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Millions of Working People Still Don't Have Access to A Single Paid Sick Day

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***Correction:** The narrative (but not the tables) in a previous version of this brief included an incorrect figure for the number of workers in the United States who lack access to paid sick leave. We corrected the narrative on June 2.*

Introduction

As corporate profits soar¹ and the labor market tightens,² employers in some sectors continue to experience staffing shortages.³ Yet data suggest that not all employers are stepping in to improve the quality of jobs to attract and retain new workers. In this brief, we use data from the 2021 National Health Interview Survey (NHIS) and the 2021 American Community Survey (ACS) to estimate the share of workers at the national and state level who have access to paid sick leave.

CLASP's analysis examines access to paid sick leave at the national and state level by income, gender, and hours worked. We also compare access to paid sick leave in states with state and local paid sick leave laws and ordinances, as well as those without any requirements. Our analysis finds that a significant portion of the population still lacks access to paid sick leave, with disparities in access across income and hours worked. Moreover, those disparities are significantly narrower in states and localities with paid sick leave laws.

Our analysis estimates:

- Thirty-four million workers—nearly 23 percent of the civilian labor force—lack access to even a single paid sick day to recover from an illness or care for a sick family member.
- Nationally, only 59 percent of the lowest-paid workers (paid less than \$21,500 annually), have access to paid sick leave, while 88 percent of the highest-paid workers (paid more than \$72,000 annually) have access.
- Eighty-three percent of full-time workers have access to paid sick leave, while only 55 percent of part-time workers have access to paid sick leave.
- Due to gendered caregiving norms, women bear a disproportionate share of family caregiving responsibilities, compounding the impact the lack of paid sick leave has on women and their families.

This gap in workplace protections has severe consequences. Paid sick leave policies can help workers and families access medical care,⁴ limit the spread of infectious disease,⁵ alleviate child care challenges,⁶ reduce business turnover,⁷ increase productivity,⁸ and in turn strengthen the economy.⁹

Working people deserve to be able to take a reasonable amount of time away from their jobs to care for their health and their family members without sacrificing their jobs and economic security. Without paid sick leave, however, tens of millions of workers face the impossible situation of choosing between their health or their family's health and their paycheck.

Paid Sick Leave in the United States

The United States has no federal law guaranteeing workers paid sick leave. This country is one of only two—out of 38—Organization for Economic Co-operation and Development (OECD) member countries without a statutory paid sick leave system for working people.¹⁰ To fill this alarming gap, 15 states along with Washington DC, as well as 21 cities and counties have passed laws requiring employers to provide paid sick leave to employees.¹¹

Table 1

U.S. Jurisdictions with Paid Sick Leave Laws (As of May 2023)		
States	Cities	Counties
Arizona	Berkeley, CA	Allegheny County, PA
California	Bloomington, MN	Cook County, IL
Colorado	Chicago, IL	Montgomery County, MD
Connecticut	Duluth, MN	Westchester County, NY
District of Columbia	Emeryville, CA	
Maryland	Los Angeles, CA	
Massachusetts	Minneapolis, MN	
Michigan	New York, New York	
Minnesota	Pittsburgh, PA	
New Jersey	Philadelphia, PA	
New Mexico	Oakland, CA	
New York	San Diego, CA	
Oregon	San Francisco, CA	
Rhode Island	Santa Monica, CA	
Washington State	Seattle, WA	
	St. Paul, MN	
	Tacoma, WA	

Paid sick leave laws provide workers with short-term paid time off from work to recover from their own illnesses and injuries or to access medical care. Workers may also be able to use sick leave to care for a family member’s health needs, or if a worker or a loved one is a survivor of sexual or domestic violence.¹² Nearly all state and local laws protect workers from retaliation from their employers for using paid sick leave.¹³

These laws generally cover most private-sector employers regardless of size,¹⁴ including part-time workers. Some laws allow smaller employers to provide less time or unpaid time, and some laws also cover public sector employees.¹⁵

Sick leave operates on an accrual basis, meaning that workers earn sick time based on how much they work. For example, many laws are structured so employees earn one hour of sick leave for every 30 hours worked, typically up to 40 hours of leave annually. Employees are paid for their sick time at their full regular rate of pay.¹⁶

Paid sick leave is different from paid family and medical leave. Paid family and medical leave laws provide workers with longer-term leave to address their own serious medical illness, bond with a new child, care for a seriously ill loved one, address family circumstances arising from a military deployment, or recover or seek assistance if the worker or loved one is a survivor of sexual or domestic violence. Workers continue to earn a portion of their pay while they take time away from work to address personal or family needs.¹⁷

Despite the rise in state and local laws, CLASP finds that 34 million workers, or 23 percent of the civilian labor force, still lack paid sick leave. Unsurprisingly, our analysis finds that in states with statewide and municipal laws, a much higher percentage of workers have access to paid sick leave.

Table 2

Estimated Share and Number of Workers With and Without Access to Paid Sick Leave by State				
State	Percent of Workers with Access to Paid Sick Leave	Percent of Workers without Access to Paid Sick Leave	Number of Workers with Access to Paid Sick Leave	Number of Workers without Access to Paid Sick Leave
States with State and City/County Laws in Place				
Washington	92.9%	7.1%	3,320,000	254,000
Oregon	91.6%	8.4%	1,828,000	167,000
Minnesota	91.5%	8.5%	2,669,000	248,000
New York	91.3%	8.7%	8,387,000	799,000
California	91.1%	8.9%	16,073,000	1,566,000
States with State Laws in Place				
District of Columbia	94.0%	6.0%	562,000	36,000
Massachusetts	93.5%	6.5%	3,317,000	231,000
New Jersey	93.2%	6.8%	3,925,000	285,000
Arizona	92.4%	7.6%	2,983,000	247,000
Rhode Island	92.3%	7.7%	459,000	38,000
Colorado	91.7%	8.3%	2,695,000	245,000
New Mexico	91.2%	8.8%	775,000	75,000
Vermont	87.6%	12.4%	274,000	39,000
Michigan	84.1%	15.9%	3,744,000	705,000
Connecticut	79.8%	20.2%	1,357,000	345,000
States with City or County Laws in Place				
Illinois	78.0%	22.0%	4,607,000	1,300,000
Pennsylvania	77.6%	22.4%	4,631,000	1,338,000
Maryland	75.4%	24.6%	2,132,000	698,000
States with No Laws in Place				
Alaska	75.9%	24.1%	246,000	78,000
Hawaii	75.4%	24.6%	463,000	151,000
Nevada	73.9%	26.1%	1,030,000	364,000
New Hampshire	73.9%	26.1%	511,000	181,000
Utah	73.5%	26.5%	1,187,000	427,000
Wyoming	73.0%	27.0%	204,000	76,000
Idaho	70.9%	29.1%	605,000	248,000
Virginia	70.9%	29.1%	2,918,000	1,198,000

Maine	70.1%	29.9%	452,000	193,000
Delaware	69.8%	30.2%	317,000	137,000
Montana	69.7%	30.3%	355,000	154,000
Ohio	68.3%	31.7%	3,727,000	1,732,000
Alabama	68.2%	31.8%	1,439,000	671,000
West Virginia	68.2%	31.8%	464,000	216,000
Wisconsin	67.9%	32.1%	1,976,000	933,000
Georgia	67.9%	32.1%	3,311,000	1,563,000
Kentucky	67.9%	32.1%	1,310,000	618,000
Mississippi	67.8%	32.2%	774,000	368,000
Kansas	67.7%	32.3%	963,000	460,000
Indiana	67.7%	32.3%	2,102,000	1,004,000
North Carolina	67.7%	32.3%	3,206,000	1,531,000
Missouri	67.6%	32.4%	1,954,000	938,000
Nebraska	67.5%	32.5%	680,000	327,000
Texas	67.4%	32.6%	9,044,000	4,383,000
South Carolina	67.3%	32.7%	1,494,000	727,000
Arkansas	67.3%	32.7%	874,000	426,000
Louisiana	67.2%	32.8%	1,287,000	628,000
Tennessee	67.1%	32.9%	2,149,000	1,055,000
Iowa	66.6%	33.4%	1,051,000	527,000
North Dakota	66.5%	33.5%	271,000	137,000
Oklahoma	66.4%	33.6%	1,136,000	575,000
Florida	65.1%	34.9%	6,320,000	3,392,000
South Dakota	64.6%	35.4%	285,000	157,000
United States	77.5%	22.5%	117,843,000	34,191,000

Source: Authors' analysis of data from the 2021 National Health Interview Survey and the 2021 American Community Survey accessed through IPUMS.

Notes: Data are limited to civilian employed persons aged 16 and older. Estimates have been adjusted for worker eligibility for both state and local paid sick leave laws. Individuals who are predicted to be eligible for their state's, county's, or city's paid sick leave laws are counted as having access to paid sick leave. Individuals who are potentially eligible for both a state and local paid sick leave law are counted as having access to paid sick leave if they are predicted to be eligible under at least one of the two laws. Estimates in states, counties, and cities that have passed and/or implemented paid sick leave laws after data were collected in 2021 are still adjusted for worker eligibility for such programs. Therefore, estimates reflect anticipated worker access once these laws go into effect. This includes New Mexico (which went into effect in July 2022), Colorado (which went into effect in January 2021 for large businesses, but in January 2022 for small businesses), Bloomington, MN (which goes into effect in July 2023), and the state of Minnesota (which goes into effect in January 2024).

Unequal Access to Paid Sick Leave by Income

For the 34 million workers without paid sick leave, taking time off from work to recover from an illness or caring for a sick family member could lead to financial ruin. This is especially true for workers paid low wages.

According to CLASP's analysis, nationally, 88 percent of the highest-paid workers (paid more than \$72,000 annually) have access to paid sick leave. In contrast, only 59 percent of the lowest-paid workers (paid less than \$21,500 annually) – those who clean hotels, stock groceries, care for the elderly, and prepare and serve food – do. As shown in the chart below, access rates are even lower in states without paid sick leave laws.

Additional research confirms these findings. A pre-pandemic survey by the Shift Project of over 30,000 workers at the country's largest retail and food service firms found that only 45 percent of retail and fast-food workers had access to paid sick leave at their jobs.¹⁸

The cost of an unpaid sick day can be disastrous, especially for those paid low wages. The lost wages from three unpaid sick days could cost the average worker their entire grocery budget for a month or their monthly utilities budget, potentially depriving families of food, electricity, or heat.¹⁹

In addition to lost income, workers taking an unpaid sick day can face retaliation from employers and even job loss if they take time away from work for their own illness or to care for a sick family member.²⁰ Access to paid sick leave can reduce the likelihood of job loss by 25 percent.²¹

Paid sick leave laws also help decrease consumer bankruptcy filing rates by roughly 11 percent. The laws provide employment security and income stability that is particularly beneficial to workers with low wages who are often already on the brink of financial ruin.²²

Table 3

Estimated Share of Workers With Access to Paid Sick Leave by State and Income Quartile				
State	Lowest 25%	Between 25th and 50th Percentile	Between 50th and 75th Percentile	Highest 25%
States with State and City/County Laws in Place				
Washington	88.3%	94.1%	94.3%	94.8%
Oregon	86.6%	92.5%	94.2%	93.1%
Minnesota	85.7%	92.7%	94.6%	92.8%
New York	85.7%	91.9%	93.7%	93.7%
States with State Laws in Place				
Michigan	89.8%	93.2%	94.9%	94.7%
Connecticut	89.5%	93.7%	95.6%	94.9%
Vermont	88.9%	92.3%	94.3%	93.3%
New Mexico	88.8%	94.2%	97.4%	95.3%
Colorado	87.9%	93.7%	94.6%	93.1%
Arizona	87.3%	92.4%	93.7%	93.1%
District of Columbia	85.4%	91.3%	94.1%	93.8%
Rhode Island	73.4%	90.6%	93.7%	92.4%
Massachusetts	67.9%	78.7%	84.6%	87.0%
New Jersey	60.8%	87.6%	92.4%	93.3%
States with City or County Laws in Place				
Maryland	59.3%	78.5%	85.4%	88.1%
Pennsylvania	57.8%	78.6%	85.4%	87.9%
Illinois	53.8%	75.2%	83.9%	87.5%
States with No Laws in Place				
South Dakota	54.8%	76.7%	84.7%	86.2%
North Dakota	54.8%	73.1%	80.8%	85.9%
Iowa	52.0%	76.7%	85.4%	86.7%
Florida	52.0%	75.0%	82.5%	85.0%
Wisconsin	51.0%	73.4%	82.6%	85.6%
North Carolina	50.9%	74.7%	82.2%	83.3%
Oklahoma	48.0%	71.9%	79.5%	82.8%
Kansas	46.7%	70.3%	78.5%	82.4%
Missouri	46.5%	70.3%	80.6%	85.3%
West Virginia	46.1%	68.1%	76.6%	81.1%
South Carolina	45.9%	66.9%	76.7%	78.8%
Nebraska	45.7%	71.6%	78.8%	82.8%
Ohio	45.7%	67.5%	76.3%	80.2%
Georgia	45.6%	69.2%	79.7%	83.7%

Tennessee	45.5%	67.9%	76.9%	80.0%
Texas	45.2%	65.6%	75.8%	79.5%
Indiana	44.6%	68.6%	76.1%	80.3%
Arkansas	44.2%	65.2%	77.0%	81.8%
Kentucky	44.1%	67.3%	76.1%	80.2%
Delaware	43.9%	65.8%	77.1%	81.7%
Mississippi	43.8%	68.0%	77.2%	82.0%
Maine	43.8%	67.1%	76.2%	80.5%
Louisiana	43.6%	66.9%	76.5%	79.8%
Alabama	43.6%	68.4%	77.9%	81.3%
Virginia	43.1%	68.0%	77.1%	81.1%
Montana	43.1%	67.3%	77.2%	80.9%
Idaho	43.0%	65.9%	76.1%	79.9%
Wyoming	42.0%	66.0%	77.5%	81.9%
Utah	41.9%	68.9%	77.8%	81.5%
New Hampshire	41.7%	63.0%	74.0%	79.1%
Hawaii	41.4%	67.1%	76.0%	79.7%
Nevada	41.1%	68.1%	76.5%	79.1%
Alaska	40.3%	65.1%	76.4%	75.2%
United States	59.8%	77.0%	84.5%	87.8%

Source: CLASP analysis of data from the 2021 National Health Interview Survey and the 2021 American Community Survey accessed through IPUMS.

Notes: Data are limited to civilian employed persons aged 16 and older. Estimates have been adjusted for worker eligibility for both state and local paid sick leave laws. Individuals who are predicted to be eligible for their state's, county's, or city's paid sick leave laws are counted as having access to paid sick leave. Individuals who are potentially eligible for both a state and local paid sick leave law are counted as having access to paid sick leave if they are predicted to be eligible under at least one of the two laws. Estimates in states, counties, and cities that have passed and/or implemented paid sick leave laws after data was collected in 2021 are still adjusted for worker eligibility for such programs. Therefore, estimates reflect anticipated worker access once these laws go into effect. This includes New Mexico (which went into effect in July 2022), Colorado (which went into effect in January 2021 for large businesses, but in January 2022 for small businesses), Bloomington, MN (which goes into effect in July 2023), and the state of Minnesota (which goes into effect in January 2024).

Part-Time Workers

Adding to this instability, part-time workers are also less likely to have access to paid sick leave than full-time workers. Our analysis finds that nationally, 83 percent of full-time workers have access to paid sick leave, while only 55 percent of part-time workers can access paid sick leave. As shown in the data below, the disparities narrow significantly in states with paid sick leave laws and ordinances.

Some part-time workers work part-time involuntarily due to a lack of full-time jobs, earning less income than they would prefer. Part-time jobs offer relatively lower hourly wages and benefits and have more variable and unpredictable work schedules, resulting in incomes that can fluctuate weekly.²³

Some employers—especially in the service sector—are reluctant to offer full-time positions. Instead, they hire multiple part-time staff so they can adjust staffing on short notice and reduce wage costs. As a result, many part-time workers are denied opportunities to advance into full-time jobs.²⁴

Table 4

Estimated Share of Workers With Access to Paid Sick Leave by State and Full-Time/Part-Time Status		
State	Part-Time	Full-Time
States with State and City/County Laws in Place		
Minnesota	84.2%	93.6%
Washington	84.1%	95.2%
Oregon	83.5%	94.1%
New York	82.6%	93.6%
States with State Laws in Place		
New Jersey	87.8%	94.5%
Massachusetts	87.6%	95.1%
Rhode Island	87.2%	93.7%
Arizona	84.0%	94.4%
Colorado	83.6%	93.8%
New Mexico	81.8%	93.8%
District of Columbia	81.2%	95.8%
Vermont	70.3%	92.8%
Connecticut	63.3%	84.4%
Michigan	52.3%	92.8%
States with City or County Laws in Place		
Illinois	54.4%	83.8%
Pennsylvania	51.8%	83.8%
Maryland	46.2%	81.8%
States with No Laws in Place		
Alaska	47.3%	83.0%
Utah	47.1%	82.3%
Hawaii	46.1%	84.7%
New Hampshire	45.6%	81.3%
Wyoming	45.2%	80.5%
Nevada	44.9%	80.7%
Maine	42.8%	77.6%
Idaho	42.5%	79.2%
Montana	41.5%	78.1%
Delaware	38.5%	77.7%
North Dakota	38.5%	72.9%
Wisconsin	38.2%	76.0%
Kentucky	37.6%	74.9%

Virginia	37.6%	78.4%
Nebraska	37.5%	74.5%
Ohio	37.3%	76.2%
Indiana	36.9%	75.1%
Alabama	36.9%	74.9%
Louisiana	36.7%	74.5%
Georgia	36.1%	75.0%
Iowa	36.1%	74.3%
West Virginia	35.9%	76.1%
Missouri	35.8%	75.2%
South Carolina	35.5%	74.3%
Arkansas	35.5%	73.7%
North Carolina	35.4%	75.1%
Kansas	35.3%	75.3%
Mississippi	34.9%	74.8%
Tennessee	34.9%	74.1%
Oklahoma	34.4%	73.7%
South Dakota	34.3%	72.4%
Texas	34.1%	74.3%
Florida	34.0%	72.6%
United States	55.7%	82.9%

Source: CLASP analysis of data from the 2021 National Health Interview Survey and the 2021 American Community Survey accessed through IPUMS.

Notes: Data are limited to civilian employed persons aged 16 and older. Estimates have been adjusted for worker eligibility for both state and local paid sick leave laws. Individuals who are predicted to be eligible for their state's, county's, or city's paid sick leave laws are counted as having access to paid sick leave. Individuals who are potentially eligible for both a state and local paid sick leave law are counted as having access to paid sick leave if they are predicted to be eligible under at least one of the two laws. Estimates in states, counties, and cities that have passed and/or implemented paid sick leave laws after data was collected in 2021 are still adjusted for worker eligibility for such programs. Therefore, estimates reflect anticipated worker access once these laws go into effect. This includes New Mexico (which went into effect in July 2022), Colorado (which went into effect in January 2021 for large businesses, but in January 2022 for small businesses), Bloomington, MN (which goes into effect in July 2023), and the state of Minnesota (which goes into effect in January 2024).

Gender Equity

Access to paid sick leave increases gender equity. Seven in 10 mothers of children under age 18 are employed,²⁵ with the majority contributing substantially to their family's income.²⁶ Eighty-five percent of Black mothers, 62 percent of white mothers, and 59 percent of Latina mothers are the primary, sole, or co-breadwinners for their families.²⁷

CLASP's analysis finds that nationally, 22 percent of women lack access to paid sick leave and 23 percent of men lack access to paid sick leave. Despite having similar access to paid sick leave, women are likely to be disproportionately impacted by the lack of paid sick leave due to the outsized care responsibilities they

face. Due to gendered caretaking norms in our society, women bear a disproportionate share of family caregiving responsibilities—75 percent of all family caregivers are women.²⁸

Research finds that women, people with low incomes, young adults, and parents are more likely than their counterparts to report difficulties securing time away from work to address health needs. Paid sick leave would enable workers to take paid time off to address illnesses and injuries, possibly allowing for earlier detection and treatment of serious medical issues. Income replacement when taking needed sick time may also have positive health implications, similar to other policies that increase resources for families with low incomes.²⁹

Emergency Paid Sick Leave Program

Recognizing the dire situation facing the country early in the pandemic, Congress passed the Families First Coronavirus Response Act (FFCRA) in March 2020, creating a federal emergency paid sick leave program.³⁰ FFCRA required certain employers with *fewer* than 500 employees to provide workers who could not telework with two weeks of paid sick leave for COVID-related reasons. The requirements were in place from April 1-December 31, 2020.

Due to the eligibility criteria, only 32 percent of the workforce was likely eligible for FFCRA leave. Despite these restrictions, research finds that roughly one million workers took FFCRA paid sick leave during the first three months of the pandemic.³¹ This demonstrates the potential power of a federal paid sick leave policy.

The Healthy Families Act

In 2015, Rep. Rosa DeLauro (D-CT) and Senator Patty Murray (D-WA) first introduced a national paid sick leave law—the Healthy Families Act—and it has been reintroduced in every subsequent Congress. The bill was recently reintroduced in the 118th Congress, with Senator Bernie Sanders (I-VT) taking over the Senate lead sponsorship as the new chairman of the Senate Committee on Health, Education, Labor, and Pensions (HELP).

The bill would create a national paid sick leave standard—workers employed by both private employers and public entities with at least 15 employees would earn up to 7 job-protected paid sick days annually to use when sick, injured, accessing medical care, taking care of a sick loved one, or attending school meetings related to a child’s health condition or disability. Survivors of domestic violence, stalking, or sexual assault can use sick leave to recover or seek assistance. Workers in entities with fewer than 15 employees would earn up to 7 job-protected unpaid sick days each year.

The Healthy Families Act would be a critical step toward meeting the health and financial needs of working people. Notably, the recently reintroduced bill includes paid sick leave for rail workers, a group that very publicly cited the lack of paid sick leave as one of the main reasons for voting to strike last fall.³²

The Biden Administration and the majority of congressional Democrats are supportive of paid sick leave. But to date, no congressional Republicans have expressed support.

Conclusion

Congress must enact a national paid sick leave law to ensure all working people have the job stability and economic security they need to take care of themselves and their family members.

In the meantime, states, counties, and cities can act to protect working families by passing laws that require employers to provide paid sick leave. So far, 15 states and Washington, DC, along with 21 cities and counties, have done just that.

Supporting worker organizing and strengthening collective bargaining rights will also increase access to sick leave. Workers in unions report more access to paid sick leave than nonunion workers.³³

When people are sick, they shouldn't be forced to go to work, risking their health and the health of their coworkers. Workers shouldn't have to jeopardize their economic security to care for a sick child or family member. And yet that is the reality for millions of workers.

Workers and families need economic security and stability. It's time for Congress to guarantee paid sick leave nationwide.

Methodological Appendix

Our analysis makes use of two publicly available government data sources—the 2021 National Health Interview Survey (NHIS) and the 2021 American Community Survey (ACS)—to estimate the share of workers who have access to paid sick leave through their employers.

The NHIS data indicate whether each adult respondent has access to paid sick leave through their current employer. Response options include “yes”, “no”, and “don’t know.” Because workers who don’t know whether they have paid sick leave at their job are likely to behave in ways similar to workers who do not have paid sick leave, we treated them as not having paid sick leave in the data. The NHIS data, however, do not have detailed geographic information and do not allow for a state-level analysis of worker access.

To provide state-level estimates, we ran a probit model of worker access using age; age squared; gender; race; the interaction between gender and race and gender and hours worked; whether the worker was born in the United States; the respondent’s household income to poverty ratio; educational attainment; whether the respondent has health insurance; industry; occupation; sector of employment; and region of residence as explanatory variables. We weighted the model using the survey-provided person weights to adjust estimates to be nationally representative.³⁴

We next ran the ACS sample of civilian employed individuals aged 16 and older through the NHIS model to create an estimate in the ACS data of the likelihood that each worker has access to paid sick leave through their employer. The larger size of the ACS data and its more detailed geographic information allow us to then provide estimates of worker access to paid sick leave at the state level with breakdowns by characteristics of interest.

As of the writing of this document, 15 states and the District of Columbia, 17 cities, and 4 counties across the country have passed paid sick leave laws requiring certain employers to provide their workers with a minimum amount of paid sick leave per year. State laws vary widely with respect to thresholds related to small business exemptions, whether public sector workers are covered, and whether there are any restrictions on the types of workers who are covered. For a detailed list of existing paid sick leave laws and their eligibility criteria see A Better Balance’s [Overview of Paid Sick Time Laws in the United States](#).

To adjust our estimates of worker access, we created an indicator for whether an individual worked in a state/city/county that has passed a paid sick leave law (including locations that have passed laws but have not yet implemented them) and whether the individual met the eligibility criteria. For workers who are employed in locations that are subject to both a state and a city/county law, we used the least restrictive eligibility criteria to determine whether a worker is covered by a paid sick leave law. We then adjusted the probability of having access to paid sick leave to equal 100 percent for any workers who were identified as covered by an existing law.

For states with small business exemptions, we also had to model the likelihood that workers in the ACS sample were employed by firms of various sizes. The ACS does not collect firm size data, so similar to how we modeled worker access to paid sick leave in the NHIS, we modeled the likelihood of a worker being employed at firms of various sizes in the 2021 Current Population Survey’s Annual Social and Economic Supplement (CPS ASEC) as a function of the same set of worker characteristics noted above. We then ran the ACS sample through these models to estimate the probability of a worker being employed by a firm of

a given size. If that probability was greater than the overall share of workers in the CPS ASEC who were employed by employers of that size, the worker was treated as being employed by an employer of that size in the ACS data.

For firm size thresholds that fell in the middle of the firm size categories in the CPS ASEC data, we took an additional step prior to the estimation of the model. We assumed that within categories of firm size, workers were uniformly distributed across firms with each number of employees (e.g., for the grouping of 1 to 9 employees, we assumed that the probability of a worker being employed at a firm with 4 employees was 1/9).

Next, we generated a random number between 0 and 1 using a uniform probability distribution. If this random number was greater than the probability of a worker in a given firm size category working at an employer of the specific size of interest, we treated them as being employed by an employer of that size. The rest of the estimation proceeded in the same manner after this step.

Once we made these adjustments to estimates of worker access to paid sick leave, we summarized the estimates at the state level by different worker demographic characteristics using the person-level weights provided in the ACS, which adjust estimates to be representative of the entire state population. We also weighted national estimates using the person-level weights provided in the ACS. Readers should note that the national access rates figures also include individuals who are covered by state and local laws.

For estimates provided by income quartiles, we determined quartiles at the state level using the distribution of workers' annual earnings (regardless of hours worked). National estimates used the national distribution of workers' annual earnings. The estimated national income quartiles were \$21,500; \$41,000; and \$72,000.

Endnotes

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