



May 22, 2019

The Honorable Richard Neal
Chairman, Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515-3216

The Honorable Kevin Brady
Ranking Member, Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515-3216

Re: Paid Family and Medical Leave: Helping Workers and Employers Succeed, May 8, 2019

Dear Chairman Neal and Ranking Member Brady,

Thank you for the opportunity to submit this statement for the record on the May 8, 2019 House Ways and Means Committee hearing "Paid Family and Medical Leave: Helping Workers and Employers Succeed."

As an organization that represents 350,000 nurses who are clinically active in hospitals, perinatal facilities, and Health Centers, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) promotes breastfeeding as the ideal and normative method for feeding infants. Women should be encouraged and supported to exclusively breastfeed for the first six months of an infant's life and continue to breastfeed for the first year and beyond.

Financial pressure often forces new mothers to return to work, but doing so interferes with breastfeeding. Paid leave for new mothers would remove the financial pressure and therefore increase the rate of breastfeeding. Because breastfeeding has short-term and long-term health benefits, an increase in the breastfeeding rate would have public health benefits. If 90% of new mothers breastfed exclusively for six months, 13 billion health care dollars would be saved.¹ These long-term public health benefits would translate into a healthier future workforce, including an increase in the number of young adults who meet the minimum standards for health required to fill the ranks of our armed services.

AWHONN supports the implementation of legislation, policies, and public health initiatives that ensure the right to breastfeed; increase the rate of initiating and maintaining exclusive breastfeeding in the United States; raise awareness of the benefits of breastfeeding; and expand research related to breastfeeding. Such initiatives should include, but not be limited to, enhanced family medical leave policies that provide women with paid maternity leave to fully establish and maintain exclusive breastfeeding for at least the first six months of their infants' lives.

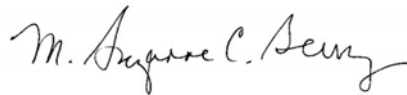
¹ Bartick, M., & Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125, e1048-e1056. doi:10.1542/peds.2009-16162

For the above reasons, AWHONN supports HR 1185, the Family and Medical Insurance Leave (FAMILY) Act. AWHONN supports this bill so women can establish and sustain breastfeeding while minimizing loss of income for their families. Financed by a new, mandatory payroll contribution, this bill would establish a fund administered by the Social Security Administration to provide paid leave for 12 weeks for any family member for any family-related medical leave including maternity care. It would make paid leave affordable for employers of all sizes and for workers and their families and be funded by a small employee and employer payroll contribution. The FAMILY Act builds on successful state programs in California, New Jersey, Rhode Island and New York.

By contrast, proposals that workers to borrow against future Social Security benefits would provide working families with financial security during their child-rearing years at the expense of those same families' financial security at the time of their retirement or permanent disability of a wage earner. AWHONN would oppose any such bill because such a policy would unfairly target women and come at the expense of delayed benefits when they might be most needed.

If you have any questions or desire to further discuss these issues, please contact AWHONN Government Affairs Director Seth Chase at schase@awhonn.org or 202-261-2427.

Sincerely,

A handwritten signature in cursive script that reads "M. Suzanne C. Berry".

M. Suzanne C. Berry, MBA, CAE
Chief Executive Officer