

Paid sick leave access expands with widespread state action

Low-wage workers without access face economic
and health insecurity

Report • By [Elise Gould](#) and [Hilary Wething](#) • November 2, 2023

Paid sick leave access expands with widespread state action

Low-wage workers without access face economic and health insecurity

Summary: Over the past decade, 15 states and the District of Columbia have enacted laws requiring employers to allow workers to earn paid sick time. As a result, the share of workers who have access to paid sick leave nationwide has increased over this time. However, lack of paid sick days is still a real problem for many workers—especially low-wage workers.



Read the full report
epi.org/274474

Key findings

- State-level laws providing the right to earn paid sick days corresponded with a significant increase in access to paid sick days across the country.
- Overall, 78% of private-sector workers currently have access to paid sick days, up from 63% in 2010.
- Across the country, the share of the lowest-wage workers with access to paid sick time nearly doubled between 2010 and 2023, from 20% to 39%.
- While this marks progress, it still means 61% of the lowest-wage workers do not have access to paid sick time.

Why this matters

For the average worker who lacks paid sick days, the costs of taking unpaid sick time can make a painful dent in their monthly budget. Workers without paid sick time are put in a precarious position. If they go to work sick (or send their child to school sick), they compromise their own (or their child's) health. They may also spread illness to others. But if they stay home, they may not be able to pay for groceries or rent.

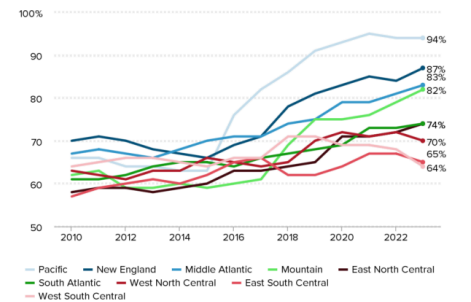
How to fix it

Passage of a national paid sick leave standard—such as the Healthy Families Act—would be the best way to ensure all workers are protected from health and economic insecurity when they become sick. In the absence of a national standard, states and localities still have a critical role to play in expanding access to paid sick days.

Paid sick leave access is growing

State-level paid sick mandates expanded access

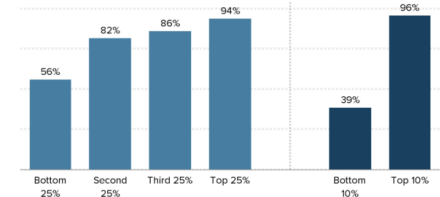
Access to paid sick days, by Census division, 2010–2023



Low-wage workers fall short

Most high-wage workers have paid sick days; most low-wage workers do not

Share of private-sector workers with access to paid sick days, by wage group, 2023



Source: U.S. Bureau of Labor Statistics, National Compensation Survey 2023.

Economic Policy Institute

There is no federal law that ensures all workers in the United States are able to earn paid sick days. As a result, many workers do not have paid sick time available to them. These workers are faced with an impossible choice when they fall ill or need to provide care for a family member. Taking needed time off means going without much-needed pay. But if these workers want to make sure they can pay the rent and buy groceries, they must work while sick or delay seeking treatment for themselves or their dependents.

Being forced to make this impossible choice threatens workers' economic and health security. Further, when workers go to work with a contagious illness, they are likely to spread disease to their coworkers and customers. When they are forced to send a sick child to school, they send contagion with them. This means lack of paid sick leave is a threat not only to a worker's (and their family's) own health, but also to the health of their community.

Over the last decade, 15 states and the District of Columbia have expanded labor protections to require employers to allow workers to earn paid sick time. In areas of the country with these new laws, workers have seen significant increases in access to paid sick time. Expanded coverage has particularly benefited low-wage workers—who were least likely to have access to paid sick leave before these policies went into effect.

Our research finds:

- **Lack of paid sick days is a real problem, particularly for low-wage workers.** Three-quarters (78%) of private-sector workers overall currently have access to paid sick days. However, only 39% of workers in the bottom 10% of the wage distribution do.
- **Lack of paid sick days deprives workers of funds needed for basic necessities.** Without the ability to earn paid sick days, workers must choose between going to work sick (or sending a child to school sick) and losing much-needed pay. For the average worker without access to paid sick days, the costs of taking unpaid sick time can make a painful dent in their monthly budget, making it hard to pay for groceries (five days of unpaid sick time), utilities (three days of unpaid sick time), or gas (two days of unpaid sick

SECTIONS

1. Low-wage workers are less likely to have access to paid sick days • 2
2. We shouldn't make workers choose between going to work sick or going without pay • 4
3. Many states now require employers to provide paid sick time • 6
4. Paid sick leave is a wise investment for businesses, workers, and communities • 9
5. More action is needed to protect all workers • 10

Notes • 11

References • 11

time).

- **Over the last decade, state-level laws providing the right to paid sick days have had a significant impact on access to paid sick days across the country.** Paid sick time increased dramatically in parts of the country with paid sick time mandates. The Pacific region saw the highest access rate, at 94%. Across the country, access for the lowest-wage workers nearly doubled between 2010 and 2023.
- **Paid sick leave is a wise investment for businesses, workers, and communities.** Studies have shown that offering paid sick time adds little or nothing to a business's expenses. Moreover, increased access to paid sick leave can in fact benefit businesses and the wider community by increasing productivity and job stability as well as reducing illness and transmission rates of infectious diseases.

Low-wage workers are less likely to have access to paid sick days

Approximately 78% of private-sector American workers currently have access to paid sick days, but this topline number masks the unequal distribution of this access among workers (BLS 2023a). Higher-wage workers have better access to most benefits, including paid sick days, than lower-wage workers.

Among the 10% of private-sector workers with the highest wages, 96% have access to paid sick days (**Figure A**). By contrast, among the 10% of workers with the lowest wages, only 39% have access to paid sick days. This skewed distribution of paid sick days is particularly troubling since low-wage workers are least able to absorb lost wages when they or their family members are sick.

Research from other sources also shows that disparities in access occur by demographic group. A report published by the Bureau of Labor Statistics showed that Hispanic workers are least likely to have access to paid sick leave compared with other racial/ethnic groups (Bartel et al. 2019).

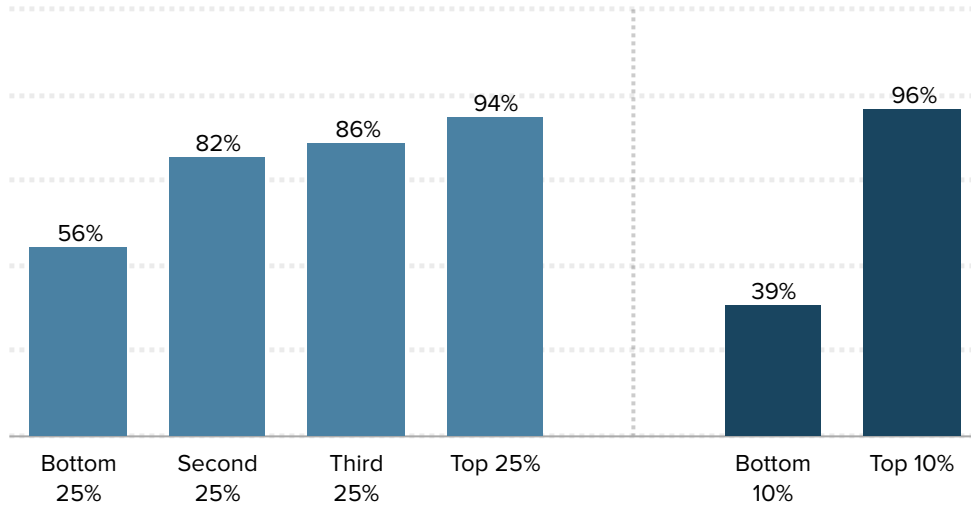
Access to paid sick days also varies significantly by occupation, work hours, union status, and employer size. As noted above, 78% of private-sector employees nationwide have access to paid sick days; that means 22%—more than 1 in 5 workers—cannot earn paid sick days. But even fewer have access in some occupations: only 61% of workers in service occupations—which tend to be low-wage occupations—have access to paid sick days (BLS 2023a). Far more full-time workers have access to paid sick time compared with part-time workers—87% versus 51%. Union workers are more likely to have access (86%) compared with nonunion workers (77%). And 89% of workers in large establishments (500 or more workers) have access as opposed to 71% of workers in small establishments (fewer than 50 workers).

“Presenteeism,” or working while sick, not only results in decreased productivity and increased risk of injury, but also poses a public health risk (Asfaw, Pana-Cryan, and Rosa

Figure A

Most high-wage workers have paid sick days; most low-wage workers do not

Share of private-sector workers with access to paid sick days, by wage group, 2023



Source: U.S. Bureau of Labor Statistics, [National Compensation Survey 2023](#) (BLS 2023a).

Economic Policy Institute

2012). This is particularly true in service occupations, and especially in the food services industry. Almost half of all restaurant-related foodborne illness outbreaks are attributed to employees coming to work while ill (Norton et al. 2015). In a survey of women working in the fast-food industry, 70% reported that at some point during the prior year they had gone to work despite displaying symptoms of illness, including coughing, sneezing, fever, diarrhea, or vomiting (National Partnership for Women & Families 2016a).

Further, for many workers in service-based jobs, pay can be tied to the volume of people they interact with (e.g., jobs with tipped wages). This means service workers often not only feel pressure to show up for work because they lack paid sick days, but they are also incentivized by their pay structure to interact with people, regardless of their health condition.

Although workers may want to stay home when they are sick, a 2010 survey by the National Opinion Research Center highlighted how difficult it was to do so. Nearly one-third of workers reported being threatened with job loss or outright losing their job for leaving work when sick (Smith and Kim 2010). Unsurprisingly, a 2018 study shows a strong association between workers without paid sick leave and higher levels of psychological distress relative to workers with access to paid sick leave (Stoddard-Dare et al. 2018).

We shouldn't make workers choose between going to work sick or going without pay

Expanding access to paid sick days will mean stronger, healthier families. Without paid sick days, working parents are often forced to make the difficult choice between staying home with a sick child—and losing income—or going to work and possibly compromising their child's health. When parents cannot take off work, children are sometimes sent to school ill, diminishing their learning experience and exposing other students, teachers, and staff to infection.¹

When employees go to work sick, they endanger their own health and the health of their colleagues. They also may jeopardize their own safety and the quality of their work. At the same time, staying home and putting one's own health first can result in overdue bills and not having enough food to eat. Earned paid sick days allow workers to avoid an unfair choice between going to work sick or going without pay (and maybe even losing a job).

Many workers do not need to take much, if any, sick time in a given month or year. But when illness strikes them or their family members, that paid time off is a physical and economic lifeline. CDC guidelines recommend five days of isolation for even a mild bout of COVID (CDC 2023a). People with flu are most contagious for three to four days, while those infected with RSV are typically contagious for three to eight days (CDC 2022, 2023b). To be clear, that's the contagious period; it may take longer to fully recover from those infectious diseases or other illnesses.

COVID, flu, and RSV outbreaks have become routine in communities across the country. Even the healthiest among us have a reasonably high chance of contracting one of these illnesses at some point or another. Given that context, the economic and health risks of workers lacking paid sick days are enormous.

To assess the value of sick days for workers, in **Table 1** we show the number of unpaid sick days that correspond to each monthly expenditure in a family budget. These calculations are based on the average monthly household expenditures on a selected set of goods for a household earning between \$50,000 and \$69,999 per year (BLS 2023c). This expenditure band was chosen because the average wage of workers without access to paid sick time is \$15.50, and we assume two full-time workers per household (DHHS AHRQ 2023).²

If a worker needs to take off even a half day due to illness, the lost wages take away most of the household's monthly spending for fruits and vegetables; lost wages from taking off five days is nearly their entire grocery budget for the month. Two days of unpaid sick time are more than the equivalent of a month's worth of gas, making it difficult to get to work, while an additional day not worked is nearly equivalent to a monthly car insurance premium.

Table 1

Lack of paid sick days deprives workers of funds needed for basic necessities

Selected average monthly expenditures and their unpaid sick days equivalent, 2021

	Monthly expenditure	Unpaid sick days equivalent
Housing	\$1,698	13.7
Shelter	\$981	7.9
Utilities, fuels, and public services	\$359	2.9
Electricity	\$136	1.1
Telephone services	\$114	0.9
Clothing	\$105	0.8
Food	\$628	5.1
Groceries	\$406	3.3
Fruits and vegetables	\$78	0.6
Health care	\$544	4.4
Health insurance	\$374	3.0
Prescriptions and medications	\$59	0.5
Transportation	\$848	6.8
Gasoline and motor oil	\$213	1.7
Vehicle insurance	\$132	1.1

Notes: The first column is a selected list of household expenditures for a two-adult household. The second column displays the average monthly household expenditures on this selected set of goods for a household earning between \$50,000 and \$69,999 per year, the range in which a household with two adults working full time at \$15.50 per hour would fall (\$15.50 per hour x 2 adults x 2,080 hours = \$62,400). The third column illustrates the number of unpaid sick days that could put each expenditure at risk.

Source: U.S. Bureau of Labor Statistics [Consumer Expenditure Survey](#) (BLS 2023c); Department of Health and Human Services [Medical Expenditure Panel Survey](#) (DHHS AHRQ 2023).

Economic Policy Institute

Three days of unpaid sick time translate into the household's monthly utilities budget, potentially cutting off electricity or heat to the family's home. Taking three days to recuperate or to care for a sick family member means the worker may have difficulty paying for health insurance or keeping up with medical bills. Cutting back on health care at a time when it is most needed puts the worker's family at further risk in the future in terms of both health and economic security.

This tradeoff—reduced income and risk of losing a job because of a short-term illness—does not arise for workers with adequate paid sick time. Because paid sick leave is often job-protected, access to paid sick leave has long been associated with increased job stability, enhancing workers' economic security (Hill 2013). A related but different issue

arises when workers face a lengthier illness; paid family and medical leave could help fill in these larger gaps, but unfortunately workers across the board are even less likely to earn *that* benefit (Appelbaum 2016). Even with another wage earner at home working full time, a household could lose the necessary monthly income to pay for their entire rent or mortgage if one worker is forced to take just eight days of sick time for a longer illness or recovery.

Many states now require employers to provide paid sick time

During the pandemic, Congress authorized, for the first time ever, federal emergency sick leave through the Families First Coronavirus Response Act. The act required employers with fewer than 500 employees to provide up to two weeks of paid sick leave at full pay for illness, quarantine, or isolation related to COVID-19. Unfortunately, the tax credits used to reimburse employers for providing paid sick leave expired two years ago, and few policymakers seem intent on renewing it (DOL WHD 2021).

Some federal policymakers have repeatedly pushed for a national standard, such as the Healthy Families Act (National Partnership for Women & Families 2023b). The Healthy Families Act, first introduced in 2004, would (among other provisions) allow workers in workplaces with 15 or more employees to earn at least one hour of paid sick time per 30 hours worked, up to 56 hours or seven days of paid sick time per year (National Partnership for Women & Families 2023b). Despite repeated introductions of the Healthy Families Act, most recently in May 2023, federal policymakers in favor of it have so far not been successful in passing it. The lack of a national standard for paid sick leave places the United States behind its international peers (Heymann et al. 2020).

Fortunately, many state and local policymakers understand the economic costs of workers losing pay if they are sick, as well as the public health risk of workers showing up to work sick. Currently, 15 states and the District of Columbia require employers to allow workers to accrue some minimum number of paid sick days. Additionally, 17 cities and four counties have moved ahead to provide paid sick days to eligible workers.

States with paid sick leave laws include Arizona, California, Connecticut, Colorado, Maryland, Massachusetts, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, and Washington (National Partnership for Women & Families 2023a). In addition, Minnesota enacted paid sick time protections in 2023, which will become effective in 2024 (National Partnership for Women & Families 2023a). In Missouri, a paid sick time initiative is expected to appear on the ballot in 2024 (Ballotpedia 2023).

While there is no federal paid sick leave law for workers in general, in 2016 federal contractors were mandated to provide paid sick leave to their employees. This impacted an estimated one million private-sector workers who were either newly eligible for paid sick leave or saw an increase in their sick leave allowance (Gould 2017).

More workers have access to paid sick time as states pass paid sick leave laws

Widespread advances in paid sick time protections in the states have corresponded with a dramatic increase in access. Since 2010, the share of private-sector workers in the U.S. with access to paid sick days has increased from 63% to 78%. Unsurprisingly, the gains in access were most pronounced in areas of the country where states mandated employers to provide those protections.

Figure B illustrates paid sick days access by Census division from 2010 to 2023.³ The three blue lines indicate Census divisions where at least two-thirds of the division's population live in states with paid sick leave laws.⁴ The four lines in shades of red denote Census divisions where no state has a paid sick time provision.⁵ Green lines denote Census divisions where some states have paid sick time laws but less than two-thirds of the division's population are in those states.

The patterns in the figure are clear: Workers who live in the Census divisions marked by blue lines have the highest levels of access to paid sick days in 2023. The red-line Census divisions have the lowest levels of access, with the green-line divisions falling in the middle.

The Pacific division in particular saw a dramatic increase in access over the period from 2010 to 2023: The percentage of private-sector workers in that part of the country with access to paid sick days increased from 66% to 94%. Expansion in that division was a 42% increase from its base level. This is not surprising considering that division includes the paid sick provision states of California, Oregon, and Washington, and that those states represent the largest share of the population in that division.

The divisions identified with red lines—where no state-level paid sick time laws have been passed—experienced more modest gains between 2010 and 2023, if they experienced gains at all.

Notably, many state governments in the East South Central and West South Central Census divisions—the divisions with the lowest access rates—have passed preemption laws prohibiting local municipalities from passing paid leave and sick day policies (Policy Surveillance Program 2022). Those two divisions also have weak labor standards (e.g., low minimum wages; see EPI 2023). Further, low-wage workers and their families in those divisions are less likely to have access to public insurance (e.g., policymakers have refused to expand Medicaid; see KFF 2023).

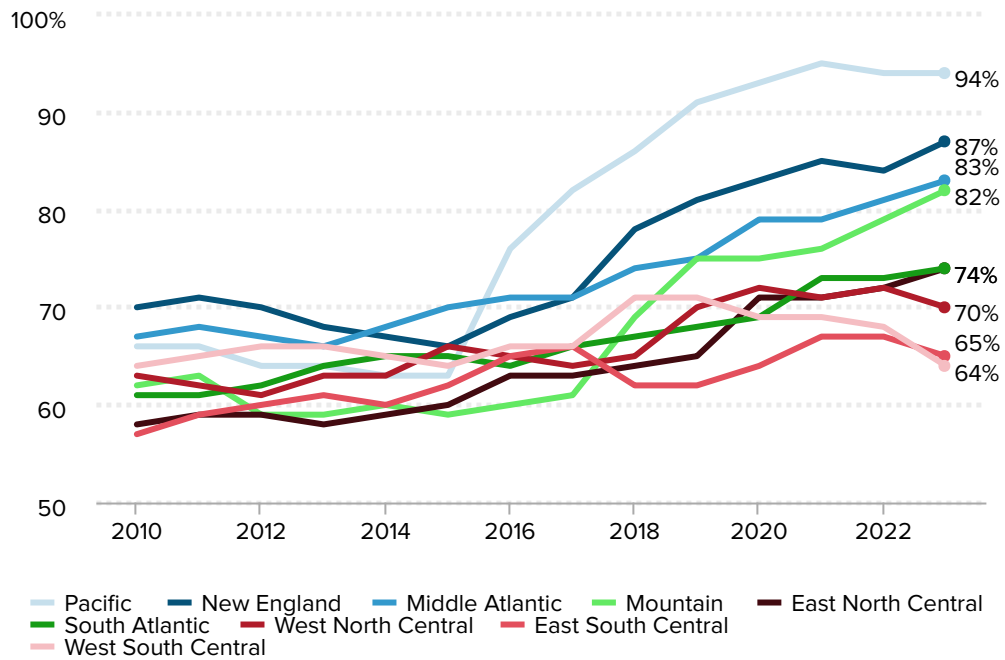
Low-wage workers particularly benefit from state sick leave laws

As mentioned earlier, this period of state expansions in paid sick leave laws translated into significant increases in overall access, from 63% to 78% between 2010 and 2023. But workers with lower wages, who generally are less likely to have access to paid sick days,

Figure B

State-level paid sick mandates expanded access

Access to paid sick days, by Census division, 2010–2023



Note: The three blue lines denote Census divisions where two-thirds of the population live in states with paid sick time policies. The four red lines denote Census divisions where no state has a paid sick time provision (though some localities do). Green lines denote Census divisions where some states have paid sick time laws but less than two-thirds of the population in that division are in those states.

Source: U.S. Bureau of Labor Statistics, *National Compensation Survey 2023*.

Economic Policy Institute

have benefited disproportionately.

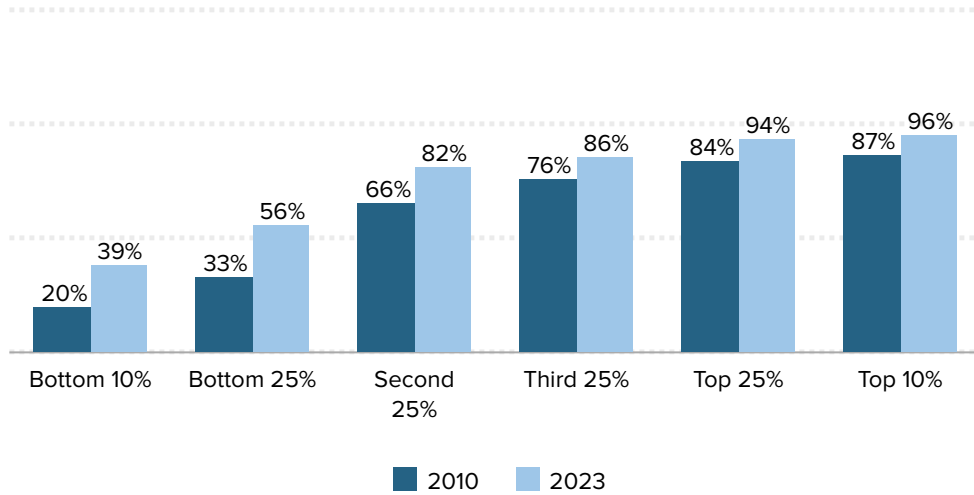
The first state-level paid sick days law was passed in Connecticut in 2011. In 2010, the year prior to its passage, 20% of workers in the bottom 10% of wage earners in the private-sector workforce nationwide had access to paid sick days (**Figure C**). That number stands at 39% today. That is an enormous gain, nearly doubling paid sick leave access for the lowest-wage workers.

Similarly, the share of workers in the bottom 25% with access to paid sick days increased from 33% in 2010 to 56% in 2023. In 2010, only one-third of workers in the bottom 25% had access; now over half do. This means significant gains in economic and health security for these workers and their families.

Figure C

Lower-wage workers experienced the largest increases in access to paid sick time

Access to paid sick days by wage group, 2010 and 2023



Source: U.S. Bureau of Labor Statistics, [National Compensation Survey 2023](#) (BLS 2023a).

Economic Policy Institute

Paid sick leave is a wise investment for businesses, workers, and communities

Often when a new labor standard is introduced, some people express concerns about the cost to businesses and potential employment losses. However, evidence among cities and states that have legislated paid sick leave laws shows that these concerns are not justified (National Partnership for Women & Families 2017).

In San Francisco, the first jurisdiction to set a paid sick days standard, employment grew twice as fast in the year following the law's enactment as in neighboring counties that had no paid sick days policy (Miller and Towne 2011). San Francisco's job growth was even faster in the food service and hospitality sector, which is dominated by small businesses and viewed as vulnerable to additional costs.

Further, studies of state and local paid sick leave laws show that the cost of the laws are negligible for businesses newly mandated to provide the benefit. For example, Pichler and Ziebarth (2018) examined the impact of paid sick leave laws on labor costs. In particular, they looked for evidence that the new policies were so costly that businesses passed down costs to their workers in the form of reduced earnings or employment loss. Pichler and Ziebarth found no evidence of this.

Businesses might also suggest that the added cost of paid sick leave would render them unable to provide other benefits, such as health insurance. But research has shown that

paid sick leave policies are not so costly as to crowd out nonmandated fringe benefits such as health, dental, or disability benefits or paid vacation or holidays (Maclean, Pichler, and Ziebarth 2020).

Finally, employers may worry that workers might take paid sick leave when they are not actually sick. But evidence suggests this is not the case: Workers in states with new mandates take, on average, only two more sick days per year than workers in states without mandates (Maclean, Pichler, and Ziebarth 2020).

Case studies also reveal that paid sick leave makes economic sense. For example, a study of the 2011 Connecticut law (which went into effect in 2012) showed that the law brought paid sick days to a large number of workers, particularly part-time workers, at little to no cost to business (Appelbaum et al. 2014).

In a study of the 2013 New York City law (which took effect in 2014), Appelbaum and Milkman (2016) found that two years after the law was passed, 86% of employers surveyed supported the law. The law provided an additional 1.4 million workers with paid sick days, and almost 85% of employers surveyed reported the law had no effect on business costs.

Taken together, the evidence shows that paid sick leave does not hurt businesses. Instead, businesses, workers, and their communities all benefit from a more productive and healthier workforce (Drago and Lovell 2011). States and localities that have passed paid sick leave laws have reduced transmission rates for influenza-like illnesses (Pichler, Wen, and Ziebarth 2021). Where state policies are more generous and include more groups of workers, those states have seen a greater reduction in influenza-like-illness rates than states with less generous and less inclusive policies (Wething 2022). Moreover, evidence shows that workers in states with paid sick leave have a lower likelihood of working while sick (Schneider 2020; Callison and Pesko 2022).

More action is needed to protect all workers

The ability to earn paid sick leave stands to improve health outcomes of communities and reduce economic insecurity for workers while supporting businesses.

Access to earned paid sick leave means that workers do not have to go to work sick or risk their income security. The stress of an illness does not have to be compounded by worry about whether they will be able to pay their monthly bills. The economic security provided by paid sick leave is particularly critical for low-wage workers and their families, who may lack access to sufficient savings to cover an unexpected expense.

Businesses benefit from a healthy workforce—workers who show up at work sick are less likely to be productive and may be more prone to mistakes. Communities benefit, too. When workers can rest, get the health care they need, and fully recover from an illness before returning to work, transmission of diseases is reduced.

State and local measures have begun to provide a patchwork of solutions, corresponding to an increase in access to paid sick leave over the last decade. Localities have the potential to build momentum at the state level. For example, 13 cities in New Jersey passed paid sick leave laws in the years leading up to the passage of New Jersey’s 2018 state law (National Partnership for Women & Families 2016b). But the problem calls for national attention—especially given state attacks on the right of localities to legislate these protections (Policy Surveillance Program 2022). A lack of a national earned sick leave standard also means that there are inequalities in coverage, with the vast majority of low-wage workers still lacking access to paid sick time.

As noted above, the Healthy Families Act of 2023 would allow workers to earn up to seven days of paid sick time per year, among other provisions (National Partnership for Women & Families 2023b). However, the act is not expected to advance in the Republican-controlled House of Representatives though bipartisan support for the Families First Coronavirus Response Act proved that there has been political will to pass these protections. Given the widespread success of state sick leave policies that have improved conditions for workers and communities without hurting employers’ bottom lines, it is disappointing that efforts at the national level to reach the overall workforce have yet to succeed. More action is needed to reach workers across the economy regardless of their wage levels, hours, or where their jobs are located.

Notes

1. See, for example, Cunha 2014.
2. Whereas the average wage of a worker with access to paid sick time is approximately \$20.40 per hour, the average wage of a worker without access to paid sick time is \$15.50 per hour. To the extent that we are overestimating actual work hours or wages, workers would have less to lose but also less in earnings to make ends meet in general.
3. For a full list of states by their respective Census divisions, see U.S. Census Bureau 2013.
4. For example, the Middle Atlantic Census division includes New York, New Jersey, and Pennsylvania. New York and New Jersey have paid sick leave laws; Pennsylvania does not. In 2022, 29 million people lived in New York and New Jersey, and the total population of the Mid-Atlantic Census division (population of all three states) was 42 million. That means 69% of people in the Mid-Atlantic Census division were covered by state paid sick leave laws.
5. There are some cities in those states with paid sick time policies, but they represent small populations compared with the Census division as a whole.

References

Appelbaum, Eileen. 2016. “[The Universal Paid Leave Act of 2015](#).” Written testimony, January 14, 2016.

Appelbaum, Eileen, and Ruth Milkman. 2016. *No Big Deal: The Impact of New York City’s Paid Sick*

- Days Law on Employers*. Center for Economic and Policy Research, September 2016.
- Appelbaum, Eileen, Ruth Milkman, Luke Elliott, and Teresa Kroeger. 2014. *Good for Business? Connecticut's Paid Sick Leave Law*. Center for Economic and Policy Research, February 2014.
- Asfaw, Abay, Regina Pana-Cryan, and Roger Rosa. 2012. "Paid Sick Leave and Nonfatal Occupational Injuries." *American Journal of Public Health* 102, no. 9: e59–e64.
- Ballotpedia. 2023. "Missouri Earned Paid Sick Time Initiative (2024)" (web page). Accessed October 20, 2023.
- Bartel, Ann P., Soohyun Kim, Jaehyun Nam, Maya Rossin-Slater, Christopher J. Ruhm, and Jane Waldfogel. 2019. "Racial and Ethnic Disparities in Access to and Use of Paid Family and Medical Leave: Evidence from Four Nationally Representative Datasets." *Monthly Labor Review*, U.S. Bureau of Labor Statistics, January 2019. <https://doi.org/10.21916/mlr.2019.2>.
- Bureau of Labor Statistics (BLS). 2023a. *National Compensation Survey: Employee Benefits in the United States, March 2023*. September 2023.
- Bureau of Labor Statistics (BLS). 2023b. *National Compensation Survey* [public data series].
- Bureau of Labor Statistics (BLS). 2023c. "Table 3242. Consumer Units of Two People by Income Before Taxes: Average Annual Expenditures and Characteristics." *Consumer Expenditure Surveys, 2021–2022*. September 2023.
- Callison, Kevin, and Michael F. Pesko. 2022. "The Effect of Paid Sick Leave Mandates on Coverage, Work Absences, and Presenteeism." *Journal of Human Resources* 57, no. 4: 1178–1208. <https://doi.org/0.3368/jhr.57.4.1017-9124r2>.
- Centers for Disease Control and Prevention (CDC). 2022. "Key Facts About Influenza (Flu): What You Need to Know" (web page). Last reviewed October 24, 2022.
- Centers for Disease Control and Prevention (CDC). 2023a. "Ending Isolation and Precautions for People with COVID-19: Interim Guidance" (web page). Last updated August 22, 2023.
- Centers for Disease Control and Prevention (CDC). 2023b. "RSV Transmission" (web page). Last reviewed April 26, 2023.
- Cunha, Darlena. 2014. "Kids Come to School Sick Because We Can't Stay Home from Work." *Washington Post*, October 14, 2014.
- Department of Health and Human Services, Agency for Healthcare Research and Quality (DHHS AHRQ). 2023. *Medical Expenditure Panel Survey* [database].
- Department of Labor, Wage and Hour Division (DOL WHD). 2021. *COVID-19 and the Family and Medical Leave Act Questions and Answers* (fact sheet). 2021.
- Drago, Robert, and Vicky Lovell. 2011. *San Francisco's Paid Sick Leave Ordinance: Outcomes for Employers and Employees*. Institute for Women's Policy Research, April 2011.
- Economic Policy Institute (EPI). 2023. *Minimum Wage Tracker* (interactive map). Last updated July 2023.
- Gould, Elise. 2017. "Paid Sick Leave Provides Economic and Health Security to Over a Million Federal Contract Workers." *Working Economics Blog* (Economic Policy Institute), January 17, 2017.

- Heymann, Jody, Amy Raub, Willetta Waisath, Michael McCormack, Ross Weistroffer, Gonzalo Moreno, Elizabeth Wong, and Alison Earle. 2020. "Protecting Health During COVID-19 and Beyond: A Global Examination of Paid Sick Leave Design in 193 Countries." *Global Public Health* 15, no. 7: 925–934. <https://doi.org/10.1080/17441692.2020.1764076>.
- Hill, Heather D. 2013. "Paid Sick Leave and Job Stability." *Work and Occupations* 40, no. 2. <https://doi.org/10.1177/0730888413480893>.
- Kaiser Family Foundation (KFF). 2023. *Status of State Medicaid Expansion Decisions: Interactive Map*. October 2023.
- Maclean, Johanna Catherine, Stefan Pichler, and Nicolas R. Ziebarth. 2020. "Mandated Sick Pay: Coverage, Utilization, and Welfare Effects." National Bureau of Economic Research Working Paper no. 26832, March 2020. <https://doi.org/10.3386/w26832>.
- Miller, Kevin, and Sarah Towne. 2011. "San Francisco Employment Growth Remains Stronger with Paid Sick Days Law Than Surrounding Counties" (fact sheet). Institute for Women's Policy Research, September 2011.
- National Partnership for Women & Families. 2016a. "Most Women in Fast Food Industry Cannot Earn Paid Sick Time, Have Gone to Work with 'Troubling Symptoms,' Survey Finds" (press release). November 22, 2016.
- National Partnership for Women & Families. 2016b. "Paid Sick Days – State, District and County Statutes Updated November 2016" (web page). Accessed October 20, 2023 via [Internet Archive Wayback Machine](https://www.archive.org/web/20161122090000/http://www.nationalpartnership.org/2016/11/22/most-women-in-fast-food-industry-cannot-earn-paid-sick-time).
- National Partnership for Women & Families. 2017. "Paid Sick Days: Low Cost, High Reward for Workers, Employers and Communities" (fact sheet).
- National Partnership for Women & Families. 2023a. *Current Paid Sick Days Laws* (fact sheet). June 2023.
- National Partnership for Women & Families. 2023b. *The Healthy Families Act* (fact sheet). May 2023.
- Norton, D.M., L.G. Brown, R. Frick, L.R. Carpenter, A.L. Green, M. Tobin-D'Angelo, D.W. Reimann, H. Blade, D.C. Nicholas, J.S. Egan, and K. Everstine. 2015. "Managerial Practices Regarding Workers Working While Ill." *Journal of Food Protection* 78, no. 1: 187–195. <https://doi.org/10.4315/0362-028X.JFP-14-134>.
- Pichler, Stefan, Katherine Wen, and Nicolas R. Ziebarth. 2021. "Positive Health Externalities of Mandating Paid Sick Leave." *Journal of Policy Analysis and Management* 40, no. 3: 715–743. <https://doi.org/10.1002/pam.22284>.
- Pichler, Stefan, and Nicolas R. Ziebarth. 2018. "Labor Market Effects of U.S. Sick Pay Mandates." *Journal of Human Resources* 58, no. 5. <https://doi.org/10.3368/jhr.55.3.0117-8514R2>.
- Policy Surveillance Program. 2022. "State Preemption Laws" (web page). Last modified November 1, 2022.
- Schneider, Daniel. 2020. "Paid Sick Leave in Washington State: Evidence on Employee Outcomes, 2016–2018." *American Journal of Public Health* 110: 499–504. <https://doi.org/10.2105/AJPH.2019.305481>.
- Smith, Tom W., and Jibum Kim. 2010. *Paid Sick Days: Attitudes and Experiences*. National Opinion

Research Center, June 2010.

Stoddard-Dare, Patricia, LeaAnne DeRigne, Cyleste C. Collins, Linda M. Quinn, and Kimberly Fuller. 2018. "Paid Sick Leave and Psychological Distress: An Analysis of U.S. Workers." *American Journal of Orthopsychiatry* 88, no. 1: 1–9. <https://doi.org/10.1037/ort0000293>.

U.S. Census Bureau. 2013. "Census Regions and Divisions of the United States" (fact sheet). April 17, 2013.

Wething, Hilary. 2022. "Paid Sick Leave Policy Impacts on Health and Care Utilization in the United States: Why Policy Design Matters." *Journal of Public Health Policy* 43, no. 4: 530–541. <https://doi.org/10.1057/s41271-022-00371-9>.