

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

May 27, 2021

Testimony of
Lee Savio Beers, MD, FAAP
President

On behalf of the
American Academy of Pediatrics

Testimony before the
U.S. House Ways and Means Committee Worker and Family Support Subcommittee

**“Worker and Family Support Legislative Subcommittee Hearing on Universal Paid
Leave and Guaranteed Access to Child Care”**

Good Morning Chairman Davis, Ranking Member Walorski, and distinguished members of the Worker and Family Support Subcommittee:

My name is Dr. Lee Savio Beers, and I am here today as president of the American Academy of Pediatrics (AAP), a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

As a pediatrician, I often see health inequities play out in my exam room long before they are addressed by legislators; sometimes before legislators are even aware of them. My work means that I personally see the heartbreaking health toll of inadequate social policy, like our current inability to provide paid leave and high-quality affordable child care to all families. I so frequently see the impacts of the inadequacies of our current policies that it is hard to even choose one example to share with you today.

There is the mother who returned to work so early—so that she and her husband could pay the rent—that she had not fully recovered from the birth of her child and ended up readmitted to the hospital with avoidable complications. The countless number of mothers who told me they stopped breastfeeding because they had to return to work before their breastfeeding was fully established,

and didn't have good support or accommodations in the workplace. The mother pressured to work despite the fact that her 4-month-old baby was hospitalized for a significant medical illness, leading her to develop postpartum depression and subsequently have difficulty fully engaging in her baby's follow up care. All of that harm resulted in large part because she had not been able to be at the bedside with her infant during his hospitalization. I think also of the many parents who have had to turn down jobs that they had worked very hard to get because they either weren't able to afford child care, didn't have reliable friends or family to assist, and were told it was a six to twelve month wait on the provider's waitlist, or that they couldn't be put on the waiting list for a child care voucher until they had actually started a job.

All too often, my patients' families are struggling to put food on their table each day and pay their rent each month. Poverty is such a pervasive child health issue that in 2016 the AAP issued a [policy statement](#) about the importance of addressing its harmful child health impact. Where you live and what your race or ethnicity is also has a profound influence on the likelihood that a family or community will experience poverty or low income, further exacerbating harms and inequity. Our patients of color and their families also face the pernicious health effects of racism, which are so substantial that in 2019 AAP issued a [policy statement](#) on racism and its manifold negative child health effects. The intersection of these compounding forces places undue barriers to health and

success for our patients and their families. For our low-income patients, these daily struggles are exacerbated by a lack of affordable child care and paid leave.

Thankfully, we have reason for hope, because we know the policies we need to alleviate these challenges and promote children's health. We need comprehensive paid family and medical leave, so that when parents have or adopt a baby, get sick or hurt, or need to care for a child or relative in need, they have the stability necessary to focus and be present with their family. Access to safe, affordable, high-quality child care will ensure young children can receive care that nurtures their academic, social, and emotional skills. We know these policies will work to improve the health and wellbeing of children, which is why I am so excited to be here with you today discussing the prospect of their enactment.

The Need for Comprehensive Paid Family and Medical Leave

The AAP supports the expedient enactment of a comprehensive federal paid family and medical leave policy because we know it will significantly benefit the health and wellbeing of children and families. We are thrilled that Ways and Means Committee Chairman Neal's recent proposal, the *Building an Economy for Families Act*, advances this vital policy conversation by offering a serious and

comprehensive proposal that would provide paid leave for all U.S. workers, including the parents of patients I see.

This new proposal would provide workers with up to 12 weeks of partial income when they take leave due to pregnancy, the birth of a child, the adoption of a child, or to care for a child or other family member with a serious health condition, among other reasons. This proposal is based on the AAP-endorsed *Family and Medical Insurance Leave (FAMILY) Act*, championed for many years by Representative DeLauro, from whom we just heard on the first witness panel. I am encouraged that we have meaningful federal legislative proposals that would step in and help address the needs I see among my patients, and am looking forward to working collaboratively with you all to enact a comprehensive policy.

The Health Benefits of Comprehensive Paid Family and Medical Leave

As a working parent myself, and as a pediatrician who has seen families in my practice confront the impossible choice of whether to provide for their family or stay home to care for their child, I can see clearly just how much a comprehensive federal paid leave policy would benefit children and families. The health benefits of this kind of paid leave are so well documented, it's astounding that the U.S. remains the only industrialized country without a national paid leave policy.

Paid parental leave supports parent-infant attachment, establishing an essential foundation for safe, stable, nurturing relationships and parenting practices that promote optimal infant health and development. Bonding with your baby in those first few weeks of life helps establish healthy relationships and actually increases the likelihood that parents will fully vaccinate their babies, an effect that is even stronger for families in households below the poverty line.¹ Leave also helps improve establishment and maintenance of breastfeeding.² Paid leave also generates important maternal health outcomes, including association with reduced depressive symptoms³ and other important mental and physical health indicators.⁴ This research confirms what we know intuitively and what I shared about my patients' families; it's so much easier for our patients to access timely well child care during early infancy when they have the paid leave needed to attend all of those early pediatrician visits, and establishing and maintaining breastfeeding is so much easier without the stress and separation of returning to work right after giving birth.

¹ Binghamton University. Paid family leave improves vaccination rates in infants. *ScienceDaily*. September 9, 2019. www.sciencedaily.com/releases/2019/09/190909131128.htm.

² Guendelman S, Kosa JL, Pearl M, Graham S, Goodman J, Kharrazi M. Juggling work and breastfeeding: Effects of maternity leave and occupational characteristics. *Pediatrics* Jan 2009, 123 (1) e38-e46; DOI: 10.1542/peds.2008-2244.

³ Chatterji P, Markowitz S. Family leave after childbirth and the mental health of new mothers. *J Ment Health Policy Econ*. 2012 Jun;15(2):61-76. PMID: 22813939.

⁴ Van Niel MS, Bhatia R, Riano NS, de Faria L, Catapano-Friedman L, Ravven S, Weissman B, Nzodom C, Alexander A, Budde K, Mangurian C. The impact of paid maternity leave on the mental and physical health of mothers and children: A review of the literature and policy implications. *Harv Rev Psychiatry*. 2020 Mar/Apr;28(2):113-126. doi: 10.1097/HRP.000000000000246.

Comprehensive paid family and medical leave can benefit children even when they are not the ones receiving the direct caregiving that necessitates the paid leave. When a parent is unexpectedly unable to work because of their own illness or injury, or because they need to care for an aging relative, paid leave offers critical protection that can prevent the family from experiencing poverty and food insecurity, both of which negatively impact a child's health and wellbeing. This financial stability can alleviate a family's stress and support the safe, stable, nurturing relationships that help children flourish and thrive, and which are so critical when a family is experiencing adversity.

The Health Harms of Not Having Comprehensive Paid Family and Medical Leave

While we know paid leave offers myriad benefits, we also know that the costs of inaction are substantial. Our lack of federal paid leave contributes to adverse health outcomes. Maternity leave of less than six weeks is associated with fourfold higher odds of failure to establish breastfeeding.⁵ Breastfeeding is proven to have medical and psychological benefits for both mother and baby, but is often a journey that can require time, something I have personally experienced. This is not a luxury

⁵Guendelman, S, Lang Kosa, J, Pearl, M et al. Jugglign work and breastfeeding: effects of maternity leave and occupational characteristics. *Pediatrics*. 2009 January; 123(1)e38-46. Doi: 10.1542/peds.2008-2244. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/19117845/#:~:text=Results%3A%20A%20maternity%20leave%20of,to%20work%2C%20after%20adjusting%20for>

provided to women who have to return to work so soon after a baby is born, or risk lost wages or even a lost job because they don't have paid leave.

Parents of children with special health care needs, even when they have access to some degree of paid leave, still often do not receive enough time or sufficient wage replacement to be able to effectively take that time off. Caring for a child, especially in those early months, is an all-consuming job. Navigating a new role of parent while also managing a child's health condition requires time, and supporting a child with chronic complex needs requires job security. Right now in this country, we offer parents neither, only adding to their stress. No parent deserves to be put in that position.

The Role of Federal Paid Leave Policy in Addressing Poverty and Inequity

Lack of access to paid leave can put families at risk of experiencing poverty and its attendant child health harms. Poverty is an important social determinant of health and contributes to child health disparities.⁶ Children who experience poverty, particularly during early life or for an extended period, are at risk for a host of adverse health and developmental outcomes across their life span.⁷ Poverty and related social determinants of health can lead to detrimental health effects in the near-

⁶ AAP COUNCIL ON COMMUNITY PEDIATRICS. Poverty and Child Health in the United States. *Pediatrics*. 2016; 137(4):e20160339. Retrieved from <https://pediatrics.aappublications.org/content/pediatrics/137/4/e20160339.full.pdf>

⁷ Brooks-Gunn J, Duncan GJ. The effects of poverty on children. *Future Child*. 1997;7(2):55-71

and long-term, negatively affecting physical health, social-emotional development, and educational achievement. Our failure to provide all families with paid leave puts them at risk of financial stress and poverty right as they are experiencing other major life changes and disruptions that necessitate the stability that paid leave offers.

Universal paid leave is also an equity issue. While around half of white women have access to paid parental leave, only 41 percent of Black women and 33 percent of Hispanic women do.⁸ Access to paid leave is also lower among lower income families.⁹ A lack of paid leave is yet another inequity that contributes to the health disparities my patients of color and their families face because it becomes harder for them to access care and support when they need it. If we do not pass universal paid family and medical leave, these preventable disparities will widen. Progress on promoting health equity will also necessitate enactment of comprehensive paid leave.

Medical and Public Health Support for Paid Leave

The American Academy of Pediatrics recently joined [27 medical and public health groups](#) in expressing support for the FAMILY Act, on which Chairman Neal's new proposal is based, for all of

⁸ Glynn SJ, Farrell J. Latinos least likely to have paid leave or workplace flexibility. November 20, 2012. Accessed on February 10, 2021.

<https://www.americanprogress.org/issues/economy/reports/2012/11/20/45394/latinos-least-likely-to-have-paidleave-or-workplace-flexibility/>.

⁹ Clemans-Cope L, Perry CD, Kenney GM, Pelletier JE, Pantell MS. Access to and use of paid sick leave among low-income families with children. *Pediatrics*. 2008 Aug;122(2):e480-486. doi: 10.1542/peds.2007-3294. PMID: 18676534.

these reasons. And I am proud that the organization I represent practices it values in how we provide benefits for the over 500 AAP staff who advance our mission every day, by providing them access to comprehensive and fully paid parental, sick, and medical leave. As an organization representing pediatricians, we know the family health value of paid leave, and we ensure AAP employees have access to these benefits to support their families and ensure we can recruit and retain a talented workforce to support our robust mission. We see clearly the benefits of paid leave, and we look forward to working with the subcommittee to ensure the enactment of a comprehensive paid leave policy to benefit all workers.

The Health Benefits of Affordable High-Quality Child Care

I also would like to talk about why safe, affordable, high-quality child care is so vital for children's health and development. High-quality caregiving can help serve as an important catalyst for helping children reach their full potential. All children deserve early childhood care and education settings that are safe and promote their holistic health. Such settings have demonstrated beneficial impacts on lifelong outcomes.¹⁰ High-quality child care can counteract the challenges children from low-income families face and support their long-term thriving. But for too many families, such care is out of reach.

¹⁰ See for example Heckman et al (2015). Early Childhood Education. Retrieved from https://econresearch.uchicago.edu/sites/econresearch.uchicago.edu/files/Elango_etal_2015_early-childhood-education.pdf

The Need for Universal Child Care Access

As a pediatrician, I find the evidence for the benefits of accessible quality child care so compelling. But it's the personal perspectives I hear from my patients and others that makes the urgency so clear. Voices like the women who testified before your committee just last month, such as Joy Spencer, who said, "It was terrifying having a newborn and no income; we struggled with basics like rent and food. I wanted to work, but there was no affordable child care in my community. Parents sit on waitlists for years! Like many parents, I was caught in a Catch-22: I wasn't eligible for many child care assistance programs because I didn't have a job, but I couldn't get a job because I didn't have child care." I have heard similar words over and over from my own patients for decades.

Here in Washington DC, I have been involved with efforts to support early childhood development for almost my entire career. I currently am the co-director of a community-based network designed to decrease the impact of trauma and adversity on young children and their families, called the Early Childhood Innovation Network, and was formerly the co-chair of the State Early Childhood Development Coordinating Council and the director of a program for adolescent parents and their children.

Through all of these experiences I have had the opportunity to collaboratively work with early child care and education providers to promote best practices and optimal care. The economic stresses

and instability child care providers face are enormous, which impedes their ability to provide high-quality and consistent care to the families who most need them, a challenge that has dramatically worsened over the course of the pandemic. I have been honored to partner with many such early child care and education providers in DC to provide training, provider and parent wellness support and programming for parents and I am continually inspired by their dedication and innovation. I remember seeing a family in my clinic who told me about the transformational impact a parent mindfulness and support group at her son's child care center had had on their lives—what she didn't know was that it was a program that my team ran in partnership with her son's early care and education center. It was a vivid reminder of the impact high quality early child care and education, and the associated supports, can have on a family, and the importance of prioritizing support for centers to be able to provide that care.

AAP's Work on Child Care Health and Safety

The AAP has an extensive commitment to high-quality child care through our education, policy, and advocacy work. AAP is one of three organizations that developed *Caring for Our Children, 4th Edition*¹¹ (CFOC); a comprehensive guide to health and safety in child care. CFOC is a comprehensive set of national standards that represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies that should be followed in today's early childhood

¹¹ See <http://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>

care and education settings. These standards were developed with support from the Maternal and Child Health Bureau at the U.S. Health Resources and Services Administration and in collaboration with the AAP, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education. These recommendations are a gold standard for health and safety in child care, but they are only effective when we have a well-resourced child care system that can effectively implement them, and when all parents can access that care regardless of their income.

Why Further Action is Necessary

The *Child Care Development Block Grant Act of 2014* and subsequent appropriations have been critical in providing child care subsidies for low-income working families and funds to improve child care quality, in addition to new and needed protections to keep children safe and healthy when they are being cared for outside the home.¹² Congressional investments in the child care system have helped to stabilize the provision of care during the unprecedented impact the COVID-19 pandemic has had on child care providers and access to care for families. The American Rescue Plan Act included the first increase to Child Care Entitlement to States funding since 2006, which was desperately needed. We applaud Congress for its bipartisan work to continue expanding child care access, but

¹² Administration for Children and Families, Office of Child Care. OCC fact sheet. Available at: <http://www.acf.hhs.gov/programs/occ/fact-sheet-occ>. Accessed May 21, 2021

caution that there is still unmet need that warrants your intervention. We need comprehensive federal policy and investments to ensure that high-quality child care is accessible to all families. The AAP looks forward to continuing to work with you in your ongoing work to improve care quality and expand affordable child care access.

Making the Child Tax Credit Permanent

I would be remiss if I did not also underscore the critical role of the Child Tax Credit (CTC) in helping support children and families. The *American Rescue Plan (ARP)* expanded the CTC for tax year 2021 so that children in families with low or no earnings can receive it. In addition, the law increases the credit's maximum amount to \$3,000 per child and \$3,600 for children under six years of age. The increase in the maximum amount would begin to phase out for households making \$112,500 and married couples making \$150,000.

Prior to the ARP, roughly 27 million children – including half of all Black and Latinx children and a similar share of rural children – received less than the maximum \$2,000-per-child because their parents earn too little, even as middle- and higher-income families received the full amount. The expanded CTC will lift more than 4 million children above the poverty line, cutting the number of children in poverty by more than 40 percent. The AAP strongly supports making this expansion

permanent, and we appreciate the inclusion of such a proposal in the *Building an Economy for American Families Act* to ensure this provision continues beyond 2021.

Conclusion

I am so grateful to Chairman Neal for putting out this comprehensive proposal for discussion and engagement with stakeholders and bipartisan policymakers, and to Chairman Davis, Ranking Member Walorski, and all the honorable Members of the Subcommittee for the opportunity to discuss these critical issues and help inform your ongoing policy deliberations.

Now is the moment for Congress to enact a comprehensive paid family and medical leave policy and to ensure all parents and caregivers can access affordable, high-quality child care. The American Academy of Pediatrics stands ready to work with you all to make this vital difference for the health and wellbeing of children and their families. Thank you and I look forward to your questions.