



March 13, 2025

The Honorable Dave Baker
Chair, Workforce, Labor, and Economic Development Finance and Policy Committee
Minnesota House of Representatives
2nd Floor Centennial Office Building
St. Paul, MN 55155

Re: Opposition to HF 1976 concerning the Minnesota Paid Leave Law

Dear Chair Baker and members:

The Leukemia & Lymphoma Society (LLS) asks your committee to oppose provisions in HF 1976 that would weaken elements of Minnesota's paid family and medical leave law that are important to blood cancer patients and their caregivers. We are specifically concerned about changes to reduce the number of weeks that may be taken for paid leave, to modify the definition of family, and to reduce payments for lower-income participants.

Paid medical leave helps blood cancer patients pursue medical treatment earlier. It helps them manage that treatment without fearing job loss or financial disaster. It helps the parents of children with cancer focus on their child's care. Current Minnesota law meets their needs in ways that HF 1976 would not.

Consider the circumstances of someone diagnosed with Acute Lymphocytic Leukemia, or ALL. ALL is usually diagnosed in its later stages, and treatment must begin immediately. The first month of treatment, called "induction," is full of intensive chemotherapy and frequent trips to the doctor. Patients often spend time in the hospital during induction because serious infections and complications can occur. Induction lasts until the leukemia cells are in remission – no longer present in bone marrow biopsies. Once the patient is in remission, "consolidation" begins. This time the chemotherapy is given at high doses for several months. If all goes well, the patient will reach the "maintenance" phase of treatment, which lasts for at least two years. That's 2 ½ years of consistent pain, fatigue, and a multitude of other side effects.

The benefits and rules currently established in Minnesota's Paid Leave Law are adequate to the needs of this patient and their caregiver in ways that HF 1976 would not be. This patient's access to paid leave should not be compromised by the size of the company they work for, and neither should their ability to rely on caregiving from a close friend. Similarly, the current wage replacement structure is better suited to meet the economic needs of lower-income patients and their caregivers.

Paid leave policies allow workers to pursue medical treatment earlier and manage treatment without worrying about maintaining their employment to afford such medical treatment.¹ Across the whole population, access to paid leave is associated with decreased all-cause mortality rates.²

¹ Boesch D. Quick Facts on Paid Family and Medical Leave. *Center for American Progress*. February 5, 2021. <https://www.americanprogress.org/issues/women/news/2021/02/05/495504/quick-facts-paid-family-medical-leave/>

² Paid Sick Leave Laws. *County Health Rankings & Roadmaps*. June 3, 2020. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/paid-sick-leave-laws>

Without access to job-protected paid medical leave, cancer patients and caregivers can face crushing choices between their physical and emotional health and well-being. A 2021 American Cancer Society Cancer Action Network survey found that half of cancer patients, a third of cancer survivors, and roughly half of caregivers experienced financial hardship resulting from lack of paid leave access.³

It is estimated that more than 40% of working cancer survivors have had significant changes in employment because of their condition, including switching to part-time status or retiring early. These changes are more likely to happen to women and minority individuals.⁴ A March of Dimes study by The Institute for Women's Policy Research found that paid leave policies result in 20% fewer women leaving the workforce.⁵

LLS supports a future where every working Minnesotan can access paid leave protection when needed and urges you to reconsider HF 1976 as written. Thank you.

Sincerely,



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Our Mission

The mission of LLS is to cure blood cancer and improve the quality of life for the more than 1.3 million people in the United States living with blood cancer, and their families.

³ American Cancer Society Cancer Action Network. (n.d.). Paid Leave is an Important Component of Cancer Care for Working Patients, Survivors and Caregivers. *Fightcancer.Org*. Retrieved September 10, 2021, from <https://www.fightcancer.org/sites/default/files/Paid%20Leave%20External%20Factsheet%20Final%2010-23-20.pdf>

⁴ De Moor JS, et al. Employment Outcomes Among Cancer Survivors in the United States: Implication for Cancer Care Delivery. *J Natl Cancer Inst*. Mary 2021; 113(5); 641-644. <https://doi.org/10.1093/jnci/djaa084>

⁵ Jones, Kelly and Wilcher, Britni. Reducing Maternal Labor Market Detachment: A Role for Paid Family Leave. Working paper, Department of Economics. *American University*. 2019. <https://doi.org/10.17606/emgb-at97>