting period is temporarily waived.</i> ⁵³	leave: No.				
Are workers entitled to have their jobs back when they return?	Own health: No. Family leave: Yes. ⁵⁴ <i>Workers may have protections under other laws, such as the FMLA or the Rhode Island Parental and Family Medical Leave Act.</i>	No. <i>Workers may have protections under other laws, such as the FMLA or the California Family Rights Act.</i>	<i>The law was amended to add additional anti-retaliation provisions, which may be clarified by regulation.</i> ⁵⁵ <i>Workers may have protections under other laws, such as the FMLA or the New Jersey Family Leave Act.</i>	Own health: No. Family leave: Yes. ⁵⁶ <i>Workers may have protections under other laws, such as the FMLA.</i>	No. <i>Workers may have protections under other laws, such as the FMLA or the D.C. Family & Medical Leave Act.</i>	Yes, but only for workers who meet specific eligibility criteria similar to those for the FMLA. ⁵⁷ <i>Workers may have protections under other laws, such as the FMLA.</i>	Yes. ⁵⁸ <i>Workers may have protections under other laws, such as the FMLA or the Massachusetts Parental Leave Act.</i>	Yes, if they have been employed by their employer for at least 3 months before requesting leave, except for leaves taken for safe time. ⁵⁹ <i>Workers may also have protections under other laws, such as the FMLA or Connecticut's family violence leave law.</i>	Yes, if they have been employed by their employer for at least 90 days before taking leave. ⁶⁰ <i>Workers may also have protections under other laws, such as the FMLA or the Oregon Family Leave Act.</i>	Yes, if they have been employed by their employer for at least 180 days before taking leave. ⁶¹ <i>Workers may also have protections under other laws, such as the FMLA or the Colorado Family Care Act.</i>
How is the insurance provided?	All covered workers are covered through the state fund.	By default, workers are covered through the state fund. Employers can apply for approval of a voluntary plan, which must	By default, workers are covered through the state fund. Employers can apply for approval of a private plan, which must provide benefits	Employers can provide coverage by purchasing insurance (either from the state fund or a private insurer) or by becoming an approved self-	All covered workers are covered through the district fund.	By default, workers are covered by the state fund. Employers can apply for approval of a voluntary plan, which	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must	By default, workers are covered by the state fund. Employers can apply for approval of an equivalent plan, which must	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those

	RI ¹	CA ²	NJ ³	NY ⁴	D.C. ⁵	WA ⁶	MA ⁷	CT ⁸	OR ⁹	CO ¹⁰
		provide benefits greater than those available through the state.	at least equivalent to those available through the state.	insurer.		must provide benefits at least equivalent to those available through the state.	provide benefits at least equivalent to those available through the state.	provide benefits at least equivalent to those available through the state.	provide benefits at least equivalent to those available through the state.	available through the state.

Hawaii also has a temporary disability insurance (TDI) program, which provides benefits to most workers for up to 26 weeks (save for a 1-week waiting period) for any period of serious off-the-job illness or injury. To be eligible for benefits, workers must have been employed for at least 14 weeks, during each of which the worker worked at least 20 hours and earned at least \$400 in wages, during the 52 weeks immediately prior to the start of disability. This can combine income from more than one employer. Under the program, a worker receives 58% of a worker’s average weekly wage up to a cap of about 70% of the statewide average weekly wage. Hawaii does not provide paid family leave.⁶²

¹ R.I. Gen. Laws § 28-39-1 *et seq.*

² Cal. Unemp. Ins. Code § 2601 *et seq.* San Francisco has enacted a municipal law that grants additional benefits for parental leave for many workers.

³ N.J. Stat. Ann. § 43:21-25 *et seq.*

⁴ N.Y. Workers’ Comp. Law § 200 *et seq.* For more information on New York’s paid family leave law, visit FamilyLeaveWorks.org.

⁵ D.C. Code Ann. § 32-541.01 *et seq.*

⁶ Wash. Rev. Code *et seq.* 50A.05.005.

⁷ Mass. Gen. Laws ch. 175M, § 1 *et seq.*

⁸ Conn. Legis. Serv. P.A. 19-25 (S.B. 1). The law is only partially codified. For the full text of the law, see <https://www.cga.ct.gov/2019/lcoamd/pdf/2019LCO09302-R00-AMD.pdf>.

⁹ See Or. Enrolled House Bill 2005 (HB 2005-B). The law is only partially codified. For the full text of the law, see <https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/HB2005/Enrolled>.

¹⁰ The law is not yet codified. For the full text of the law, see <https://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/filings/2019-2020/283Final.pdf>.

¹¹ In 2020, New Jersey’s law was amended to specify that TDI and FLI can be used in the event of a state of emergency declared by the Governor (or when the Commissioner of Health or other public health authority has indicated that one is needed) when a worker or a family member has an illness caused by an epidemic of a communicable disease, has a known or suspected exposure to the communicable disease, or is taking efforts to prevent spread of the communicable disease, the worker or family member requires in-home care or treatment due to the issuance of a determination by a healthcare provider or a public health authority that the worker’s or family member’s presence in the community may jeopardize the health of others, and said healthcare provider or public health authority recommends or directs the worker or family member to isolate or quarantine as a result of suspected exposure to a communicable disease.

¹² Under an emergency law, special TDI and/or paid family leave benefits may be available to certain workers when they or their minor child is subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19. For more information, consult our fact sheet <https://www.abetterbalance.org/resources/fact-sheet-new-york-states-paid-sick-leave-legislation/>.

¹³ The statute explicitly includes miscarriage and stillbirth as serious health conditions. In addition, the law provides specific protections for pre-natal medical care.

¹⁴ Connecticut’s law also specifies that leave can be taken to be an organ or bone marrow donor. This purpose may also be covered under other paid family and medical leave laws.

¹⁵ California, New Jersey, Rhode Island, Washington State, Massachusetts, and Connecticut also provide some coverage for previously covered workers who have a qualifying need for family or medical leave while they are unemployed, while New York and Hawaii also provide some coverage for previously covered workers who have a qualifying need related to the worker’s own health. Details vary by state. States that aren’t currently implementing their programs will also likely provide some coverage for previously covered workers during unemployment, though final regulations will be needed to specify details.

¹⁶ For a list of exceptions, visit <http://www.wcb.ny.gov/content/main/coverage-requirements-db/db-coverage-required.jsp>.

¹⁷ Note that no state law covers federal employees.

¹⁸ If a worker was unemployed and actively seeking work for at least 60 days of a quarter or quarters during the base period, that quarter or quarters is excluded from the base period and an equal number of quarters from the period immediately prior to the base period are substituted.

¹⁹ Employees who are regularly in the employment of a single employer on a work schedule that is less than the employer's normal work week become eligible for disability leave benefits on the 25th day of such employment.

²⁰ From August 1, 2021 through June 30, 2023, employees whose leave begins in 2021 through March 31, 2022 and who do not meet the hours worked requirement but are otherwise eligible for paid family and medical leave may be eligible for pandemic leave assistance employee grants; individuals who do not meet the hours worked requirement because of an employment separation due to misconduct or a voluntary separation (unrelated to COVID-19) are not eligible.

²¹ Workers with multiple jobs may choose to take leave from one job or multiple jobs. However, if a worker chooses to continue working at an additional job or jobs during leave, wages earned from the additional job or jobs will not be considered when calculating the worker's weekly benefit.

²² This list covers family members for whom a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, domestic partner, child, or parent.

²³ This list covers family members a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, domestic partner, child, or parent.

²⁴ The definition of domestic partner includes any person who is at least 18 years old and "is dependent upon the employee for support as shown by either unilateral dependence or mutual interdependence, as evidenced by a nexus of factors including, but not limited to, common ownership of real or personal property, common householding, children in common, signs of intent to marry, shared budgeting, and the length of the personal relationship with the employee"

²⁵ The definition of domestic partner includes any person who is at least 18 years old and "is dependent upon the covered individual for support as shown by either unilateral dependence or mutual interdependence that is evidenced by a nexus of factors including, but not limited to: (A) common ownership of real or personal property; (B) common householding; (C) children in common; (D) signs of intent to marry; (E) shared budgeting; and (F) the length of the personal relationship with the covered individual"

²⁶ This list covers family members a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, child, or parent. Note that safe time can only be used when the worker, not a family member, is a victim of domestic violence.

²⁷ Workers can also take leave to care for the spouse or registered domestic partner of the worker's parent, sibling, grandparent, and grandchild. This list covers family members a worker can take leave to care for when they are seriously ill. Paid leave under the law can also be used as safe leave to address certain medical and non-medical needs arising out of the worker or the worker's minor child or dependent being a victim of domestic violence, harassment, sexual assault, or stalking.

²⁸ The law's definition of domestic partner does not require registration. The definition of domestic partner includes any person who is at least 18 years old and "(a) who is of the same gender as the employee; (b) With whom the employee has shared an exclusive, committed relationship for at least one year with the intent for the relationship to last indefinitely; (c) Who is not related to the employee by blood to a degree that would prohibit marriage pursuant to section 14-2-110, C.R.S.; and (d) Who is not married to another person."

²⁹ The state sets the premium based on a formula set by statute and not to exceed 1.5% of wages (with premiums not applying to wages above an amount based on a formula set by statute).

³⁰ These percentages are based on participation in the state plan. If an employer chooses a private plan, employees can only be required to contribute as much as they would have contributed to the state plan; these employees can only be required to contribute if a majority of employees agree to the private plan before it goes into effect. See <https://myleavebenefits.nj.gov/labor/myleavebenefits/employer/index.shtml?open=PrivatePlan>.

³¹ A self-employed individual who elects coverage is required to pay the full cost of TDI and PFL premiums. An employer not covered by the law who elects coverage is required to pay the portion of the premium not covered by wages withheld from workers.

³² A self-employed individual who elects coverage is only required to pay the portion of the premium required from workers.

³³ Employers with 50-150 employees who must pay all of the premiums or employers with fewer than 50 employees who choose to cover the employee portion of the premium may apply to receive certain grants from the state. While funds are available and until June 30, 2023, employers with 150 or fewer employees who pay all premiums and have an employee who has received or will receive a pandemic leave assistance employee grant may apply for pandemic leave assistance grants.

³⁴ The initial total premium for both family and medical leave will be set at 0.4% of employees' wages, one third of which shall be associated with family leave and two thirds of which shall be associated with medical leave. The state will set the premium in subsequent years based on a formula set by statute. In addition, the state will set the maximum wages subject to premium contributions based on the maximum wages subject to social security taxation. Employers may choose to cover all or part of employees' share of the premium for family and/or medical leave.

³⁵ A self-employed individual who elects coverage is required to pay the full cost of family and medical leave premiums.

³⁶ For purposes of determining the number of employees, self-employed people who are part of the employer's workforce are considered employees if self-employed people make up more than fifty percent of the employer's workforce.

³⁷ The state will set the premium not to exceed 0.5% of wages (with premiums not applying to wages above the Social Security contribution base).

³⁸ Employers with less than 25 employees may apply to receive certain grants if they elect to pay the employer contribution.

³⁹ A self-employed individual or an employee of a local government who elects coverage is only required to pay 50% of the premium.

⁴⁰ For the calendar year of 2025 and each calendar year thereafter, the state will set the premium based on a formula set by statute and not to exceed 1.2% of wages (with premiums not applying to wages above the Social Security contribution base).

⁴¹ In addition, workers may also be entitled to a dependency allowance for minor children or adult children who are incapacitated due to physical or mental illness.

⁴² Very low-wage workers receive a fixed benefit amount set by statute, which may result in higher wage replacement rates.

⁴³ Workers with less than a year of total covered employment will receive a smaller benefit, pro-rated based on the numbers of weeks the worker has worked in covered employment.

⁴⁴ While technically there is no time limit on receiving benefits, workers cannot receive benefits worth more than 30 times their weekly benefit rate in a year, in effect limiting workers to 30 weeks per year.

⁴⁵ While technically there is no time limit on receiving benefits, workers cannot receive benefits worth more than 52 times their weekly benefit rate for any continuous period of disability, in effect limiting workers to 52 weeks per continuous period of disability.

⁴⁶ In addition, no worker can receive benefits worth more than 26 times their weekly benefit amount in a year.

⁴⁷ Between October 1, 2021 and September 30, 2022, workers may be able to receive benefits for up to 2 weeks for leave in relation to pre-natal medical care and for a combined total of up to 6 weeks for medical leave and leave in relation to pre-natal medical care.

⁴⁸ Starting October 1, 2022, the number of weeks of benefits available will depend on the amount of money available in the paid leave fund. As a baseline, the program will provide benefits for up to 2 weeks for workers' own health, up to 6 weeks to care for a seriously ill relative, and up to 8 weeks to bond with a new child, up to a combined total of 8 weeks for workers with more than one need for leave. If funds allow, the maximum weeks of benefits will increase in increments above this baseline according to a set formula, up to 12 weeks for each purpose and a combined total of 12 weeks for workers with more than one need for leave (or up to a combined total of 14 weeks of benefits for workers with certain pregnancy-related health needs who need leave for more than one purpose).

⁴⁹ Technically, workers are entitled to medical leave benefits for up to 12 times their typical workweek hours. As noted above, medical leave may be extended by an additional 2 weeks (2 times a worker's typical workweek hours) if the worker experiences a serious health condition with a pregnancy that results in incapacity.

⁵⁰ Technically, workers are entitled to family leave benefits for up to 12 times their typical workweek hours.

⁵¹ Technically, workers are entitled to up to a cumulative 16 times the worker's typical workweek hours of family and medical leave in a 52-week period or up to a cumulative 18 times the worker's typical workweek hours of family and medical leave in a 52-week period if the worker experiences a serious health condition with a pregnancy that results in incapacity.

⁵² The 7-day unpaid waiting period will not apply when a worker uses TDI in the event of a state of emergency declared by the Governor (or when the Commissioner of Health or other public health authority has indicated that one is needed) because the worker has an illness caused by an epidemic of a communicable disease, has a known or suspected exposure to the communicable disease, or is taking efforts to prevent spread of the communicable disease, the worker requires in-home care or treatment due to the issuance of a determination by a healthcare provider or a public health authority that the worker's presence in the community may jeopardize the health of others, and said healthcare provider or public health authority recommends or directs the worker to isolate or quarantine as a result of suspected exposure to a communicable disease. Additionally, the 7-day unpaid waiting period will not apply when a worker uses TDI in the event of organ or bone marrow donation.

⁵³ The unpaid waiting period is waived for claims filed between October 1, 2021 and July 25, 2022. The COVID-19 public health emergency was declared on March 11, 2020 pursuant to Mayor's Order 2020-046 and was rescinded on July 25, 2021. For the text of Mayor's Order 2020-046, see https://mayor.dc.gov/sites/default/files/dc/sites/mayoromb/release_content/attachments/MO.DeclarationofPublicHealthEmergency03.11.20.pdf.

⁵⁴ A worker returning from TCI leave must be restored to the worker's prior position or "a position with equivalent seniority, status, employment benefits, pay, and other terms and conditions of employment including fringe benefits and service credits that the employee had been entitled to at the commencement of leave." Workers who receive health insurance through their employers are entitled to continuation of those benefits while on TCI.

⁵⁵ Additionally, the law specifies that job-protected leave can be taken to be an organ or bone marrow donor.

⁵⁶ A worker returning from PFL must be restored to the worker's prior position or "a comparable position with comparable employment benefits, pay and other terms and conditions of employment." Workers who receive health insurance through their employers are entitled to continuation of those benefits while on PFL.

⁵⁷ Workers are entitled to job protection under the state paid family and medical leave law only if they work for an employer with at least 50 employees, have been employed by that employer for at least 12 months, *and* have worked for that employer for at least 1,250 hours during the 12-month period immediately preceding leave. A worker entitled to job protection under the law must be restored to the worker’s prior position or “an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment.” Some highly paid employees may be subject to a very narrow exception. Workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave *if* their employers would be required to continue benefits under the Family and Medical Leave Act.

⁵⁸ A worker returning from paid family or medical leave must be restored to the worker’s prior position or “an equivalent position, with the same status, pay, employment benefits, length of service credit and seniority as of the date of leave.” Workers who receive health insurance through their employers are entitled to continuation of those benefits while on paid family and medical leave.

⁵⁹ Through the law creating its paid leave program, Connecticut amended the Connecticut Family and Medical Leave Act (CTFMLA), which provides job protection, to cover essentially all private sector and state employees entitled to paid leave benefits except those receiving benefits for safe time purposes. Note that CTFMLA does not protect workers’ health insurance. Workers receiving benefits for safe time purposes may have employment protections under Connecticut’s family violence leave law.

⁶⁰ A worker returning from leave under Oregon’s law must be restored to the worker’s prior position or “any available equivalent position with equivalent employment benefits, pay and other terms and conditions of employment.” If a worker’s employer has fewer than 25 employees and the worker’s prior position no longer exists, the worker’s “employer may, at the employer’s discretion based on business necessity, restore the eligible employee to a different position with similar job duties and with the same employment benefits and pay.” Workers who receive health insurance through their employers are entitled to continuation of those benefits while on paid family and medical leave.

⁶¹ Note that workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave, regardless of how long they’ve worked for their employer. Additionally, workers who exercise their rights to paid family, medical and safe leave are protected against retaliation or discrimination. Workers receiving benefits may also have employment protections under Colorado’s domestic violence leave law.

⁶² See Haw. Rev. Stat. § 392-1 *et seq.* For more information, visit <https://labor.hawaii.gov/dcd/home/about-tdi/>. For a list of exceptions to covered workers, visit http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0392/HRS_0392-0005.htm.

2022 Time to Care Testimony Monika Roberts - Testi

Uploaded by: Monika Roberts

Position: FAV



**Hearing Testimony February 10, 2022
Senate Finance Committee
Service Employees International Union, Local 500, CtW, CLC**

**SB 275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment
Time to Care Act of 2022**

SUPPORT

My name is Monika Roberts and I am testifying on behalf of myself and my fellow members at SEIU Local 500. SEIU Local 500 represents over 20,000 working people in the region including support staff at Montgomery County Public School, Family Child Care Providers, faculty and staff at institutions of higher education, staff at non-profits, and many other working people across the region. As a School Administrative Secretary at MCPS, I'm here today to share with you my support and SEIU's support of SB 275 The Time to Care Act from my perspective as a mother, a union member, and a senior citizen.

SEIU Local 500 thanks Senators Hayes and Benson for their leadership on this important issue.

Four years ago, I became ill and required life-saving surgery along with a difficult recovery period. I can testify to how important it is to be able to have your child or loved one able to take the time from work to take care of you. My daughter, Patty, was with me every step of the way. She was able to stay at home and take care of me, as well as sit at the hospital and take me back and forth to doctor appointments. She did this regardless of the financial burden or the strain it put on her family. She did this because I am her mother and that was the end of that.

In 2018, complications from the surgery three years before became another lifesaving event. By this time, I had retired and was living on a very tight retiree budget. I was concerned about copays, hospital stays, my daily cost of living. My daughter Patty was with me again. I was again as before concerned over the time I was taking her away from work, the threat to her and her family's financial state. She spent so much time

**Service Employees International Union, Local 500, CtW, CLC
901 Russell Avenue, Gaithersburg, MD 20879
301-740-7100 www.seiu500.org
Pia Morrison, President**



driving me back and forth to doctors, sitting at hospitals and just the extreme weight of the situation we were in opened the door for worry. The freedom or ability to put the financial expense to the side and be able to be there for the family member in need is sometimes all a person can handle.

To be honest, I was concerned about sharing my story with you. I was concerned if you would really listen and understand what I was telling you about my story? Thinking about my future health and the possibility of another health crisis, I find myself extremely scared. Assessing the specifics – a child who wants to take care of her mother, but the financial burden to do so is not only frightening but lends itself to a feeling of helplessness. What if I become so ill where I need help around the clock? How can I ask my daughter to take time from her work and put that financial burden on her to take care of me when she already has a family? No Marylander should have to choose between a paycheck and caring for a family member. The issue is that when a family goes through a health crisis, it is not just only a crisis for the ill person, it is also a crisis for the family who wants to provide the much-needed support and resources. It is a family crisis.

Passing the Time to Care Act would provide the support and resources at the time when the family needs it the most. **SEIU Local 500 respectfully requests that you support SB 275 and strongly urge a favorable committee report.**

Monika Roberts
SEIU Local 500

**Service Employees International Union, Local 500, CtW, CLC
901 Russell Avenue, Gaithersburg, MD 20879
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Pia Morrison, President**

2022 Time to Care Act Testimony.pdf

Uploaded by: Myles Hicks

Position: FAV



Bill No.: SB275

Title: Time to Care Act— Family and Medical Leave Insurance Program

Committee: Finance Committee

Hearing Date: February 10, 2022

Position: Support

Dear Chairwoman Kelley,

I am writing to you in support of SB275 - the Time to Care Act, which would establish a paid family leave insurance program. Since the start of 2021 I have had the pleasure of serving as Executive Director of Maryland Rise and working with the Time to Care Coalition as campaign manager. The numerous stories and data that have been presented to me displays the positive impact that a paid family leave insurance program will have to Marylanders.

Maryland Rise works to ensure that our state government and economy work for the majority of residents. The Time to Care Act will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or yourself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family.

I have heard stories from various communities including business owners, unions, parents, and more, so there is no surprise that 88% of Maryland voters favor creation of a family and medical leave insurance program. Polling from prior and during the pandemic show that Marylander's support for paid family and medical leave has not wavered. We have seen nine states and D.C pass paid family and medical leave legislation, and now it is Maryland's turn!

No Marylander should have to choose between the job they need and the family they love. Every Marylander deserves a secure and prosperous life for themselves and their families, and paid family leave will get us one step closer.

I urge a favorable report on SB275 - the Time to Care Act, which would establish a paid family leave insurance program.

Thank you,

Myles Hicks
Executive Director
Maryland Rise
7850 Walker Dr Ste 310



Greenbelt, Md 20770
myles@marylandrise.org

NCADD-MD - SB 275 FAV - Time to Care Act.pdf

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee

February 10, 2022

Senate Bill 275

**Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)**

Support

NCADD-Maryland supports Senate Bill 275 – the Time to Care Act of 2022. The creation of a Family and Medical Leave Insurance (FAMLI) program in Maryland would allow families to take up to 12 weeks of paid leave to care for the birth or adoption of a child, family members with serious health conditions or disabilities, family members who are leaving for military deployment, or for their own health conditions.

For families dealing with substance use disorders, this bill would allow people who are in treatment or supporting a family member in treatment to take time off from work and focus on beginning the recovery process. People may need time off of work in order to take part in a residential program, or even an intensive outpatient program. People may need time off to support a family member in intensive treatment. The family member may need assistance with transportation and keeping track of appointments with counselors, case managers, and other health care providers.

With only one in ten people with a substance use disorder accessing treatment, policies like FAMLI will help people keep their jobs, keep their incomes, and find recovery. We urge a favorable report on Senate Bill 275.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

TimeToCare2022 SB0275 Spicyn.pdf

Uploaded by: Natalie Spicyn

Position: FAV

Natalie Spicyn MD, MHS, FAAP
District 41

February 10, 2022

TESTIMONY IN **SUPPORT OF SB0275**
Labor & Employment - Family and Medical Leave Insurance Program
Time to Care Act of 2022

TO: Hon. Chair Kelley, Vice Chair Feldman, and the members of the Finance Committee

FROM: Natalie Spicyn MD, MHS, FAAP

As a primary care physician and a new mother, I am writing to urge you to make 2022 the year that Maryland finally passes legislation enabling the creation of a Family and Medical Leave Insurance Program; by year 3 of this ongoing pandemic, we have the wisdom and the will to know that **the time has come for the Time to Care Act.**

Throughout the COVID-19 pandemic, I have taken care of countless families making impossible decisions between caring for a loved one recovering from or disabled by sequelae of COVID-19, or continuing to work to pay rent and put food on the table. I have seen parents with no options fear bringing COVID home from their frontline jobs to their immunocompromised children. Now, I see workers without adequate paid sick time returning to work prematurely, when their recovery is not yet complete, or even not having paid time off for yet another COVID-related quarantine.

Even outside of pandemic times, we need paid family & medical leave, as a moral imperative and a structural solution in our ongoing efforts to decrease health disparities. People of color are disproportionately likely to be in lower paid positions without paid leave, which results in loss of income for those who have the least resources to take unpaid leave, reinforcing the vicious cycle of poverty and its attendant detrimental health concerns.

Further, lack of paid leave impacts young families in a myriad of ways; paid leave improves rates of breastfeeding (which improves the health of both baby and mom), improves rates of on-time infant immunization (as seen in the state of California which implemented statewide leave in 2004), and even shows impact on decreasing rates of child abuse (with decreased “shaken baby syndrome again seen in California after implementation of a state-level paid family leave plan.)

I work at a community health center where, like the majority of American workers, I am not offered a paid family & medical leave plan. Instead, as I prepared for a hoped-for pregnancy, I was able to elect to purchase my own short-term disability policy to utilize after delivery. It so happened that I was pregnant with my son immediately after one of our medical assistants, a woman of color (which I am not), came back to work a mere 2 weeks after giving birth - the totality of her vacation and sick time. Workers should not need to independently elect to carry disability policies for the normal life experience of recovering from childbirth.

The imperative is clear for this long-overdue legislation. I respectfully submit this testimony requesting a **favorable report on SB0275**, an urgently important bill for Marylanders.

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Nathan Rehr

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of MD District 45. I am an active member of my community association and a health professional who is interested in eliminating the health disparities that occur with racial discrimination in our society. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,

Nathan Rehr

450 E. Federal Street Baltimore, MD 21202

Showing Up for Racial Justice Baltimore

Matthew Weaver Testimony. Time to Care Act, SB275.

Uploaded by: Norah Carlos

Position: FAV

Testimony in Support of SB 275 “Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)”

Senate Finance Committee

February 10, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Matthew M. Weaver

My name is Matt Weaver. I am a resident of District 7. I am submitting this testimony in support of SB 275, the Time to Care Act of 2022, which would establish a paid family and medical leave insurance program.

Over the past few years, I have suffered from significant health issues and had to undergo lifesaving surgery that left me unable to work. I still have lingering residual effects from being sick for so long but thankfully am in recovery. During this period, it was difficult for me to find work. I struggled. My family and I struggled. In the fall of 2021, I was fortunate to find a job at Zeke’s coffee. Zeke’s has 25 employees and operates four cafes and roasteries in Maryland and D.C. Just last week, I helped Zeke’s open a new cafe. Fortunately, I know that Zeke’s will continue to support me, and my family should my health issues reappear. I believe all Marylanders deserve this sense of security and peace of mind when dealing with unprecedented health issues which is why I am writing to support SB275.

The Time to Care Act will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or yourself. Employees’ ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family.

No Marylander should have to choose between the job they need and the family they love when a medical crisis strikes, or a new child is welcomed into the home. We need comprehensive paid family and medical leave in Maryland. For just a few dollars a week, individuals, and families like mine will be protected from unpredictable health scares. It’s a no brainer. Please support SB 275.

A true paid family and medical leave policy must be cost-effective for workers, employers, and the government with employers contributing at least as much as employees. We must ensure that our paid family and medical leave program covers all working people, applies equally to everyone, covers all the well-established reasons people need leave, reflects an inclusive definition of family, and provides up to 12 weeks of leave and job security. SB 275 has all these key components of a meaningful paid family and medical leave program, and I respectfully urge this committee to return a favorable report on SB 275.

Thank you,

Matthew M. Weaver
Manager of Zeke’s Coffee, Pigtown
2705 Evergreen Ave Baltimore, 21214
matthewmweaver78@gmail.com

SB0275-FAV-DTMG-2-10-22.pdf

Uploaded by: Olivia Bartlett

Position: FAV



Olivia Bartlett, DoTheMostGood Maryland Team

Committee: Finance Committee

Testimony on: SB0275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Position: Favorable

Hearing Date: February 10, 2022

Bill Contact: Senators Antonio Hayes and Joanne C. Benson

DoTheMostGood (DTMG) is a progressive grass-roots organization with more than 3000 members across all districts in Montgomery County as well as a number of nearby jurisdictions. DTMG supports legislation and activities that keep residents healthy and safe in a clean environment and which promote equity across all our diverse communities. Ensuring that working Marylanders can afford to take leave when they need time to care for family members or themselves meets these criteria.

SB0275 will establish a Family and Medical Leave Insurance (FAMLI) program through which employees may take up to 12 weeks of paid leave from their jobs to care for new children, other family member with serious health conditions or disabilities or themselves if they have a serious health condition, or a military service member who is next-of-kin or has a specified need because of the military deployment of a family member. Benefits range up to 90 percent of the employee's average weekly wage, depending on the employee's income.

A recent survey found that 88 percent of Marylanders support paid leave. Federal employees already can take 12 weeks of paid parental leave per year, and Maryland State employees can take 60 days of paid parental leave during the first six months after birth or adoption. This bill extends these benefits to all employees.

Paid family and medical leave in Maryland will mean an employee will not have to choose between their job and family, employers will help keep qualified workers in the labor force, and employee turnover will be reduced.

For all these reasons, DTMG strongly supports SB0275 and urges a **FAVORABLE** report on this bill.

Respectfully submitted,

Olivia Bartlett
Co-lead, DoTheMostGood Maryland Team
oliviabartlett@verizon.net
240-751-5599

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Patrick Sadil

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 46. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Patrick Sadil, PhD
1637 Fleet Street, FL 1
Baltimore MD 21231
Showing Up for Racial Justice Baltimore

NPWF MD PFL SB275 Oral Testimony - 02.10.22.pdf

Uploaded by: Paula Molina Acosta

Position: FAV



Oral Testimony in Support of SB 275: the Time to Care Act of 2022
Senate Finance Committee
February 10, 2022

- Good morning, I'm speaking in favor of SB 275: the Time to Care Act of 2022.
- I am Paula Molina Acosta. I've lived in Maryland for most of my life and I'm representing the National Partnership for Women & Families, an advocacy organization working to achieve equity for all women.
- At the very center of our mission is addressing the crisis that leaves just 23 percent of workers with access to paid family leave. As a society, we have chosen to let the rest, the vast majority of us, face a terrible choice between economic stability and the needs of our families or even our own health.
- Over the last two decades, the National Partnership has helped states develop paid leave programs that have strengthened families, businesses, the economy, and public health.
- In short, these state programs have proven that paid leave works. It's affordable for workers and employers and it's fiscally sound. Research highlights substantial benefits for families' well-being and economic stability, including a reduced need for public safety net aid. Unlike private plans, a public program covers the most vulnerable workers, those most in need of support.
- All of the state paid leave programs have proven to be financially stable. Despite their fears, once paid leave programs are implemented, businesses have faced minimal burdens, while citing benefits to employee morale, productivity and turnover rates. It's particularly helped small businesses to be able to offer benefits that allow them to compete with larger corporations.
- In these states, paid leave is immensely popular among voters of all stripes. This is why states who have implemented paid leave have been doubling down by expanding access, increasing benefits, and extending the duration of leave.
- We thank the committee for considering a paid leave program. We look forward to helping in any way we can. Thank you.

NPWF MD PFL SB275 Written Testimony - 02.10.22.pdf

Uploaded by: Paula Molina Acosta

Position: FAV



TESTIMONY IN SUPPORT OF SB 275: THE TIME TO CARE ACT OF 2022

Submitted to the Senate Finance Committee
February 8, 2022

FAVORABLE

Dear Senate Finance Committee Members:

We are pleased to provide this testimony in support of SB 275 and to discuss the importance of paid family and medical leave insurance for Marylanders. Now, more than ever, it is imperative that Maryland create a robust paid leave program to benefit its working people, businesses, economy, and the public health.

We are the National Partnership for Women & Families, a nonprofit, nonpartisan advocacy organization striving to improve the lives of women and families by achieving equity for all women. We promote fairness in the workplace, reproductive health and rights, access to quality, affordable health care, and policies that help all people meet the dual demands of their jobs and families. We work toward creating a society that is free, fair and just, where nobody has to experience discrimination, all workplaces are family friendly, and every family has access to quality, affordable health care and real economic security. In our organization's fifty-first year, we continue to fight for equity, building a more just world for women and families of color.

At the center of our work is addressing the paid leave crisis, which the National Partnership has been working to solve for decades. Almost all Marylanders will, during their working lives, need to take time away from work to care for themselves or a loved one. But nationwide, only 23 percent of workers have access to paid family leave through their employers, and only 40 percent have access to personal medical leave through employer-provided short-term disability insurance.¹ Without the ability to receive income, many workers must forgo taking leave or put their economic stability in jeopardy to care for a family member, a new child or their own health.

We are pleased the Committee is considering SB 275, a solution that would provide Maryland workers with access to paid family and medical leave. Our support for paid leave is based on our understanding of the problems that workers, families, businesses and communities face when people do not have access to paid leave; the experiences of other states that have adopted paid leave programs; and a growing body of evidence showing the benefits of paid leave. It is time to adopt a statewide solution: a paid family and medical leave insurance program.

I. The People of Maryland Have an Urgent Need for Paid Leave

The need for time to care is universal, and the cost of inaction is high. Nearly every worker in Maryland will someday welcome a new child, deal with their own serious health issue or need to provide care to a seriously ill, injured or disabled loved one. Yet, the vast majority of people still do not have the security they need to take time away from their jobs.² In Maryland, even unpaid leave under the federal Family and Medical Leave Act is inaccessible for 56 percent of working people.³ The lack of paid leave costs the United States \$22.6 billion each year in lost wages alone.⁴ Our economy loses an estimated more than \$650 billion in GDP each year because women's labor force participation is depressed by a lack of family-supportive policies.⁵

The coronavirus pandemic has only exacerbated this issue, particularly in its long-term consequences on Marylanders' health, caregiving needs and economic stability. Women, especially women of color, were hit hardest by pandemic closures of schools and workplaces because they work in many of the most-affected industries and bear the brunt of caregiving responsibilities.⁶ More than 600,000 Marylanders (a disproportionate 42 percent of whom are Black) work in frontline industries, facing heightened risks of exposure and challenges managing family caregiving needs.⁷ Nearly a million Marylanders have contracted COVID-19,⁸ up to one-quarter of whom experienced or will experience long-term symptoms, often requiring care from a loved one or preventing them from being able to work for an extended period.⁹

Even without a pandemic, Marylanders have a real, pressing and measurable need for a state paid leave program. Each year, Maryland welcomes around 70,000 newborns.¹⁰ In 77 percent of households with children in Maryland, all parents are working paying jobs.¹¹ Largely, these households depend on women's wages: In Maryland, 76 percent of Black mothers, 48 percent of white mothers, 45 percent of Latina mothers and 47 percent of AAPI mothers are key family breadwinners.¹² Without paid leave, many new parents – most often women – exit the workforce and lose their much-needed incomes. This not only deprives families of income at a time when they need it most; it increases turnover for employers, hurts the economy, and contributes to the 12-percentage point gap in labor force participation between men and women.¹³

Despite dramatic increases in women's workforce participation and contributions as family breadwinners, women are still typically the primary caregivers for children from birth through childhood – as well as for adult family members requiring care or assistance.¹⁴ And although men are increasingly interested in, and taking on, more family caregiving¹⁵ – whether it be for young children or aging parents – too many workplaces have failed to adjust their policies to reflect this reality.¹⁶ Those men who want to play a larger role in caring for their children are held back by unsupportive policies and stigma.¹⁷

Looking towards the future, Maryland families are facing an increasing crisis in care needs. Right now, a quarter of Maryland workers are age 55 or older while the share of the population age 65 and older will grow by more than ten percent over the next 20 years.¹⁸ These older and aging workers are more likely to face serious medical

conditions or elder caregiving responsibilities than other workers.¹⁹ As the state's caregiving needs continue to grow, a paid family and medical leave insurance program becomes only a more-urgent solution.

Right now, whether a worker has access to paid leave is largely a function of where they work and what kind of job they have. Such voluntary benefits leave out the most economically vulnerable workers, whose personal and family care needs are no less urgent than anyone else's.²⁰ Reliance on the private sector has not been enough to help families meet the dual demands of work and family. In addition, without a statewide program, small businesses are at a considerable disadvantage as compared to larger, national corporations with the resources to support their own paid leave policies. A universal paid leave program in Maryland would help small businesses compete, an experience highlighted by employer surveys in California.²¹ Furthermore, surveys of small employers in California and New Jersey found that their support for those states' paid leave programs increased during the pandemic – especially among employers who had had an employee take leave.²²

Maryland's economic recovery will continue to lag, especially for women, as long as workers do not have the protections they need for their health and family caregiving needs. A statewide paid family and medical leave insurance program covering all working people is essential to help women, people of color, and people with serious health conditions and disabilities (including long-haul COVID) return to the workforce and to create a more equitable economy in which all people can thrive. It is also the solution that will let Maryland's families, businesses, economy and public health thrive into the future.

II. Other State Programs Demonstrate the Success of Paid Leave Laws

To date, ten states, including D.C., have enacted comprehensive paid family and medical leave insurance programs.²³ Eight state programs are currently up and running.²⁴ Evidence shows these programs have tremendous benefits for workers, small businesses, families and public health.²⁵ They can also respond quickly and nimbly to adjust benefits during a public health emergency or adverse economic conditions.²⁶ Valuable information on the efficacy of state paid leave programs comes largely from the three oldest, in California (2004), New Jersey (2009) and Rhode Island (2014).

In California, the vast majority of employers report seeing a positive effect or no effect at all on employee productivity, profitability and performance²⁷ – and smaller businesses were less likely than larger businesses to report negative effects.²⁸ Even the Society for Human Resource Management, one of the chief opponents of paid family leave before it was passed in California, issued a report finding that the law had created “relatively few” new burdens for employers and that employers' concerns “have so far not been realized.”²⁹ In October 2015, *Bloomberg News* reported on the business impacts of paid leave in an article entitled, *California Shows How Paid-Leave Law Affects Businesses: Not Much*, and noted that “California's employment growth outpaced the U.S. average by 2 percentage points” over the previous decade.³⁰ California lawmakers have expanded the program to broaden the range of family members for whom caregiving leave can be taken,³¹ to increase

benefit levels for lower- and middle-wage workers,³² to increase the duration of leave³³ and eliminate a waiting period for benefits.³⁴

In New Jersey, three out of four voters viewed the program favorably several years after implementation.³⁵ In a report prepared on behalf of the New Jersey Business and Industry Association, the majority of both small and large businesses said they adjusted easily to the law and experienced no effects on business profitability, performance or employee productivity.³⁶ After witnessing the success of the program, New Jersey's legislature increased benefit payments, doubled the duration of family leave, expanded access to job protection, defined "family" to be more inclusive, created a sliding scale for wage replacement to ensure individuals with low incomes can afford to take leave, and provided safe leave coverage for survivors of domestic and sexual violence.³⁷

In Rhode Island, business supporters were critically important in passing the law, and early research found that businesses in key industries had adjusted easily. A study of small- and medium-sized food service and manufacturing employers in Rhode Island by researchers at Columbia Business School found no negative effects on employee workflow, productivity or attendance.³⁸ Sixty-one percent of employers supported the law.³⁹ Trying to grow this success, Rhode Island lawmakers recently began extending the duration of paid leave.

Other states have followed suit: Connecticut, D.C., Massachusetts, New York and Washington have all implemented their paid leave programs, while Colorado and Oregon will begin providing benefits in 2023 and 2024, respectively.⁴⁰ Perhaps the clearest sign of how well these programs work is that none of the states have eliminated or even cut back on their programs. On the contrary, state after state has seen the success of their program and then doubled down by expanding access, increasing benefits and extending the duration of leave.⁴¹

III. Paid Family and Medical Leave Offers Clear Benefits for Families and Businesses

Available research, including analyses of the state paid family leave programs in California, New Jersey and Rhode Island; data about the experiences of people who work for employers that offer paid leave; and analyses of paid leave in other countries, demonstrates the clear benefits of paid leave for families, businesses and government.

A. Paid Leave Creates Greater Economic Security and Financial Independence for Working Families

Guaranteeing workers access to paid leave improves families' economic security and supports financial independence in the face of major life events. Paid leave promotes workforce attachment: Mothers who take paid leave are more likely than mothers who do not to be working nine to 12 months after a child's birth.⁴² They are also more likely to receive higher wages over time. In the year after the birth of a child, mothers who take paid leave are 54 percent more likely to report wage increases than mothers who take no leave, and are nearly 40 percent less likely to participate in public assistance, taking into account other socioeconomic and workplace factors

that might explain these differences.⁴³ When fathers take paid leave, they too are significantly less likely to participate in public assistance than fathers who do not.⁴⁴ Paid leave has also been shown to reduce household food insecurity⁴⁵ and the likelihood of new mothers being in poverty after a birth.⁴⁶

Family caregivers of older adults also need paid leave to continue working: Of elder caregivers who leave the workforce, half (52 percent) said they did so because their jobs did not allow the flexibility they needed to work and provide care.⁴⁷ Paid leave increases the labor force participation of family caregivers.⁴⁸ And helping older workers stay employed has real implications for their retirement security: A woman who is 50 years of age or older who leaves the workforce to care for a parent will lose more than \$400,000 in wages and retirement income.⁴⁹ For men, the figure is substantial as well – close to \$375,000 in lost wages and retirement income.⁵⁰

State paid leave programs also help address the maternal health crisis, which particularly affects Black and Native American women. The rates of preterm births and low birthweights fell, particularly among Black women, when Temporary Disability Insurance programs in California, New Jersey, New York and Rhode Island began providing benefits for pregnancy-related disability and childbirth recovery in 1978.⁵¹ Paid leave programs have increased parity in the duration of maternity leave taken between white women and women of color.⁵² Paid leave programs improve the physical and mental health of new mothers, with the strongest effects for single mothers and mothers with low incomes, who are disproportionately women of color.⁵³

B. Paid Leave Promotes Better Health and Well-Being for Working Families

When people have time to care for themselves and their loved ones without jeopardizing their ability to make ends meet, their health and well-being improve. For example, paid leave significantly increases the benefits to new parents and babies, giving them the needed time to breastfeed, which improves babies' immune systems and reduces risk of breast and ovarian cancer, diabetes, and obesity for the mother. Newborns whose mothers take at least 12 weeks of paid leave are more likely to be breastfed and to receive medical checkups and critical immunizations.⁵⁴ Less than eight weeks of paid leave is linked to a reduction in overall health status and increased depression.⁵⁵ Every additional week of paid leave a mother takes reduces the likelihood of reporting poor mental well-being by 2 percent.⁵⁶ Compared with mothers who were only able to take unpaid leave or no leave at all, mothers who took paid leave had their chances of being re-hospitalized reduced by more than half (51 percent); had the likelihood of their infants being re-hospitalized in the first year reduced by almost half (47 percent); and were almost twice as likely to have more success in managing stress and engaging in regular exercise.⁵⁷ For low-income families in New Jersey, new mothers who use the paid leave program breastfeed, on average, one month longer than new mothers who do not use the program.⁵⁸ Additionally, neonatal mortality is reduced when parents have access to paid leave.⁵⁹ A review of international research concludes that there are also benefits for maternal health when fathers take paid leave, including a reduction in maternal illness and depression and an increase in well-being.⁶⁰ Finally, enabling working parents to care for and bond with a new baby also lays the foundation for healthy

child development. Children who form strong emotional bonds or “attachment” with their parents are more likely to do well in school and have positive relationships with others.⁶¹

The benefits go beyond parental leave: State paid leave programs have allowed people with health conditions to maintain their incomes and jobs while enabling them to seek timely treatment and rest.⁶² They support elder care⁶³ and keep family caregivers in the labor force⁶⁴, including after a health shock.⁶⁵ State paid leave programs also reduce nursing home utilization⁶⁶ – a vital need given that a high share of COVID-19 deaths have been connected to nursing homes and long-term care facilities,⁶⁷ and deaths have been higher in facilities with a higher percentage of residents of color.⁶⁸

The health benefits of paid leave not only contribute to the well-being of workers and their families, but also accrue to our health care system. In fact, a national paid leave program would save an estimated \$62.4 billion related to reduced low-birthweight births, infant hospitalizations, child ear infections and ADHD prevention, postpartum depression, food insecurity and elder nursing home use.⁶⁹

State paid leave programs provide workers with time to better equip themselves to care for their families and to find outside child care. Eighty-seven percent of Californians in lower-quality jobs who took paid leave through the state program reported a positive effect on their ability to care for their child or ill family member, compared with 72 percent who did not use it. In addition, 70 percent of California parents in lower-quality jobs who used state paid leave reported a positive effect on their ability to arrange child care, compared to just 58 percent of those who did not use it.⁷⁰ In Rhode Island, a study also found that parents who use the state paid leave program are much more likely than those who do not to report that leave has a positive effect on their ability to care for their new children and arrange child care.⁷¹

State paid leave programs also have important benefits when family members are sick. When infants and children are critically ill, the presence of a parent shortens a child’s hospital stay by 31 percent.⁷² Active parental involvement in a child’s hospital care may help avoid future health care needs and reduce costs.⁷³ Similarly, family caregivers with paid leave who care for an elderly loved one are better able to help loved ones recover from illness, fulfill treatment plans, and avoid complications and hospital readmissions, which can help lower health care costs and improve health outcomes.⁷⁴ Family caregivers themselves are also better able to care for themselves when workplace policies anticipate and are responsive to their needs.⁷⁵

C. Paid Leave Benefits Businesses

Businesses experience cost savings as well as enhanced employee engagement, productivity and morale when workers can take paid leave to address family and medical needs. First-time mothers who take paid maternity leave are more likely than mothers who do not to return to work – and to return to work for the same employer – after taking time to recover and care for their children.⁷⁶ Workers who are dealing with personal health issues or caring for a loved one are better able to stay employed when they have paid leave and other family friendly policies.⁷⁷

One key benefit of paid leave is that it helps businesses retain workers and avoid the high costs of employee turnover. Across all occupations, median turnover costs are estimated to be 21 percent of workers' annual wages, and even in middle- and lower-wage jobs, turnover costs are estimated to be 16 to 20 percent of workers' annual wages.⁷⁸ For high-wage, high-skilled workers in fields including technology, accounting and law, turnover costs can amount to 213 percent of workers' salaries.⁷⁹ Direct costs associated with turnover include separation costs, higher unemployment insurance, costs associated with temporary staffing, costs associated with searching for and interviewing new workers and training costs for new workers;⁸⁰ indirect costs can arise from lost productivity leading up to and after employee separations, diminished output as new workers ramp up, reduced morale and lost institutional knowledge.⁸¹

Paid leave's effect on retention is borne out in data collected from state paid leave programs. Surveys conducted with California employers and employees several years after the state paid leave program was implemented show that nearly 89 percent of workers in "low-quality" jobs (those that paid less than \$20 per hour or did not provide health insurance) reported returning to their employers after taking paid family leave, an eight-point improvement in retention compared to workers in low-quality jobs who did not take it.⁸² Similarly, low-income workers in New Jersey found who use the paid leave program report returning to the same employer at a higher rate than workers who do not use the program.⁸³

State paid leave programs seem to offer few downsides to employers. As mentioned previously, nearly 89 percent or more of California employers that were surveyed either reported positive effects or no effects at all on profitability, performance and morale.⁸⁴ New Jersey employers interviewed as part of a study about that state's paid family leave insurance program noted that paid leave helped reduce stress and improve morale among workers taking leave, as well as among their co-workers.⁸⁵ The majority of both small and large businesses in New Jersey say they have adjusted easily to the law and experienced no effects on business profitability, performance or employee productivity.⁸⁶ Small and mid-size employers in New York reported greater ease managing worker absences after the paid family leave program was implemented, and no negative impact on employee performance.⁸⁷

Prominent businesses are recognizing the benefits of paid leave. In a study by the Boston Consulting Group of 250 employer paid leave policies, researchers found that paid leave policies helped companies increase employee retention, reduce turnover costs, and facilitate diversity in leadership. For example, Google, Accenture, and Aetna reported that after they expanded their paid leave policies their attrition rate of female employees after the birth or adoption of new child declined significantly. Google experienced a decrease in turnover of female employees by 50 percent; at Accenture, female attrition decreased by 40 percent; and Aetna reported that the percentage of women who returned to work increased from 77 percent to 91 percent.⁸⁸

D. Paid Leave Impacts Government Revenues and Spending

Paid leave is a wise public investment. When people with caregiving responsibilities are able to remain in the workforce and earn higher wages, they can better support themselves and their families, save for the future and contribute to their local economy by paying for goods and services, which helps stimulate the economy and broaden the tax base. Guaranteeing paid leave to more workers would also likely lead to reductions in government spending. As noted earlier, an analysis of states with paid leave programs found that women and men in those states with paid leave programs are less likely to receive public assistance following a child's birth, particularly when they use their state paid leave program.⁸⁹

IV. Best Practices for an Inclusive, Equitable Maryland Paid Leave Program

Decades of research on state paid leave programs and the Family and Medical Leave Act (FMLA) show that a paid leave program must meet certain basic standards to be workable, affordable and meet its potential to advance gender and racial equity, support public health, and improve the economy.

Comprehensive coverage. Paid leave must cover the range of common health and caregiving needs that people experience, such as those identified in the FMLA. More than half (52 percent) of the individuals who take leave under the FMLA do so for personal medical care, with 21 percent taking leave to care for a new child and 23 percent taking leave to care for a family member, including for military exigency leave.⁹⁰ A Maryland program should cover all workers, including those working part-time, holding multiple jobs or working in the gig economy, and provide an inclusive eligibility standard so that recent entrants to the workforce or those who recently experienced unemployment are not disadvantaged.

Adequate duration. A Maryland program should provide adequate leave – at least 12 weeks – for all purposes, aligning with public health recommendations for child bonding and birth recovery and a meaningful amount for most workers' health needs.⁹¹ Data from state programs show that the majority of leaves (about three-quarters) are 12 weeks or less, although some state programs cover much longer leaves for workers' own health conditions – up to 26 weeks in New Jersey, New York and Massachusetts; 30 weeks in Rhode Island; and as many as 52 weeks in California – while remaining affordable for employers and employees and manageable for businesses.⁹² For comparison, among 38 Organization for Economic Co-operation and Development (OECD) countries, the median amount of fully-paid leave available to mothers is over five months. Longer paid leave is associated with a range of positive physical and mental health effects for families and children, as well as improved early child development.

Progressive wage replacement rate. Evidence from state programs shows that a too-low wage replacement rate is not adequate for the lowest income workers to be able to afford to take leave, disproportionately affecting workers of color,⁹³ and may prevent the program from fulfilling its potential to advance gender equity.⁹⁴ New and updated state laws have adopted progressive rates, replacing between 80 and 100 percent of wages up to a certain threshold to ensure low-income workers can take

leave, and a smaller share of wages above that point and a high enough weekly cap that leave remains accessible to middle-income workers as well.

Inclusive family definition. A Maryland program should define “family” inclusively to reflect the reality of this diverse state. More than 80 percent of households do not fit the so-called nuclear family model (a married couple living together with minor children).⁹⁵ For example, one in five people live in a multigenerational household, and people of color are especially likely to do so.⁹⁶ And, whether due to small family size, living a great distance from relatives, or even divorce or estrangement from a birth family, many adults – in fact, nearly one-third of people in the United States – report having needed to care for a friend, neighbor or other person who do not have a legal tie.⁹⁷ Coverage for these “chosen family” members – included in Colorado, Connecticut, New Jersey, Oregon and Washington – is particularly important for LGBTQ people, people with disabilities,⁹⁸ and servicemembers and veterans: around 15 percent of caregivers for pre-9/11 veterans and nearly one-quarter of post-9/11 servicemembers and veterans are friends or neighbors.⁹⁹

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The National Partnership for Women & Families applauds the Committee’s consideration of a paid family and medical leave insurance program. Maryland needs paid leave to promote gender and racial equity, help working families achieve financial security, and strengthen small and large businesses and the economy. A state paid leave program will provide families financial security and peace of mind at some of the most challenging moments in life, making the largest impacts on the families currently struggling the most. It will enable more women to remain in the workforce, allow parents to invest more time and care in their children, and help older Marylanders to age with dignity and support from their loved ones. Working Marylanders cannot afford to wait.

Thank you for your consideration, and we look forward to continuing to work with you to assure all Maryland workers have access to paid family and medical leave. If you have any questions regarding this testimony, please contact Jacob McDonald, Policy Counsel (jmcdonald@nationalpartnership.org) at the National Partnership for Women & Families at 202-238-4861.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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Anne Arundel County_FAV_SB275.pdf

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Position: FAV



February 10, 2022

Senate Bill 275

**Labor and Employment – Family and Medical
Leave Insurance Program – Establishment
(Time to Care Act of 2022)**

Finance Committee

Position: FAVORABLE

Anne Arundel County **SUPPORTS** Senate Bill 275 - Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022). SB 275 establishes the Family and Medical Leave Insurance Program in the Maryland Department of Labor and expands leave opportunities for employees who need to take time off of work to care for themselves or their families.

SB 275 would provide temporary benefits to a covered individual who is taking leave to care for their child after their birth, adoption, or placement with their family, to care for a family member with a serious health condition, to care for or respond to an emergency involving next of kin who is a service member, or because the individual has a serious health condition preventing them from being able to perform the functions of their job.

Anne Arundel County strives to make our County the best place for all, and that includes our employees. SB 275 would provide our employees, and employees across the state, access to family and medical leave during difficult moments in life. This program would give employees the peace of mind knowing that when they're caring for a sick loved one or welcoming a new member of their family, they will have the time to fully dedicate themselves to their care, and will not have to worry about losing their source of income.

For these reasons, Anne Arundel County requests a **FAVORABLE** report on SB 275.

SB275.Time to Care Act.DD Council.Support.pdf

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Position: FAV



Maryland Developmental Disabilities Council

CREATING CHANGE • IMPROVING LIVES

Senate Finance Committee

February 10, 2022

**SB 275: Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)**

Position: Support

Workers with disabilities and their families need a broad array of supports to address their needs, lead independent lives and to contribute and participate fully in their communities and the economy. Access to paid family and medical leave is an important part of the range of supports people with disabilities and their families need. This is true for the estimated 26.3 million working age adults with disabilities, along with the 36 million working age adults with family members with disabilities living in the US, and the 11% of Marylanders with a disability and their families.ⁱ

WHY is this legislation important to people with disabilities and their families?

- **Paid leave can increase economic security and stability for people with disabilities and their families.** Maintaining the balance of work and care for oneself or a family member is a challenge for anyone, but is particularly challenging for people who provide that care to family members with disabilities. The effects of disability are intrinsically tied to issues of economic insecurity and instability. The Center for American Progress notes that **“disability or illness can lead to job loss and reduced earnings, barriers to education and skills development, significant additional expenses, and many other challenges that can lead to economic hardship.”**ⁱⁱ
- One survey found that **more than 70% of family members providing care for people with intellectual and developmental disabilities reported that caregiving interfered with their work.**ⁱⁱⁱ
- Another study found that the odds of a worker losing income increase by 48% if the worker lives with a child with disabilities and special health care needs and by 29% if the worker is caring for an adult with disabilities or health issues. **Having access to dedicated paid family leave reduces the odds of losing income by 30%.**^{iv}
- **Paid leave can increase opportunities for workers, including people with disabilities, to take time off if they experience a serious health condition or if their needs intensify due to their disability.** People with disabilities are more likely to be employed in low-wage, part-time jobs which typically provide fewer benefits.

The Council understands the ongoing concern expressed by people with developmental disabilities who self-direct their services as well as the providers who support people with developmental disabilities. Specifically, that the required contribution by employers – in this case those organizations that provide support to people with developmental disabilities – is another unfunded mandate.

While the contributions ensure a solvent system of necessary supports, and preliminary data shows offering paid family and medical leave may help with recruitment and retention of direct support professionals, it may prove too difficult to find a direct support professional to provide the support when another takes leave.

Paid leave means all employees can give and get the support they need – to their children, their families, or themselves. For people with disabilities and their families, access to paid leave means increased opportunity, flexibility, and financial resources.

For these reasons, the Maryland Developmental Disabilities Council supports SB 275.

Contact: Rachel London, Executive Director: RLondon@md-council.org

ⁱ American Community Survey estimates.

ⁱⁱ January 2015. Center for American Progress, *A Fair Shot for Workers with Disabilities*.

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SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Rebecca Shillenn

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 45. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

Two years ago I had a healthy pregnancy and baby, but needed three months of surgery after my daughter was born due to delivery issues. Because my work had paid maternity leave, I was able to take care for my baby, make it to my many appointments, ER visits, and surgical appointments well into the 12th week of my leave, without worrying about my pay. Without leave like this, I would have had to risk my health and potentially my life and the well-being of my family. Every Marylander should have the same ability to heal, bond with their children, or care for family members in these situations.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Rebecca Shillenn
5401 Elsrode Avenue Baltimore MD 21214
Showing Up for Racial Justice Baltimore

CPMC - SB275 - TimetoCare - Support.pdf

Uploaded by: Regan Vaughan

Position: FAV

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure the budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and well-being.

Senate Finance Committee

SB 275 – Labor and Employment – Family Medical Leave Insurance Program – Establishment (Time to Care Act of 2022) Support

February 10, 2022

The Coalition to Protect Maryland's Children (CPMC) is a consortium of Maryland organizations and individuals formed in 1996 to promote meaningful child welfare reform. As SB 275 establishes the Family and Medical Leave Insurance Program which would allow Maryland's workers to access wage replacement when they need to take time off to care for themselves or a family member, CPMC urges a favorable report on this bill.

Preparing Maryland for a prosperous future begins with recognizing that our youngest residents must get what they need today to become the adults who will strengthen our communities and build our economy.

Fortunately, what our children need is not a mystery. Recent advances in the science of early childhood development tell us that the early years are a time when the brain is literally building itself from the ground up, in much the way a house is constructed. And, it is the relationships and experiences children have early in life that are the building blocks for the skills they need to remain healthy, and to succeed in school, in relationships, and in the workforce. **When children have stable, responsive relationships with caring adults at home and in the community, they get off to a good start with a strong foundation to become healthy, productive and caring members of our communities.**

Paid family leave allows parents to create those responsive relationships – whether it is with a biological child, an adopted child or a foster child. In all three instances, it is imperative that a strong bond form in those early days promoting attachment. Additionally, research has shown that paid family leave reduces cases of abusive head injuries in children under the age of 2.¹ A 2016 study published in *Injury Prevention* examined California's paid family leave program. It compared California's data against other states including Maryland's as it related to deliberately inflicted head injuries. This type of head injury is most prevalent between the ages of 9 and 20 weeks. The research team determined that "strengthening the bond of the parent-child relationship by spending time together is the best way to prevent child abuse."²

For those reasons stated above we urge a favorable committee report on SB 275.

¹ "Stopping Child Abuse: Paid Family Leave Reduced the Number of Child Abuse Cases in California." *Medical Daily*. By Justin Caba. 25 February 2016. Accessed at <https://www.medicaldaily.com/paid-family-leave-stopping-child-abuse-375161>.

² Ibid.

SB275_CC_Vaughan_FAV.pdf

Uploaded by: Regan Vaughan

Position: FAV

**Senate Bill 275
Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)**

Senate Finance Committee
February 10, 2022

Support

Catholic Charities of Baltimore strongly supports SB 275, which provides wage replacement for Maryland workers who need to take time to care for themselves or a loved one.

Inspired by the gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. As the largest human service provider in Maryland working with tens of thousands of Marylanders each year, and an employer of over 2,000 people, we recognize the dignity of the worker and as part of that the need to take time to care for oneself and loved ones.

Each day, Catholic Charities staff interact with Marylanders facing challenges and difficulties. Whether it is a parent seeking job training, a youth experiencing a behavioral crisis or a senior who needs a safe place to live we work to meet the individual's needs and help them meet their goals. It is through these interactions that we have come to strongly support SB 275.

Shakira Hardy's story is just one example of the need we see every day. This excerpt is from our Winter 2020 *Blessings* newsletter.

THREE YEARS AGO, Shakira Hardy and her two children were a month away from homelessness. After her husband was incarcerated, her then-7-year-old son, Anthony, began acting out in ways that confounded educators and mental health professionals. He was suspended from school and hospitalized multiple times. She struggled to keep her job, focused on his needs and those of her then-10-year-old daughter, Aaliyah.

A year ago, Shakira was wrapping small Christmas presents in the cafeteria of a homeless shelter where she and Aaliyah were staying. She had lost her job – and then their home – and they had been kicked out of other shelters because of Anthony's behavior. But, after months of trying, she had secured a spot for him at St. Vincent's Villa – Catholic Charities' residential center for children with significant emotional and behavioral needs. As Anthony received comprehensive treatment, she concentrated on carving out a more stable path for her family...

...Through Baltimore City services, Shakira found Catholic Charities' Project REACH, which offers permanent housing and a path to independence. On June 1, she and Aaliyah moved into a three bedroom home in Baltimore, and Anthony joined them after finishing treatment at St. Vincent's. The holidays offer a chance for renewal, and Shakira pauses when asked about Christmas. "It's going to be the meaning behind it," she said, glancing at her children. "We're going to have our own house and put up our own tree the way we want it. But I'm just elated we'll be all together."

Paid family leave may not have solved all of the problems the Hardy family faced, but if Shakira had been able to take the time her family needed, they would have had a better chance of maintaining financial stability, kept their home, and prevented the family from experiencing the toxic stress associated with homelessness.

As individuals, we do not know if we will need to access family leave in the future. But as a society, we know that infants do better when a parent are present during their first 12 weeks, that seniors are more likely to age in place if their caregiver has access to leave, and that individuals have better health outcomes if they can take the

time to heal. And as an employer, we know that paid leave leads to improved morale and reduced turnover. It is time for Maryland to adopt a paid family and medical leave program.

On behalf of the families and all the individuals we work with, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for SB 275.

Submitted By: Regan K. Vaughan, Director of Advocacy

Rhonda White Paid Family Leave.pdf

Uploaded by: Rhonda White

Position: FAV



Testimony on SB275
Time to Care Act of 2022
Position: **FAVORABLE**

To Chair Kelley and Members of the Senate Finance Committee,

Thank you for the opportunity to testify about why we need paid family leave in Maryland. My name is Rhonda White, and I am a Certified Medicine Aide at Forest Haven Nursing Home and a Delegate for 1199SEIU. I support the Time to Care Act of 2022 and urge the Committee to vote yes on this bill.

Unpaid family leave helped me and my family when we needed it because it protected my job when my 86-year-old mom was sick with her underlying condition. I was the only one taking care of her. When my mom was admitted in the hospital, I was the only person she could depend on, and I didn't have to leave her on her own. I had to have nurses coming in through my home so I could work my 7AM - 3PM shift. I was the only one caring for her all night, and then I would go to work. Family leave helped me because when the day nurse would call and say that my mom was sicker or having an emergency, I could leave work. I could also take her to doctor's appointments and take care of her business, and still have my job protected.

Unpaid leave was a valuable tool for me so I could keep my job, but paid leave would be so much better. I would have been able to care for my mom more, and it would have helped me with my mom's medical expenses because her medications and nurses were very expensive. Family leave was a blessing for me and paid leave would be a blessing for all healthcare workers because it would give us security over our jobs and the money we need to survive. Please issue a **favorable** report on SB275, the Time to Care Act of 2022.

Sincerely,
Rhonda White
Delegate, 1199SEIU

CASH_SB 275-Labor and Employment – Family and Medi

Uploaded by: Robin McKinney

Position: FAV



**SB 275- Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)
Finance Committee
February 10, 2022
SUPPORT**

Chair Kelley, Vice-Chair, and members of the committee, thank you for the opportunity to submit testimony in support of Senate Bill 275. This bill will protect families from financial crisis from becoming sick or caring for a loved one.

The CASH Campaign of Maryland promotes economic advancement for low-to-moderate income individuals and families in Baltimore and across Maryland. CASH accomplishes its mission through operating a portfolio of direct service programs, building organizational and field capacity, and leading policy and advocacy initiatives to strengthen family economic stability. CASH and its partners across the state achieve this by providing free tax preparation services through the IRS program ‘VITA’, offering free financial education and coaching, and engaging in policy research and advocacy. **Almost 4,000 of CASH’s tax preparation clients earn less than \$10,000 annually. More than half earn less than \$20,000.**

Family and Medical Leave (FMLA) is a federal program that provides insurance to employees that work for a covered employer. However, this is not an option for many employees in Maryland which leaves them with limited or no options. Some employees have access to unpaid leave, while others risk being fired for taking leave. When employees encounter health related hardships, they experience high levels of mental, emotional, and physical stress. This stress is increased by the demands of work and the inability to stop working to appropriately address concerns. Decision making, healing, and financial stability are compromised when employees do not have adequate options to navigate difficult times.

Families have been battling a global pandemic since early 2020. Maryland has had over 900,000 confirmed cases of COVID-19¹. Some of the families affected were able to take an appropriate time away from work without fear of losing their jobs or losing crucial income. Many families were not. The need has increased to protect worker’s ability to care for themselves and their families. There are new strands of COVID-19, which have a higher transmission rates². This can lead to more COVID-19 cases and lengthen the duration of the pandemic. Also, there are long term effects of surviving COVID-19³. This can leave people with serious short- and long-term complications. The Time to Care Act will provide protection to address immediate concerns, and it will provide a safety net for future medical complications. COVID-19 not only threatens the health of Marylanders, but it also threatens the financial security of those directly and indirectly affected. SB 275 will allow individuals the time and space they need to care for loved ones that may have a serious illness or disability, address any personal health issues, and care for and bond with newborns.

A Family and Medical Leave Insurance program would benefit individuals and families by protecting workers who need to stay home to care for themselves or family members. They would not lose vital income, which could leave low to moderate income families to face housing instability, accumulation of debt, and inability to build long-term wealth and assets. Ensuring that employees can safely take time off, will ensure that Maryland employees will not have to choose between their own or their family's health and maintaining their economic security.

For these reasons, we encourage a favorable report on SB 275.

¹ [COVID Maryland](#)

² [CDC](#)

³ [CDC](#)

2022 PPM SB 275 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 275
Title:	Family and Medical Leave Insurance Program (Time to Care Act of 2022)
Hearing:	February 10, 2022
Position:	Support

Planned Parenthood of Maryland supports *Senate Bill 275 – Family and Medical Leave Insurance Program – Establishment (Time to Care Act 2022)*. The bill creates a Program to provide temporary benefits to covered individuals who are taking leave from employment. Planned Parenthood of Maryland supports this legislation because the Program will allow employees to collect benefits when:

- Employees take leave to care for a child during the child’s first year, care for a family member with serious health conditions, or care for a service member.
- Employees take leave when they have a serious health condition that results in the individual being unable to perform their duties.

Too many Marylanders face impossible choices when new children are born or adopted and when serious personal or family health needs inevitably arise. In Maryland, even unpaid leave under the federal Family and Medical Leave Act is inaccessible for 56 percent of working people. We ask for a favorable vote on this legislation. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

FAVORABLE SB 275 (Time to Care Act) RS.pdf

Uploaded by: Rolda Scarlett

Position: FAV

Good morning and good day my name is Ms. Rolda Scarlett and I work at Safeway in Maryland. I would like to elaborate on my leave usage sick leave that the state of Maryland offered to us and I understand under any circumstances we are allowed to use it for spouse, child, parent, grandparent and grandchild. We waited a good while before we receive this paid sick leave and when we finally receive it I must say we really appreciate it because without this sick leave going to the doctor and also getting paid for it I cannot say we don't appreciate it we really do because without this pay sick leave and have to go to the doctor my pay check would have been very short and I need to pay my bills.

I would like to speak on behalf of my colleagues throughout the state of Maryland and here at work because many of us have a underline including myself and when we learned that we receive the (Maryland sick leave) my god everyone was so happy and I would like to say this Maryland family medical and sick leave need to be spread wide throughout the state of Maryland because it's also Covid time and we are also considered first responder because we have to be at work and many of us get sick so for those employees that don't have it they really, really need it because when they take off from work to care for their families their paycheck becomes very short and we all have bills to pay and I cannot thank you enough to have this sick leave available for us all.

I must say thank you for your time, and please vote yes for paid family medical and sick leave.

From Ms. Scarlett

Finance Committee Testimony -SB 275.pdf

Uploaded by: Roni Silverstein

Position: FAV

February 10, 2022
Roni Silverstein
Olney, Maryland 20832

TESTIMONY ON SB#275 - POSITION:FAVORABLE
Paid Family and Medical Leave
The Time to Care Act

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Roni Silverstein

My name is Roni Silverstein. I am a resident of District 14. I am submitting this testimony in support of SB#:275, Labor and Employment-Family and Medical Leave Insurance Program-Establishment. The Time to Care Act of 2022.

I have been a citizen of Montgomery County for almost 50 years. I am a retired Montgomery County Principal. My schools were Fallsmead Elementary and Clopper Mill Elementary. I was a teacher for twenty-five years in Rockville, Wheaton, and Silver Spring. I am also a long-time member of the Tikvat Israel Congregation in Rockville. My faith and my career have had a profound impact on my views about equity and the disparities that exist and their impact on children and adults in our community. I believe it is our moral obligation to care for our fellow citizens. My own life experiences and those I have cared for through my work have led me to implore you to pass **The Time to Care Act**.

My faith believes in **Refuah**-the healing of mind and body, as well as **Kavod**-the fair treatment of workers. As a leader, I have had many experiences where I had to ensure that my teachers and staff were able to heal or help family members who were ill. I have also had my own illnesses which took me away from work and my teachers and I had babies of our own which we needed to care for. Never did I have to worry that I would lose my job or not be paid. This has been a huge privilege afforded me by working for Montgomery County Public Schools, but sadly, I have personally witnessed the heartbreaking results of many of my community members who were not so lucky. Many families cannot afford to stay home from work to care for a sick loved one. Many children came to school ill and spent hours in our health rooms until their parents could pick them up. The past two years are a glaring example of the huge disparities that access to wealth and access to paid family leave create. Those who had family leave could stay home when they or their children were sick, however far too many Montgomery County citizens lost their jobs or just didn't get paid while they were home recovering from COVID, causing heartache and homelessness. From the employer's point of view, employees cannot do their job if they are worried about their health or those of their loved ones.

One, of many, examples comes to mind when I think of these disparities. Not long ago, one of the kindergarten students, in my school, was run over by a van. He had catastrophic injuries. He spent many weeks in Children's Hospital. His parents did not have leave to care for him and had to make the heartbreaking decision to care for him and lose their only income. Our school did everything we could to help with food, equipment, special pajamas, and funds to get them through the crisis, but sadly it wasn't enough. Why should parents need to worry about putting a roof over their head and food on their table while they are desperating hoping their little boy will survive? Lack of economic support, such as paid sick leave, makes it difficult for families of color to absorb the financial shock of a serious family or medical need. We cannot sit by one more year while many more families live this kind of nightmare.

Passing this Bill will make a real life difference to so many families in our county. It has been hugely successful in other states and will begin to eliminate some of the job insecurities and race-based discrimination in employment that harm and prevent the advancement of our neighbors each day. For all these reasons and far too many to enumerate, **I respectfully urge this committee to return a favorable report on SB# 275!**

02.10.2022 MD Paid Leave Written Testimony, Senate

Uploaded by: Ruth Martin

Position: FAV

MomsRising.org

Testimony in Support of SB 275 “Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)”

Senate Finance Committee // February 10, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Ruth Martin, Senior Vice President, MomsRising

Nothing should keep you from caring for a loved one battling cancer, being with a parent nearing their final days, or bonding with a new baby. The lack of paid family and medical leave forces too many working Marylanders to make the impossible choices between dealing with our own serious medical issues, or being with the family who needs us or being at work to be able to support that family. And that impossible choice is also hurting not just our families, but also our economy. Lack of access to paid family and medical leave is part of what is pushing record numbers of women, and in particular women and moms of color, out of the workforce, increasing workforce shortages right as we're battling inflation across the nation.

The need for paid family and medical leave is urgent. Right now, only 23% of workers in the United States have access to paid leave through their employers.² This means that most families end up cobbling together some combination of vacation time and sick days and then cross their fingers that nothing goes wrong and that they'll be able to make ends meet.

Families like Nathan's from Silver Spring who told us that *"I live paycheck to paycheck, I can't go without a paycheck - I have a pre-existing medical condition. I work on the frontline at an Urgent Care Office, I am concerned about catching the virus."*

Nathan's family cannot afford for him to miss even a day at work, but with a pre-existing condition and providing care as an essential worker at an urgent care facility, Nathan is concerned about what getting Covid would mean for his family's financial stability.

HB 8 - The Time to Care Act, is an insurance program that will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or yourself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family. Marylanders need comprehensive paid family and medical leave!

February 5th marks the 29th anniversary of the passage of the Family and Medical Leave Act (FMLA). The FMLA is an important law that has helped millions of families; and while we celebrate this milestone in workforce history, it was always meant to be the first step. Our UNPAID national family and medical leave laws are stuck in 1993 and haven't evolved to meet the needs of today's working families!

This is why, MomsRising, on behalf of our over 30,000 Maryland members, urge this committee to return a favorable report on HB 8.

¹ Schools turn to parents for help as omicron surge causes staff shortages Retrieved from <https://abcnews.go.com/US/schools-turn-parents-omicron-surge-staff-shortages/story?id=82200214>

² Employee Benefits in the United States, March 2021 Retrieved from <https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf>

MomsRising.org

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Sam Chan

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 43. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, the Russia, United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Sam Chan
38 E. 26th Baltimore MD 21218
Showing Up for Racial Justice Baltimore

SB275_FAV_Blau.pdf

Uploaded by: Samantha Blau

Position: FAV

February 10, 2022

Samantha Blau
Baltimore, MD 21224

TESTIMONY IN SUPPORT OF SB275

Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Samantha Blau

My name is Samantha Blau, I am a resident of Baltimore's Patterson Place neighborhood, in District 46, and I live with chronic illness. I spend a significant amount of time arranging, traveling to, and attending doctor's visits and procedures. And I am lucky because I am often able to do these things for myself. But there are times that I can't drive myself home from a procedure, and I am again lucky because my husband is able to take off work and care for me.

At the age of 30, I was diagnosed with thyroid cancer. Cancer is not a young person's diagnosis, and yet there I was, so exhausted every day that I would leave work and go home on my lunch breaks to take a nap, just to get through the rest of my day. Understanding my diagnosis was overwhelming, as was making decisions about my treatment. I did many of these things alone because my husband was not in a position to always take off time from work to join me in these doctor's visits. When I had surgery to remove my thyroid my husband had to go back to work for most of my recovery time. After this treatment we thought my health would improve, but instead it continued to decline. My fatigue continued, I had trouble finishing sentences or finding words when speaking, my legs and arms would alternate between pain and numbness, and my heart seemed to jump in my chest. I was diagnosed with a form of Dysautonomia called Postural Orthostatic Tachycardia Syndrome (POTS), as well as Small Fiber Neuropathy. Not unlike Long COVID, POTS often appears after a person has a viral illness or autoimmune disease like the one that caused my cancer. These are life long diagnoses. There is no cure, only management. I see four separate specialists on a regular basis, as well as physical therapists. It took me two years to get my diagnoses under control, with so many appointments and procedures. And still, I can have a flare of symptoms at any moment that can leave me bed bound for days or longer. I am not wealthy, there is no at home care nurse for people like me.

My husband is my primary caregiver when I am unable to take care of myself, and this is the case for thousands of people like me. Society doesn't think about non-elderly adults needing a caregiver, but we are out here. There are so many of us living with a disability or illness that requires at least some regular attention. I am one of the lucky ones because my husband has job security and paid sick leave that allows him to care for family. I am worthy of care, and so are those with spouses that can't afford to take time from work to care for them. The Time to Care Act is the least we can do for these families, the least we can do for people with chronic illness and/or disability.

I urge this committee to issue a favorable report on SB275 because being ill and/or disabled should not preclude you from care.

Time to Care Act.pdf

Uploaded by: Sandy Bell

Position: FAV

Time to Care Act

Testimony

Dear Chairwoman Kelley,

Please support SB265/HB8 – Family and Medical Leave Insurance Program because paid family and medical leave is past due for working women and their families.

My name is Sandy Bell, and I am the current volunteer President of Maryland NOW. The National Organization for Women has been actively advocating for women and their families for years on many fronts such as equal pay for equal work, paid leave, reproductive justice, and preventing domestic violence, along with many other issues.

Many years ago, I was a working single mother of two boys. Fortunately, it was a different time when many employers provided benefits and I was fortunate to have paid sick and vacation leave. An extra blessing was free to me healthcare. This provided me the ability to have a decent apartment and all the other necessities of life, but I still lived paycheck to paycheck and was always one unforeseen expense away from major debt.

When I married again after 10 years of being a single mom, it took me a year to pay off my credit card debt. It would have taken even longer without paid leave. This was before vaccines were available for some of the major childhood diseases and my boys both had mumps and chickenpox. Thank goodness, I was able to stay home and nurse them back to health. I can only imagine the hole it would have put me in if I was not getting paid.

Way too many women today are in a similar situation to mine but without the benefits I enjoyed, and this is a travesty and something we can start to fix with this legislation. To steal someone else's words, "No one should work full time and live in poverty." This bill will not totally wipe out the struggle of many families to make ends meet, but it is a good start.

I urge a favorable report of SB265, the Time to Care Act.

Sandy Bell, President

Maryland NOW

SB0275 - FAV - Sarah Hiller.pdf

Uploaded by: Sarah Hiller

Position: FAV

February 10, 2022

Sarah Hiller
Baltimore, MD 21211

TESTIMONY IN SUPPORT OF SB 275/HB 008

**Labor and Employment - Family and Medical Leave Insurance Program - Establishment
(Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Sarah Hiller

My name is Sarah Hiller and I am a resident of District 40. I am writing in strong support of SB 275, the Time to Care Act. In order to be meaningful and effective, paid family and medical leave must be a minimum of 12 weeks, include job protection, be equally paid for by employers and employees, and be gender inclusive while covering a broad definition of family members. No one should be forced to choose between their financial stability and caring for their family or their own health. Without access to paid family and medical leave, Maryland workers are being oppressed at the exact moment they are most in need.

While studying abroad in Stockholm, Sweden during college, I had a conversation with a professor that showed me how large an influence family policy can have on individuals. He grew up in Sweden, but had done all of his higher education in the United States, where he met his wife. The two decided to move to Sweden in order to start a family because the country offers both paid parental leave and government-funded child care services. After telling me this, the professor looked at me and said, without a hint of sarcasm, "I don't know how people have children in the U.S." Obviously he knew that people do so, but he was baffled by our fundamental lack of family-friendly policies that can make parenting, and all caregiving, so difficult.

This conversation ultimately inspired me to write my senior politics thesis on parental leave and early childcare policies in the U.S. and their impact on gender inequality in the workplace. While workers of all genders need the time to care that is covered in this legislation, women still overwhelmingly bear the brunt of caregiving responsibilities in our society. Low wage workers, who are disproportionately women and disproportionately Black and Latino, are the hardest hit by the lack of PFML, as they are the least likely to have any employer-provided paid time off and may be living paycheck to paycheck. Providing paid leave to all workers, regardless of gender, will bring us closer to gender equity by allowing everyone time to care. Unfortunately, my thesis

which argues this is a bit longer than any testimony you would want to read - but if you are interested in hearing more I'd be happy to send it to you.

A commitment to "family values" rings hollow without adequate support for working parents or others who find themselves with caregiving responsibilities. This is an issue that impacts every single Marylander during their working years. Passing the Time to Care Act will allow Maryland to join the small but growing list of states that are moving closer to our stated values, help people balance work and family responsibilities, and build a safety net so people do not face a loss in income when a new child or medical issues bring new costs and caregiving demands into their lives. **I respectfully urge you to report favorably on SB 275.**

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Sarah Johnson

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 41 in the Roland Park neighborhood of Baltimore City. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program that enables employees to take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child; to care for themselves or family members with serious health or medical conditions; or to address immediate needs resulting from the deployment of a family member in the military. The insurance program would be funded equally by employees and employers, with a 0.75% mandatory contribution each pay period (a 0.375% contribution each from employee and employer). Employees would have the right to opt in and opt out of the program.

At some point in our lives, almost all of us confront the reality of being a primary caretaker – whether that means caring for our own newborn children, for our aging parents with unexpected and changing needs, for our loved ones with temporary or long-term medical needs or disabilities, or for the special needs that arise when a family member in the military is deployed. Yet many Marylanders cannot take the time away from work to provide this necessary care because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave, according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans to choose between a steady income (and the financial and emotional stability that provides) and a family member’s basic health and well-being. This lack of basic financial stability for those who must care for their families affects us all, but it has a disproportionately destabilizing effect on those with the fewest financial resources, and for those within communities of color.

Guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Center. Countries all over the world provide some form of maternity and family medical leave – including most Western European countries, Canada, Russia, and Iran. In the absence of a U.S. federal requirement for family medical leave, state-level provisions already exist for some or all private workers in California, New Jersey, New York, Rhode Island, and the District of Columbia.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. This is an exceedingly popular program supported by 88% of Maryland residents – regardless of party affiliation – according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,

Sarah Johnson
1 Merryman Court
Baltimore, MD 21210
Showing Up for Racial Justice Baltimore

SB 275_Morgan_fav.pdf

Uploaded by: Seth Morgan

Position: FAV

TESTIMONY ON SB 275 - FAVORABLE
(Time to Care Act of 2022)

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Seth A. Morgan

My name is Seth A. Morgan. I am a resident of District 18. I am submitting this testimony in support of SB 275, the Time to Care Act of 2022, which would establish a paid family leave insurance program.

During my recovery from a severe illness in 2020, my son, who lives in California, was able to take time from his job to care for me. Thanks to California being one of the States having established a paid family leave law/fund, my son did not suffer the financial hardship he otherwise would have. Further, the numerous stories that have been reported display the positive impact that a paid family leave insurance program will have for Marylanders.

The Time to Care Act will help address the economic hardship, stress, and other burdens that come into play when caring for new babies, loved ones with serious health conditions, or yourself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family.

An OpinionWorks study conducted from December 15, 2021- January 10, 2022, showed overwhelming support that crosses all partisan and geographic lines for paid family leave in Maryland. Results showed 88% of Maryland voters specifically favor creation of "a family and medical leave insurance program that would provide workers with partial wage replacement for up to 12 weeks when they need time away from work to care for a new child, seriously ill family member, or their own serious health condition."

No Marylander should have to choose between the job they need and the family they love. Paid family and medical leave legislation must be cost-effective for workers, employers and the government with employers contributing at least as much as employees, cover all working people, apply equally to all working people regardless of gender, and reflect an inclusive definition of family and provide up to 12 weeks of leave and job security. I respectfully urge this committee to return a favorable report on HB 8.

Thank you,

Seth A. Morgan, MD
5417 Center Street
Chevy Chase, MD 20815
seth.morgan7@gmail.com

MD Time to Care Act Testimony 2022.pdf

Uploaded by: Shannon Wood

Position: FAV



Comments regarding SB 275: Time to Care Act

Shannon Wood
Director, Advocacy and Policy
National Multiple Sclerosis Society

February 8, 2022

The National Multiple Sclerosis Society (Society) appreciates the opportunity to submit written comments in support of House Bill 375 – the Time to Care Act. We thank Senator Hayes for bringing this important bill forward.

Multiple sclerosis (MS) impacts nearly 1 million people in the United States. It is an unpredictable, often disabling disease of the brain and spinal cord that interrupts the flow of information from the brain to the body. Symptoms range from numbness and tingling to blindness, and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted. The cause is unknown and there is no cure.

Most people with MS are diagnosed between the ages of 20 and 50 which are prime working years. People living with MS often continue working long after their diagnosis, but some may need time away from work to manage what can be a serious health condition. Additionally, their family members may need time away from work to care for them. The federal Family and Medical Leave Act (FMLA) provides important unpaid job-protected leave. However, fewer than 40 percent of workers in the United States (U.S.) have access to personal paid medical leave through employer-provided short-term disability insurance—which means many people cannot afford to take leave when they need it.

For those who must take time off without pay, it can be challenging to make ends meet. The average cost of living with MS, including both direct and indirect expenses (e.g. healthcare costs, lost wages), is upwards of \$70,000 per year, per person. Unpaid time off may often lead to financial devastation.

The Time to Care Act would be especially beneficial for caregivers. Caregivers face financial challenges and are too often forced to choose between work and caregiving because they lack access to paid leave. An estimated 43.5 million adults in the U.S. provide unpaid caregiving and nearly 800,000 in Maryland.¹ Of the adults who use FMLA, 18% took unpaid time off to care for

¹ AARP. *New Maryland Family Caregivers Survey Released by AARP*. 10 Mar. 2016, states.aarp.org/md-new-maryland-family-caregivers-survey-released-by-aarp/.

a sick family member. These family caregivers are the predominant providers of long-term services and supports for people with illnesses or disabilities.

According to AARP's State of the Caregiver report, 6 in 10 caregivers have experienced at least one impact or change to their employment situation as a result of caregiving such as cutting back on their working hours, taking a leave of absence or receiving a warning about performance or attendance.² It is also important to note that caregiving comes at a cost. AARP estimates that caregivers spend an average of \$7,000 out of pocket on caregiving related expenses each year.³ The Time to Care Act would provide an opportunity for caregivers take leave without facing financial ruin.

The COVID-19 crisis has amplified the need for a paid family and medical leave program in Maryland now. Recent polling found eight in ten Maryland voters support this legislation⁴. For these reasons, the Society urges you to favorably report SB 275.

² AARP, National Alliance for Caregiving. *Caregiving in the U.S. 2015 Report*

³ Rainville, Chuck, et al. *Family Caregiving and Out-of-Pocket Costs: 2016 Report*. 2016.

⁴ OpinionWorks conducted a total of 1,011 interviews statewide December 11-26, 2020, among randomly selected Maryland registered voters.

Testimony for SB0275- Sharon Green.pdf

Uploaded by: Sharon Green

Position: FAV

Date of Hearing: 2/10/2022

Sharon Green
Pikesville, MD 21208

TESTIMONY ON SB0275 - POSITION: FAVORABLE

**Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Sharon Green

My name is Sharon Green. I am a resident of District 11. I am submitting this testimony in support of SB0275, Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022).

Greetings. My name is Sharon Green. I am a teacher/school administrator at Krieger Schechter Day School and a member of Chizuk Amuno Congregation. I am also a wife and mother of two pre-teen children. As someone who has needed family/medical leave, and someone who has spent my years in education working directly with hundreds (thousands?) of families all experiencing the ups and downs of life with the ebbs and flows of needs I know how crucial it is to the safety and security of all children that families are able to stay afloat through the inevitable challenges of life. The whole concept of community is based on support and a safety net that catches us all when we need it because our strength is collective. That is why it is crucial to pass SB0275 and ensure that ALL of Maryland's families can have the support they need to make us a stronger state.

Recently my family all got sick with Covid-19 at the same time. It happened despite all of us being vaccinated, and the adults boosted, and wearing masks whenever we left the house. My illness was beyond a "mild cold", I was quite sick for quite a while, and I think that needing to help care for my children while sick may have worsened my condition as I could not rest the way I needed. Prolonged sickness meant more days off of work, and I watched my Paid Time Off disappear before my eyes. Time that I earned through my hard and dedicated work as an educator. Time I was planning to use for a visit to my family later this year. Time I intended to save in case I needed it. It's all gone now, and watching the hours slowly decrease was painful and maddening. But, the truth is, I am lucky to have had any of that time. As my PTO disappeared, and I thought about the money I would now be docked and the future days off I would not be able to take, I felt grateful that I had that time at all. Not everyone does. I felt scared about my loss of income, but the truth is that we will be ok. I am lucky that my husband earns a good wage and that we have a marriage that allows us to easily share our financial

resources. I cannot imagine what catching an illness (or being a caregiver to someone who is sick) would do to a single mom, to someone with an hourly-pay job, to a family not “official” by marriage, or to someone who is living paycheck to paycheck as so many Marylanders are. The number of days I was sick and out of work for another family would mean there was no food, or no medicine, or no diapers, or no telehealth checkups. Bad luck that happened to me could have destroyed my family and left my children hungry and scared. In Maryland in 2022 that is something we have the resources and ability to avoid and so it would be unconscionable to do otherwise. Life is full of things that happen to people through no fault of their own and passing SB0275 would go a long way to making sure that no matter who you are or what you do for a living, we Marylanders will lend each other a helping hand. Bills like these represent the potential of the government to help ALL people. Because life happens to all of us.

I am urging the committee to enthusiastically support Family Medical Leave Insurance for all Marylanders. It is a bill everyone can cheer for and that all constituents of all districts will benefit from. This is what it means to build community. **I respectfully urge this committee to return a favorable report on SB0275.**

SB275_SharonNathanson_fav.pdf

Uploaded by: Sharon Nathanson

Position: FAV

I am writing to voice my strong support for SB 275 “Labor and Employment-Family and Medical Leave Insurance Program-Establishment (Time to Care Act of 2022)” and urge the General Assembly to pass it. My name is Sharon Nathanson and I am a Baltimore City grandmother of a six-year-old, and a mother of a hard-working young woman who I see must make difficult choices about her work schedule and providing care of her child. Even today, many years later, after delivering a pre-mature baby weighing just over 2 lbs, and facing my own lengthy recovery, I remember I had to make gut wrangling decisions about whether I should stay home to watch my child or go to work. Fortunately, in my case, I had leave, some paid and some not, to cover me during that period. Many Maryland workers, mostly women, do not, particularly those workforce employees we depend on every day. They and are faced with difficult decisions regarding those dependent upon them.

This bill would allow support for Maryland’s families by allowing them to have paid family leave when needed in times of family stress, such as when a child is born or comes into a family through adoption, or when personal or family health needs inevitably arise. In fact, the last couple of years, living through COVID, has demonstrated why such leave is badly needed. We never thought people, mostly women, would be placed in the untenable situation of deciding to care for their children or others and keeping their jobs. Having leave available would mean not having to choose between a job and family responsibilities.

Such a bill is needed not only by families but also older adults and working people of all ages to have the support they need to receive and provide critical care. The law would also benefit employers as it would support worker retention by reducing turnover and lessen the need to be constantly hiring and training new employees. Nine states already have such programs and I urge you to pass such a program in Maryland. Please vote in favor of this legislation.

Sharon Nathanson
20 Bouton Green Ct.
Baltimore, MD 21210
snathanson@comcast.net

MAP - SB 275 - Time to Care Act - FAV.pdf

Uploaded by: Stacey Jefferson

Position: FAV



TESTIMONY IN SUPPORT OF SB 275

Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Senate Finance Committee

February 10, 2022

Submitted by Julia Gross and Kali Schumitz, Co-Chairs

Member Agencies:

211 Maryland

Advocates for Children and Youth

Baltimore Jewish Council

Behavioral Health System Baltimore

CASH Campaign of Maryland

Catholic Charities

Energy Advocates

Episcopal Diocese of Maryland

Family League of Baltimore

Fuel Fund of Maryland

Health Care for the Homeless

Homeless Persons

Representation Project

Job Opportunities Task Force

Laurel Advocacy & Referral Services, Inc.

League of Women Voters of Maryland

Loyola University Maryland

Maryland Catholic Conference

Maryland Center on Economic Policy

Maryland Community Action Partnership

Maryland Family Network

Maryland Hunger Solutions

Mental Health Association of Maryland

Paul's Place

Public Justice Center

St. Vincent de Paul of Baltimore

Welfare Advocates

Marylanders Against Poverty

Julia Gross, Co-Chair

P: 410-528-0021x6029

E: jgross@mdhungersolutions.org

Kali Schumitz, Co-Chair

P: 410-412- 9105 ext 701

E: kschumitz@mdeconomy.org

Marylanders Against Poverty (MAP) strongly supports SB 275, which establishes a Family and Medical Leave Insurance (FMLI) program through which employees may take up to 12 weeks of paid leave from their jobs to care for new children, family members with serious health conditions or disabilities, family members who are leaving for deployment, or for their own health conditions.

The overwhelming majority of employees in the United States cannot afford to take time away from work when their families need them most. According to a report by the Center for American Progress, low-wage families are the ones most in need of financial support when illness strikes or when a child is born—and the most likely to take on the care of a family member because they cannot afford a professional caregiver.¹ Too often, out of economic necessity, new parents are forced to go back to work within days of welcoming a new child, forgoing precious bonding and recovery time. Lack of paid leave – which is concentrated in low-wage jobs – exacerbates economic inequality.² Implementing a paid family leave program, especially with a progressive pay structure as proposed in SB 275, increases the health and financial security of Marylanders living in or near poverty.

Paid Leave is good for families, good for public health, and good for Maryland's economy. Access to paid leave improves the health and wellbeing of children, parents, and caregivers. Studies show paid leave can reduce depressive symptoms for new mothers, boost maternal and child health outcomes, and promote parent-child attachment. Additionally, paid leave allows people to recover from serious illness, and creates opportunities for caregivers to tend to their family members and help them fulfill treatment plans, which reduces complications and hospital readmissions.³ Ultimately, broadening the scope of who can access paid leave reduces the likelihood that low-income Marylanders will need to access state-funded safety-net programs, which benefits Maryland's economy.

In the richest state in the country, it is unacceptable that families can fall into debt, poverty, and homelessness due to lost income from illness, deployment, or welcoming a new child. No one should have to choose between treating a serious health problem, caring for a family member, and meeting their basic needs.

MAP appreciates your consideration, and strongly urges a favorable report on SB 275.

Marylanders Against Poverty (MAP) is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.

¹ Center for American Progress. (2019). *Paid Family and Medical Leave Must Be Comprehensive to Help Workers and Their Children*. <https://www.americanprogress.org/issues/women/reports/2019/07/16/472026/paid-family-medical-leave-must-comprehensive-help-workers-children/>

² CLASP. (2014). *Access to Paid Leave: An Overlooked Aspect of Economic & Social Inequity*. https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2014-04-09-Inequities-and-Paid-Leave-Brief_FINAL.pdf

³ National Partnership for Women & Families. (2019). *The Family and Medical Insurance Leave (FAMILY) Act*. <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/family-act-fact-sheet.pdf>

SB 275_ Time To Care Act _BHSB_FAVORABLE.pdf

Uploaded by: Stacey Jefferson

Position: FAV



February 10, 2022

**Senate Finance Committee
TESTIMONY IN SUPPORT**

*SB 275 Labor and Employment- Family and Medical Leave Insurance Program- Establishment
(Time to Care Act 2022)*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

Behavioral Health System Baltimore supports SB 275- Labor and Employment- Family and Medical Leave Insurance Program- Establishment- (Time to Care Act 2022). This bill establishes a Family and Medical Leave Insurance (FAMLI) program through which employees may take up to 12 weeks of paid leave from their jobs to care for new children, family members with serious health conditions or disabilities, family members who are leaving for deployment, or for their own health conditions.

BHSB supports SB 275 because policies like expansion of paid family and medical leave mitigate adverse childhood experiences and support healthy development in early childhood. Low-wage families are the most in need of financial support when illness strikes or when a child is born and the most likely to take on the care of a family member because they cannot afford a professional caregiver. ¹ Studies show that children living in poverty are five times more likely to experience abuse and neglect and other adverse childhood experiences (ACEs), which begins a lifelong struggle with negative mental, behavioral, and physical health outcomes.² The financial support that paid leave provides allows new mothers to focus on building nurturing relationships that promote cognitive development, social and emotional competence, and resiliency. It has been shown to reduce depressive symptoms in new mothers, boost maternal and child health and mental health outcomes, and promote parent-child attachment.³

Paid Leave is good for families, good for public health, and good for Maryland’s economy.

The CDC estimates lifetime costs associated with ACEs at approximately \$2 trillion nationwide, measures that prevent and address childhood trauma not only work to improve the public health of our state, but also have a high rate of return on investment and decrease health and behavioral health care costs in the long term. Maryland must continue to enact policies like paid family and medical leave that prevent and mitigate ACEs. **As such, BHSB urges the Senate Finance Committee to support SB 275.**

¹ Center for American Progress. (2019). *Paid Family and Medical Leave Must Be Comprehensive to Help Workers and Their Children*. <https://www.americanprogress.org/issues/women/reports/2019/07/16/472026/paid-family-medical-leave-must-comprehensive-help-workers-children/>

² Centers for Disease Control and Prevention (2021)
<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>

³ Beckman, K. A., PhD, MPH (2017). Mitigating Adverse Childhood Experiences Through Investments in Early Childhood Programs, *Academic Pediatrics*, 17(7) 28-29. DOI: <https://doi.org/10.1016/j.acap.2016.09.004>

SB 275_MDAEYC_fav.pdf

Uploaded by: Stephanie Schaefer

Position: FAV



Maryland Association for the Education of Young Children

Testimony in Support of SB 275
“Labor and Employment - Family and Medical Leave Insurance Program -
Establishment (Time to Care Act of 2022)”
Submitted to the Senate Finance Committee
February 10, 2022

FAVORABLE

To: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

The Maryland Association for the Education of Young Children (MDAEYC) supports SB 275, which would establish a Family and Medical Leave Insurance Program that will enable employees to take up to 12 weeks of partially paid leave to care for new children, family members with serious illnesses or disabilities, or themselves.

MDAEYC is a professional association of early childhood educators, allied professionals, and families. We know that early childhood educators, like all workers, need to be able to take time off from work periodically to care for their family members. And the families that educators serve also need paid leave time so that they can care for their infants or ill family members when the need arises.

As early childhood educators, we also know that the earliest years of a child’s life have a profound influence on their development. All infants need and deserve attentive care from a caring adult; providing paid family leave enables more parents the option to provide that attentive care themselves for several weeks or months. Allowing parents more time to care for their infant or newly adopted child helps family members build loving relationships and form attachments. Secure parent-infant attachments are the cornerstone of emotional well-being and healthy relationships. Healthy early relationships allow young children to develop confidence and be ready to learn.

SB 275 would enable workers to provide attentive care to their newborns or ill family members, so employees don’t have to choose between being paid and taking care of a family member. We urge your support of this legislation.

If you have any questions, please contact: Stephanie Schaefer, Program Coordinator, at stephanie.schaefer@mdaeyc.org or 240-441-3280.

2022 PPM SB 275 Senate Side.pdf

Uploaded by: Suhani Chitalia

Position: FAV



330 N. Howard Street
Baltimore, MD 21201
(410) 576-1400
www.plannedparenthood.org/maryland

Planned Parenthood of Maryland

Committee: Senate Finance Committee

Bill Number: Senate Bill 275

Title: Family and Medical Leave Insurance Program (Time to Care Act of 2022)

Hearing: February 10, 2022

Position: Support

Planned Parenthood of Maryland supports *Senate Bill 275 – Family and Medical Leave Insurance Program – Establishment (Time to Care Act 2022)*. The bill creates a Program to provide temporary benefits to covered individuals who are taking leave from employment. Planned Parenthood of Maryland supports this legislation because the Program will allow employees to collect benefits when:

- Employees take leave to care for a child during the child’s first year, care for a family member with serious health conditions, or care for a service member.
- Employees take leave when they have a serious health condition that results in the individual being unable to perform their duties.

Too many Marylanders face impossible choices when new children are born or adopted and when serious personal or family health needs inevitably arise. In Maryland, even unpaid leave under the federal Family and Medical Leave Act is inaccessible for 56 percent of working people. We ask for a favorable vote on this legislation. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

Tme to Care Act-Senate Feldman.pdf

Uploaded by: Susannah Feldman

Position: FAV

Hearing Date: 2/10
Dr. Susannah Feldman
Columbia, MD 21044

TESTIMONY ON SB#275 - POSITION: (FAVORABLE/FAVORABLE WITH AMENDMENTS/)

Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Dr. Susannah Feldman

OPENING: My name is Susannah Feldman. I am a resident of District 12. I am submitting this testimony (in support of/in support with amendments/) (SB275), Time to Care Act of 2022.

I am a member of Columbia Jewish Congregation and a member of its Social Action Committee. I believe that it is essential to have the ability to take care of family members and oneself during illness. Jewish tradition elevates the family to a sacred status, and mandates that the community assure that individual family needs be met, both for community survival and in service of the Jewish goal of repairing our world.

I am a retired faculty member and taught in the Biological Sciences Department at Towson University for 31 years. I started as a part-time Adjunct Instructor in 1994, became full-time two years later, and finally retired as a Senior Lecturer. Only in the last position (the last nine years) did I become eligible for paid benefits. I was fortunate to have medical coverage through my husband's job; some of my colleagues did not have that option, and were forced to bear the full financial burdens of life's vicissitudes. The ongoing pandemic has highlighted how life-altering and devastating the cost of such burdens can be, with people unable to afford to take a few days off if they became ill (and infectious to others), all the way to losing their housing and going hungry.

The Time to Care Act is well overdue to help our citizens cope with a variety of medical and personal issues. I believe this is a fair and balanced law that will improve our economy by improving the working conditions for so many employees.

All Marylanders who work and who need time to care for relatives or themselves, especially new parents, people with chronic conditions, families of military personnel, low-income and part-time workers, small business employees, and self-employed people. Many minorities are disproportionately unable to take time off to care for themselves or family members. I

respectfully urge this committee to return a favorable vote on SB#275.

SB 275 - Paid Family Medical Leave - Time2Care Act

Uploaded by: Tamara Todd

Position: FAV

Dear Members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City and Baltimore County. We are also working in collaboration with Out for Justice. I am a resident of District 10. **I am testifying in support of Senate Bill 275 (Time to Care Act of 2022).**



The Time to Care Act establishes a Family and Medical Leave Insurance (FAMLI) program so employees could take up to 12 weeks of paid leave from work to care for the birth, adoption, or fostering of a child, care for themselves or family members with serious health or medical conditions, or address needs resulting from a military family member's deployment. The program must be funded equally by employees and employers with a 0.75% mandatory contribution each pay period, split evenly between the two (0.375% each) with employees having the right to opt-in/opt-out of the program.

At some point, most of us will need a paid family Leave policy to care for new babies, aging parents, loved ones with health needs or disabilities, or for ourselves. Yet many Marylanders can't take time to care for their family members because they lack paid family leave. In fact, only 23% of civilian workers have access to paid family leave according to the Bureau of Labor Statistics. Unpaid leave forces too many Americans—especially those whose needs are the greatest—to choose between income and family when illness strikes, when new babies arrive, or when the needs of a family member with a disability intensify. Nearly 25% of women, for example, take ten or fewer days of parental leave, potentially putting themselves and their children at risk physically and emotionally.

Government-guaranteed paid family leave is not a unique or exceptional policy. According to the UCLA World Policy Analysis Centre, countries all over the world provide some forms of maternity or family medical leave, including Canada, Russia, the United Kingdom, and Iran. Providing leave at the state-level family medical leave isn't even new with California, New Jersey, New York, Rhode Island, and the District of Columbia having declared paid leave plans a right for some or all private workers.

Legislation establishing a Family and Medical Leave Insurance Program would make paid leave available to Maryland workers for up to 12 weeks following the birth or adoption of a child, and when needed to provide care for a family member or oneself. The leave would be funded through an insurance pool, into which workers and their employers contribute. This is an exceedingly popular program with 88% of Maryland residents across political affiliation supporting paid family and medical leave according to a poll done by Time to Care Maryland.

It is for these reasons that I am encouraging you to vote in support of Senate Bill 275 (Time to Care Act of 2022).

Thank you for your time, service, and consideration.

Sincerely,
Tamara Todd
221 Northway Rd, Reisterstown, MD 21136
Showing Up for Racial Justice Baltimore

SB275 Time to Care Act POG written testimony suppo

Uploaded by: Tami Goldsmith

Position: FAV



Testimony in Support
SB275 - Labor and Employment –
Family and Medical Leave
Insurance Program –
Establishment –
(Time to Care Act
of 2022)
Finance
February 10, 2022
By Ken Capone

Hello committee members. My name is Ken Capone. I am the Public Policy Director for People On the Go which is Maryland's statewide self-advocacy organization. We are here to testify in support of SB275 Labor and Employment - Family and Medical Leave Insurance Program.

Background: People On the Go Maryland builds community through diversity and inclusion. We respect the individuality of our members and are committed to making inclusion a priority so that everyone feels comfortable, valued, and heard. People On the Go remains distinct by maintaining a cross-disability strategy that focuses on effecting positive change in the lives of people with and without disabilities.

Our beliefs in empowerment and inclusion provide the means by which people with intellectual and/or developmental disabilities come together to develop self-advocacy and leadership skills, and give voice to the needs of the disability community. Through its grassroots efforts, People On the Go remains distinct by maintaining a cross-disability strategy that focuses on effecting positive change in the lives of people with and without disabilities.

As many you are probably aware, nearly all of us will need to take leave at some point, whether to care for a family member's or our own serious medical condition or disability, or the joyous occasion of welcoming a new child. Without access to paid leave, workers often face a difficult and unnecessary decision, health and family, or work and making ends meet. Not now but in the past, my mother had to take off work to care for me if I got sick or my support needs intensified, or even longer when I had surgery, I know it was a hardship for us. It would have been nice to have something like this back then.

More than 70% of family members caring for a person with Intellectual and or Developmental Disabilities report that caregiving interfered with their work and the odds of an employee losing income increases by 48% if the person lives with a child with disabilities and by 29% if the person lives with and supports an adult with disabilities. That is a significant amount of people experiencing economic hardship. When people having access to dedicated paid family leave, it reduces the odds of losing income by 30%.

As more people with intellectual and or developmental disabilities are supported to work, these additional benefits are important. People with disabilities need leave for the same reasons as all other workers and in the US addressing one's own health condition or disability makes up 55% of all leave taken. People with disabilities are more likely to be employed in low-wage, part-time jobs that provide fewer supports. Access to paid leave increases opportunities for people with disabilities so that we can be supported when needs intensify Just like I did from time to time. The benefits to people with disabilities and their families are clear. Both the person that is sick and the person that is caring for them have time they need to be together and get or give support. They will be less stressed which in turn speeds up the healing process. In conclusion, SB 275 gives people with disabilities the comfort of knowing that they shouldn't feel guilty anymore because they may need extra care from a family member from time to time and it won't be a hardship on the family.

Thank you

SB 275 Labor and Employment Family and Medical Lea

Uploaded by: Tammy Bresnahan

Position: FAV



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**SB 275 Labor and Employment – Family and Medical Leave Insurance Program –
Establishment
SUPPORT
Senate Finance Committee
February 10, 2022**

Good Afternoon Chair Kelley and members of the Senate Finance Committee. I am Tammy Bresnahan. I am the Director of Advocacy for AARP MD. AARP Maryland is one of the largest membership-based organizations in Maryland, encompassing over 850,000 members. **AARP MD overwhelmingly supports SB 275 Labor and Employment – Family and Medical Leave Insurance Program – Establishment.** We thank Senator Hayes for sponsoring SB 275.

AARP is a nonpartisan, nonprofit, nationwide organization that helps strengthen communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

SB 275 establishes a Family and Medical Leave Insurance (FAMLI) program through which employees may take up to 12 weeks of paid leave from their jobs to care for new child or other family members with serious health conditions or disabilities, or themselves. The program provides some wage replacement during the leave period. The benefit level is calculated based on the employee's weekly wage and the State's average weekly wage. In general, the amount received by low-income employees reflects a higher percentage of their total wages.

Wage replacement benefits are drawn from a fund pool into which employers and employees contribute. Contributions are mandatory and are calculated based on the employee's wages. The FAMLI program is supervised by the State Department of Labor (DLR) and administered by Division of Unemployment Insurance (UI). (FAMLI and UI are conceptually and administratively similar.) The rates of employee and employer contributions to the FAMLI insurance pool must be sufficient to fund the benefits and administer the program. Experience from other states suggests that the shared contribution will total approximately 0.5% of the employee's wages. An employee is eligible for FAMLI benefits if the employee:

- Is caring for a newborn child or child newly placed for adoption or foster care;
- Is caring for a family member with a serious health condition or disability;
- Has a serious health condition that makes the employee unable to perform his or her job;
- Is caring for a military service member who is next of kin; and
- Has a specified need resulting from the military deployment of a family member.

SB 275 also specifies that the definition of "family member" mirrors the definition in the Maryland Healthy Working Families Act of 2017 and includes: a child, parent, spouse,

grandparent, grandchild, or sibling. (Adoptive, foster, guardianship, in loco parentis, and step-relationships are included in these categories.)

According to AARP Public Policy, only one and seven workers in the private sector has employer-provided paid family leave, according to the Labor Department. Among caregivers who left the workforce, just over half say they quit their jobs because they did not have the flexibility to keep working and provide elder care. Whether giving or receiving care, older workers are likely to need the time, access to health benefits, and job security that the Family Leave Act provides.

AARP believes Maryland has made significant strides in supporting Maryland's 770,000 family caregivers, however, we still have work to do to enable workers to take care of themselves and their loved ones--passing the Maryland Family Leave Act is one way to provide these protections to more workers and the broader range of family members who are taking on caregiving responsibilities.

What we know, the absence of paid leave in the Family and Medical Leave Act has led a number of state and local governments to step in to fill some of the gap. California, New Jersey, New York, Rhode Island, Washington State and Washington, D.C., require some form of paid family leave.¹

Current labor force trends of an aging workforce are especially pronounced for older working women—those most likely to also be family caregivers. The percentage of women ages 55 and older who work is expected to increase from 28.5 percent in 2013 to 35.1 percent in 2022. During the same period, the percentage of working women over age 64—those most likely to be caring for a spouse—is expected to increase from 14.4 percent to 19.5 percent.

These shifts toward older women in the labor force can add to family incomes and greater savings for retirement as well as contribute to overall economic growth. Yet, as women work outside the home to make ends meet and contribute to the economy, the demands and pressures of working families to balance work, caregiving, and other family responsibilities have grown.²

The economic consequences of reducing work hours, quitting a job to provide care, or taking an unplanned early retirement can be significant. Research shows that family caregivers who disrupt their careers or leave the labor force entirely to meet full-time caregiving demands can face substantial economic risk and short-term and long-term financial consequences by losing salary, personal retirement savings, eventual Social Security and retirement benefits, career opportunities, and overall financial well-being.³

Paid Family Leave offers (PFL) a solution to many of the pitfalls associated with unpaid leave. PFL helps workers remain at their jobs and continue as family caregivers—benefiting workers, employers, and the economy. For workers who take on family caregiving responsibilities but cannot afford adequate time off to do so, PFL can provide peace of mind when they need to take

¹ [Paid Family Leave:: States With Laws to Help](#)

² [Breaking New Ground: Supporting Employed Family Caregivers](#)

³ Ibid

a period of time away from work. For employed family caregivers, PFL can also promote economic security—a key component of social determinants of health.⁴

Research shows that PFL is an important factor in employment recruitment and retention, which can improve productivity and reduce absenteeism. Experiences of businesses in the first three states to enact PFL laws—California, New Jersey, and Rhode Island—show that once employers have implemented PFL benefits, they are generally supportive of paid leave, and indicate that PFL laws have had negligible to positive impacts on worker productivity, turnover, and morale. In a California study, small and medium businesses (those with fewer than 50 employees and those with 50 to 99 employees, respectively) reported the most positive outcomes—even more than large companies. About two in three of the companies reported that they dealt with employee leave-taking by assigning work temporarily to other workers; one-third said they hired temporary replacements. Research suggests a relationship between paid leave and job retention. Higher retention rates usually mean saved separation costs when an employee leaves the job.⁵

Managing paid work alongside providing care for an adult or aging family member with a serious health condition or disability can be stressful for employed caregivers when their needs are not being met by existing workplace policies. Because most family caregivers now hold paying jobs too, employed caregivers need access to workplace leave benefits that enable them to fulfill both their caregiving and paid work responsibilities.

Workers should not have to choose between keeping their jobs and providing care to a seriously ill family member when they need it the most. Without a paycheck to cover the basic costs of living while providing care, low-wage workers are particularly vulnerable. They tend to have the least access to paid time off for caregiving needs and cannot afford to take unpaid family leave. States are leading the way.

Given the aging of the population and the workforce, caregiver-friendly policies—such as PFL and paid sick days—are important for maintaining both economic growth and a worker’s own economic security. Workplace leave policies are a sound investment for employers and for America’s working families with caregiving responsibilities.

AARP recommends that states should take the lead and implement policies that strengthen financial security for employed family caregivers. We encourage a FAVORABLE report on SB 275. For further information please contact Tammy Bresnahan at tbresnahan@aarp.org or by calling 410-302-8451.

⁴ Ibid

⁵ Ibid

SEIU Testimony IN FAVOR of SB275 Time to Care Act

Uploaded by: Terry Cavanagh

Position: FAV



SEIU Maryland & DC State Council

1410 Bush Street, Suite F, Baltimore, MD 21230

Testimony in FAVOR of SB 275
Labor and Employment – Family & Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)

Senate Finance Committee

February 10, 2022

1:00 PM

Presented to: Delores G. Kelley, Chairman

By: Terry Cavanagh, SEIU

We urge a FAVORABLE Report on SB 275.

SEIU is the largest union in North America. We unite workers in health care, public service, including public education, and property services to improve lives and the services we provide. We represent over 50,000 workers in the Maryland/DC/Virginia region. Many of our members are poorly paid, but essential, and especially vulnerable if they fall victim to illness or need to be away from work to care for a family member.

The Time to Care Act, would provide stability to the lives of workers, their families, their communities and to their employers. This can be done at a cost shared by workers and employers for a very reasonable amount of money, especially when compared to the benefits it would provide to workers who otherwise, might have their economic lives turned upside down. The bill would also lessen the fear that families face if wage earners became seriously ill.

It would provide an opportunity for new parents to have the precious time to spend nurturing new-born or newly adopted members of their families without fear of putting their families in dire financial straits.

Some employers already provide this benefit. Most do not. Many would provide it if we were able to get the costs down to a reasonable amount. With this bill, we do that, but in order to keep the costs down, we need everyone in the pool.

As a union of many low-wage workers, we heartily endorse the provisions that recognize the special needs of low-wage workers with higher wage replacement percentages and a sliding scale of contributions. This allows even the lowest wage workers to fully participate in this program. Our union includes many part-time workers. For many, this may include multiple part-time jobs, or a full-time and a part-time job. This bill recognizes the modern economy where we no longer have one full-time, long-term, job per family with living wages and benefits.

Our neighbor, the District of Columbia, passed similar legislation a couple of years ago. There was one major difference. The DC law requires employers to pay the full cost of the program. In an effort to work with employers, our coalition has taken the significant step of crafting a bill that requires a 50/50 split between workers and employers, in order to literally meet employers halfway.

Besides DC, many others have taken this step to protect workers income in case of serious illness or to nurture a new-born child or care for an ailing parent. Thus far, nine states have enacted similar legislation. Our competitors across the world have also long recognized the need for this approach.

This approach is popular. The results of polling by Opinion Works, a highly respected public opinion research company, has shown that this legislation has broad support across all parts of Maryland and all political stripes.

This bill has been carefully studied over the past two years and changes have been made to address the concerns of stakeholders. Now is the time to care and now is the time to get this done.

We ask for a FAVORABLE REPORT ON SENATE BILL 275. Thank you.

St. Ignatius Testimony IN FAVOR of SB 275 Time To

Uploaded by: Terry Cavanagh

Position: FAV



Justice & Peace Committee

740 N. Calvert Street, Baltimore, Maryland 21202

Testimony IN FAVOR of SB 275

Labor and Employment – Family and Medical Leave Insurance Program
Establishment (Time To Care Act 2022)

Senate Finance Committee

February 10, 2022

1:00 PM

Presented to: Delores G. Kelley, Chairman

BY: Candra Healy, St. Ignatius Catholic Community, Justice & Peace Committee Chair

My name is Candra Healy, and I am Chair of the Justice and Peace Committee of St. Ignatius Catholic Community of Baltimore

Our Catholic Community is the parish of 900+ families located in the Mount Vernon section of downtown Baltimore. Our location is a cultural center of Baltimore, near Center Stage, Peabody, the Walters and the BSO. We are literally between East and West Baltimore, in the midst of the African American community; and the home to a growing number of young adults, many of whom are married with young children. People of all ages, cultures, and in different seasons of life have found a spiritual home here. The Justice & Peace (J&P) Committee of Saint Ignatius Catholic Community is dedicated to the service of faith and the promotion of justice. As a parish we are called and challenged to articulate, advocate, and act upon critical social, economic, cultural, and political issues that affect us, our city, and our world. We are also called to be a resource to provide parishioners with opportunities to live out their faith through justice. The Committee aims to address the challenges that affect the work of justice in

our community. The values of our Church teachings direct our efforts to work for peace and justice. We are called by our faith and our tradition to stand with workers.

We are called by Catholic Social Teaching to support working families, especially in their time of greatest need and greatest vulnerability, including the time to nurture a newborn or newly adopted child or for the care of a dying loved one.

In their 1986 Pastoral Letter on Catholic Social Teaching and the US Economy, The United States Conference of Catholic Bishops said, *“Our faith calls us to measure this economy not only by what it produces, but also by how it touches human life and whether it protects or undermines the dignity of the human person.”*

We support this legislation because it reflects the values we share in our community. Those values of human life and the dignity of each human person.

The last two years have demonstrated the tremendous pressure being placed on families due to the pandemic. Many thousands of our sisters and brothers have died. Many more have been hospitalized or have lingering aftereffects of the virus.

This legislation can lessen the pain and ease the fear that families face when a wage earner suffers longer term illness that makes it impossible to work.

This legislation would make it easier for parents to spend time nurturing new additions to their families without suffering catastrophic economic loss.

We believe this legislation strikes a fair balance between the needs of workers and the capacity of employers and their need to remain solvent

Many employers provide this or similar benefits. However, it is not widespread due to cost. One way to make this affordable for employers and workers is to adopt the system outlined in this legislation so the risk of prolonged illness – that could strike any of us – is spread to all workers and employers. This will make it affordable for everyone.

We ask for a FAVORABLE Report of SB 275. Thank you.

FAVORABLE SB 275 (Time to Care Act) TC.pdf

Uploaded by: Tim Carter

Position: FAV

To the Senate Finance Committee:

My name is Time Carter. I have been an employee of Safeway Stores, Inc. for 38 years. I have been a member of UFCW Local 400 for 38 years as well. I have worked at many stores throughout Maryland and I am currently assigned to Store 3274 at University Town Center in Hyattsville. I am currently the acting Produce Department manager at this location.

In 38 years, I probably called out sick 4 times. Three of those were sick calls and I had to take my wife to the hospital on another occasion. Although I've been blessed with good health, and rarely get sick, there were times, over the years, that I should have called out but pushed myself and consequently put others in danger by spreading my virus or cold. I was concerned that I would lose a day's pay coupled with pride and dedication to my job.

Recently however, within the last two years, I now accrue sick leave. This makes it financially feasible to take a sick day and take care of myself as well as protect others from getting sick. If I am not feeling well, I can use my sick day.

In today's COVID pandemic, it is more important than ever to stay safe, and above all, protect others who have compromised immune systems. It is also important to protect and care for our families in times of need. We work around food and need to do everything possible to protect ourselves, our communities, and our families. Paid Family Sick and Medical Leave allows us to do this.

Thank you, and please vote yest for SB 275.

SB0275 - FAV - Tracie Guy-Decker.pdf

Uploaded by: Tracie Guy-Decker

Position: FAV

15 February 2022

Tracie Guy-Decker
Baltimore, MD 21229

TESTIMONY IN SUPPORT OF SB0275

**Labor and Employment - Family and Medical Leave Insurance Program - Establishment
(Time to Care Act of 2022)**

TO: Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee

FROM: Tracie Guy-Decker

I am a resident of Baltimore City in the 41st District. I'm a mom, a sister, a daughter, and a wife. In fact, I am the wife of a recently retired Navy Chief. It is from this perspective—of military spouse—that I am providing testimony in support of SB0275, Labor and Employment - Family and Medical Leave Insurance Program Establishment (Time to Care Act of 2022).

My husband retired from the U.S. Navy in May 2021 as a Chief Petty Officer. For all of 2020 and part of 2021, he was stationed in Manama, Bahrain. When he received orders to Bahrain, we had about 90 days to make arrangements and say goodbyes. At the time, I was lucky enough to work at a job that provided leave, so I didn't face lost wages or lose my job when I took the time to deal with the many logistical tasks one faces when one's partner will be gone for over a year. Cancel the cellphone. Sell one of the cars. Arrange transportation for the days he was on drop-off or pick-up duty for our second-grade daughter. Figure out who or how to do the household chores he managed: mow the lawn and shovel the snow and clean the gutters. Even more important than those arrangements, I was able to take time to spend time with him before our forced separation.

As hard as our separation was (magnified as it was by the pandemic), we were privileged compared to some military families. Service members who are on deployment, rather than a tour of duty as my husband is, don't have the chance to communicate as frequently as we did. My counterparts in the Reserve or the National Guard can face the logistical and emotional upheaval I went through with as little as 30-days' notice.

Fewer than 1% of U.S. adults are active duty service members, and their families bear burdens that I never imagined before I became a military family-member. I know from experience that "Thank you for your service" is an oft-repeated phrase to service members and their families. Those "thank yous" are meaningless when we don't actually show our thanks by treating military families with the kind of dignity and empathy any one would expect from their neighbors, friends, and loved ones. The Time to Care Act would ensure Maryland and

Marylanders give more than empty words to the military families who sacrifice so much for our country.

When service members are called up for deployment, their partners are faced not just with the emotional toll of impending separation, but with the logistical challenges of re-arranging the rhythms of their household. Those challenges are amplified by the fact that very often the military families live on or near military bases, not near their extended families and support systems.

If they *are* near extended families, it may mean that in addition to the childcare, services, and transportation arrangements I faced, my fellow military spouses are also forced to figure out how to manage all of the care for their service member's aging parent. If we're working retail, customer service, on a factory floor, or as an ER nurse, how are we supposed to find the time to address these realities?

And please don't forget the emotional toll. Imagine your partner was suddenly going to be away for six to twelve months, with a risk of not coming home at all. Imagine having young children who are scared and don't understand what is happening.

Families should have time to be together in the days and weeks leading up to deployment, without risking financial ruin. When deployed soldiers, sailors, airmen and marines get "rest and recuperation" (R&R) leave with an opportunity to visit home, their working spouses should be able to take time off to be with them. Period. And when a service member comes home from deployment injured or unwell, their working loved one needs this Time to Care.

The Time to Care Act includes specific provisions that address the unique challenges, burdens, and realities faced by military families. In Judaism, the Torah commands that "When people get married, they shall not go out with the army or be assigned to it for any purpose; they shall be exempt for one year for the sake of their household." My Jewish tradition values military families, and so does the Time to Care Act.

Our public policies should be shaped to protect us all. All the more so, those whose loved ones protect the country. Every military family should have the benefit of paid leave that I was able to access. Military service always takes a toll on service members' families but we don't have to allow a lack of paid leave to compound those sacrifices.

I urge this committee to issue a favorable report on SB0275 to pass the Time to Care Act of 2022.

SB 275, Christian Science Committee on Publication

Uploaded by: Kathryn Johnson

Position: FWA

Written Testimony re: MD SB 275, Christian Science Committee on Publication of Maryland, Favorable with Amendments

Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee:

As the designated representative of Christian Science in the state of Maryland, I'm hoping you'll consider the availability of this proposed program to Maryland residents who turn to religious nonmedical methods of health care, similar to other states that have adopted paid family and medical leave programs. As proposed, the definition of "serious health condition" in Section 1 of SB 275 (Md. Code Ann., Labor and Employment, §8.3-101, DEFINITIONS: GENERAL PROVISIONS) would limit access to paid family and medical leave benefits to those under a medical form of care:

(O) (1) "SERIOUS HEALTH CONDITION" MEANS AN ILLNESS, AN INJURY, AN IMPAIRMENT, OR A PHYSICAL OR MENTAL CONDITION THAT INVOLVES:
(I) INPATIENT CARE IN A HOSPITAL, HOSPICE, OR RESIDENTIAL HEALTH CARE FACILITY;
(II) CONTINUED TREATMENT BY A LICENSED HEALTH CARE PROVIDER; OR
(III) CONTINUED TREATMENT OR SUPERVISION AT HOME BY A LICENSED HEALTH CARE PROVIDER OR OTHER COMPETENT INDIVIDUAL UNDER THE SUPERVISION OF A LICENSED HEALTH CARE PROVIDER.

The limitation of serious health condition to situations where someone is receiving continued treatment by a licensed health care provider or continued treatment or supervision at home by a licensed health care provider or other competent individual under the supervision of a licensed health care provider serves to **preclude availability of the benefit to someone relying on the services of a Christian Science practitioner for a serious illness.**

By way of background, Christian Science is a system of religious nonmedical health care that is available to everyone, and has been practiced in Maryland and around the world for over a century. Individuals choosing Christian Science for their care do so because they have found it to be reliable and effective, and are always free to choose the form of health care treatment that best meets their needs. Christian Science practitioners are individuals in the full time practice of treating those who choose this form of healing to address illness, injury, impairment or other physical or mental conditions that fit within the proposed definition of "serious health condition." However, the care they provide is an entirely spiritual approach to healing without the use of medical intervention or medication, and such care is not provided in a hospital or under the direction of a licensed health care provider. Maryland expressly excludes Christian Science practitioners from state medical licensing requirements pursuant to Md. Code Ann., Health Occ. § 14-102(a)(2), similar to medical practice act exemptions in other states.

Proposed amendment: There are several ways in which the problem identified above can be corrected. One approach is to make the proposed language consistent with the federal family and medical leave law, as well as various state paid family and medical leave laws, by removing the licensing limitations in the definition of "serious health condition" (Sec. 8.3-101) and in the employer certification requirements (Sec 8.3-403) that restrict treatment and require certification of a condition to occur through a "licensed" health

care provider. An alternative approach would be to add the phrase "or Christian Science practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts" every time the term "licensed health provider" appears in the four places it is mentioned in the bill.

Attachment A includes a sampling of references to some of the ways in which states with paid family and medical leave laws have included avenues through which those relying on religious nonmedical care can utilize paid family and medical leave in support of their family health needs. Many of these examples are modeled after, or directly reference, language in the Federal Family & Medical Leave Act (FMLA) of 1993 which authorizes the United State Secretary of Labor to determine through regulation those who are capable of providing health care services for purposes of administering the FMLA, and which led to regulatory approval of Christian Science practitioners among others on the list. Also included are illustrations from Maryland's State Personnel Sick Leave law (Md. Code Ann., State Pers. & Pens. § 9-504) and its Department of Transportation Family and Medical Leave regulation (Md. Regs. Code 11.02.13.02), both of which expressly permit care from a Christian Science practitioner to satisfy eligibility requirements under these respective programs for state employees.

We would appreciate members of the Committee making similar provision in this proposal as part of their effort to improve the lives of Maryland residents. To better achieve that goal, it should encompass the forms of care to which Maryland residents effectively and responsibly turn. I would be happy to be a resource or answer any questions in furtherance of this important issue.

Respectfully submitted,

Tobey Trumbull, Deputy Christian Science Committee on Publication for Maryland

Email: Maryland@compub.org; Phone: 410-693-6601

Attachment A

Illustrations from Maryland:

Maryland Dep't of Transportation Family & Medical Leave - Md. Regs. Code 11.02.13.02

Section 11.02.13.02 - Definitions

.02 Definitions.

. . . B. Terms Defined.

. . . (8) "Health care provider" means a:

. . . (h) Christian Science practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts; . . .

Maryland State Personnel Sick Leave - Md. Code Ann., State Pers. & Pens. § 9-504

(a) An employee who uses sick leave for 5 or more consecutive workdays for personal illness or disability or the illness or disability of a member of the employee's immediate family may not receive payment under this subtitle unless the employee gives the employee's immediate supervisor an original certificate of illness or disability.

(b) The certificate required under subsection (a) of this section shall be signed by one of the following:

. . . (3) an accredited Christian Science practitioner; . . .

Illustrations from other jurisdictions:

Federal Family & Medical Leave Act (FMLA) of 1993 - 29 C.F.R. § 825.102

§ 825.102 Definitions.

For purposes of this part:

. . . Health care provider means:

(1) The Act defines "health care provider" as:

. . . (ii) Any other person determined by the Secretary to be capable of providing health care services.

(2) Others "capable of providing health care services" include only:

. . . (iii) Christian Science Practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts. Where an employee or family member is receiving treatment from a Christian Science practitioner, an employee may not object to any requirement from an employer that the employee or family member submit to examination (though not treatment) to obtain a second or third certification from a health care provider other than a Christian Science practitioner except as otherwise provided under applicable State or local law or collective bargaining agreement.

Note: This definition of "health care provider" pertains to several provisions that relate to one's qualification for FMLA leave as set forth in 29 C.F.R. § 825.112, including the definitions of "serious health condition" (29 C.F.R. § 825.102) and "continuing treatment by a health care provider" (29 C.F.R. § 825.115); and the threshold for determining whether an employee is unable to perform the functions of the position (29 C.F.R. § 825.123).

California Paid Family Leave - Cal. Unemp. Ins. Code § 3302(I)

“Serious health condition” means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or continuing supervision by a health care provider, as defined in Section 12945.2 of the Government Code.

Note: Section 12945.2 of the Government Code defines “health care provider” to include: “[a]ny other person determined by the United States Secretary of Labor to be capable of providing health care services under the FMLA.”

Cal. Gov't. Code § 12945.2(b)(9)(B); 29 C.F.R. § 825.102 (above).

Connecticut Family & Medical Leave - Conn. Gen. Stat. Ann. § 31-51kk(9)(D)

“Health care provider” means . . . (D) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; . . .

Note: The definition of “health care provider” is pertinent to the definition of “serious health condition”, certification of need for leave and return to work.

Maine Family & Medical Leave - Me. Rev. Stat. tit. 26, § § 843(4-A), (6), 844(1)(B)

“Serious health condition” means an illness, injury, impairment or physical or mental condition that involves:

- A. Inpatient care in a hospital, hospice or residential medical care facility; or
- B. Continuing treatment by a health care provider.

Me. Rev. Stat. tit. 26, § 843(6)

“Health care provider” means:

- A. A doctor of medicine or osteopathy who is licensed to practice medicine or surgery in this State; or
- B. Any other person determined by the Secretary of Labor to be capable of providing health care services.

Me. Rev. Stat. tit. 26, § 843(4-A); 29 C.F.R. § 825.102 (above)

The employer may require certification from a physician to verify the amount of leave requested by the employee, except that an employee who in good faith relies on treatment by prayer or spiritual means, in accordance with the tenets and practice of a recognized church or religious denomination, may submit certification from an accredited practitioner of those healing methods;

. . .

Me. Rev. Stat. tit. 26, § 844(1)(B)

Massachusetts Paid Family Leave - see Mass. Gen. Laws Ann. Ch. 175M § 1

Massachusetts General Laws, Chapter 175 “Family and Medical Leave” defines “Health care provider” to be “an individual licensed to practice medicine, surgery, dentistry, chiropractic, podiatry, midwifery or osteopathy or any other individual determined by the department to be capable of providing health care services.”

Note: The Massachusetts Department of Family and Medical Leave includes “Christian Science Practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts” among those capable of providing health care services: 458 Mass. Regs. Code 2.02

Oregon Family and Medical Leave Insurance Program - O.R.S. 657B.010(23)

“Serious health condition” has the meaning given that term in ORS 659A.150.

Note: ORS 659A.150(7) defines “serious health condition” to include “[a]n illness, disease or condition that in the medical judgment of the treating health care provider poses an imminent danger of death, is terminal in prognosis with a reasonable possibility of death in the near future, or requires constant care.” The term “health care provider” referenced in that definition includes: “A person who is primarily responsible for the treatment of an eligible employee or a family member of an eligible employee solely through spiritual means, including but not limited to a Christian Science practitioner.” O.R.S. § 659A.150(b)

SB 275 _MACS_FWA .pdf

Uploaded by: Lauren Kallins

Position: FWA



Maryland Association of Community Services

Board of Directors

Karen Adams-Gilchrist, President
Providence Center

Scott Evans, President Elect
Benedictine Programs and Services

Shawn Kros, Past President
The Arc Northern Chesapeake Region

Scott Hollingsworth, Treasurer
Appalachian Crossroads

Sequaya Tasker, Secretary
Lt. J.P. Kennedy Institute

Rob Baynard
Community Options

Rick Callahan
Compass

Daria Cervantes
The Arc Montgomery County

Mike Dyer
United Needs and Abilities

Randy Ferguson
The Center for Life Enrichment

Cindy Freeman
Spectrum Support

Terra Gaillard
United Community Supports
of Maryland

David Greenberg
The League

Monica McCall
Creative Options

Greg Miller
Penn-Mar Human Services

Clarissa Mitchell
EPIC

Michael Planz
Community Living

Jonathon Rondeau
The Arc Central Chesapeake Region

Laura Howell,
Executive Director

Senate Finance Committee
SB 275: Labor and Employment – Family and Medical Leave
Insurance Program -- Establishment
(Time to Care Act of 2022)

Position: Support with Amendments

February 10, 2022

The Maryland Association of Community Services (MACS) is a non-profit association of over 100 agencies across Maryland serving people with intellectual and developmental disabilities (IDD). MACS members provide residential, day and supported employment services to thousands of Marylanders, so that they can live, work and fully participate in their communities.

The intent of SB 275, to assist employees who need leave in order to care for themselves or a family member is a goal supported by IDD providers and the reason why MACS supported the Maryland Healthy Working Families Act in 2017. However, the staffing, financial and administrative challenges raised by SB 275 threaten to negatively impact some number of the 18,000 Marylanders with IDD and their families that DDA-licensed providers support. While some caregivers will certainly be helped by SB 275, the impact of the bill on services by providers struggling with high vacancy and turnover rates will, we fear, have a negative effect on others.

Prior to the pandemic, IDD providers were struggling with high vacancy and turnover rates-- half of all IDD providers in 2019 had a direct support vacancy rate over 16% and 1 in 4 providers had a direct support vacancy rate over 24%.

As of January 2022, the average vacancy rate is 25%, with some MACS members reporting rates as high as 60%, and 1 in 4 providers report a direct support vacancy rate over 30%. These numbers do not account for staffing shortages caused by staff who are still employed but are out of work on other types of leave, including FMLA. This bill would now mandate that providers *double* the amount of family and medical leave, and expand the eligible uses, at a time when many are unable to serve the same number of people they had been supporting prior to the start of the pandemic, due to current staffing shortages.

If providers are unable to maintain full staffing for extended periods of time or are unable to find qualified replacement staff for employees

who might be eligible under the bill for up to *twenty-four* weeks of leave- community services that supports over 18,000 Marylanders with disabilities and their families will be further jeopardized.

It is critically important to note that the vast majority of IDD providers are nonprofit organizations, and all community providers rely on funding from the state and federal government. Unlike other businesses, **DDA-licensed Medicaid providers are federally prohibited from passing on cost increases to the people they support.** The unfunded employer mandate proposed by this legislation raises significant concerns for IDD providers. As this Committee will remember from the minimum wage debate, many of these Medicaid providers are already operating on thin margins, and do not have the financial capacity to absorb not only the additional cost of the employer portion, but to cover the increased costs associated with even more overtime for existing staff, temporary staffing, and training costs for substitute staff.

As drafted, SB 275 would:

- provide the possibility of 24 weeks of leave rather than 12 weeks of leave under FMLA;
- allow an employee to qualify for leave who has only worked 680 hours as compared to 1,250 hours under FMLA;
- permit an employee to take leave immediately after 680 hours rather than after a full year of employment under FMLA;
- permit an employee to become eligible for leave after working 680 hours **cumulatively across employers**. An employer would be required to provide 12-24 weeks of leave to an employee who may have only worked 1 hour for them if they had worked 679 hours for another employer within the same year. There is no mechanism in the bill for tracking these hours and thus it is unknown how an employer would know or be able to verify that an employee was eligible for leave if the employee had worked fewer than 680 hours for any single employer;
- permit an employee to take leave to care for an expanded list of family members and for expanded reasons that are not permitted under FMLA;

DD providers are also concerned about the return to work guarantee and how it relates to the training requirements for direct support professionals. Under this bill providers would be required to restore an employee to their full hours of work, even if they are out of compliance with the numerous training mandates that have to be kept current in order to work.

While there are many problematic aspects of this bill as noted above, the two most pressing challenges for IDD community providers are the potential for 24 weeks of leave and the unfunded mandate. In an effort to balance the interest in providing additional paid leave to employees against the negative impact that the loss of staff and funding would have on people with developmental disabilities, MACS respectfully

requests: **1) an amendment that would cap paid family and medical leave to eligible employees at 12 weeks, running concurrently with the federal Family and Medical Leave Insurance Act (FMLA); and**

2) an amendment that would require the State to cover the cost of the employer contribution proposed by this bill for DDA-licensed IDD providers.

Respectfully Submitted,

Laura Howell
Executive Director

Family Leave - Time to Care - testimony - senate -

Uploaded by: Lisae C Jordan

Position: FWA



Working to end sexual violence in Maryland

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Phone: 301-565-2277
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For more information contact:
Lisae C. Jordan, Esquire
443-995-5544
www.mcasa.org

Testimony in Support of Senate Bill 275
Lisae C. Jordan, Executive Director & Counsel
February 10, 2022

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence in the State of Maryland. We urge the Finance Committee to report favorably on Senate Bill 275 with Amendments.

Senate Bill 275 – Time to Care

Economic stability is critical for survivors of abuse seeking to leave violent situations and reduce risk of sexual assault, domestic violence, and child abuse. The Time to Care Act is an important piece of economic security for all Marylanders, including survivors. SB275 will help address the economic hardship, stress, and other burdens that come into play when caring for new children, loved ones with serious health conditions, or yourself. Employees' ability to take up to 12 weeks of paid leave will help Maryland families meet their caregiving, employment, and financial needs and commitments while caring for their family.

SB 275 furthers the purposes of the Family Medical Leave Act and the state laws extending similar protections. Many employees, including survivors of sexual violence, have been assisted by the passage of laws allowing them to take leave to care for their own or a close family member's serious health condition, or to care for a new child, without losing their job. Yet the ability to take leave is often accompanied by a reduction or elimination of the employee's regular wages. This leaves many abuse victims – particularly low income women – without meaningful access to leave.

To address the current economic crisis, and return the over a million women to our workforce, and our economy, the legislature must take action. Senate Bill 275 is a reasonable and modest effort that demonstrates Maryland's commitment to working families by helping to protect their health, stability and wellbeing, and will have an immediate positive impact on our economy.

Safe Time

MCASA respectfully requests that the Committee amend SB275 to also permit paid leave for "safe time". Safe time is an integral part of Maryland's Family Medical Leave Act, allowing survivors of sexual assault and domestic violence to take earned time off to seek protective orders, counseling, and to tend to other matters related to addressing and ending violence. While many of these activities will also qualify for paid leave under SB275, others will not – but they should. Time to Care should include time to protect yourself and your family from further violence.

The Maryland Coalition Against Sexual Assault
urges the Finance Committee to
report favorably on Senate Bill 275 with Amendments

SB275_SWA_The Arc Maryland.pdf

Uploaded by: Mathew Rice

Position: FWA



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**SB 275: Labor and Employment- Family and Medical Leave Insurance Program
February 10, 2022 at 1 p.m.
Senate Finance Committee**

Position: Support with Amendments

The Arc Maryland is the largest statewide advocacy organization dedicated to the rights and quality of life of people with intellectual and developmental disabilities (I/DD) and we support the creation of a family and medical leave insurance program in Maryland.

While the creation of a family and medical leave insurance program would be incredibly helpful in allowing individuals, parents, and other caregivers to receive pay for leave taken to care for themselves or provide care to a loved one, the current legislation contains problematic definitions and requirements for employers of record. **As it does not align with FMLA definitions for employers (regarding number of employees), number of hours worked before a person would be eligible, requirements for notification and the use of intermittent leave, among other differences, and would create a new, unfunded mandate for Medicaid Provider organizations and direct support professionals that serve and support the community of people with developmental disabilities and people with disabilities who self-direct their services, the legislation would create significant hardship for Medicaid Home and Community Based Disability Service Providers and staff.**

The common reality we all have is that almost all of us will need to take leave at some point, to care for our family member's or our own serious medical condition or to welcome a new child. Without pay during these periods of leave, people are often faced with making a grueling decision to take the leave without pay, that they or their loved ones need for health and bonding but which will create a financial hardship and threaten job stability, or not take the leave and continue to work to make ends meet, sacrificing the needs of their family or their own health needs.

People with disabilities and their families often experience greater economic hardship and financial insecurity. Many live paycheck to paycheck, and any unexpected illness could create financial instability for a person or their family. These are reasons why a Family and Medical Leave Insurance Program, which would provide pay during times of leave, would be helpful.

This acknowledged, **the legislation contains several components that would create hardships for some people with disabilities and Developmental Disabilities (Medicaid) providers in the state, including but not limited to the creation of a mandatory benefit insurance plan to which both the employer and employee would be required to contribute,**

[Type here]

without a budget mandate for increased DDA Medicaid provider funding to support the mandatory contributions Medicaid providers and their employees would be required to make.

For a mid-sized Developmental Disability provider with approximately 200 full-time employees and 150 part-time low-wage Direct Support Professionals, **this new insurance plan would amount to a mid-sized provider contribution of between \$30,000-\$40,000 per year.** This figure includes estimations of contributions of administrative employees to the plan but **does not include the costs to the employer of replacement/temporary Direct Support Professional staff** who are often more costly than regular/permanent staff due to the current environment in DD community services.

The pandemic has ravaged the Direct Support Professional workforce. Data collected by the Maryland Department of Health confirms that DSP vacancy rates are closing in on 30% across the state. This means that roughly 1 in 3 positions are vacant. We worry what providers will do, and how they will handle the staffing requirements when staff take extended periods of time off. Even the temporary staffing agencies are unable to always fill the gaps, given the demand, intensive training, background, and licensure requirements of working with people with IDD.

DDA providers are **Medicaid providers and cannot pass on any of the costs of doing business on to people who receive their services. They rely on state funding for their operations and for the state to provide increased funding for any statewide increases to minimum wage or new benefit programs that require a DD employer's contributions.** Any new mandate for wages or employer contributions to mandated leave programs like the one that would be created through this bill, without an accompanying mandate for an increase in annual funding for Medicaid providers- to not only cover the contributions, but fund the overtime, recruitment, and other personnel costs associated with creating temporary coverage pools- may further destabilize our IDD system. Most Direct Support Professionals receive low wages already for their important work and the mandated employee contribution may also impact the finances of the Direct Support Professional workforce.

The family and medical leave insurance program created through legislation should align with FMLA as to not create two separate sets of standards, definitions, and assumptions by which employees and employers operate. Although FMLA is a separate leave law, the inconsistencies between the two could create administrative and management difficulties for IDD providers and people with disabilities who self-direct their DDA services. Here is a chart that provides details on some of the differences between FMLA and this bill.

[Type here]

Area of inconsistency	Federal FMLA ⁱ	SB275
The number of hours of employee work required for program eligibility	1250 hours within the 12 months preceding the start of leave	680 hours within the 12 months preceding the start of leave. *Note there has been confusion as to whether the 680 hours must be worked with the same employer for eligibility or if the 680 hours is transferable from one employer to the next, thus potentially setting up a situation where an employee may work most of these hours for Employer A, and after becoming employed by Employer B and working just a few hours, take paid family and medical leave.
Definition of "employer" under which employee would be eligible for leave benefit	50 or more employees must work at the location for an employee to be eligible for FMLA	Employers with 1 employee must cover their employee
Intermittent Leave	Under some circumstances, employees may take FMLA leave on an intermittent or reduced schedule basis. That means an employee may take leave in separate blocks of time or by reducing the time he or she works each day or week for a single qualifying reason.	Employees must make "reasonable effort to schedule the intermittent leave in a manner that does not unduly disrupt operations", and "provide the employer with reasonable and practicable prior notice of the reason for which the intermittent leave is necessary. There are no definitions for intermittent leave intervals or minimum amount of leave (hours) to be taken at a time
Notice of Employee Rights	All covered employers are required to display and keep displayed a poster prepared by the U.S. Department of Labor summarizing the major provisions of the Family and Medical	Employer must provide written notice of rights annually to employees. When an employer "knows that an employee's leave may be for a qualifying reason, the employer shall notify the employee of the employee's

[Type here]

	Leave Act (FMLA) and telling employees how to file a complaint	eligibility to take FMLI leave within 5 business days
Payment of leave benefit to employee	According to normal pay period schedule (typically within 14 days)	Within 5 business days after a claim is approved.
Amount of protected leave allowed to be taken per year	12 weeks within a one year period	Up to 12 weeks for most, and up to 24 weeks for others under certain circumstances* *Advocates for the legislation admit there is a loophole in the bill that may allow an employee to take 12 weeks of Family and Medical Insurance Leave and then another 12 weeks for qualifying reason under Federal FMLA, thus preventing contiguity of both leave programs.

Reiterating our position, The Arc Maryland supports the creation of a family and medical leave insurance program in Maryland. We would like to see this benefit offered nationally as we believe it will benefit our society when people do not have to worry about loss of wages when they need to care for themselves or a loved one.

However, the leave program proposed through this legislation creates deep concerns: We believe that it creates a separate standard employers and employees will have to navigate, and administrative burdens which we believe would present unintended negative consequences if the bill is passed as written.

For amendments, we ask that **the definitions of "covered (eligible) employee", other definitions mentioned above, and responsibilities of employers under the benefit plan be made consistent with Federal FMLA standards.**

We ask that employers not be required to PROVIDE notice to employees but rather post notice (in a conspicuous place) of an employees' rights under this benefit, consistent with other leave, insurance, and benefit notification requirements in law.

We will also ask that any legislation creating an insurance program with mandatory contributions also include a mandatory budget appropriation annually for funding increases for medicaid community-based providers (such as Developmental Disabilities

[Type here]

providers) and also funding increases to the individual budgets of people who self-direct their services whose services are funded via Medicaid if they are recognized as Employers through bill definitions. The budget mandate would be necessary to cover costs associated with providing the new benefit plan and staffing extended vacancies for leave taken under the benefit.

Respectfully Submitted,
Ande Kolp
Executive Director
akolp@thearcmd.org

ⁱ <https://www.dol.gov/agencies/whd/fmla/faq>

2022 SB 275 Time to Care.pdf

Uploaded by: Rebecca Hancock

Position: FWA



**Testimony Concerning SB 275 – Labor and Employment -
Family and Medical Leave Insurance Program - Establishment**

Submitted to Senate Finance Committee

February 10, 2022

Position: Support with Amendments

The Maryland State Family Child Care Association (MSFCCA) is a non-profit association advocating on behalf of approximately 4400 registered family child care providers and 145 large family child care homes in Maryland. These small businesses are a vital part of the child care delivery system in Maryland and a significant portion of child care programs remained open providing care for Maryland Working Parents during the COVID-19 Crisis. As a workforce, our members normally care for approximately 50% of all children under the age of two in Maryland. As an association, we are seeing our members struggle to make ends meet but continue to operate with reduced enrollments due to COVID-19. Family providers have always dealt with fluctuating enrollments affecting their incomes, but the last 10 months have been devastating to these small businesses.

Registered family child care providers typically work alone in their homes, in small mixed-age groups. SB 275 would offer these self-employed providers the *opportunity* to enroll in the Family and Medical Leave Insurance Program *voluntarily*. However, there are significant numbers of family child care providers that *have an employee(s)*, which may allow them to care for a larger group of children, attend classes, or other appointments as needed during child care hours. These employees may serve as co-providers/additional adults/substitutes, working

alongside the provider or in place of the provider. SB 275 as written, would “*require*” these providers to participate and enroll themselves and their employee(s) in the Family and Medical Leave Insurance Program. In other words, a family provider with up to eight (8) children and an employee(s), or a large family child care with up to twelve (12) children and an employee(s) would *NOT* have a *choice*, they would be “*required*” to participate. This would force them to pay 100% of the cost for themselves and 50% of the cost for their employee(s). This financial hardship on small businesses that already have limited and fluctuating incomes is not in their best interest, not to mention the added financial struggles we see that have happened as a result of COVID. A likely outcome of this mandate would be to terminate the employee(s). That, in turn, may result in terminating children from programs. This can impact families and will force them to struggle to find quality child care in a system where a serious shortage of programs already exists, especially for children under two years old.

For this reason, MSFCCA is again asking that the threshold required to participate in the Family and Medical Leave Insurance Program (*currently ONE employee*) be more in line with the Maryland Healthy Working Families Act, that requires employers with “15 or more” and the Maryland Parental Leave Act which requires employers with “15 to 49” employees to participate. MSFCCA would even support changing the threshold to “5” or more” employees. This would make sure that the Family and Medical Leave Insurance Program remained *voluntary* for all small businesses with only a few employees and fluctuating hours. It is important to note that according to SB 275 as written, employees who are mandated to participate and work fewer than 680 hours per year may never benefit from the program. This is

because it is a current requirement in the Bill that in order to use the benefits you have to work at least 680 per year. This means many will be forced to pay for a program they may never use.

Another disadvantage of SB 275 is that family child care providers who voluntarily enroll in the Family and Medical Leave Insurance Program, are required to commit for three years. This is an onerous commitment for small businesses that on any given day can lose one or more of their clients and have it significantly reduce their income. A more suitable option would be a smaller commitment, such as one year or even an “*opt-out*” clause in the event of financial hardship.

MSFCCA appreciates the opportunity to comment on this legislation and understands that the intent of SB 275 is to help families in challenging situations; but realistic options for smaller businesses must be part of the conversation. There has been discussions downplaying the financial commitment this program would require. Even though we have not been given a definitive cost, it has been suggested that it may be under a few dollars for the employer and the same for the employee per pay period. It is important that any increase to operating expenses at this time is too much for struggling small businesses.

As always we favor support systems for Maryland families, but only if they produce reasonable outcomes for all. Therefore, MSFCCA on behalf of our members can only Support SB 211, the Family and Medical Leave Insurance Program with the attached Amendments and ask for your support on this matter. Feel free to contact Rebecca Hancock, the Vice President of MSFCCA at 240-299-0222 to answer any questions concerning this testimony and Amendments.

SB 275 Amendments 2022 Session.pdf

Uploaded by: Rebecca Hancock

Position: FWA

BY: Senate Finance Committee

AMENDMENTS TO SENATE BILL 275

AMENDMENT NO. 1

On page 3 in line 1 strike “ONE”, and substitute “FIFTEEN”

On page 2

31 (G) “EMPLOYER” MEANS A PERSON OR GOVERNMENTAL ENTITY THAT

On page 3

1 EMPLOYS AT LEAST ONE INDIVIDUAL IN THE STATE.

AMENDMENT NO. 2

On page 6 in line 23 strike “3”, and substitute “1”

21 (B) (1) IF A SELF-EMPLOYED INDIVIDUAL ELECTS TO PARTICIPATE IN
22 THE PROGRAM UNDER SUBSECTION (A) OF THIS SECTION, THE INDIVIDUAL SHALL
23 PARTICIPATE FOR AN INITIAL PERIOD OF NOT LESS THAN 3 YEARS.

SB275_Hayes_FWA.pdf

Uploaded by: Richard KAP Kaplowitz

Position: FWA

Hearing Date: 2/15/2022

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#0275 - POSITION: FAVORABLE WITH AMENDMENTS

Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

TO: Chair D. Kelley, Vice Chair B. Feldman, and members of the Sdenate Finance Committee

FROM: Richard Keith Kaplowitz

OPENING: My name is Richard Kaplowitz. I am a resident of District 3B. I am submitting this testimony in support with amendments to SB#0275, Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022).

I wish to thank Senator Hayes for sponsoring this vital legislation. I am a member of progressive organizations such as Progressive Maryland and Our Revolution Western Maryland. I want to tell you why I find this bill and the actions it would take to be both necessary and required.

Prior to my retirement in 2018, I t worked in Food Service positions from 2007-2018. I was paid \$3.63 an hour plus tips. My last employer offered insurance, but it was very expensive. Since the cost of those benefits took most of my paycheck, I had to work a certain number of hours to cover them plus rely almost completely on tip income to struggle to pay my bills. My co-workers were in a similar status. So, when we got sick, we had the choice to come to work sick or forfeit our income. I worked with fellow servers with high fevers, cold and flu, and stomach issues. They and I should have stayed home to avoid infecting the public and each other. The times I stayed home, and my hours needed to cover benefits were not achieved I received a paycheck of \$0.00 and had to write a check to the insurer to keep my insurance in effect! And snowstorms could mean driving in unsafe conditions to work a five-hour shift and take home only \$12 in tips still needing to have those hours worked for benefits coverage.

I want to see employer contributions on a sliding scale where employers cover from 1005 to a minimum of 50% of the cost of creating the benefit to make this affordable for all income levels of employees. The definition of gender and or family must be all encompassing so no one is left out due to a non-traditional definition applied to them. The benefit should be available for situations such as caring for a new child by birth, foster or adoption. It should assist persons unable to work because they are the caregiver for family member with a serious health condition or disability. It should permit an individual to care for their own health situations in serious circumstances or where their attendance at a job while sick risks other’s health from exposure to them. It must also cover situations where a military family member is deployed elsewhere. The goal should be at least 12 weeks replacement of a substantial share of worker’s wages indexed to the wages level of payment. And retaliation for using this benefit, such as job loss for taking leave must be strictly prohibited.

I urge passage of the bill with an amendment that will cover tipped workers at 100% of the minimum wage due to loss of the primary income source when they need to take the paid leave. The employer who is claiming that tip credit should pay 100% of the premium for the leave benefit. Unless and until the sub-minimum wage is eliminated basic fairness says the penalty for working those jobs with tip dependent income should not result in impoverishment if the paid leave benefit is utilized.

Too often in dining out you may be served a side of flu, or even Covid with your French fries; Paid Family and Medical Leave can increase public health for the worker and their co-workers and the customers of the affected individual. **I respectfully urge this committee to return a favorable with amendments report on SB0275!**

SB275_Kaplowitz_FWA.pdf

Uploaded by: Richard KAP Kaplowitz

Position: FWA

Hearing Date: 2/15/2022

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#0275 - POSITION: FAVORABLE WITH AMENDMENTS

Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

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Too often in dining out you may be served a side of flu, or even Covid with your French fries; Paid Family and Medical Leave can increase public health for the worker and their co-workers and the customers of the affected individual. **I respectfully urge this committee to return a favorable with amendments report on SB0275!**

SB275_Norton_written 10 Feb 22 Final (1).pdf

Uploaded by: Robert Norton

Position: FWA



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 8, 2022

The Honorable Delores G. Kelley
Chairwoman, Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Recommendation: **FAVORABLE REPORT** with Amendments, **SB 275**

Madam Chair Kelley and Distinguished Members of the Senate Finance Committee:

As President of the Maryland Military Coalition's 19 military and veterans' groups, I write to express our strong support for SB 275, "Labor and Employment Family and Medical Leave Insurance Program – Establishment" (Time to Care Act of 2022').

SB 275 includes provisions that would establish contributory family and medical leave benefits for qualifying spouses (and others) of those serving on active military service – "active duty" and "active-duty call." During a period of active service employed spouses of the service person and other beneficiaries described in the bill often face enormous personal, familial, emotional and other stresses that can temporarily disrupt their active participation in the workforce.

SB 275 would establish the Family and Medical Leave Insurance Program in the Maryland Department of Labor to provide certain benefits to such individuals who take leave from employment for certain purposes; and, establish the Family and Medical Leave Insurance Fund as a special, non-lapsing fund; and require, beginning January 1, 2023, certain employees, employers, and self-employed individuals to contribute to the Fund in a certain manner; etc.

The Maryland Military Coalition (MMC) offers the following recommendations and comment on the bill.

1. In conformance with existing Maryland law, the definition of "service member" in Section 8.3 -101(P) of the bill should be amended to include any member of the eight Uniformed Services whose family member(s) would qualify for the family and medical leave benefits set out in the bill. (See: the Maryland Code, General Provisions, Section 1-117). In other words, members of the U.S. Public Health Service and the NOAA Commissioned Corps serving on active duty in Maryland must be included in the 'Labor and Employment Family and Medical Leave Insurance Program -- Establishment' legislation. As written, the bill would apply only to active and reserve component members of the six-Armed Services. USPHS and NOAA Corps members are included in the definition of "Uniformed Services" in Section 101, Title 10 USC and Section 101 Title 38 USC.
2. The terms 'active duty' and 'active-duty call' should be defined in the language by adding in Section 8.3 - 101 a new Subsection '(R)' that makes reference to applicable definitions of "active duty" in Title 10 USC. The bill should also clarify whether the intent is to authorize the intended benefits to members of the Maryland National Guard serving on state active duty under Title 32 orders?

With respect to the Maryland National Guard, for example, some members called to "active duty" on January 6, 2021 served initially under Title 32 state orders. Later, the orders were amended by ordering

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(301) 583-8687 • (800) 808-45

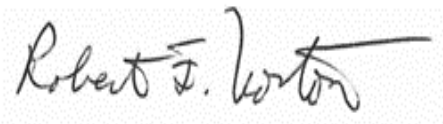
them to Title 10 active duty. If SB 275 were in effect in 2021, those who served on Title 32 orders or during state call-ups for other contingencies would have been ineligible for the benefits. The MMC strongly supports authorizing the benefits to Maryland Guard members on state active-duty orders.

3. The term "deployment" should be defined and added to Section 8.3 - 101. In common parlance, "deployment" means service outside the continental United States. However, the operational use of the National Guard and reserve components in our nation's defense often entails active-duty service within the United States for catastrophic emergencies such as Hurricane Katrina, Superstorm Sandy and the Covid-19 pandemic. The MMC strongly supports authorizing the benefits of SB 275 for the "employment" (in addition to 'deployment') of service members on active-duty orders within the United States.
4. Finally, the MMC notes the Fiscal Year 2022 National Defense Authorization Act (NDAA), S.1605, signed into law on 27 December 2021, established 12 weeks paid parental family and medical leave benefits. We see this Federal benefit as complementary to the contributory employer-employee Labor and Employment Family and Medical Leave Insurance Program in Maryland.

The Maryland Military Coalition strongly recommends a FAVORABLE Report by this Committee and the House of Delegates on SB 275, Labor and Employment Family and Medical Leave Insurance Program -- Establishment."

The Maryland Military Coalition is a registered non-profit, non-partisan group of 19 leading Maryland military and veterans' organizations who represent approximately 150,000 currently serving members, veterans, uniformed services retirees, their families and survivors. On its behalf, I recommend a **FAVORABLE** report on SB 275 by the Committee.

Yours, respectfully

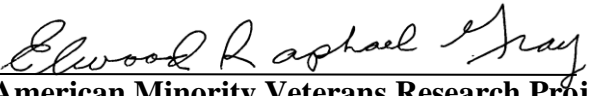


Robert F. Norton
Colonel, USA-Ret.
President
7413 Mahaska Drive
Derwood, MD 20855
District 19

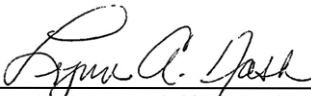
Member Organizations, Maryland Military Coalition


Air Force Sergeants Association


American Military Society

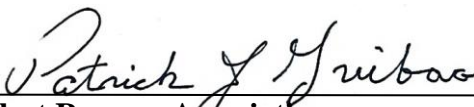

American Minority Veterans Research Project



Association of the United States Navy



Commissioned Officers Association of the
US Public Health Service

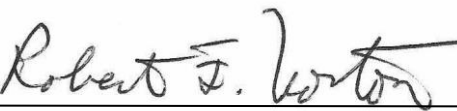

Disabled American Veterans

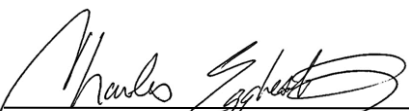

Distinguished Flying Cross Association



Fleet Reserve Association


Jewish War Veterans of the USA


Maryland Air National Guard Retirees'
Association

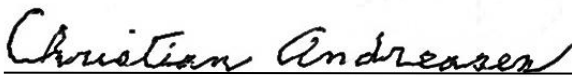

Military Officers Association of America



Military Order of the Purple Heart



Montford Point Marines of America


National Association for Black Veterans


Naval Enlisted Reserve Association


Reserve Organization of America


Reserve Organization of America


Society of Military Widows


Veterans of Foreign Wars

SB275 - MHLA - Rohrer - UNF.pdf

Uploaded by: Amy Rohrer

Position: UNF

MHILA
Maryland Hotel
Lodging Association

SB275 – Oppose
Family and Medical Leave Insurance Program – Establishment
Senate Finance Committee
February 10, 2022

Chair Kelley, Vice-Chair Feldman and Honorable Members of the Committee:

As the sole statewide trade association dedicated to advocacy for Maryland’s lodging industry, with more than 700 hotels totaling 75,000+ rooms, we urge an unfavorable report on Senate Bill 275.

SB 275 would seek to establish a Family & Medical Leave Insurance Program which would be funded by a payroll tax applied to both the employee and employer.

While the establishment of such a fund is well intended, we are concerned by the cost and administrative burden it would place on employers at a volatile time for hotels struggling to recover from COVID-19. While leisure travel will likely return fully in 2022, business travel is projected to remain significantly below pre-pandemic levels. The severity of the short-term effects of Omicron on the hotel industry are still unclear. Moreover, future variants will create volatility in both the return of leisure and business travel, and tens of billions of dollars connected to meetings and events spending.

Hotels will continue to struggle with staffing shortages, reducing their ability to maximize revenue from potential travelers. Inflationary pressure means that though a nominal recovery may occur earlier, true adjusted recovery for the industry will take until 2025, according to STR and Tourism Economics.

This legislation presents an additional layer of trepidation for hotels in recovery since it would create *additional* staffing shortages, where the only solution would be to overwork remaining employees at an exorbitant overtime expense. We fear the very real unintended consequences of negative/low employee morale and challenges with employee retention as our already “thin” staffs would be required to cover shifts for those on leave.

For the reasons expressed in this letter, we oppose SB 275 and request an unfavorable report.

Respectfully submitted,

Amy Rohrer, CAE
President & CEO

SB 275_MDCC_FAMLI Program–Establishment_UNFAV.pdf

Uploaded by: Andrew Griffin

Position: UNF



**LEGISLATIVE POSITION:
UNFAVORABLE
Senate Bill 275
Labor and Employment-Family and Medical Leave Insurance Program-Establishment
Senate Finance Committee**

Thursday, February 10, 2021

Dear Chairwoman Kelley and Members of the Committee:

Founded in 1968, the Maryland Chamber of Commerce (MDCC) is the leading voice for business in Maryland. We are a statewide coalition of more than 5,000 members and federated partners, and we work to develop and promote strong public policy that ensures sustained economic recovery and growth for Maryland businesses, employees and families. Through our work, we seek to maintain a balance in the relationship between employers and employees within the State through the establishment of policies that promote fairness and ease restrictive burdens.

Senate Bill 275 would establish a Family & Medical Leave Insurance (FAMLI) Program to be administered under the supervision of a new division within the Maryland Department of Labor.

The program generally provides up to 12 weeks of benefits to an employee who is taking partially paid or unpaid leave for certain reasons, except that an additional 12 weeks for benefits appears to be provided in certain circumstances. Leave with benefits is provided for the following reasons: 1) to care for a child during the first year after the child's birth or after the placement of the child through foster care or adoption; 2) to care for a family member with a serious health condition, 3) because the employee has a health condition that results in their being unable to perform the functions of their job, 4) to care for a service member who is the employee's next of kin, or 5) because the employee has an exigency arising out of the deployment of a service member who is a family member.

The bill establishes the FAMLI Fund, which will consist of contributions from employees and employers. Beginning January 1, 2023, each employee and employer shall contribute to the fund at a rate to be set by the Maryland Department of Labor with the total rate not exceeding 0.75% of an employee's average weekly wages, to be shared equally by the employers and employees. Self-employed individuals may also participate.

There are any number of additional nuances and complexities outlined in the language, and the Chamber is **very concerned** that the implementation of this legislation will result in additional costs and administrative burden to employers, especially small businesses at a time when they can least afford it.

To say that COVID-19 has had a tremendous, detrimental impact on Maryland's economy would be an understatement. Maryland job creators continue to struggle to stay afloat and a period of anemic economic recovery is simply not the time to implement a new employer mandate that will negatively impact businesses in both cost and leave administration.

To be clear, the Chamber and its members recognize that paid family and medical leave programs are being implemented in other states across the country and these benefits have been extended to federal government and state government employees. While we agree with the intent of the legislation in seeking

to help employees balance the challenges between work and life, we do not believe that this legislation appropriately balances those goals with the economic challenges and realities being faced by Maryland employers.

Through our MDCC Paid Family & Medical Leave (PFML) Workgroup, the Chamber has continued to work with the advocates of this legislation, outlining our concerns and encouraging changes to the bill. Unfortunately, these changes and suggestions have yet to be incorporated into the bill over the previous years of work. The Chamber will continue to work with stakeholders toward a better outcome on this issue. A comprehensive list of our main concerns is outlined below.

For these reasons, the Maryland Chamber of Commerce respectfully requests an **UNFAVORABLE REPORT** on Senate Bill 275.

The bill will have a significant, negative cost impact, particularly for small businesses and non-profits, at a time when they can least afford it.

The bill establishes the FAMLI Fund, which will consist of contributions from employees, employers and self-employed individuals. Beginning January 1, 2023, each employee, employer and self-employed individual shall contribute to the fund. The total rate of contribution: 1) may not exceed 0.75% of an employee's wages, 2) shall be applied to all wages up to and including the Social Security wage base, 3) shall be shared equally by employers and employees, and 4) shall be sufficient to fund the benefits payable.

The cost to employers presents additional financial strain to already extremely burdened businesses. Mandated employer contributions are an additional financial demand that small businesses and nonprofits simply cannot afford, particularly given the layering of other employer mandates (sick and safe leave, \$15 minimum wage) that Maryland has implemented in the recent past. We are particularly concerned with the impact on small employers (those with fewer than 50 employees) and non-profits with limited resources (who are also facing significantly reduced charitable giving and government funding), who are struggling with these recent mandates. Other states that have implemented similar programs have recognized the impact on smaller employers and have incorporated provisions into their programs to relieve some of the pressure on these employers by exempting them from contributions or reducing their contributions. There is no such recognition in the proposed bill.

The bill requires clarification that the program provides benefits to cover already-available leave, and not a separate leave bank.

While the bill states that it is establishing an insurance program to provide benefits for covered leave, the actual language of the bill is unclear as to whether it is also providing rights to leave itself, rather than just insurance benefits to cover unpaid leave to which an employee is otherwise entitled under laws or employer policies. Other states with similar paid family leave benefits laws make it clear that they are not providing paid leave, but rather benefits to cover unpaid leave which an employee is already receiving. This bill needs similar clarification.

These are the conflicting provisions in the bill:

- Section 8.3-701(A) provides that “a covered individual taking leave from employment may submit a claim for benefits” for reasons that generally track the federal Family and Medical Leave Act.



However, Section 8.3-701(B) also provides “A covered individual may take the leave for which the individual is eligible for benefits under subsection (A) of this section on an intermittent basis” and then goes on to provide parameters around the taking of intermittent leave, including scheduling and notice to the employer. In particular, (B)(3) states, “If leave is taken on an intermittent leave schedule, an employer may not reduce the total amount of leave to which the covered individual is entitled beyond the amount of leave actually taken.” (Emphasis added). This language clearly conveys that the program is providing not just pay benefits but actual leave rights.

- Similarly, Section 8.3-702(B) provides that “If a covered individual takes leave for which the covered individual is receiving benefits under this title, the leave shall run concurrently with eligible leave that may be taken by the covered individual under the federal Family and Medical Leave Act.” This language contemplates a leave bank separate from FMLA leave, which would run concurrently with FMLA leave, as opposed to providing benefits when an employee is taking FMLA leave.
- In addition, Section 8.3-707 states that, “If a covered individual receives benefit under this title or takes leave from work for which benefit may be paid under this title, the employer of the covered individual shall, on the expiration of the leave, restore the covered individual to an equivalent position of employment.” (Emphasis added). This same protective language appears in Section 8.3-708 with regard to the provision of employment benefits. Again, this language offers protection not only for receiving benefits, but for taking leave under the bill. It absolutely insulates the leave, regardless of whatever rights employers would otherwise have to manage leave under other laws.
- Section 8.3-801(B) also states, “When an employee requests leave under this title ... the employer shall notify the employee of the employee’s eligibility to take leave for which benefits may be paid ...” (Emphasis added). This language clearly considers the right under the bill to be leave, and not just benefits. Yet, the remainder of this section, which has to do with the required notification to employees, focuses on the receipt of program benefits, not leave.
- Further, Section 8.3-904 provides that no adverse action may be taken when a covered individual has “filed for, applied for, or received benefits, or taken family or medical leave for which benefits may be paid under this title.” Once again, the bill contemplates the provision of leave in addition to benefits.
- Other bill provisions appropriately focus on benefits. For example, Section 8.3-702(A) provides that “Except as otherwise provided in Paragraph 2 of this subsection...a covered individual may not receive more than 12 weeks of benefits in an application year.” (Emphasis added). This benefits language is carried throughout the rest of this subsection, as well as 8.3-702(C) (discussing “benefits under this title” but not leave). Similarly, the provisions on prohibited acts under Section 8.3-901 discuss false statements and other fraudulent acts only with regard to “a claim for benefits.”
- Yet other provisions, like Section 8.3-704(B)(1)(III) contemplate “partially paid leave” that the employee would already be taking, and how benefits under the program would interact with that leave, which supports the premise that this is a benefits, and not a leave, program.



If this is a leave (with benefits) program, it leaves in the State's hands the authority and responsibility of reviewing and approving leave requests – and then imposing on the employer that State-approved leave, which can be up to 24 weeks (almost 6 months). The employer would have no ability to review, control, verify or manage the leave process – contrary to its abilities under every other leave law that provides leave for the same reasons as this bill.

There are a number of laws that provide employees' rights to such unpaid leave, beyond the federal Family and Medical Leave Act. For example, the Maryland Organ and Bone Marrow Donation law provides employees with unpaid leave for those purposes. The Maryland Parental Leave Act requires employers with 15-49 employees (who are therefore not covered by FMLA, which applies to employers with 50 or more employees) with 6 weeks of unpaid leave. These laws, including the FMLA, do not autocratically and automatically impose leave obligations on employers, however. Rather, they contain the same requirements as FMLA for eligibility in terms of a minimum term of service (12 months) and hours worked (1,250 in the prior 12 months), thus ensuring that this valuable leave benefit is granted to employees who have shown a commitment to the employer through service. The organ donation law, like FMLA, allows an employer to terminate an employee for reasons unrelated to the leave. The parental leave law allows an employer to deny leave if it would cause "substantial and grievous economic injury to the operations of the employer." In addition, all of these laws apply to employers of at least 15 employees. Thus, these laws offer a balance between the needs of employees and those of employers – particularly smaller employers.

In addition, the federal and state disability anti-discrimination laws require employers to provide unpaid leave rights to employees as a reasonable accommodation. These laws apply to employers with 15 or more employees. Again, there is a balancing of the rights of employees with the needs of employers. The leave rights are not absolute – they must be a reasonable accommodation and may not pose an undue hardship on the employer. That is an assessment that must be made on a case-by-case basis, taking into account many factors such as the length of the leave, the employee's role for the employer, the employer's resources, the impact on operations, etc. And as above, there is the recognition that these obligations are too burdensome to impose on small (under 15 employees) employers as a matter of course.

In contrast, there are seriously reduced eligibility requirements for employees under this bill, enabling employees with relatively short service to take extended leave. Moreover, every employer – even those with a single employee – would be required to give the employee the leave of up to 24 weeks and hold the job for the employee. There is absolutely no consideration as to the impact on an employer's operations, which particularly for smaller employers would be dire. This is a plainly untenable situation.

If this is, as entitled and asserted, truly an insurance benefits program, then the program should only provide benefits for unpaid leave that the employee is already receiving, and not give employees the separate right to leave as well.

Definitions and terms in the bill are not consistent with the FMLA or other laws.

From a practical standpoint, the law most directly interrelated with this bill is the federal Family and Medical Leave Act. This bill, in fact, specifically references the FMLA. Section 8.3-403(B) requires that the implementing regulations to be developed by the Secretary of Labor "shall be consistent with regulations adopted to implement the federal Family and Medical Leave Act" (absent conflict with the bill). Section 8.3-702(B) provides that that any leave for which the employee receives benefits must run concurrently with FMLA. In addition, the reasons for which employees may receive benefits under the bill generally



mimic the reasons for which an employee may take FMLA - but not entirely. We further note that these reasons are listed both in 8.3-302 and 8.3-701, but that the two lists are not actually identical in language, which could lead to confusion under the bill.

Additionally, the definitions contained in the bill language are broader than what is contained in the FMLA, and the bill lacks other, critical definitions that are contained in the FMLA, as follows:

- “Person” appears 18 times throughout the bill. It should be changed to either “employee” or “employer.”
- “Covered employee” has different eligibility requirements than the primary leave laws of FMLA, Maryland organ donation leave, and Maryland parental leave.
- The definition of “family member” is far broader than under FMLA.
- The definition of “qualifying exigency” is similar, but broader than under the FMLA.
- The definition of “serious health condition” is similar, but broader than under the FMLA.
- The definition of “service member” is not entirely consistent with the FMLA.

The variations in these terms and definitions complicate an already complicated situation for employers in terms of understanding and managing an employee’s need for leave under FMLA and entitlement to benefits under this bill. Different standards would apply to each, even though it seems that they are intended to work together.

A separate issue is that, as noted above, the bill specifically provides that the leave under this bill will run concurrently with FMLA leave. What the bill language ignores is the fact that there are other laws providing unpaid leave that should also run concurrently with any benefit period under the program. This includes Maryland’s organ donation law, Maryland’s Parental Leave Act, Maryland’s Deployment Leave Act, the Americans with Disabilities Act, and Maryland’s Civil Rights law. By excluding reference to these laws, as well as any others that may apply, and any additional leave rights provided by employer policy, this bill suggests that such leave rights would run in addition – not concurrently – with benefits under the program. That clearly is not the intent of the program.

The length of leave—up to 24 weeks – is unduly burdensome for employers.

The entitlement to benefits under the bill well exceeds any statutory length of leave. The FMLA provides for 12 weeks of leave for all reasons combined (26 weeks if caring for a service member is involved). Section 8.3-702 of the bill, however, provides benefits and leave of 12 weeks for the employee’s own serious health condition and another 12 weeks for any other reason. Thus, this bill provides that an employee can take leave with pay benefits for almost half a year!

Having an employee out for that length of time presents innumerable challenges for an employer in terms of covering the employee’s absence. Because the employer must hold the job open, they cannot hire another employee to fill the position on a permanent basis and it is not likely, particularly in such a challenging job market, that an applicant would be interested in short-term work. The use of temporary staffing services can be expensive and in certain cases, temporary staffing workers may not have the skills or knowledgebase to perform the position in question. Using existing employees to cover the work is also problematic. Increasing the workload may mean that those employees covering for others may not complete their workload, may require overtime payments, and could create resentment and anger – both at the employer and the employee on leave.



As previously noted, the various existing leave laws take into consideration the burden of extended leaves on employers and do not automatically impose such extended leave requirements for employees. This bill, however, offers no such consideration.

There is no means to verify the validity of leave certification and address benefit abuse.

Verification and abuse of benefits are already a major challenge for employers as it relates to the implementation of the sick and safe leave mandate, as well as under the federal Family and Medical Leave Act. Under the Maryland Healthy Working Families Act, verification of the need for sick and safe leave may only be required if an employee is absent for more than two consecutive shifts or if, with agreement upon hire, the employee is absent during the 107th-120th days of employment. As many employers can attest, they have seen an increase in unscheduled call-outs of less than three days at a time – which cannot be verified and subjected to discipline. Similarly, an employee who has been certified by a physician as needing intermittent FMLA leave cannot generally be required to verify each absence. This bill, as written, would exacerbate those challenges. However, both laws provide employers with some recourse and ability to verify longer leaves and, in the case of FMLA, suspicious or questionable use of leave.

Although the bill provides for certification to the State of the need for medical leave for which benefits may be awarded, it contains no process by which such certification can be verified or challenged at all – either by the State or by employers. Employers are not even entitled to see the certifications obtained by the State. Accordingly, while the bill prohibits fraud in the application for benefits, there is no means by which an employer or the State can use to address suspected fraud in the use of leave or application for benefits. Given that the employee is “entitled” to an extended leave with pay benefits, there is an unfortunate incentive for some employees to engage in fraud.

We also note that there is no certification process for benefits for leave due to qualifying exigencies associated with a service member’s deployment. This is both inconsistent with the FMLA and subject to abuse.

The bill does not sufficiently account for alternative options.

Section 8.3-706 states that an employer who has a private employer plan that meets or exceeds the requirements under the program is exempt from the required contributions. Many employers provide short term disability benefits to employees who cannot work because of a medical condition. Many employers provide paid parental leave benefits. Many employers provide general paid time off benefits that may be used for any reason, including those under this bill. We are not aware, however, of any employer who provides paid leave benefits that cover all of the reasons set forth by the bill for the extended period of time (up to 24 weeks) contemplated by the bill. Thus, almost no employer would qualify for this exemption, even though they may provide paid leave that covers the listed reasons.

Unfortunately, this legislation creates a disincentive for employers to provide these alternative benefits. If an employer provides paid parental leave, for example, there is a cost to the employer to provide that leave and the employer is still responsible for the contribution to the State program – which would provide benefits for the same reason. Thus, the employer is effectively paying twice to provide the same benefit to the employee. It is only logical that an employer would simply eliminate its paid parental leave benefit, thereby saving the cost of the benefit, and require the employee to apply for benefits through the State program to which it must contribute regardless.



Other states' paid family leave benefits programs are more thoughtful in addressing these alternative benefits. For example, Washington D.C. requires employers to contribute to the program but also allows an employer that provides such paid leave benefits to seek reimbursement from the program for such benefits. In this manner, the employer is only required to pay once for the benefit.

Another issue is that the bill is unclear on the coordination of these other paid leave benefits with the program benefits. Section 8.3-703(A) provides that an employer "may allow" an employee to use vacation, sick leave, or other paid time off to bridge the difference between the program benefits and 100% of wages. But if an employee chooses not to use such alternative paid leave, it is possible that they could "stack" the program benefit and alternative paid leave benefit, such that once the up to 24 weeks of program benefits are exhausted, they would still have other paid leave available to use. The potential amount of total leave is staggering, and untenable for employers.

And while we appreciate the addition of Section 8.3-703(B), which provides "an employer contributing to the fund may require a covered individual who receives benefits under this title to use those benefits concurrently with family or medical leave benefits provided under an employer policy," this language is also unclear as to the actual effect. Does this include vacation, PTO and sick leave, which may be used for family and medical leave reasons?

The bill presents collective bargaining agreement challenges.

Section 8.3-203 provides that "An employee's rights to benefits under this title may not be diminished by a collective bargaining agreement entered into or renewed ... on or after June 1, 2020" and further provides that any waiver is void as against public policy. This provision is contrary to the entire premise of the National Labor Relations Act, which contemplates that employers and unions may bargain over the terms and conditions of employees' employment, including paid leave benefits such as those contemplated by this bill. A union may choose to give up certain benefits in order to achieve others that it and the employees it represents value more greatly, and this choice is one that is granted to them under the NLRA. Similarly, an employer and union may wish to agree to administer or access benefits differently than this bill provides, and their rights to do so under the NLRA should be respected.

In addition, the impact of compliance with the law is problematic for employers subject to a CBA that provides for paid leave benefits. Although the quoted language above contemplates that any current CBA will continue until expiration, it does not postpone compliance with the law as to contributions and employees' rights to benefits under the program. Thus, in addition to the employer being forced to pay twice to provide similar benefits, there is no consideration for how existing CBA benefits would coordinate with the new program benefits.

Employers should not face a private right of action.

Employers in Maryland already face a multitude of reasons that they can be sued by employees. This bill adds yet another basis, in addition to providing for administrative remedies through a complaint process to the Secretary. The administrative remedies are sufficient to address any potential violations; a private right of action is not necessary.

Actuarial evaluation of the established fund must be done.



SB 275 calls for a one-year contribution period from employers and employees before benefits can begin to be awarded. However, an actuarial analysis of the FAMLI Fund has yet to be done to determine what an appropriate fund level should be to ensure sufficient reserves and benefit coverage. Even basic data predictors such as the expected average benefit amount, expected average leave time and the expected number of claimants in a year has not been provided. Ensuring a solvent fund is critical to a program of this magnitude and the Chamber has pushed for this analysis over the last several years. Unlike Maryland's Unemployment Insurance Trust Fund (UITF) which this has commonly been compared to, a lender of last resort in the federal government does not exist for this program. If the FAMLI fund is exhausted, where will the additional funds come from?



2022 GBCC SB275 PAID FAMILY LEAVE.pdf

Uploaded by: Ashlie Bagwell

Position: UNF



**STATEMENT BY
THE GREATER BETHESDA CHAMBER OF COMMERCE REGARDING
SB 275-LABOR AND EMPLOYMENT – FAMILY AND MEDICAL LEAVE
INSURANCE PROGRAM – ESTABLISHMENT (TIME TO CARE ACT 2022)
SENATE FINANCE COMMITTEE
FEBRUARY 10, 2022
POSITION: UNFAVORABLE REPORT**

The Greater Bethesda Chamber of Commerce (GBCC) was founded in 1926. Since then, the organization has grown to more than 550 businesses located throughout the Greater Bethesda area and beyond. On behalf of these members, we appreciate the opportunity to provide written comments on Senate Bill 275—Labor and Employment-Family and Medical Leave Insurance Program-Establishment (Time to Care Act 2022).

This bill provides temporary benefits to a covered individual who is taking leave from employment and the employees, employers, and self-employed individuals would pay certain contributions and authorizing the establishment of private employer plans. While we understand and appreciate the intent of the proposed legislation, SB 275 will still impact thousands of other small businesses that cannot afford one more mandate, especially during a time when businesses are still trying to stay above water and weather the crisis caused by the COVID-19. This bill creates undue financial and administrative burdens, particularly for small employers and non-profits. Most employers cannot afford full time HR professionals or employment attorneys to be able to navigate all the current mandated local and state mandated leave laws. In addition, the definitions within the bill language are much broader than what are outlined by FMLA, making it even more difficult to administer.

We ask you to please vote UNFAVORABLE on SB275 and thank you for your consideration of our comments.

SB0275 -- Labor and Employment – Family and Medica

Uploaded by: Brian Levine

Position: UNF



Senate Bill 275 -- *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)*
Senate Finance Committee
February 10, 2022
Oppose

The Montgomery County Chamber of Commerce (MCCC), the voice of business in Metro Maryland, opposes Senate Bill 275 -- *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)*. Senate Bill 275 establishes the Family and Medical Leave Insurance program that would provide up to 12 weeks of benefits to an individual taking leave due for personal and family reasons.

While MCCC applauds the good intentions of the bill, Senate Bill 275 will increase costs for Maryland's employers and have the unintended consequence of making Maryland less competitive than surrounding and competitor states who do not have this requirement. This issue must be addressed by the U.S. Congress to ensure that all states are on a level playing field.

MCCC has a track record of supporting enhanced employee benefits. As an example, MCCC has led an effort on the local level in Montgomery County to implement a program that provides matching grants for childcare costs through dependent flexible spending accounts. At the same time, the marketplace for talent has grown much more competitive and is already resulting in employers offering a menu of enhanced benefits. Policymakers should first consider allowing family and medical leave benefits to be offered on a voluntary basis.

MCCC contends that this legislation fails to appropriately understand the economic realities faced today, which have been exacerbated by the pandemic. Additionally, in recent years the Maryland General Assembly has passed legislation requiring businesses to provide paid sick leave and increase the minimum wage to \$15 per hour. While both are important supports for employees and Maryland's workforce, MCCC is concerned that the addition of an employer supported family and medical leave program requirement is too much, too soon. Businesses must be given time to absorb prior legislation and its impact to their bottom line.

MCCC is also asserts that the implementation of this legislation will result in additional costs and administrative burden to small businesses. We consistently express concerns when proposals such as this are applied to small businesses without consideration for the difference in burden for them versus large employers.

For these reasons, the Montgomery County Chamber of Commerce opposes Senate Bill 275 and respectfully requests an unfavorable report.

The Montgomery County Chamber of Commerce, on behalf of our nearly 500 members, advocates for growth in business opportunities, strategic investment in infrastructure, and balanced tax reform to advance Metro Maryland as a regional, national, and global location for business success. Established in 1959, MCCC is an independent non-profit membership organization and a proud Montgomery County Green Certified Business.

Brian Levine / Vice President of Government Affairs
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SB0275-FIN_MACo_OPP.pdf

Uploaded by: Brianna January

Position: UNF



Senate Bill 275

Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

MACo Position: **OPPOSE**

Date: February 10, 2022

To: Finance Committee

From: Brianna January

The Maryland Association of Counties (MACo) **OPPOSES** SB 275. This bill would create and implement a Family and Medical Leave Insurance (FAMLI) Program funded through shared employee and employer contributions. The Program would provide up to 24 weeks of benefits to covered individuals taking leave due to specific personal and family circumstances.

Counties strive to provide their employees with the most reasonable and practical accommodations, including various forms of paid leave, that make the most sense for the different needs of each county. Under SB 275, counties would be forced to participate in a uniform, one-size-fits-all program that does not consider the unique needs or abilities of each county. Under the bill, all counties would have no choice but to fund mandated employer contributions – competing for limited local funds against school construction, public safety, roadway maintenance, and other essential public services. Also concerning is the potential for employer contribution rates for this proposed program to eventually increase to maintain fund solvency, as more employees take advantage of this benefit and its funding obligations grow.

Additionally, the entitlement to benefits under SB 275 far exceed any statutory length of leave, presenting innumerable challenges for employers. To the extent that local government employees may take more leave, under the bill, the FAMLI program may overburden local systems that are already experiencing staffing shortages and retention challenges, especially for law enforcement and other agencies that provide 24/7 services for the communities in which they operate.

This legislation does not appropriately balance the goals of helping employees with the economic realities that counties are facing or the unique needs of each jurisdiction. As such, the unintended consequences of this bill could jeopardize public safety and the delivery of necessary services for our shared constituents. Accordingly, MACo urges the Committee to issue an **UNFAVORABLE** report on SB 275.

SB 275 PFM-Walters-UNF Ltr.pdf

Uploaded by: Christine Walters

Position: UNF

February 8, 2022

Chairman and Senator Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 275 – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Honorable Chair Kelley, Vice Chair Feldman, and Committee Members,

My name is Christine V. Walters, J.D., MAS, SHRM-SCP, SPHR. I am a human resources and employment law consultant with more than 300 clients in and around Maryland. I worked as an in-house HR practitioner for nearly ten years in the health care industry, as an employment law attorney in a law firm for two years, and since 2002 have worked as an independent consultant and sole proprietor, doing business as FiveL Company, “*Helping Leaders Limit their Liability by Learning the Law.*”SM

I am also a member of the Maryland Chamber of Commerce and serve on the Chamber’s Labor and Employment Committee. I share many of the Chamber’s concerns, which I understand have been provided in writing to you. I am writing to echo some of those concerns, including as shared with me by one or more of my clients, mostly small business employers, and to offer some recommendations. Many of these mirror concerns about which I wrote concerning last year’s version of this bill (SB 211) but have not been addressed in SB 275.

As of this writing, at least twelve states and the District of Columbia have enacted a paid family and medical leave law (“PFMLL”). Two of the 12 apply only to the public sector. None of those 12 states border Maryland. In addition, Maryland employers are currently required to provide up to 13 different types of paid and unpaid leave (see page 5 for the full listing).

The Bipartisan Policy Center [reports](#) that as of January 13, 2022:

- one of the ten states’ PFMLL is an opt-in or voluntary program;
- five of the ten are fully funded by an *employee* payroll tax; and
- the remaining four of the ten exempt small employers from having to pay the tax.

If SB 275 is passed and enacted, **that will make Maryland the only state to impose this type of mandatory payroll tax** on all Maryland employers *and their employees*.

For the following reasons that may not be all-inclusive, I and many of my clients, continue to have serious concerns with this legislation as drafted. I have tried to address our concerns in order as they appear in the bill.

1. **Prohibited From Offsetting the Cost Of This Tax** – **Section 8.3–202** of the bill reads, “THIS TITLE MAY NOT BE CONSTRUED TO DIMINISH AN EMPLOYER’S OBLIGATION TO COMPLY WITH A COLLECTIVE BARGAINING AGREEMENT OR AN EMPLOYER POLICY THAT ALLOWS AN EMPLOYEE TO TAKE LEAVE FOR A LONGER PERIOD OF TIME THAN THE EMPLOYEE WOULD BE ABLE TO RECEIVE BENEFITS UNDER THIS TITLE.” That seems to create and impose a new obligation upon employers. It suggests an employer may not modify any existing leave benefit, paid or unpaid, for any reason, or any time in perpetuity, including to help offset the cost of this tax. I agree this provision might be applicable to the administration of leave as negotiated and as referenced under a collective bargaining agreement for the term of that CBA.

Recommendation. Delete “OR AN EMPLOYER POLICY” from that sentence.

2. **A New Leave Entitlement is Created.** **Section 8.3–302** requires employers to provide up to 24 weeks of leave in a 12 month period. This is in addition to all the other forms of leave to which an employee may already be entitled, except FMLA leave. It is also more than any of the other ten states’ PFMLL provides, except Massachusetts. This Section reads, in part, “THE PURPOSE OF THE PROGRAM IS TO PROVIDE TEMPORARY BENEFITS TO A COVERED INDIVIDUAL WHO IS TAKING LEAVE FROM EMPLOYMENT.” But leave is not defined. Absent a definition, this could refer to an existing or a new leave entitlement created by SB 275.

In addition, **Section 8.3 701(B)** reads, “A COVERED INDIVIDUAL MAY TAKE THE LEAVE FOR WHICH THE INDIVIDUAL IS ELIGIBLE FOR BENEFITS UNDER SUBSECTION (A) OF THIS SECTION ON AN INTERMITTENT LEAVE SCHEDULE.” This seems to infer that this is a new bank of leave or time off from work, rather than a paid benefit to cover time off from work to which an employee is already entitled.

If the intent behind this bill is to create yet another bank of leave, I believe that is not necessary. As described above, Maryland employers are already required to provide up to 13 types of leave from work, paid and unpaid, depending upon their size and location within the state (see page 5 for the listing). A 14th type of leave is unlikely to remedy whatever problem the preceding 13 did not. If that is the intent behind this bill, I have no recommendation and oppose it wholeheartedly.

Recommendation. If this bill is *not* intended to add an additional bank of leave but to only provide payment for existing leave entitlements that are otherwise unpaid, I recommend leave be defined as only time off from work to which an employee is already entitled under federal, state, or local law, a collective bargaining agreement, or the employer’s policy. That should clarify that this bill does *not* require employer to provide additional time off from work.

3. **Regulatory Guidance and Enforcement** – **Section 8.3-403** directs the Secretary to issue regulations. **Section 404** authorizes the Secretary to enforce the Act. **Section 405** authorizes civil actions against employers. The latter two, however, are not dependent or conditioned upon the preceding. As of this writing, we are just shy of four years since enactment of Maryland’s

Healthy Working Families Act. Yet, we still do not have regulations published by the Secretary. SB 275 contains no provision delaying enforcement or imposition of the monetary penalties for non-compliance until such regulations are published

Recommendation. A clause or section should be added to make clear that enforcement and imposition of any penalties, monetary or other, would not take effect until at least 90 days after final, implementing regulations are published. I would also urge that Section 405 be abolished since remedies are provided through the administrative agency process.

4. **Advance Notice to Employers Is Not Required.** There is only one sentence that addresses this issue. **Section 8.3-701(B)(3)** applies only to intermittent leave and in that case requires the employee only to notify the employer of “the reason for which intermittent leave is necessary,” not to give notice of the need for leave itself.

Recommendation. Consider Connecticut’s [program](#) that requires the employee to provide written notice to the employer. “As part of the claims process, an employer will be provided an Employment Verification Form (EVF) *by the employee* to complete and verify the wage and schedule/hour information for the employee.” (*emphasis added*) Insert this language into SB 275 to include the employer in the paid leave approval process.

5. **Use of Paid Leave (allowed versus required) – Section 8.3–703(A)** of the bill provides that an employer “may allow” an employee to use paid leave. It is a common practice for employers to require employees to exhaust all paid leave before being absent without pay. Without that ability, an individual could receive payment from the state, return to work, and still have a full bank of paid leave to use from the employer. This prevents an employer from being able to reduce its accounts payable liability while having to pay the increased cost of this new payroll tax.

Similarly, **Section 8.3-703(B)** provides that an employer may require a covered individual to use these paid leave benefits concurrently with “family or medical leave benefits provided under an employer policy.” But this does not include “benefits” that are provided under any of the 12 other state or local laws in Maryland, like military leave or parental leave. Benefits are also undefined.

Recommendations. I recommend employers be permitted to require employees to exhaust the paid leave that the employer has provided before using paid leave from this state fund. To that end, Section 8.3–703(A) may be modified to read, “An employer *may require*...”

I also recommend Section 8.3-703(B) be modified to read, “An Employer...*may require*...to use those benefits concurrently with any other applicable leave under federal, state or local law, a collective bargaining agreement, or the employer’s policy.”

6. **No Input from Employers, Section 8.3-704(d).** The Department may grant benefits with no input from the employer. The only notice the Department is required to give an employer is

“within five business days after a covered individual files a claim for benefits.” As a mandated and taxed contributor, the employer should at least be invited to provide information, such as if the employee is already receiving any form of paid leave. This is the same process applied when an employee applies for unemployment insurance benefits. This input might prevent misuse of or inadvertent overpayments from this fund, such as where an employee is already or will receive full or partial wage replacement from workers’ compensation, a paid disability benefit, or the employer’s paid leave program such as vacation, sick leave, PTO, etc.

Recommendation. A subsection should be added to address the Department’s duty to invite the employer to provide information regarding the employee’s requested leave, including if payment from the employer is available to the employee.

7. **Notice To Employees IS Required (Three Times)** – Section 8.3–801 of the bill requires employers to give employees notice of their rights on three separate occasions: (1) at the time of hire; (2) within five days after the employee notifies the employer of the need for covered leave or the employer knows the employee needs leave; and (3) annually. No other leave law in Maryland, paid or unpaid, has a triple notice requirement. None has a double notice requirement, including the Healthy Working Families Act. Only the federal Family and Medical Leave Act requires a second notice. Requiring notice to every employee on at least two and potentially three separation occasions is onerous.

Recommendation. At a minimum, I would ask that Section 8.3-801(A) be modified as follows, “An employer shall provide written notice...at the time of hire ~~and annually thereafter.~~”

I would also ask that the third notice requirement be removed by deleting Section 8.3-801(B)(1) and (2).

8. **Delay The Effective Date** - Section 4 accelerates the effective date of this bill to July 1, 2022. Maryland’s SAVES Act did not take full effect for five years. One or more other states are facing fiscal and other challenges in funding and/or administering their PFMLL. This is a matter that should not be rushed.

Recommendation. At a minimum, defer the effective date to at least October 1, 2022, like most enacted legislation. Preferably, defer the effective date to at least January 1, 2023.

9. **Fiscal Note** - As of this writing, the fiscal note (FN) is not available. Last year’s FN did not describe when, with what frequency or how the employer was to submit the employer’s and employees’ portion of the tax to the State. It only indicated that the Treasurer would administer the fund in accordance with regulations the Secretary publishes. As a result, the Fiscal Note did not fully account for all the time and costs imposed on employers. I hope this year’s FN will do so.

Last year’s FN referenced “Current Law.” But it failed to include a number of Maryland leave laws, paid and unpaid, in effect at the time. **Maryland employers are currently covered under up to 13 different federal, state and local leave laws. The first 11 of the 13 listed below provide leave for one or more of the very same reasons covered in SB 275:**

1. Birth/Adoption Leave under Maryland's Flexible Leave Act
2. Civil Air Patrol Service
3. Family and Medical Leave (federal law)
4. Military Deployment Leave
5. Organ or Bone Marrow Donation, which may *not* run concurrently with federal Family and Medical Leave
6. Parental Leave
7. Sick and Safe Leave, under Maryland's Healthy Working Families Act (HWFA)
8. Sick and Safe Leave, under Montgomery County's HWFA
9. Reasonable Accommodation for Pregnancy-Disability, which may include paid leave
10. Americans with Disabilities Act (ADA), including leave as a reasonable accommodation
11. Uniformed Services Employment and Reemployment Rights Act (USERRA)
12. Jury Duty
13. Voting Leave

I would urge Legislative Services to consider all of these in its analyses.

9. Legislative mandates flatten the market and reduce competition. Many employers provide robust paid leave programs. In fact, at least one employer in Maryland provides unlimited paid leave (aka Results Oriented Work Environment or ROWE). They are proactive and operate above the market. Those practices are great recruiting tools, helping them compete for talent. Those employers lose that competitive edge when laws impose mandates that require all the rest of the employers to do the same.

10. The bill reduces Maryland's competitive edge. None of our surrounding states have a paid family and medical leave mandate. Only the District of Columbia does. When prospective employers shop the economic markets, this bill would be one more reason why employers may decide to open new businesses and take new jobs elsewhere.

11. This bill adds to the patchwork of existing paid leave mandates that employers must navigate. The vast majority of clients I serve employ employees in multiple states. That requires them to comply with not only up to 13 types of leave as a Maryland employer, but the myriad requirements in each and every other state plus local jurisdiction.

12. Updated Study & Research Is Needed. In 2020, the Department of Legislative Services (DLS) issued a report on paid family and medical leave insurance. I recommend that report be updated and considered before we move to pass a legislative proposal that may not have been thoroughly researched.

13. The COVID-19 pandemic has adversely impacted employees and employers across the nation. Imposing a new payroll tax on both is a burden that many will be unable to bear.

14. Alternatives. I respectfully suggest the following alternatives to SB 275.

- A. Refer this to summer study.
- B. Rather than drafting legislation that imposes mandates or penalties upon employers, we might consider offering employers some carrots, such as a tax incentive or safe harbor for employers that offer paid leave of at least 12 (not 24) work weeks in a 12 month period for the reasons covered in SB 275. This is not a precedential idea; it has been embodied in the 115th U.S. Congress through today in the “[Strong Families Act](#)” and in the “[Workflex in the 21st Century Act](#).”
- C. Make it a 100% employee contribution, mirroring what 50% of the other states with a similar law have done.
- D. Make it a voluntary, opt-in program, like Maryland’s SAVES Act (See [Section 12-402](#)). And, if the fund is not fully funded, I suggest that would be called a clue to the fact that most people, employees and employers, do not want it.
- E. Make SB 275 pre-empt all 9 of the 13 existing state and local leave laws that already provide paid leave for one or more of the same reasons as SB 275.

I respectfully request you give SB 275 an unfavorable report and suggest you refer this matter to summer study. This will enable us to better understand the implications, learn from other states’ experiences, avoid unintended consequences and consider how to shape this important public policy in a way that balances employers’ and employees’ needs.

I thank you for your time and consideration. I invite you to contact me if I can provide any more information or answer any questions.

Respectfully submitted,

Christine V. Walters

Christine V. Walters, J.D., MAS, SHRM-SCP, SPHR

SB0275_UNF_LifeSpan, MAADS, MNCHA, Hospice_FMLA.p

Uploaded by: Danna Kauffman

Position: UNF



Managed by LifeSpan



Hospice & Palliative Care Network
OF MARYLAND

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Antonio Hayes

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer

DATE: February 10, 2022

RE: **OPPOSE** – Senate Bill 275 – *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)*

On behalf of the LifeSpan Network, the Maryland Association of Adult Day Services, the Maryland-National Capital Homecare Association, and the Hospice and Palliative Care Network of Maryland, we respectfully **oppose** Senate Bill 275. Senate Bill 275 would create and implement a Family and Medical Leave Insurance Program funded through employee and employer contributions. Senate Bill 275 provides paid leave to a greater number of employees than the federal Family and Medical Leave Insurance Act. Unlike the federal Family and Medical Leave Act, Senate Bill 275 applies to all employers (rather than those with 50 or more employees), allows an employee who has worked at least 680 hours (rather than 1,250 hours) to qualify for the leave, and allows an employee to take the leave to care for an expanded list of family members.

On behalf of our respective memberships and our employees, we value our workforce and understand that there are times that this workforce must be absent to care for themselves and their family members. Never is this need clearer than during the COVID-19 pandemic. However, as providers of care to Medicare and Medicaid beneficiaries, we must balance this need against our obligation to ensure that quality of care is provided to our residents and clients on a consistent and uninterrupted basis, often 24 hours, seven days a week. When employees are absent from work, care still must be provided. While the absent employee would be compensated by the established Fund under the bill, the employer would still need to pay for a replacement worker to ensure that care is being provided. Often, this is through overtime of existing staff or contracting with nurse staffing agencies, which is now being charged at rates often four times pre-pandemic. In addition, because Senate Bill 275 extends the right to take leave to additional employees as compared to the federal law, employers may be placed in a position of having a greater number of employees out, causing a higher cost to the employer for replacement staff. To this point, there is a health care worker crisis being experienced in Maryland. For various reasons, there is simply an inadequate number of staff to care for patients. Because Medicaid continues to reimburse providers below the cost of care, many providers are competing with retail establishments and other big box stores for staff because they can pay higher wages. We are strongly concerned that this bill will exacerbate the staffing crisis given that more individuals would qualify for leave (over Maryland's safe and sick leave) to care for individuals other than themselves for extended periods of time.

Over the last several years, Maryland has implemented the Maryland's Healthy Working Families Act (paid sick and safe leave) and increased the State's minimum wage, both of which have had a financial and operating impact on members.¹ However, neither compares to the financial impact that COVID-19 has had on providers over the last two years. From the onset, providers have been placed in the position of purchasing personal protective equipment, paying increase wages to maintain current staff or hire contract staff, making environmental modifications to accommodate the requirement cohort patients, and paying for COVID-19 testing. While nursing homes received assistance from the federal and State governments, it was not enough to cover the cost incurred from these added expenditures. Other providers received little to no assistance from either the federal or State government and, again, the assistance received was inadequate to cover the costs. It is also important to point out that declining census among these providers has also exacerbated the financial pressures that continue to mount.

Therefore, while we believe that Senate Bill 275 is well-intentioned, it is unmanageable given the financial and staffing crisis facing many industries and providers. We request an unfavorable vote.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
410-244-7000

¹ The State has provided a 4% increase in Medicaid rates, which is appreciative, but only extends to a portion of the individuals that are cared for by providers and does not cover increase costs.

SB 275_The ERISA Industry Committee_unf.pdf

Uploaded by: Dillon Clair

Position: UNF



**THE ERISA
INDUSTRY COMMITTEE**
*Shaping benefit policies
before they shape you.*

DILLON CLAIR
Director, State Advocacy and Litigation

February 8, 2022

Senate Finance Committee

11 Bladen St, Annapolis, MD 21401

RE: Maryland Paid Family and Medical Leave Insurance Program Proposal – Senate Bill 275 – ERIC Written Testimony – Unfavorable

Chair Delores G. Kelley and Members of the Senate Finance Committee:

The ERISA Industry Committee (“ERIC”) is writing to the Maryland Senate Finance Committee (“Committee”) to submit written testimony in opposition to the paid family and medical leave insurance program proposed by Maryland Senate Bill 275 (“SB 275”). ERIC is the only national association that advocates exclusively for large employers on health, retirement, and compensation policies at the federal, state, and local levels. The member companies that we represent are leaders in every sector of the economy and currently provide comprehensive paid leave benefit programs that support millions of workers and their families across the country, including in the state of Maryland. You and your constituents engage with an ERIC member company when you drive a car or fill it with gas, use a cell phone or a computer, watch TV, dine out or at home, enjoy a beverage, fly on an airplane, visit a bank or hotel, benefit from our national defense, receive or send a package, go shopping, or use cosmetics.

ERIC supports the efforts of state legislatures to expand access to critical paid family and medical leave benefits for their citizens but has a strong interest in proposals, such as SB 275, that would adversely affect our member companies’ ability to continue to provide quality and uniform paid leave benefits to their nationwide workforces. Because ERIC member companies are already designing and providing generous paid leave benefits for their employees, one of our primary aims is to ensure that employers providing comprehensive, voluntary benefits are able to continue to do so and that the requirements of state programs do not negatively impact the benefits that their employees ultimately receive. We, therefore, applaud the inclusion of a program exemption for employers that already provide paid family and medical leave benefits to their employees in SB 275.

However, as the patchwork of state policies in this area continues to expand, several aspects of proposed state programs pose major concerns for Maryland employers and threaten the substantial paid leave benefits currently enjoyed by their employees. With respect to SB 275, ERIC is particularly concerned about:

- The need for clarification of employer exemption processes and standards
- The lack of relief from administrative burdens for exempt employers
- The lack of state preemption of local and municipal paid leave ordinances

- The program's source of contribution funding
- The program's divergence from federal FMLA standards, including:
 - The expanded definition of family member
 - The duration of leave provided by the proposed program
 - The proposed program's employee benefit eligibility requirements

We encourage the Committee to consider our concerns and ensure that the well-intentioned proposal to expand paid leave access does not negatively impact the array of families who already enjoy paid family and medical leave benefits from their large, multistate employers.

Comments

I. Equivalent Plan Exemptions Should Provide Clear Employer Processes and Relieve Employers from Administrative Burdens in Addition to Program Contributions

The greatest source of paid family and medical leave benefits today is the range of private employer plans that voluntarily offer valuable benefits to millions of employees in Maryland and across the country. As states attempt to provide broader access to these popular benefits, it is critical that state lawmakers recognize the enormous success that employers have had in designing these benefits efficiently and administering them effectively. Marylanders that already have access to these successful employer plans should not be penalized by any new state action in this space.

While the proposed Maryland paid family and medical leave insurance program proposed by SB 275 does include language exempting certain employers from participation in and contribution to the state insurance program, the draft text remains concerningly vague as to what standards will constitute an equivalent employer plan and what process will grant this exemption when a private employer plan is filed. For the many employers who already offer private paid leave benefits and want to retain the flexibility needed to best meet the needs of their employees, clear standards and procedures must be established by state lawmakers to give compliance efforts. We, therefore, encourage the Committee to consider the complexity of these employer exemption processes and amend SB 275 to establish concise and quantitative minimum standards for employers to meet.

Furthermore, while the bill grants qualifying employers and employees an exemption from the required program contributions, it remains silent as to the effect of a granted exemption on the other burdensome administrative requirements placed on employers by a state program. Many of the counterproductive challenges that similar

state programs place on employers do not stem from the direct cost of contributions to fund a state program but rather from the redundant recordkeeping and reporting requirements that employers are often forced to comply with, regardless of whether they independently offer equivalent benefits. These unnecessary costs do not exist in a vacuum and ultimately detract from the resources that otherwise would have been put into reinforcing employees' benefits. We encourage the Committee to amend SB 275 and stipulate that an exemption granted to an equivalent employer plan also exempt the employer from redundant or unrelated administrative burdens.

II. The State Program Should Preempt Local and Municipal Regulation of Paid Family and Medical Leave

Since the implementation of the federal Family and Medical Leave Act ("FMLA") nearly three decades ago, employers have been able to refer to a uniform, consistent set of standards when attempting to comply with federal family and medical leave requirements and even when designing their own nationwide paid leave benefits. As states continue to propose new paid family and medical leave programs, the uniform compliance standards established by federal law have given way to a patchwork of varying and conflicting state standards, creating significant compliance burdens for large employers operating across multiple states. At the same time, many municipalities have passed or considered their own paid family and medical leave ordinances. This trend creates an even more convoluted patchwork of conflicting laws that makes it extremely difficult for employers to comply, even within a single state.

An effective state paid family and medical leave program should preempt local and municipal ordinances, providing employers with a single benefit standard with which to comply while operating within a state. SB 275 does not currently contain a provision to preempt local paid leave ordinances. We encourage the Committee to amend SB 275 to include the following preemption language:

1: It is the intent of the legislature to ensure uniformity in any paid leave program. As such, a local governmental body shall not adopt, enforce, or administer an ordinance, local policy, or local resolution establishing any paid leave program. Any such existing program is subordinated to this statute.

2: "Local governmental body" means any local government or its subdivision, including, but not limited to, a city, village, township, county, or educational institution; a local public authority, agency, board, commission, or other local governmental, quasi-governmental, or quasi-public body; or a public body that acts or

purports to act in a commercial, business, economic development, or similar capacity for a local government or its subdivision.

3: The provisions of section 1 shall not prevent a local government body from establishing any leave program covering its own employees provided that such program is not construed to cover contractors or subcontractors working on behalf of the local government body.

III. The State Program Should be Funded by Employee Contributions Alone

As previously stated, ERIC applauds the inclusion of a program exemption for employers, such as ERIC member companies, that already provide generous paid family and medical leave benefits to their employees. However, it is important to also consider the impact that the proposed funding structure of SB 275 will have on employers that cannot currently afford to provide voluntary paid family and medical leave benefits and would, therefore, be required to participate in the Maryland paid family and medical leave insurance program.

While paid family and medical leave benefits provide critical security for employees to care for a child, loved one, or themselves in times of need, employers do not similarly receive support from a state program when their employees take family and medical leave. When an employee is out on leave, employers must hire temporary staff and/or add overtime for remaining workers to make up for the absence and are forced to take the financial loss that comes with these staffing adjustments. As the employees taking paid family and medical leave are ultimately receiving the benefits provided by a state insurance program, that program should be funded by employee contributions alone in order to ensure the solvency of the program fund that provides their wage replacement during leave.

If employers interested in enrolling their employees in the state insurance program are forced to foot half of the bill without receiving a supporting benefit while their employees are on leave, their ability to operate as a business and provide other valuable employee benefits could be significantly diminished. We therefore strongly encourage the Committee to remove the requirement that employers equally split the program's contribution costs with employees and instead allow employers participating in the state insurance program to deduct the full amount of contributions paid to the program from the wages paid to employees.

IV. The Proposed Program Should Adhere to the Standards and Definitions Established by the Federal FMLA

The federal FMLA has been in effect for decades and has been widely used as a standard by employers to design and provide valuable and efficient paid leave benefits for their employees. When state program standards diverge from those established by the FMLA, they further expand the complex patchwork of state paid family and medical leave policies and make it harder for multistate employers to administer generous and uniform paid leave benefits to the entirety of their employees. In order to maximize access to these critical benefits, we encourage the Committee to amend SB 275 to conform to the following FMLA standards and definitions.

a. Definition of Family Member Should Match the Federal FMLA Definition

Under the FMLA, employers are required to provide unpaid leave for employees to care for an employee's child, spouse, or parent. SB 275 currently uses a definition of family member, or the qualified individuals whom employees may use leave benefits to care for, that extends beyond the requirements of the federal FMLA to additionally include an employee's grandparents, grandchildren, and siblings.

Ultimately, large, multistate employers are able to design, voluntarily provide, and solely fund generous paid leave benefits because of uniform administration of employee benefit programs across the country, regardless of where their employees live. The expanded definition currently used by SB 275 would result in the creation of an even further fragmented patchwork of state paid leave standards and add to the already massive compliance burdens faced by employers operating across multiple states. We therefore encourage the Committee to amend SB 275 to include a definition of family member that is consistent with the definition established under the federal FMLA.

b. Duration of Leave Should Not Exceed the Length Provided by the Federal FMLA

The federal FMLA provides for employee access to 12 weeks of unpaid family and medical leave. The current standards set forth in SB 275 would not only go beyond the requirements of the FMLA by providing *paid* family and medical leave to employees but would allow employees to take leaves of absence beyond federal duration requirements, providing for up to 12 weeks of paid family and medical leave *and* up to an additional 12 weeks of paid leave if an employee experiences a qualifying need after already exhausting 12 weeks for a serious personal health condition. The potential use of up to 24 weeks of paid leave in a calendar year by employees under SB 275 would impose significant operational, staffing, and financial burdens on employers left without support for the duration of the 24-week period.

Extending the duration of leave beyond FMLA standards would also serve to further complicate the current patchwork of state paid leave laws and expand the compliance challenges faced by employers. As each state creates its own unique standards and requirements independent of those established by other state programs or the federal FMLA, employers are not only burdened with tailoring their employee benefits to comply with the new program in that state but must also restructure their national benefits to ensure that their employees receive equitable benefits across the country. A further fragmented state patchwork would be counterproductive to the overarching goal of providing valuable paid family and medical leave benefits to more American workers. We therefore strongly encourage the Committee to limit the duration of paid leave provided by a state paid family and medical leave program to the 12-week total standard established by the federal FMLA and followed by the majority of states active in this policy area.

c. Employee Eligibility Should Match Requirements Established by the Federal FMLA

The federal FMLA requires that an employee must work for an employer for 12 months as well as a minimum of 1250 hours over the 12-month period preceding the date on which an employee's leave is to begin in order to be eligible for the leave provided by the FMLA. As currently drafted, SB 275 would lower this hours-worked requirement to 680 hours in the preceding 12-month period for an employee to be eligible for paid leave benefits under the state program. Additionally, the current language also seems to remove the requirement that an employee be employed during this 12-month period, leaving only the total hours-worked stipulation. This lowered standard would effectively expand benefit eligibility to include a large portion of recently hired, temporary, and part-time workers while placing even greater staffing burdens on employers and requiring them to restructure practices regarding hiring and employee benefits.

Furthermore, this reduction in employee eligibility represents yet another shift away from the national standards established by the federal FMLA, leading to an even more complicated state patchwork of paid family and medical leave standards for employers to follow. We strongly encourage the Committee to amend SB 275 to conform employee eligibility standards to the 1250 hours worked requirement established by the federal FMLA and make clear that an employee must be employed by the covered employer for 12 months before becoming eligible.

Conclusion

Ultimately, ERIC shares your goal of increasing access to critical paid family and medical leave benefits for Maryland employees. We also strongly support the program exemption provided by SB 275 for employers, like ERIC member companies, that already

provide generous paid leave benefits to their employees. At the end of the day, the aim of this legislation should be to secure paid leave benefits for more Marylanders, not to penalize employers that are already providing these benefits to their employees and paying for them solely on their own.

While the provided exemption is a major step in the right direction, we believe that maintaining administrative requirements for exempt employers, allowing for local or municipal regulation of paid family and medical leave, sourcing contributions from employers, and expanding standards and definitions beyond those used by federal law, would negatively impact the ability of employers to provide paid leave benefits to their employees and unintentionally serve to detract from the overall goal of providing high quality paid leave benefits to a greater portion of employees throughout the state, as well as the country. Therefore, SB 275, as well as any other legislation proposing the creation of a state paid family and medical leave program, should take into serious consideration the array of challenges and burdens that employers will face when attempting to comply with the requirements of the proposed program and the impact that those burdens will have on the paid leave benefits ultimately available to employees.

ERIC appreciates the opportunity to provide comments on the proposed legislation, as well as to discuss ways in which administrative and compliance burdens can be minimized for large employers that already offer generous paid family and medical leave benefits to their employees.

If you have any questions concerning our comments, or if we can be of further assistance, please contact us at (202) 789-1400 or dclair@eric.org.

Sincerely,



Dillon Clair
Director, State Advocacy and Litigation

SB0275 - 2.10.22 -- Labor and Employment – Family

Uploaded by: Donald Fry

Position: UNF



POSITION STATEMENT

TESTIMONY PRESENTED TO THE SENATE FINANCE COMMITTEE

SENATE BILL 275 - LABOR AND EMPLOYMENT – FAMILY AND MEDICAL LEAVE INSURANCE PROGRAM – ESTABLISHMENT (TIME TO CARE ACT OF 2022)

Sponsors – Senators Hayes and Benson

February 10, 2022

DONALD C. FRY
PRESIDENT & CEO
GREATER BALTIMORE COMMITTEE

Position: Oppose

Senate Bill 275 would create and implement a Family and Medical Leave Insurance Program funded through employee and employer contributions. The Program would provide up to 24 weeks of benefits to covered individuals taking leave due to specific personal and family circumstances. This paid leave would be available to a greater number of employees than are covered by the federal Family and Medical Leave Act, for fewer hours worked, and allows an employee to take the leave to care for an expanded list of family members for an expanded list of reasons.

The Greater Baltimore Committee (GBC) opposes Senate Bill 275 because of its lack of conformity to the provisions of the federal Family and Medical Leave Act, the increased costs it imposes on employers of all sizes for both Program premiums and the cost of paying another worker to fill a role temporarily, and the administrative burden it places on all employers.

Unlike the federal Family and Medical Leave Act, Senate Bill 275 applies to all employers (rather than those with 50 or more employees), allows an employee who has worked at least 680 hours (rather than 1,250 hours) to qualify for the leave, and allows an employee to take the leave to care for an expanded list of family members for an expanded list of reasons. Small businesses with only one employee would be required to keep a job open for an employee utilizing the Program for as long as 24 weeks. This is an impossible position in which to place small employers, particularly in the already tight labor market.

Under the Program, all employers would be required to fund the mandated employer contributions, increasing payroll costs. Also concerning is the potential for employer contribution rates for this proposed program to eventually increase to maintain fund solvency, as more employees take advantage of this benefit. Furthermore, to the extent that employees take more leave, the Program may overburden other employees and create additional personnel expenses for overtime costs or high cost temporary employees.

The entitlement to benefits under Senate Bill 275 far exceeds any statutory length of leave, presenting innumerable challenges for employers. The administrative complications for small businesses to attempt to determine what an employee is eligible for under differing state and federal rules are overwhelming. The additional payroll and reporting requirements add to the burden facing already struggling businesses.

GREATER BALTIMORE COMMITTEE

111 South Calvert Street • Suite 1700 • Baltimore, Maryland • 21202-6180

(410) 727-2820 • www.gbc.org

This bill is inconsistent with two of the key tenets in *Gaining A Competitive Edge: Keys to Economic Growth and Job Creation in Maryland*, a report published by the GBC that identifies eight core pillars for a competitive business environment and job growth. The pillars provide:

Regulatory policies that are streamlined, stable, and predictable. Maryland must project to businesses within and outside the state that its government regulatory policies are reasonable, relevant, free of surprises or redundancy, and considerate of businesses' sense of urgency.

Competitive costs of doing business. Public policies must reflect a government predisposition to nurture business growth and to avoid arbitrarily or disproportionately imposing additional overhead upon the business sector.

Businesses are still struggling to survive the economic crisis caused by the global pandemic and the restrictions imposed on business operations. To impose such an onerous program on top of the other issues facing so many companies could cause even more businesses to fail.

For these reasons, the Greater Baltimore Committee urges an unfavorable report on Senate Bill 275.

The Greater Baltimore Committee (GBC) is a non-partisan, independent, regional business advocacy organization comprised of hundreds of businesses -- large, medium and small -- educational institutions, nonprofit organizations and foundations located in Anne Arundel, Baltimore, Carroll, Harford, and Howard counties as well as Baltimore City. The GBC is a 67-year-old, private-sector membership organization with a rich legacy of working with government to find solutions to problems that negatively affect our competitiveness and viability.

SB275 - Labor and Employment – Family and Medical

Uploaded by: Jane Redicker

Position: UNF



OUR MISSION:

Working to enhance the economic prosperity of greater Silver Spring through robust promotion of our member businesses and unrelenting advocacy on their behalf.

**SB275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment
(Time to Care Act of 2022)**

Finance Committee

February 10, 2022

UNFAVORABLE

On behalf of the Greater Silver Spring Chamber of Commerce, representing 400 member organizations, including very small businesses with fewer than ten employees and several nonprofits, in the greater Silver Spring area of Montgomery County, I write to express our opposition to SB 275 - Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022).

As employers, our members know the importance of having healthy employees. They also know that it is difficult for employees to concentrate on the doing their jobs if they have a sick loved one at home. They understand it can be necessary to take time for medical issues or to be with your loved ones when they are in need. In a perfect world, employers are able to provide adequate salary and benefits at the same time they are creating a sustainable business. Unfortunately, that isn't the case with some of our smaller businesses. Additional mandates can often be the last straw in trying to maintain a balance between being profitable and closing down the business, especially now, as they are still struggling with the impact of the Covid-19 pandemic for the past two years.

As you review options for state-wide mandatory sick legislation, we would encourage you to consider the impact the legislation has on business owners. Starting and running a successful business is difficult. Not only do business owners have to provide a product or service that appeals to a customer base, they also have to have the resources necessary to ensure that the business is sustainable. They often take personal financial risks and work on small profit margins. They are members of our community; they are contribute to the nonprofit organizations that provide important services to our residents. Some of them are the managers of these nonprofits, struggling to find sufficient resources to provide the services they offer. And they all create jobs.

Our opposition to this bill is not in principle, but in practice. SB275 is not the right bill nor is this the right time. We have seen this legislation introduced and evolve over the past several years. Throughout that time, our members have been concerned about the additional financial impact it will have on their ability to be in business. Among our major concerns about the bill:

- Under the current bill, employees can receive up to 24 weeks of paid leave— 12 weeks for family reasons and 12 weeks for their own needs. But the state makes all the decisions about the leave without any input from the employer. Only the state can obtain certification to support the employee's application for paid leave benefits. Only the state can approve the leave. The employer has no ability to verify the need for leave, to challenge leave as fraudulent or abusive, or to take into account the impact of the leave on business operations
- While the bill does require both the employer and the employee to contribute to the fund, our members are concerned that the additional financial strain on their businesses, still struggling from the impact of the pandemic will be unaffordable.

- The program would apply to all employers, no matter the size. We believe there should be some consideration given to small employers who will be more burdened by having an employee out for an extended period of time, especially in the current market where businesses are struggling to find workers.
- The bill does not clarify whether the program is meant to provide wage replacement for leave to which an employee is already entitled, or if it is meant to apply to a separate bank of leave, leaving the door open to the possibility that an employee could be eligible for up to 24 weeks of paid leave. Having an employee out for that length of time presents innumerable challenges for a business in terms of productivity and for the other employees who are left to fill in the gaps.
- To say that COVID-19 has had a tremendous, detrimental impact on Maryland's economy would be an understatement. Our already beleaguered small businesses continue to struggle to stay afloat and keep their doors open. A period of major economic downturn and future uncertainty is not the time to implement new employer mandates that stand to negatively impact businesses that are struggling to overcome the impact of the pandemic.

If a paid family and medical leave program is to be successful, it must be workable for both employees AND employers – in part by clarifying that the program will provide insurance benefits to cover an employee's unpaid leave, but not paid leave itself. The program outlined in SB275 might be beneficial to employees, but it is not workable for employers. For these reasons, the Greater Silver Spring Chamber of Commerce respectfully requests a **UNFAVORABLE committee report on SB275**.

Jane Redicker

President & CEO

Greater Silver Spring Chamber of Commerce

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www.gsscc.org

SB 275 family leave 2.pdf

Uploaded by: Kirk McCauley

Position: UNF



WMDA/CAR Service Station and Automotive Repair Association

Chairperson: Delores G. Kelley
Members of Senate Finance Committee

RE: SB275

Position: In opposition

Business is struggling now in these uncertain times and every day seems brings another challenge. I know Covid has been hard on everyone and for small business you can double that. While some manufactures and online stores have done very well, small business and especially brick & mortar have suffered. Working from home, mask on, mask off have, all contributed to lack of traffic in our location.

This one size fits all bill if passed could not come at a worse time for small business. The cost per employee, for employers share of 0.75% of payroll coupled with, increase in wages, cost of professional help, upgrading software for tracking requirements all add to rising cost of doing business in Maryland. Employers are being pushed to braking point.

Replacement employees are close to non-existent for member service stations and convenience stores, even when offering above minimum wage. For repair facilities the problem is worse, technicians are impossible to find. Here lies a huge problem, when an employee takes off for 12 weeks because he can, where do you find an employee to replace them. Fiscal notes say **"The U.S. Department of Labor found that 40% of employees who took FMLA leave returned to work due to their inability to afford leave. By establishing FAMLII, more employees may take leave and take leave for longer periods of time"**

Small business does not keep extra employees, finding a temporary worker for unspecified period would be hard to say the least. Option, pay overtime if an employee or employees willing to work the hours. Expensive way to do business but choices are limited. Temporary agencies would cost more.

A repair facility with 3 technicians would be losing 33% of business revenue with 1 technician out This would be devastating to business and with 2 technicians out could be business ending.

The prospect of an employee taking off 12 weeks after only working 17 weeks (680 hrs.) is hard to imagine and the possibility of 24 is a bad dream. Equation is off balance with 12 weeks, let alone 24.

Verification portion of this bill is also troubling, and some would say impossible. Investigators would be overwhelmed; verification would be unreliable at best when other state and countries are involved.

Employers that can, will turn to A.I. as better everyday option. Eliminating costs, including jobs will be a priority, along with price increases.

The bill creates a huge in division in Department of Labor to implement and regulate at an enormous cost to employers, gives employees more weeks off than they have worked. Well run, profitable companies that treat their employees well and with good benefits will be looking to other states to locate their business, jobs will move along with them.

This bill says Maryland is closed to business

Please give SB 249 and unfavorable report

WMDA/CAR is a trade association that has represented service stations, convenience stores and repair shops since 1937. Any questions can be addressed to Kirk McCauley, 301-775-0221 or kmccauley@wmda.net

SB 275- Paid Family Medical Leave.pdf

Uploaded by: Kristi Simon

Position: UNF



Central Maryland Chamber

The Center of Intelligent Business

Legislative Position: Unfavorable

Senate Bill 275

Labor and Employment- Family Medical Leave Insurance Program Establishment

Senate Finance Committee

February 8, 2022

Dear Chairwoman Kelley and Members of the Committee,

The Central Maryland Chamber of Commerce (CMC) was formed in 2017, a merger of two existing chambers- The Baltimore Washington Corridor Chamber (originally founded in 1948) and the West Anne Arundel County Chamber (originally founded in 1962). The CMC is a regional organization representing approximately 350 businesses in the Central Maryland corridor and exists to be the primary business resource and advocate as the area experiences exponential growth.

The Central Maryland Chamber is writing to oppose SB 275.

SB 275 would establish a Family Medical Leave Insurance program to be administered under the supervision of a new division within the Maryland Department of Labor.

There are a number of major concerns from our members about this bill relating to the funding, implementation, oversight and lack of clarity. Our Chamber agrees that the ability for employees to take family leave is incredibly important, and most of our business members -from the smallest of businesses to large- already have substantial and generous leave packages in place to support their valued employees.

Covid-19 has crushed the business community and economy, and to implement something this costly at the present time will likely be the breaking point for many of our businesses who are struggling to survive. Several of our issues are as follows:

SB275 will have enormous financial impact on all businesses- particularly our small to mid-size businesses and non-profits during a period of continued struggle from the pandemic, workforce shortages, supply chain issues and more. The FMLI Fund will cause significant financial burdens that are unaffordable, especially on top of all the other mandates businesses are currently trying to deal with like sick and safe leave and the increase in minimum wage. Our smallest employers will struggle the most with not only trying to afford such a program but dealing with the significant staffing issues this bill will cause.

The bill as written is unclear and has areas of conflict as to whether the new leave and already offered leave would run concurrently or as a separate leave bank. If it is not concurrent, employers could be facing employees out of work, being paid, for approximately 6 months. This makes it impossible to maintain business operations, adequate staffing levels, and causes workload issues for other team



Central Maryland Chamber

The Center of Intelligent Business

members. It would be incredibly costly for a business to hire temps (which is virtually impossible for most industries based on qualifications and workforce shortages) or to hire short term employees who will need to leave when the original employee returns to work as their job has to be guaranteed.

It should not be in the state's hands to review and approve requested leave. The employer would have no role in reviewing, approving, verifying, or managing the leave process. Employees could choose not to show up for work, apply for leave which is up to the state to approve on their own timeline, and leave the employer hanging for extended periods of time with no communication and no recourse.

There needs to be a balance in leave requested by the employee with the needs of business owners trying to conduct daily business, maintain appropriate staffing levels and predictable schedules for their employees. Having an employee, or multiple employees, out for 12- 24 weeks creates huge problems for employers that could literally shut small businesses down for good.

Employers should have a role in working collaboratively with their staff person on managing the leave when possible, and there is also no consideration for a brand-new employee's ability to immediately claim paid leave, while their job is held, without prior service to this employer. This bill does not recognize that smaller businesses will be more adversely affected by this legislation and has no exemption for small businesses.

There are also conflicts between the definitions in the bill against existing laws like FMLA with some definitions being significantly broader than FMLA. This makes it incredibly difficult for employers to manage multiple programs, different standards, and application of the leave. Most small businesses cannot afford a full time legal/ HR professional to safely handle all of this and you're putting businesses at risk for unintended violations or litigation.

The bill does not provide any verification of the validity of the leave to avoid the abuse of benefits, other than undefined documentation being supplied to the state which the business has no access to. Can an overburdened government agency reliably handle this enormous new program, the claims and required documentation, the amount of communication required from employer and employee to work through these claims, and then adequately investigate each and every claim to verify its validity? The investigation of each claim should be required to avoid mass amounts of fraud expected and as evidenced through the unemployment insurance issues of 2020-2021.

This bill would also encourage employers to remove leave options they already provide, which in some cases are more generous than the ones this plan would offer (paid employer leave at 100% is more beneficial than 50% employer funded with their other 50% being automatically deducted from their paychecks). This will force all employees in the state to funnel all claims through the government instead of working with their employers, which will be an incredible burden for a system that may or may not be able to handle it. Again, the Chamber agrees businesses SHOULD offer their employees leave. Please continue to allow employers to create individual programs that work for their organizations and their employees, even with guidance from the state.

Additionally, the one-year contribution period to set up this fund, utilizing funds from employers and employees before benefits will be awarded raises questions about the future solvency of the fund and if true predictions on claims has been investigated. Has a comprehensive actuarial study been done to



Central Maryland Chamber

The Center of Intelligent Business

create a sufficient fund balance- with appropriate expectations on the number of people who will apply for leave and draw from the fund? No data has been provided on expected benefit payments, average leave, and other details that are imperative for this to work. There is no state or federal backstop for a program like this and solvency of fund is a huge obstacle. When the funds are used up quickly, where is the money coming from to fulfill additional claims? Similar programs across the country, set up with improper planning, have been failing and Maryland can learn from the other states who have gone before us.

Lastly, while it's appreciated that the employers aren't bearing 100% of the burden of this fund, we're hearing those employees are in opposition to this bill as well. The feedback is they cannot tolerate another payroll tax, essentially a loss of income in their weekly checks. And for something the majority do not plan to use, especially when their employers already offer leave programs. The employers can't afford to arbitrarily increase all employees' salaries to balance out the employee's loss of income when they're struggling to keep their doors open and then would be essentially bearing 100% of the burden. It raises the question if this bill, while well intended, is trying to force a program on both businesses and individuals who don't necessarily support it.

The Central Maryland Chamber requests that you oppose SB275.

SB275-CBH-OPP.pdf

Uploaded by: Lori Doyle

Position: UNF



Testimony on SB 275
Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2021)

Senate Finance Committee

February 10, 2022

POSITION: OPPOSE

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

From the outset we want to state our strong support of our workforce and the sponsor's efforts to make their lives better. They are the backbone of what we do and are critical to the programs we provide for those with serious mental illness and substance use disorders. That is why our member organizations try to be as generous as they can within the bounds of their rates – which are set by the State Medicaid program – in offering flexible leave benefits and perks to attract potential employees to jobs that don't pay competitive salaries. Our opposition to this bill is rooted in the unintended impact we believe it will have on our employees and clients.

We are concerned about the impact on employees, particularly at the low end of the pay scale. While 0.75% of an employee's wage may not seem like much, our members note that few direct care staff avail themselves of 403(b) plans made available to them because of the employee contribution required. Their salaries are so low that many find it difficult to afford housing and other necessities. Some work multiple jobs to make ends meet. Investments – even ones such as 403(b) plans that would directly benefit them – are simply unaffordable for them. This bill would require those same employees to contribute to a fund they may never benefit from.

One of our greatest concerns is the effect this bill would have on staffing. Our member organizations have struggled for years with attracting and retaining their workforce due to the low salaries and demanding nature of direct care work, and COVID has only amplified our workforce crisis. Staff vacancies are exacerbated by the number of employees on extended or intermittent leave (such as that covered by the Americans with Disabilities Act, the Family Medical Leave Act, and the Maryland Health Working Families Act). Staffing is of particular concern in residential programs that operate 24/7 and often have shifts staffed with one or two employees. Vacant beds in the community that would have housed those discharged from state psychiatric facilities go unfilled due to lack of staffing.

This bill would allow employees who have already taken 12 weeks of paid leave for their own qualifying health condition to then take an additional 12 weeks of paid leave for another qualifying condition, such as the birth of a child. It also significantly lowers from FMLA thresholds the number of hours employees must work in the preceding 12 months before being eligible to take this leave (1,250 hours vs 680 hours). We believe this will have a significant impact on our ability to ensure client health and safety, not to mention quality of care.

For these reasons we respectfully oppose SB 275.

For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or lori@mdcbh.org.

SB275 - Maryland Motor Truck Association - Oppose.

Uploaded by: Louis Campion

Position: UNF



Maryland Motor Truck Association

9256 Bendix Road, Suite 203, Columbia, MD 21045
Phone: 410-644-4600 Fax: 410-644-2537



HEARING DATE: February 10, 2022

BILL NO/TITLE: **Senate Bill 275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)**

COMMITTEE: Senate Finance Committee

POSITION: **Oppose**

Maryland Motor Truck Association (MMTA) is a non-profit trade association with 1,000 member companies who offer for-hire trucking services and who use private fleets to deliver goods. Our members include owner operators, small to mid-size fleets, and national companies. About 91% of our members are small business owners with six trucks or fewer. MMTA urges an unfavorable report on SB275, which would establish a family & medical leave insurance program funded by a payroll tax shared between employees and employers.

While the establishment of such a fund is well intentioned, MMTA is very concerned about the cost and administrative burden it would place on employers. In our industry we have seen massive cost increases for fuel, tires, labor, and equipment – with continued rising inflation projected. This legislation not only hurts employers dealing with rising prices, but also the many employees who will never have a need to take such time off by subjecting them to a new escalating tax with no ability to opt out. We know the costs of this program will continue to escalate because the benefits are indexed to the CPI, so it is a certainty that the initial cap of 0.75% of employee wages will rise over time. We have already seen this. When this legislation was first introduced years ago, it was limited to a tax of 0.50%. Now we see SB275 at 0.75% and there are proposals in the House of Delegates that start at a 1% tax.

Beyond the actual cost, the legislation fails to account for the difficulty in finding replacement labor. It is certain that the availability of up to 24 weeks of paid leave during a year will encourage more employees to take time off. When workers are absent, it creates greater challenges for employers to meet their customers' demands due to the difficulty in replacing personnel. Virtually every industry in the country is suffering from a massive labor shortage. In trucking, our current driver shortage is 80,000, with projections that it will exceed 100,000 by 2023. Offering extended time off will only further exacerbate this challenge, making it increasingly difficult for us to deliver the products that Americans need.

From pay to time off, the competition for labor is forcing all industries to voluntarily reexamine the benefits they offer to attract workers without this additional mandate. For that reason, and the challenges noted above, MMTA respectfully asks for an unfavorable report.

About Maryland Motor Truck Association: Maryland Motor Truck Association is a non-profit trade association representing the trucking industry since 1935. In service to its 1,000 members, MMTA is committed to supporting and advocating for a safe, efficient, and profitable trucking industry across all sectors and industry types, regardless of size, domicile, or type of operation.

For further information, contact: Louis Campion, (c) 443-623-4223

SB0275.pdf

Uploaded by: Mark Bayne

Position: UNF



Comprehensive Nursing Services, Inc.
Comprehensive Home Health Services

February 2, 2022

Testimony Opposing SB0275- Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

On behalf of Comprehensive Nursing Services, Inc., located in Baltimore County, I urge you to oppose SB0275 Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022). While we understand the financial difficulties that many individuals encounter trying to care for a sick loved one, this bill would have the effect of crippling the home care industry.

The Maryland Medicaid reimbursement rate for home health nursing is well below surrounding states leaving very little room for a reasonable pay rate after paying taxes and insurance. HB008 creates another unreasonable cost and contribution that home care agencies are already struggling to account for to provide benefits for their employees and the overhead of running a business. This bill will put agencies out of business, especially those that rely on Maryland Medicaid reimbursement.

Additionally, nurses can work for multiple agencies, and in this case, the nurse will collect payment from each employer. Also, unlike other companies, health care providers cannot operate "short-staffed." We have an obligation to our clients to be there to provide services. These services provided by home health agencies are billed as a "fee for service." Meaning that shifts must be filled and worked to get reimbursed from the insurance company. If SB0275 goes into effect, the agency will need to provide coverage while continuing to pay for the employee on leave plus pay the employee covering the shifts and the covering employee's medical leave insurance while only getting reimbursed based on the hours worked.

Therefore, I urge you to protect our clients and ensure that the home care industry can remain a viable health care service in Maryland and vote unfavorable on these bills. Thank you.

Mark Bayne, RN. PhD

Director of Nursing Services
Comprehensive Nursing Services, Inc
8817 Belair Road, Suite 203
Baltimore, Maryland 21236-2446
Tel-410.529.0078
Fax-410.5295019



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8817 Belair Road | Suite 203 | Baltimore, MD | 21236-2446
410.529.0078 | Fax 410.529.4511 | www.comp nursing.com

SB 275 _Thompson_Restaurant Association_UNFAVORABL

Uploaded by: Melvin Thompson

Position: UNF



Senate Bill 275

Labor and Employment - Family and Medical Leave Insurance Program

February 10, 2022

Position: Oppose

Madame Chair and Members of the Senate Finance Committee:

The *Restaurant Association of Maryland* opposes Senate Bill 275, which would establish a Family and Medical Leave Insurance Program. This program would be funded through shared contributions by employees and employers.

Foodservice businesses continue to struggle from the effects of the COVID pandemic, amid continuing supply chain challenges, rising food and product costs, and labor shortages. Our industry has also been burdened with higher labor costs associated with annual minimum wage increases phased in through 2026 because of the law passed in 2019. Many foodservice businesses also had to switch to costlier disposable carryout containers when the polystyrene foam ban took effect in 2020.

Our industry simply cannot afford piling on yet another mandate that increases the cost of doing business, particularly when we haven't had time to recover from so many other financial hardships.

For these reasons, we oppose this legislation and request an unfavorable report.

Sincerely,

A handwritten signature in black ink that reads "Melvin R. Thompson". The signature is written in a cursive style and is followed by a long horizontal line.

Melvin R. Thompson
Senior Vice President
Government Affairs and Public Policy

SB 275 Opposition Letter.pdf

Uploaded by: Paul Frey

Position: UNF

February 2, 2022

The Honorable Delores G. Kelly
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Senator Kelly,

On behalf of the Washington County Chamber of Commerce, representing 575 members with over 40,000 employees, I am writing to urge you to **oppose SB 275, Family and Medical Leave Insurance Program (Time to Care Act of 2022)**. Now is not the time to implement a costly employer mandate as businesses struggle to overcome a crippling pandemic. I am very concerned that the implementation of this legislation will result in additional costs and administrative burden to employers, especially small businesses and non-profits, at a time when they can least afford it.

SB 275 has the potential to provide **up to 24 weeks of leave** to employees, in addition to what is granted by FMLA and Maryland Healthy Working Families Act, without an employer having any input into when that leave may be taken. During a historic workforce shortage and a time when leave management has become a daily obstacle to keeping a business functioning, SB 275 stands to make a bad problem worse. Further, the employer has no avenue to report fraudulent use of leave as SB 275 is currently written.

To say that COVID-19 has had a tremendous, detrimental impact on Maryland's economy would be an understatement. Maryland's already beleaguered small businesses continue to struggle to stay afloat and keep their doors open. A period of drawn out, anemic economic recovery and future uncertainty of the impacts of new COVID-19 variants is not the time to implement new employer mandates that stand to negatively impact Maryland small businesses and job creators.

Respectfully, we hope we can count on you to stand up for businesses and non-profits, and **oppose SB 275, Family and Medical Leave Insurance Program (Time to Care Act of 2022)**.

Sincerely,



Paul Frey, IOM
President and CEO

SB 275_MAA_UNF.pdf

Uploaded by: Rachel Clark

Position: UNF

CHAIRMAN:
Rob Scrivener
VICE CHAIRMAN
Brian Russell

MARYLAND ASPHALT ASSOCIATION



SECRETARY:
David Slaughter
TREASURER:
Jeff Graf
PRESIDENT:
G. Marshall Klinefelter

February 10, 2022

Senator Delores G. Kelley, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 275 – UNFAVORABLE – Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Dear Chair Kelley and Members of the Finance Committee:

The Maryland Asphalt Association (MAA) is comprised of 18 producer members representing more than 47 production facilities, 24 contractor members, 24 consulting engineer firms and 41 other associate members. We proactively work with regulatory agencies to represent the interests of the asphalt industry both in the writing and interpretation of state and federal regulations that may affect our members. We also advocate for adequate state and federal funding for Maryland's multimodal transportation system.

Senate Bill 275 establishes the Family and Medical Leave Insurance Program and Fund to provide up to 12 weeks of leave due to specified personal and family circumstances. The bill requires all employers and employees to pay into the Fund, split 50/50 between the employer and the employee, based on a total rate of contribution set by the Secretary of Labor. There is no opt-out with this legislation; every employer who employs one or more persons must participate, as well as every employee. We are extremely concerned with the financial impact this puts on our companies as well as our employees, particularly our small businesses. The effects of COVID-19 continue to be devastating to everyone. Throughout the past two years, our members have made every effort to ensure employees have the ability to take time off of work when a medical issue arises either for themselves or their family. We do not think a mandate requiring everyone to pay into such a Fund is either fair or sensible.

We appreciate you taking the time to address this important issue and we respectfully urge an unfavorable report on Senate Bill 275.

Thank you,

Marshall Klinefelter
President
Maryland Asphalt Association

SB 275_MTBMA_UNF.pdf

Uploaded by: Rachel Clark

Position: UNF



February 10, 2022

Senator Delores G. Kelley, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 275 – UNFAVORABLE – Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Dear Chair Barve and Members of the House Environment and Transportation Committee:

The Maryland Transportation Builders and Materials Association (“MTBMA”) has been and continues to serve as the voice for Maryland’s construction transportation industry since 1932. Our association is comprised of 200 members. MTBMA encourages, develops, and protects the prestige of the transportation construction and materials industry in Maryland by establishing and maintaining respected relationships with federal, state, and local public officials. We proactively work with regulatory agencies and governing bodies to represent the interests of the transportation industry and advocate for adequate state and federal funding for Maryland’s multimodal transportation system.

Senate Bill 275 establishes the Family and Medical Leave Insurance Program and Fund to provide up to 12 weeks of leave due to specified personal and family circumstances. The bill requires all employers and employees to pay into the Fund, split 50/50 between the employer and the employee, based on a total rate of contribution set by the Secretary of Labor. There is no opt-out with this legislation; every employer who employs one or more persons must participate, as well as every employee. We are extremely concerned with the financial impact this puts on our companies as well as our employees, particularly our small businesses. The effects of COVID-19 continue to be devastating to everyone. Throughout the past two years, our members have made every effort to ensure employees have the ability to take time off of work when a medical issue arises either for themselves or their family. We do not think a mandate requiring everyone to pay into such a Fund is either fair or sensible.

We appreciate you taking the time to address this important issue and we respectfully urge an unfavorable report on Senate Bill 275.

Thank you,

A handwritten signature in blue ink, appearing to read "Michael Sakata", is written over a faint, light blue circular watermark or stamp.

Michael Sakata
President and CEO
Maryland Transportation Builders and Materials Association

sb275.pdf

Uploaded by: Sara Elalamy

Position: UNF

MARYLAND JUDICIAL CONFERENCE
OFFICE OF GOVERNMENT RELATIONS

Hon. Joseph M. Getty
Chief Judge

580 Taylor Avenue
Annapolis, MD 21401

MEMORANDUM

TO: Senate Finance Committee
FROM: Legislative Committee
Suzanne D. Pelz, Esq.
410-260-1523
RE: Senate Bill 275
Labor and Employment – Family and Medical Leave Insurance
Program - Establishment
DATE: January 18, 2022
(2/10)
POSITION: Oppose

The Maryland Judiciary opposes Senate Bill 275. The offered legislation provides for the introduction and implementation of a new program that would provide coverage to public employees, the self-employed, and service members for family and medical leave (FML) insurance. In order to qualify for program, the employee must meet the qualifications as a “covered employee,” which is defined as an individual who has worked 680 hours in the preceding twelve-month period. FML insurance would be for both the individual and family members that suffer from a serious health condition as defined under the application year which is defined as a twelve month period beginning on the first day of the calendar week in which the covered individual files an application for benefits.

This bill raises separation of power concerns as it impedes the Judiciary’s independence. Article IV, §18(b)(1) identifies the Chief Judge of the Court of Appeals as the administrative head of the Maryland Judiciary. The power to administer the Judiciary is not an implied or inherent power but is an express constitutional power of the Chief Judge. This constitutional authority includes managing the Judiciary’s personnel.

The Judiciary has its own comprehensive personnel system with policies that address recruitment, supervision, grievances, and termination. The Judiciary is exempt from those aspects of the State Personnel Management System. Indeed, in 1996, as part of the comprehensive personnel reform bill, the General Assembly enacted State Personnel and Pensions Article §2-201, which says “Except as otherwise provided by law, an employee in the Judicial, Legislative, or Executive Branch of State Government is governed by the laws and personnel policies and procedures applicable in that branch.” The Judiciary, therefore, submits that the same principle should be applied here: that this legislation should not be applied to the Judiciary.

The bill could also have a large operational impact on the Judiciary workforce as it expands leave benefits beyond what is currently allowed by Judiciary policy and the federal Family and Medical Leave Act, potentially leading to increased absences. The increased absences could have an operational impact, the extent of which could be substantial.

Finally, this legislation could have a significant fiscal impact on the Judiciary at an initial cost in excess of \$1 million. This cost has not been budgeted by the Judiciary.

cc. Hon. Antonio Hayes
Judicial Council
Legislative Committee
Kelley O'Connor

SB275.pdf

Uploaded by: Troy Parcelles

Position: UNF

CWP Inc.
18267 Flower Hill Way
Gaithersburg, Md. 20879

Members of the Senate and House Committee

RE: SB275

Position: In Opposition.

CWP Inc. was founded in 1976 and resides on Montgomery County Md. Delivering Automotive Service, Repairs and Fuel to our customers and community 24 hours / 7 days a week. Over the many years our state and county legislators have made it difficult for Small business to succeed.

SB275 is not a one size fits all bill and will strangle small business out of existence. We are already finding it difficult to manage our personnel; consistent staff shortages, covid related items, limited labor forces are just a few topics needed in this discussion. We are already short staffed; we don't have extra staff especially for long periods of time..... Finding temporary staff for an unspecified period will be very difficult..... Temporary staffing and increased overtime is expensive and there's no guarantee we'll be able to get the shifts covered.

The position of an employee taking off 12 or 24 weeks after only working 17 weeks is a bad dream. The costs and burden this creates will drive us out of business or force us to move to a friendlier state.

Please Vote NO on SB275

Best Regards

Troy Parcelles

SB 275 _MDL_ Letter of Information.docx.pdf

Uploaded by: Andrew Fulginiti

Position: INFO

Senate Bill 275

Date: February 10, 2022
Committee: Senate Finance
Bill Title: Labor and Employment – Family and Medical Leave Insurance Program –
Establishment (Time to Care Act of 2022)
Re: Letter of Information

Senate Bill 0275 (“S.B. 275” or “the Bill”) would establish the Family and Medical Leave Insurance Program (“Program”) within the Department of Labor.

In order to implement and administer the Program, the Department would need to:

- Develop processes for receipt and review of applications for benefits, for determining benefit eligibility, and for payment of benefits to those eligible;
- Develop a complaint, investigation, and prosecution process for those who attempt to avoid or reduce their proper contribution amount;
- Develop a complaint, investigation, and prosecution process for those who attempt to obtain benefits that they are not eligible for;
- Develop employer and employee outreach and education materials;
- Develop a structure to calculate (including interest and penalties on employers), collect, and monitor tax contributions from employers;
- Develop a structure to calculate, collect, and monitor contributions from covered employees and self-employed individuals participating in the Program;
- Develop a system for reviewing private employee plans (employers who satisfy the requirements of the Title through a private employer are exempt from the requirements of the Bill, but the private employer plan must be filed with the Division for approval);
- Adopt regulations necessary to carry out the Title;
- Comply with the reporting requirements specified in the Bill.

Because the Bill would create a new Program, expenditures would be extensive.

Given the scope and size of the program, the Department estimates it would require nearly 400 employees to administer the program at a cost of approximately \$45,000,000 (to include salaries and personnel benefits). Furthermore, the Department estimates that it would cost a vendor approximately \$50,000,000 to build the IT system required to administer this new program. Additional costs, difficult to estimate, would include contractual employees, maintenance costs, building and facility costs, supplies and equipment, and other workplace expenses.

Because this bill imposes a new wage tax, revenues would be significant.

Based on previous analysis it is assumed that the total employer payroll in 2021 was \$195 billion. While the contribution rate under this proposal shall be set by the Secretary, it may not exceed 0.75% of an employee's wage (up to and including the social security wages base) and shall be shared equally by employers and employees. Assuming universal participation and the highest contribution rate allowed by statute, the **revenue from the wage tax could be \$1,460,000,000.**

The Bill would require the Division to engage in extensive rulemaking.

Because the Bill leaves many decisions about how to implement the Program up to the Division (the process for determining if a private employer plan allows exemption from contributions, how to process claims when an employee works more than one job, what documentation is sufficient to establish eligibility, etc.), the Bill would require the Division to engage in extensive rulemaking. The state of Washington, for example, completed six phases of rulemaking when they implemented their paid family medical leave in 2019.

Unforeseen Challenges and Risks

States like Oregon and Washington are examples of unforeseen challenges that arise when implementing a program of this magnitude. For example, Oregon has recognized that perhaps one of their biggest challenges will be the processing of employer equivalent plan applications. This function will require significant rulemaking, staff hours, and resources to ensure timely processing of such applications. S.B. 275 exempts employers from contributing to the Fund if they offer a private employer plan consisting of employer-provided benefits, insurance, or a combination of both to all of their eligible employees that meets or exceeds the rights, protections, and benefits provided to a covered employee under the Title. The Bill does specify that the private employer plan shall be filed with the Division, but it does not specify the analysis required by Division employees to determine whether the private employer plan meets those requirements to exempt the employer from contributions.

Washington, which implemented paid family medical leave in 2019 and began paying benefits in January 2020, has struggled with their fund solvency: "Projections for the [paid family medical leave] Fund have been challenging as the program has only two years of data on benefit payments and revenues received [The Employment Security Division] is currently concerned about the fund's solvency given recent cash projections which show that a deficit cash position in March or April of 2022 is likely."

The timelines within the bill are daunting and unrealistic.

The Bill requires the Department to begin collecting contributions by January 1, 2023. Assuming passage of this legislation and an effective date of June 1, 2022, the Department would then have 7 months to identify and procure the necessary facilities to house this new Program and resources, draft the necessary regulations to carry out the title, hire an estimated 400 staff, procure a vendor to design, test, launch and maintain an IT system to manage the program, and conduct several iterations of extensive rules making processes.

For the above reasons, the Department respectfully requests reconsideration of SB 275.

SB 275 Family and Medical Leave Ins Program (Hayes

Uploaded by: Barbara Wilkins

Position: INFO



Maryland

DEPARTMENT OF BUDGET
AND MANAGEMENT

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor

DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

SENATE BILL 275 Labor and Employment - Family and Medical Leave Insurance Program - Establishment (Hayes and Benson)

STATEMENT OF INFORMATION

DATE: February 10, 2022

COMMITTEE: Senate Finance

SUMMARY OF BILL: SB 275 establishes the Family and Medical Leave Insurance Program in the Department of Labor to provide partial wage replacement to employees who take leave to care for a newborn, attend to the serious health condition of the employee or a family member, or other qualifying exigencies that pertain to a family member that is a service member; establishes the Family and Medical Leave Insurance Fund as a special, nonlapsing fund; requires, beginning January 1, 2023, employees, employers, and self-employed individuals to contribute up to .75% of wages to be shared equally between employees and employers; allows, beginning July 1, 2025, employees to submit a claim for benefits of up to 12 weeks and an additional 12 weeks for the care of a family member; establishes an initial weekly benefit amount of at least \$50 and not more than \$1,000 to be subsequently increased by the CPI; and requires the Department of Labor to promulgate regulations by October 1, 2022.

EXPLANATION: The Department's Office of Personnel Services and Benefits is charged with administering the Statewide Personnel System for executive branch agencies, with the exception of the Department of Transportation (MDOT) and University of Maryland System (UMS). State employees have historically been recognized as enjoying an extremely robust leave package.

Paid Leave for State Employees

- *Annual Leave* - 10 to 25 days annually, dependent upon seniority. Leave can carry over from year to year up to a maximum of 75 days. Can be used for any purpose.
- *Personal Leave* - 6 days annually (7 during a Leap Year). Can be used for any purpose.
- *Compensatory Leave* - earned by employees who do not receive overtime payments. Can be used for any purpose.
- *Sick Leave* - 15 days annually. Can be used for an illness/disability or medical appointment of the employee or a member of the employee's immediate family. Leave can carry over from year to year with no limit.
- *Parental Leave* - Up to 60 days of leave to care for a newborn child, but must first exhaust available annual or personal leave. State employees who are jointly responsible for the child may each be eligible for the 60 days of leave.
- *COVID Leave* - 10 days annually.
- *Leave Bank* - State employees may donate annual, personal and/or sick leave to other employees who have a serious and prolonged medical condition and who have exhausted all their leave.

- *Leave Donation Program* - State employees may donate annual, personal and/or sick leave to other employees who have a serious and prolonged medical condition and who have exhausted all of their leave.
- *Accident Leave & Temporary Total Disability (TTD)* - Paid leave granted to an employee as a result of a work-related accident. The leave is paid at $\frac{2}{3}$ the employee's normal pay. Accident leave may be extended up to a year, after which the employee may continue to be paid $\frac{2}{3}$ under TTD.
- *Holiday Leave* - 12 holidays annually (13 during an election year).

NOTE: From the beginning of the pandemic through January 11, 2022, in an effort to recognize the hard work of our dedicated employees, annual leave in excess of 600 hours and compensatory leave earned in the previous year that normally would have been forfeited was designated as *Pandemic Carryover Time Off* and maintained for employees to use any time in the future, for any reason. This leave will not expire, but will be forfeited upon separation from State Service.

There is an administrative cost to coordinating the additional leave benefits provided under the bill, and how those complexities interact with current leave benefit eligibility. Implementation costs are indeterminate, but could be significant to reconfigure the Workday time/leave system.

It is difficult to estimate the cost associated with the rate of contribution to the Family and Medical Leave Insurance Fund without a specific rate established. The maximum rate of 0.75% would **cost the State \$27.7 million** for its 50% share. **State employees, collectively, would also be charged \$27.7 million.** The generous leave already provided should be given strong consideration in determining whether the State and its employees should be mandated to contribute to a Fund that they may never utilize.

The State is currently focused on providing competitive salaries and enhancing its telework policy, both of which are important to employees. To this end, the FY 2023 Budget allocates \$820 million for salary enhancements.

State employees are currently protected under FMLA and enjoy significant amounts of leave that are not typically provided in the private marketplace.

Further, the bill imposes a **new statewide wage tax** in an amount that, at the maximum tax rate, is estimated to be **\$1.3 billion to \$1.4 billion.**

**For additional information, contact Barbara Wilkins at
(410) 260-6371 or barbara.wilkins1@maryland.gov**

SB 275 FML Insurance Program - 2-8-22 Testimony.pdf

Uploaded by: Katie Lewis

Position: INFO



Government Relations Committee Meeting

Cecil County Chamber of Commerce
Elkton, Maryland

Senate Bill 275

Labor and Employment – Family and Medical Leave Insurance Program – Establishment

LEGISLATIVE POSITION: *Refer for FURTHER STUDY*

Dear Chairman Kelley and Members of the Senate Finance Committee:

On behalf of the four hundred and fifty Cecil County Chamber members who represent over fifteen thousand employees we are writing to express our concerns regarding **SB 275** which would establish a *Family & Medical Leave Insurance Program* that would require all employees and employers in the State of Maryland to contribute.

Our members understand the importance of having a high quality and committed workforce. We acknowledge that there are circumstances in employees' lives when certain personal matters dictate that their priorities be with their family resulting in them not being able to work for a defined period of time.

Having stated such, the language in **SB275** leaves the employer with little or no input on potential employee time away from work for significant periods of time, nor does it provide a mechanism by which an employer can contest the validity of a request for leave. The bill also requires the employer to be responsible for costs far above the individual employee formula outlined in the drafted legislation with no alternative funding to offset such costs.

We ask that the Committee members consider the following prior to taking any action on **SB275**.

- Assuming alignment with the definitions provided, is it the intent that all employees be eligible for up to 24 weeks of paid leave per year? (This equates to nearly six months off with pay.)
- All employers and employees of all businesses regardless of size are required to participate. The potential loss of employee hours has a much greater impact on a small business than a large business. Is there any consideration of changes that could avoid what could be a devastating burden to a small business? (E.g. businesses with five thousand employees in comparison with those with five employees)

- All employees are required to contribute. Why is there no provision for an employee opt out?
- Must an eligible employee work for the employer for one year or just accumulate 680 hours within that one year?
- Can two or more family members apply for leave under this legislation to attend to the qualifying scenario?
- Does the leave associated with this legislation run concurrently or consecutively with the leave provided under the Federal program?
- Employers pay regardless of “plan” experience with no access to rebates or alternative fiscal assistance. With workers’ compensation contributing employers who demonstrate excellent safety records, with little or no loss of employee time, receive a reduced rate for a stated time period. If an employer has no employees use this family and medical leave program over a set period of time, why not reduce or eliminate employer contributions for a stated period of time?
- The bill states in certain situations that the employee should make “reasonable” efforts to minimize the impact of his/her time off by working with the employer to plan the leave. The definition of reasonableness is determined only by the employee. Why not make a reasonable effort regardless of the justification for missing work for an extended period of time? Does the employer have no say?
- Regardless of the organization or measure the state of Maryland is viewed as having an unfriendly business climate; therefore, some businesses investigate moves to more business friendly environments or new businesses do not select Maryland as a site for location. Will adding another payroll-tax provide more evidence supporting Maryland’s *not-business-friendly label*?

As of the date of this written testimony no fiscal or program analysis has been published regarding the potential impact of this legislation. No action should even be considered without a fully vetted analysis. The intent of this legislation is admirable, but the potential impact is very concerning. We respectfully request that the Committee members consider the answers to our questions and others created as further analysis of the impact is studied.

Given the complexities noted, we respectfully recommend that you **defer SB275 for further study.**

Do not hesitate to contact us if we can be of further service to you on this critically important proposed legislation. Thank you for your attention and consideration.

Members of Cecil County Chamber Government Relations Committee

Executive Director - Debbie Brown

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410-392-3833

SB0275 - HR - Time to Care Act - LOI_FINAL.pdf

Uploaded by: Patricia Westervelt

Position: INFO

February 10, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

Re: Letter of Information – Senate Bill 275 – Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)

Dear Chair Kelley and Committee Members:

The Maryland Department of Transportation (MDOT) takes no position on Senate Bill 275 but offers the following information for the Committee’s consideration.

Currently, MDOT offers a variety of leave options that employees could use if there is a “qualifying exigency” or a “serious health condition”: sick leave, annual leave, personal leave, compensatory leave (if applicable), work injury leave (if applicable), parental leave, COVID-19 leave, pandemic event leave, advanced sick leave, employee-to-employee leave donation, and leave bank in addition to the protections afforded by the federal Family and Medical Leave Act (FMLA). Due to these existing options, the majority of MDOT employees will rarely have an opportunity to utilize the new Family and Medical Leave Insurance Program, despite their requirement to contribute to the Program. With limited exceptions, the current MDOT leave provisions provide full compensation, whereas the proposed program is prorated based on a percentage of the employee’s average weekly wage. Senate Bill 275 introduces an additional mandatory monetary deduction from employees’ paychecks, which could impact the State’s ability to recruit and retain qualified individuals. While it cannot be quantified, it is anticipated that there will be a significant fiscal impact on the Department and its employees.

Senate Bill 275 specifically states that it may not be construed to diminish already existing leave provisions under collective bargaining agreements or current employer policies; due to this, MDOT would have minimal room to modify its existing programs to account for redundancy. Currently, MDOT complies with the FMLA, which entitles employees to twelve (12) weeks of paid or unpaid leave each year if certain conditions are met. MDOT employees also receive on an annual basis a minimum of seven (7) days of personal leave, ten (10) days of annual leave, fifteen (15) days of sick leave, twelve (12) holidays, and access to the other leave types listed above, if applicable. It should be noted that under Senate Bill 275, the Department of Labor can approve an MDOT employee to qualify for leave under this new Program, in addition to MDOT’s existing leave benefits, resulting in the potential of an employee being absent for well over six months.

The Honorable Delores G. Kelley
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As MDOT works closely with its employees to guarantee leave is accessible and available when needed, there is concern that leave approval decisions would be made by an entity outside of the employee's place of employment.

The above concerns regarding redundancies in leave programs could be alleviated if the bill was amended to make it optional for public employers, including the State and its independent personnel systems. The State of New York implemented a similar program in 2016 and allows public employers the ability to opt-in at any time.

Finally, it is important to note that Senate Bill 275 imposes a new statewide wage tax in an amount that, at the maximum tax rate, is estimated to be \$1.3 billion - \$1.4 billion.

The Maryland Department of Transportation respectfully requests the Committee consider this information when deliberating Senate Bill 275.

Respectfully Submitted,

Pilar Helm
Director of Government Affairs
Maryland Department of Transportation
410-865-1090