

**Testimony for House Bill 2392 to Enact Washington State Family and Medical Leave
by
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Thank you for holding hearings today on this very important legislation. I am Dr. Jay Fathi. I am a board certified family physician, a clinical assistant professor at the University of Washington School of Medicine, and Chief of the Department of Family Medicine at the Swedish Medical Center in Seattle. I see patients at the 45th Street Community Clinic and at Swedish Hospital in Seattle. I am also a member of the Washington Academy of Family Physicians.

I have been a family physician for 13 years. During that time, I have seen the practice of medicine change dramatically as new technologies and procedures have shortened hospital stays. In many cases, a procedure that required hospitalization is now done on an outpatient basis.

Now, when a patient is discharged from the hospital or has outpatient surgery, that patient can be cared for at home by a member of his family. People treated for kidney stones, appendicitis, or pneumonia may be hospitalized for only 3 or 4 days. Take the example of a person who has had a heart attack. Today, a person could have a heart attack, be hospitalized, see a cardiologist, get the treatment they need, and be ready to go back to work in 8 or 9 days. But, and this is where family leave is so important, for many of my patients, although they can be discharged from the hospital after a short stay or following outpatient surgery, they can't and won't be discharged unless someone is home with them as they recover from their surgery. With FMLA, a mother can be with a child or a husband with his wife as they struggle with pain, treatment, and recovery. The patient recovers faster with a family member present, and with FMLA, families avoid the expense of a skilled nursing home. For many of my low-income patients on Medicaid, that saves the state money too. This is just one of the many benefits of the current FMLA, and I am pleased to see that incorporated in the current legislation.

The second extremely important component of the bill before you is intermittent leave. Pre-natal checkups and well-baby visits typically take less than an hour. In my work at the 45th Street Community Clinic in Seattle, I see many families who use intermittent leave for short doctor appointments.

We already know what happens when people don't have family and medical leave because two out of five workers in our state have no access to the job protections of the FMLA. We know from their experiences what it means to go without the protections offered by the FMLA. I see people forego their health care for themselves, their families, and sometimes even for their children. It is no surprise that this results in poorer health for them and their families.

I have heard it said that good employers will, of course, grant leave to a workers to care for an ill child with the flu or to take care of their own illness or to take a wife to physical therapy following a stroke. But I know from experience that not all employers are so accommodating. In fact, I have seen first-hand the tremendous anxiety my patients face because they fear they will lose their jobs if they take time off. I have seen patients put off doctor visits for fear of losing their job, and by the time they come in, their conditions have worsened or sometimes led to a permanent disability.

The legislation before you today is a small, incremental step to expand unpaid family and medical leave to another 330,000 people in our state. They and their families would greatly benefit from the job protections in this bill. They would keep those appointments for their children, seek prenatal care, follow-up with treatment, and recover faster. They would take care of themselves and their families better, and they would have better health outcomes.

I encourage you to enact House Bill 2392 to protect and improve the provisions of the federal Family and Medical Leave Act.