

Written Testimony in Support of H7171

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House Labor Committee
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Dear Chairman Corvese and Members of the House Labor Committee,

I write to you today as a licensed healthcare provider and researcher in the state of Rhode Island to urgently consider the passage of Bill H7171, which will improve temporary caregiver insurance (TCI) – henceforth referenced as paid family leave – for workers in Rhode Island. In addition to expanding the number of weeks that people can employ the benefit into which they have paid, the bill will expand the family definition to be inclusive of siblings, grandchildren, and care recipients. This ensures that the many Rhode Islanders who live in multigenerational or “non-traditional” families and households can also access this benefit to care for their loved ones.

Inadequate paid family leave is a probable major source of health inequity and associated expenditures for Rhode Islanders and for many Americans. Extensive research documents the beneficial effects of paid family leave programs on adult and child mental, physical, and financial health, including reduced infant mortality (e.g., [Nandi et al., 2018](#)). Research examining Rhode Island’s paid family leave law indicate that paid leave is favored by, and works for, working people, families, and businesses ([Bartel et al., 2016](#)). However, once a leader in paid family and medical leave, the state of Rhode Island has now fallen behind and is the lowest of our state’s neighbors, including Connecticut, Massachusetts, and New York. This decreases the appeal for people who may otherwise consider seeking work in or relocating to our state.

More concerning, ***Rhode Island’s six weeks of paid family leave is well behind the twelve weeks advocated by researchers and medical experts and is grossly inadequate to meet the caregiving needs of our population.*** Many Rhode Islanders and their loved ones will require common, but serious medical procedures at some point in their lifetime, a number of which require a 12-week recovery time – meaning caregiving support is also needed. For instance, research shows that insufficient caregiver support following total knee or other joint replacement may impact recovery outcomes ([Wylde et al., 2019](#)), contributing to the risk of revisional surgeries, disability, and associated healthcare expenditures ([Weinstein et al., 2013](#)).

Further, prevalent mental health and substance use disorders in our state are commonly treated by evidence-based partial hospitalization and intensive outpatient programs that consecutively can run up to six hours per day for up to 12 weeks. Without adequate caregiver support for discharge planning, transportation, and the transition to outpatient services, caregiver recipients may prematurely terminate their treatment, greatly increasing their risk of symptom remission and/or relapse. Behavioral healthcare costs in Rhode Island were an estimated \$853 million in 2013 (the most recent year of which I am aware there is a public report; [Truven Health Analytics, 2015](#)), a number that has almost certainly increased since. The take home is clear. ***Rhode Island’s current 6-week provision for paid family leave is grossly inadequate and conflicts with the behavioral health and medical needs of our population.***

Fewer than 12 weeks of paid family leave after childbirth also contrasts with national medical guidelines ([American Academy of Pediatrics, 2021](#)) and likely widens racial and income inequities in the mortality of women, birthing people, and infants ([American Association of Medical Colleges, 2022](#); [Declercq & Zephyrin, 2020](#); [Kennedy-Moulton et al., 2023](#)). Following childbirth, doctors recommend a critical bonding period for birthing parents to bond with their infants, the longer the better ([NPR, 2016](#)). Lower maternal bonding has been associated with poorer socio-emotional, behavioral, temperamental, and developmental outcomes among children ([Le Bas et al., 2022](#); [2020](#)). Further, although most birthing parents feel fully recovered from 6-8 weeks postpartum, this period can be occasionally be significantly longer ([Nandi et al., 2018](#)). Returning to work before full recovery or bonding adversely impacts the health of all involved. Moreover, research shows paid family leave is associated with improved maternal depression ([Hidalgo-Padillo et al., 2023](#); [Perry et al., 2024](#)), in turn a risk factor for impaired mother-child bonding ([Moehler et al., 2006](#); [Nagata et al., 2003](#)). For these reasons and more, the ***American Academy of Pediatrics (2021) has applauded policy that provides 12 weeks of paid family leave.***

The provision of six weeks also exacerbates the “severe workforce shortages in behavioral health and direct care/nursing occupations” in Rhode Island ([Rhode Island Health & Human Services Workforce Initiative, 2023](#)). As a licensed clinical and research psychologist working in Rhode Island, I was aware of the impacts of healthcare provider shortages during the COVID-19 pandemic. During this period, healthcare providers were widely documented to experience high rates of anxiety, stress, exhaustion, and burnout ([Hendrickson et al., 2022](#); [Moons, 2023](#)), and many in Rhode Island left the workforce ([Gagosz & Amaral, 2021](#)). Other providers consequently often had to pick up more shifts, thereby further heightening the risk of burnout, disengagement, and workforce attrition that could lead to worsened provider shortages. While drawing on care from loved ones for up to 12 weeks could help stanch such shortages, the current six-week provision means that care recipients are more likely to experience unmet need and correspondingly increased rates of medical complications, symptom remission and/or relapse, and expenditures. Indeed, **research shows very real health consequences for caregiver recipients who receive insufficient support**, including **mental health concerns and death** ([Ejem et al., 2015](#); [Schulz et al., 2021](#)).

Further, healthcare providers (including long-term care workers) themselves often hold double- or triple-duty caregiving roles ([Van Houtven et al., 2020](#); [Boumans & Dorant, 2014](#)) which, if unaddressed with sufficient weeks of paid family leave, may lead to them quitting their jobs in order to care for their loved ones. Indeed, the current 6-week policy has disproportionate impacts on people that experience health including racial and income inequities, with increased caregiving burdens faced by these groups ([Bruhn & Rebach, 2014](#); [Fabius et al., 2020](#); [Karlin et al., 2012](#)). For healthcare workers who remain in their jobs alongside their multiple caregiving roles, stress and associated burdens may **exacerbate their prevalent burnout** ([Meredith et al., 2022](#)) and **suicide risk** ([Sullivan & Germain, 2019](#)). Of additional concern, research shows that **provider burnout consistently relates to poorer quality and safety of healthcare for patients** ([Salyers et al., 2016](#)), **likely impacting healthcare expenditures**.

In sum, insufficient weeks of paid family leave thus has significant implications for the well-being of Rhode Island residents as well as state healthcare expenditures and the economy. Increasing the weeks of paid family leave from six to 12 will better align Rhode Island with medical expert guidance and research, thereby improving the health of all Rhode Islanders while decreasing state healthcare expenditures in the long-term. This policy is also likely to lead to an increase in the state’s economy through increasing the numbers of women in the workforce ([Ellingrud et al., 2016](#)) as well as worker productivity, recruitment, and retention ([Appelbaum & Milkman, 2011](#); [Kleiman, 1991](#); [Vanderkam, 2016](#)), with potential for helping ameliorate the state’s shortage of healthcare and long-term care workers. Further, expanding the benefit to multigenerational and “non-traditional” households will promote benefit accessibility alongside population health equity for all Rhode Islanders.

I urge you to pass House Bill 7171, crucial legislation to improve the health of Rhode Islanders as well as for the health and future of our economy.

Best regards,



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