



January 26th, 2025

Testimony of Laura Hale

American Heart Association

Support SB 225 Family and Medical Leave Insurance Program – Application Year and Participation of Self-Employed Individuals

Dear Chair Beidle, Vice Chair Hayes and Honorable Finance Committee,

On behalf of the American Heart Association (AHA) and our 40 million volunteers and supporters, we thank you for the opportunity to offer our support of SB 225 Family and Medical Leave Insurance Program – Application Year and Participation of Self-Employed Individuals.

Now in our centennial year, the AHA is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke. Our mission is to be a relentless force for a world of longer, healthier lives, and central to that mission is our belief that care should be accessible, affordable, and equitable for all.

Access to PFML is vital to balancing health and wellness with financial stability when managing a serious personal health condition; caring for a family member with a serious health condition; or bonding with a new child after birth, adoption, or placement in foster care. Employers also benefit financially from PFML policies; PFML increases productivity, profits, retention, and employee morale. All of this remains true for those who are self-employed and the creation of this program creates even stronger safeguards for this subpopulation.

PFML is especially critical for the cardiovascular patients we represent, as it allows patients the time necessary to treat and recover from a cardiovascular event. For example, heart attacks often require at least four weeks of recovery time, with up to six months of follow-up medical appointments. Research shows approximately 50 percent of heart attack survivors return to work after four weeks and approximately 75 percent return to work after four months. The timeline laid out and allowing for multiple leaves is key in supporting families in Maryland.

Caregiving leave allows an employee to take paid time away from work to care for a family member during a recovery period. Benefits of paid caregiving leave include less stress for caregivers, greater financial security for families, decreased nursing home use, increased employee retention, and maintaining a productive workforce. Chronic stress is a predictor of cardiovascular mortality and morbidity, but evidence shows time off from work can reduce stress and its potential effect on the likelihood of developing cardiovascular disease. The Heart Association supports how strongly the caregiving leave is laid out in the regulation.

Parental leave also has a positive impact on cardiovascular health for children and parents. Infant mortality rates are inversely correlated with the duration of paid family leave.



Other health benefits of paid leave include fewer emergency room visits, fewer hospital readmissions for infants and birthing mothers, fewer low birthweight babies, and longer parental lifespan.

Nursing parents with access to paid leave are more likely to breastfeed their babies, which has been shown to improve heart health for both parent and child. Breastfeeding can reduce the nursing parent's risk of developing heart disease or stroke later in life by about ten percent. Children who were breastfed have lower blood pressure than those who were not.

The AHA supports efforts to expand comprehensive and accessible PFML policies that cover workers and address medical leave, caregiving leave, and parental leave. To allow workers to take full advantage of paid leave, these policies must guarantee: adequate time off to meet workers' needs, sufficient wage replacement, job protections, and antiretaliation protections. The outline provided by Maryland holds to such goals and we fully support the outlined regulations.

The American Heart Association urges a favorable report on SB 225.

Sincerely,

A handwritten signature in black ink that reads "L. Hale".

Laura Hale
Director of Government Relations
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