



TO: The Honorable Dereck E. Davis, Chair  
Members, House Economic Matters Committee  
The Honorable Kriselda Valderrama

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

DATE: February 24, 2020

RE: **SUPPORT** – House Bill 839 – *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (TIME TO CARE ACT OF 2020)*

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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 House Bill 839 – *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (TIME TO CARE ACT OF 2020)*

House Bill 839 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.

The first few months and years of a child’s life are vital to his or her physical and emotional development. 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. These include:

Effective maternal-child and paternal-child bonding  
Attention to child health care needs, particularly if a baby is born premature, at low birth weight, or with birth defects.

- Strong establishment of breastfeeding, and longer duration of breastfeeding. This can reduce respiratory track 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 asthma.<sup>1</sup>
- Increased involvement of fathers in children’s care.<sup>2</sup>
- Improved vaccination completion.<sup>3</sup>
- Increased placement in high quality, stable child care.<sup>4</sup>

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<sup>1</sup> <https://www.nichd.nih.gov/health/topics/breastfeeding/conditioninfo/benefits>

<sup>2</sup> 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

<sup>3</sup> 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.

<sup>4</sup> National Partnership for Women & Families, 2018. <http://www.nationalpartnership.org/our-work/resources/an-agenda-for-progress-for-women-and-families.pdf>

- Reduced rates of abusive head trauma (shaken baby syndrome).<sup>5</sup>
- Decreased infant mortality<sup>6</sup>
- Reduced rates of maternal post-partum depression<sup>7</sup>

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

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<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> Kornfeind KR, Sipsma HL. Exploring the link between maternity leave and postpartum depression. *Women's Health Issues*. 2018;28(4):321-326.