



STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
KA 'OIHANA PONO LIMAHANA

March 20, 2023

To: The Honorable Sharon Y. Moriwaki, Chair,
The Honorable Chris Lee, Vice Chair, and
Members of the Senate Committee on Labor and Technology

The Honorable Joy A. San Buenaventura, Chair,
The Honorable Henry J.C. Aquino, Vice Chair, and
Members of the Senate Committee on Health and Human Services

Date: Monday, March 20, 2023

Time: 3:00 p.m.

Place: Conference Room 224, State Capitol and Via Video Conference

From: Jade T. Butay, Director
Department of Labor and Industrial Relations (DLIR)

Re: H.B. 1409 H.D.2 RELATING TO EMPLOYEE BENEFITS

I. OVERVIEW OF PROPOSED LEGISLATION

The **DLIR supports** this proposal that amends the Hawaii Family Leave Law (HFLL), Chapter 398, Hawaii Revised Statutes, by providing up to eight weeks of additional family leave for the birth of a child who is required to stay in a neonatal intensive care unit (NICU). The additional family leave (up to 8 weeks after discharge from the NICU) shall be equivalent to the duration the child is in a NICU if during the additional period of family leave the employee provides kangaroo care or expresses breast milk for the child. The measure defines "kangaroo care."

II. CURRENT LAW

Chapter 398, HRS, requires employers with one hundred or more employees to provide eligible employees with four weeks of unpaid, job-protected leave for the birth or adoption of a child or to care for a child, spouse, reciprocal beneficiary, sibling, grandchild, or parent with a serious health condition. The employee may elect to substitute any of the employee's accrued paid leaves for any part of the four-week period.

III. COMMENTS ON THE HOUSE BILL

For the birth of a child who is required to stay in a NICU, this measure provides additional family leave of up to eight weeks that starts from the date that the child

is discharged from the NICU so long as the employee provides the child kangaroo care or expresses breast milk. The additional family leave is equivalent to the duration the child is in a NICU up to a maximum of eight weeks. For example, if the child stays in the NICU for two weeks, the employee would be entitled to an additional two weeks of family leave, or a total of 6 weeks of family leave. If the child stays in the NICU for ten weeks, the employee would be entitled to an additional eight weeks of family leave, or a total of twelve weeks of Hawaii family leave.

HAWAII STATE LEGISLATURE

HONOLULU, HI

March 17, 2023

To: The Honorable Sharon Y. Moriwaki, Chair
The Honorable Chris Lee, Vice Chair
And All Members of the Senate Committee on Labor and Technology

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C Aquino, Vice Chair
And All Members of the Senate Committee on Health and Human Services

The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
And All Members of the Senate Committee on Ways and Means

From: Yvonne Morin, MSW Student Focusing on Health Social Work

Subject: **H.B. No 1409: Proposing an Amendment for Employee Benefits Relating to Paid Medical Leave & Neonatal Care**

RELATING TO EMPLOYEE BENEFITS FOR NEONATAL CARE

Hearing: Conference Room 224 and Videoconference on
Monday, March 20, 2023

POSITION: Yvonne Morin, MSW Student Focusing on Health Social Work

- I fully support H.B. 1409

PURPOSE: The bill aims to support individuals by addressing barriers for employees to take additional medical leave for severe health conditions, such as mothers of premature infants placed in a neonatal intensive care unit (NICU).

Dear Chair Sharon Y. Moriwaki, Vice Chair Chris Lee, Chair Joy A. San Buenaventura, Vice Chair Henry J.C Aquino, Chair Donovan M. Dela Cruz, Vice Chair Gilbert S.C. Keith-Agaran, and all Members of the Senate Committee:

My name is Yvonne Morin, and I am an MSW student focusing on health social work. I am submitting testimony in support of H.B. 1409 for individuals who are required to take additional medical family leave due to a severe health condition, such as having a premature infant who is placed in the NICU.

Research by Wang et al. (2021) indicates that when a mother and their premature infant maintain a bond, such as having skin-to-skin contact and breastfeeding, the development of the premature infant's life expectancy is:

- Increased physical and emotional growth as social development is necessary for the infant's development
- Reduced time spent in the NICU

The ability for an employee to take additional required medical leave to care for their premature infant who is placed in a NICU can help address the following health concerns:

- Premature mortality by allowing the mother to remain with the premature infant and allow nourishment through breastfeeding and skin-to-skin contact
- Address the negative emotional impact on the mother, supporting barriers to parenting to establish a positive relationship for mother to baby
- Prevent post-partum depression
- Prevent post-traumatic stress disorder for the mother

Thank you for the opportunity to testify on this bill, as I fully support H.B. 1409. I am a mother of multiple children and experienced post-partum depression with my first child. I believe that if mothers had all support and resources available as an employee, it may increase the infant's overall health & decrease the mother's feelings of post-partum depression & other severe clinical comorbidities.

Sincerely,
Yvonne Morin
MSW Student Focusing on Health Social Work

References

- Wang, L., Ma, J., Meng, H., & Zhou, J. (2021). Mothers' experiences of neonatal intensive care: A systematic review and implications for clinical practice. *World Journal of Clinical Cases*, 9(24), 7062-7072. <https://doi.org/10.12998/wjcc.v9.i24.7062>

LATE

HB-1409-HD-2

Submitted on: 3/20/2023 11:23:22 AM

Testimony for LBT on 3/20/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Todd Taniguchi	Individual	Support	In Person

Comments:

Dear Chair Moriwaki, Chair San Buenaventura, and Committee members of the LBT/HHS,

My wife and I are writing in strong support of this bill as parents of two children who were born prematurely and had extended hospital stays of weeks and months in the neonatal intensive care unit (NICU).

We do have concerns about one element of the bill, as currently drafted. Please consider reviewing the bill's wording as follows:

1. Please confirm that the bill allows job protection to run outside of and in addition to FMLA to ensure that the coverage extends rather than duplicates the benefits provided by FMLA.
2. If not already included, please consider including language that allows job protection to include the entirety of the child's hospitalization in the NICU while still allowing for post-discharge protection.

Overall, as parents, having time away from work for TWO periods of time would be beneficial:

1. To support the child's development in the NICU
2. To have a period of bonding and post-discharge adjustment. During the post-discharge period, parents are often asked to attend multiple follow-up visits that go above and beyond that required for a typical newborn. Examples include:
 1. Additional follow-ups with other specialized care based on the child's condition
 2. Getting eye exams to ensure vision has not been impacted by the NICU stay
 3. Getting additional vaccines for RSV (respiratory syncytial virus)

Overall, however, we continue to agree with the entirety of Section 1 of the legislation. This bill would provide more robust job protection to families during a time of need. If we can make this work, families would feel less pressure to choose between their livelihood and supporting the development of their infant hospitalized in the NICU.

Please note, as amended, this bill pushes through the job protection elements of this proposal but appears to be in search of a funding mechanism for paid leave. Specifically, if TDI can't be implemented, please consider creating a bridge between the bill as proposed and a long-term solution of providing paid leave through an appropriate funding mechanism (direct funding of Paid Family Leave by the State or leave an option of modifying the TDI program to fund this marginal cost change. for a relatively small group of beneficiaries likely to be in the range of hundreds or perhaps about 1500 families in a year). 10% of live births are premature in Hawai'i.

Why we think this bill is important:

- It helps parents support the long-term health of their children
- It may help more women remain in the workforce with job continuity instead of dropping out or burning out during this period
- This bill effectively recognizes the added work that ONLY a mother is being asked to perform in support of their child: 6-8 hours per day, every 2-3 hours, expressing breast milk through a pump along with cleaning/sanitization/storage of the equipment and milk, for weeks on end without more than 3 hours of sleep per night.
- Neighbor island families especially need the added financial support and job security. Oahu is the only island in the state with NICUs and breastmilk and kangaroo care require them to be on island daily and in person.

- This has a financial return: Higher rates and consistency of kangaroo care and breast milk expression will lead to better health outcomes and shorter hospital stays.

Mahalo sincerely for your consideration of this bill.

Todd Taniguchi and Vivien Ong