

Paid Sick Leave



Evidence Review Findings: Needs Further Study

State paid sick leave policies improve access to paid leave, increase leave-taking, and improve adult health outcomes with minimal or no adverse effects on employment or wages, leaving workers better off overall. However, further study is needed to establish the causal impacts of state paid sick leave policies on families with infants and toddlers, because most of the research focuses on workers in general.

Paid sick leave policies require employers to offer employees paid time off (typically earned or accrued over time) for short-term medical needs. Many employers offer paid sick leave in the absence of a legislated mandate. However, some states and cities have adopted paid sick leave mandates to ensure more widespread and equitable access to paid sick time. The benefit is intended to reduce work-related barriers to accessing health care and prevent the spread of infectious illnesses in the workplace. States vary in terms of which employers the mandates cover and how much time off must be provided. Rigorous evidence demonstrates that paid sick leave mandates lead to improved access to paid time off and increased leave-taking for illness, and can improve labor force participation and employment without significant reductions in wages. Impacts on adult health outcomes are also positive, but current evidence focuses on the outcomes for workers in general, without focusing on parents of infants and toddlers.

Decades of research in the field of child development have made clear the conditions necessary for young children and their families to thrive.¹ These conditions are represented by our eight policy goals, shown in Table 1. The goals positively impacted by paid sick leave are indicated with a filled circle, and the goals theoretically aligned (but without evidence of effectiveness from strong causal studies) are indicated with an unfilled circle.

Table 1: Impacts of Paid Sick Leave on Policy Goals

Positive Impact	Policy Goal	Overall Findings
	Access to Needed Services	Positive impacts on leave-taking
	Parents' Ability to Work	Positive impacts on reducing job separation and boosting employment
	Sufficient Household Resources	Trending positive impacts on wages (no significant wage decreases)
	Healthy and Equitable Births	<i>(Policy goal outside the scope of this review)</i>
	Parental Health and Emotional Wellbeing	Mostly positive impacts on rates of illness
	Nurturing and Responsive Child-Parent Relationships	No strong causal studies identified for this goal
	Nurturing and Responsive Child Care in Safe Settings	<i>(Policy goal outside the scope of this review)</i>
	Optimal Child Health and Development	No strong causal studies identified for this goal

What Is Paid Sick Leave?

Paid sick leave is earned time off that an employee may take for short-term mental or medical illness, injury, medical treatment, or preventive health care for themselves or a family member.² Many sick leave mandates also allow employees to use earned sick time to take leave for situations such as domestic violence, sexual assault, harassment, or stalking.²

Paid sick leave policies can provide economic security to workers and their families by preventing lost pay and job separation when employees miss work due to sickness. Additionally, paid sick leave policies can mitigate the spread of contagious illnesses by encouraging workers to stay home when sick. Not all employers offer paid sick leave benefits, and of those that do, many exclude part-time workers. Several states and local jurisdictions have enacted paid sick leave mandates to ensure more equitable access to leave-taking. Though mandates vary in their requirements, workers typically begin accruing paid sick leave hours on their first day of employment, but usually must wait until the end of a probation period to begin taking paid time off. The rate of accrual varies, but most mandates require a minimum of 1 hour of sick leave earned per 30 hours worked.²³ State mandates allow employers to cap the number of hours earned and many allow employers to choose whether unused hours can carry over to the next year. Most state mandates cover all employees working in the state, though many have exemptions for small businesses or specific industries, such as nonprofit organizations.

The United States has no permanent federal mandate for paid sick leave, which makes the US one of only two countries in the Organization for Economic Cooperation and Development (OECD) without a national paid sick leave policy (the other is the Republic of Korea).¹⁵ The US Family and

Medical Leave Act (FMLA) requires employers to offer up to 12 weeks of unpaid leave for medical purposes.²⁰ However, firm size and work history requirements preclude some employees from taking time off through the FMLA. Among other provisions, the Families First Coronavirus Response Act (FFCRA) temporarily mandated up to two weeks of paid time off at the employee's regular rate of pay for workers who had to quarantine or otherwise take time to access medical care or recover from COVID-19.^j This provision of the Act expired on December 31, 2020, but two subsequent pieces of legislation (the Consolidated Appropriations Act of 2021 and the American Rescue Plan Act of 2021) authorized the provision of payroll tax credits for employers who chose to voluntarily offer paid sick leave to their employees through September 30, 2021.^{3,14}

Who Is Affected by Paid Sick Leave?

Although many employers offer paid sick leave benefits in the absence of a state mandate, approximately 22 percent of workers in the US lacked access to any paid sick leave in 2020, according to the Bureau of Labor Statistics.⁴ Access varies based on the sector and industry of employment. For example, 95 percent of workers in management, business, and financial sectors reported having access, compared to 62 percent of individuals in the service industry.⁴ Workers in the occupations of production, retail, construction, farming, and serviceⁱ were the least likely to have access to paid sick leave.⁴

Access also varies by race and ethnicity. According to a 2016 report by the National Women's Law Center (using 2014 data from the National Health Interview Survey, the most recent data disaggregated by race/ethnicity), Hispanic workers were the least likely group across race and ethnicity to have access to paid sick leave—only 46 percent had access.⁶ For comparison, 62 percent of Black workers and 53 percent of American Indian or Alaskan Native workers reported access to paid sick leave, and 63 percent of White workers had access to paid sick leave in this dataset.⁶ The 2020 Bureau of Labor Statistics report did not provide paid sick leave data by race or ethnicity, but reported by industry, employer size, geography, and other factors.⁴

Workers of low socioeconomic status are most likely to benefit from a state-level paid sick leave mandate. Workers at the lower end of the wage distribution are the least likely to have access through their employers—only 52 percent of workers in the bottom quarter of earnings and 33 percent in the lowest-earning decile have access.⁴ Because many employers only offer leave benefits to full-time employees, just 45 percent of part-time employees have paid sick leave benefits.⁴ Low-income households have less of a financial buffer when they must take unpaid time off work for preventive visits or illness.

According to an analysis by the National Women's Law Center, access to paid sick leave among men and women is approximately equal across all ethnic groups when aggregated together; however, when the data are analyzed by race and ethnicity, differences between genders emerge.⁶ Women are more likely than men to have paid sick leave access among Hispanic and Black workers. White men are more likely to have access than White women.⁶

ⁱ "Service Occupations" includes workers in Food and Beverage Preparation (e.g., hostesses, bartenders, cooks), Health Service (e.g., home health aides, dental assistants), Cleaning and Building Service, and Personal Service (e.g., hairdressers, recreation attendants, child care workers).

What Are the Funding Options for Paid Sick Leave?

Paid sick leave benefits are funded by employer payroll contributions and are usually compensated at the normal rate of pay and capped at 5 to 10 days per year.² The federal Families First Coronavirus Response Act provided a tax credit to employers to offset the costs of providing paid sick leave, but no state paid sick leave policy has incorporated an employer tax credit of this kind.³

Why Should Paid Sick Leave Be Expected to Impact the Prenatal-to-3 Period?

Parents play a critical role in the health of their young children. Parents with access to paid sick leave may be more likely to be healthy themselves, and may therefore be better able to care for their children. Parents also need time off work to take their children to critical well-child visits and other health appointments, and parents' ability to attend these appointments may depend on workplace factors such as access to paid sick leave.¹⁶ Workers without paid sick leave may avoid taking time off if it means going without pay. Additionally, workers may fear job retaliation by employers for taking unpaid sick leave, such as termination or negative performance reviews. Access to paid sick leave provides job protection and a stable income to parents when they need to stay home to care for a sick child or take a child to well visits.

What Impact Does Paid Sick Leave Have, and for Whom?

Historically, most of the research on paid sick leave has focused on employer-based policies and the economic impacts on income and employment.^{9,10,11,12,13} Less research has examined how state-mandated paid sick leave affects access to leave-taking and employee health outcomes. More strong causal studies are needed to examine the impact of paid sick leave on access to well visits and health outcomes for parents and children. Because causal research that focuses on parent and child outcomes is still limited, the strong causal studies included in this review focus on working adults approximately ages 18 to 64, some of whom may be parents.

The research discussed here meets our standards of evidence for being methodologically strong and allowing for causal inference, unless otherwise noted. Each strong causal study reviewed has been assigned a letter, and a complete list of causal studies can be found at the end of this review, along with more details about our standards of evidence and review method. The findings from each strong causal study reviewed align with one of our eight policy goals from Table 1. The Evidence of Effectiveness table (Table 2) displays the findings associated with paid sick leave (beneficial or equivalent, nullⁱⁱ, or detrimental) for each of the strong studies (A through K) in the causal studies reference list. For each indicator, a study is categorized based on findings for the overall study population; subgroup findings are discussed in the narrative.

Outcomes are classified as “beneficial or equivalent” rather than “null” in our table if a better or equivalent outcome between the treatment and control groups was achieved and was considered a positive finding based on the theory of change hypothesized in a study. For example, if a study sought to examine the hypothesis that paid sick leave policies may produce detrimental economic outcomes (e.g., reductions in wages) but the study found equivalent outcomes between

ⁱⁱ An impact is considered statistically significant if $p \leq 0.05$. Results with p -values above this threshold are considered null or nonsignificant.

states with and without such a policy, that would be considered a “beneficial or equivalent” outcome. On the other hand, if a study sought to examine whether paid sick leave mandates produce better outcomes than states without such a policy, such as in the realm of adult health, but the study found that the policy failed to do so, then the finding is classified in our table as “null” rather than “beneficial or equivalent.” The Evidence of Effectiveness table also includes our conclusions about the overall impact on each studied policy goal. The assessment of the overall impact for each studied policy goal weighs the timing of publication and relative strength of each study, as well as the size and direction of all measured indicators.

Of the 11 causal studies included in this review, only one (Study C) examined how outcomes differed by race or ethnicity (beyond simply presenting summary statistics or controlling for race/ethnicity). Where available, this review presents the analyses’ causal findings for subgroups by race/ethnicity and gender. A rigorous evaluation of a policy’s effectiveness should consider whether the policy has equitable impacts and should assess the extent to which a policy reduces or exacerbates pre-existing disparities in economic and social wellbeing.

Table 2: Evidence of Effectiveness for Paid Sick Leave by Policy Goal

Policy Goal	Indicator	Beneficial/ Equivalent Impacts	Null Impacts	Detrimental Impacts	Overall Impact on Goal
Access to Needed Services	Leave-Taking	C, D			Positive
	Access to Paid Sick Days	C, D, F			
	Use of Preventive Services / Primary Care	B, K			
Parents’ Ability to Work	Labor Force Participation	G			Positive
	Aggregate Leave-Taking Rate ⁱⁱⁱ	H			
	Employment	G, I			
	Reduced Presenteeism ^{iv}	F	C		
Sufficient Household Resources	Wages (Weekly)	I			Trending* Positive

ⁱⁱⁱ This indicator differs from the indicator of “Leave-Taking” in the Access to Needed Services goal because it represents a beneficial reduction in missed work time in the aggregate, rather than greater access to leave-taking as needed on an individual basis.

^{iv} Presenteeism refers to working while sick.

Table 2: Evidence of Effectiveness for Paid Sick Leave by Policy Goal (Continued)

Policy Goal	Indicator	Beneficial/ Equivalent Impacts	Null Impacts	Detrimental Impacts	Overall Impact on Goal
Parental Health and Emotional Wellbeing	Flu-Like Illness	E, J			Mostly Positive
	Pneumonia- and Influenza-Related Mortality		E		
	Occupational Injury and Illness	A			
	Work-Life Stress		F		
	Emergency Care	K			

*Trending indicates that the evidence is from fewer than two strong causal studies or multiple studies that include only one location, author, or data set.

Access to Needed Services

Three studies found that paid sick leave mandates increased access to paid sick days.^{C,D,F} One of the studies found that state-level mandates increased employee coverage rates by 13 percentage points (from a baseline of 66% of employees having access to paid sick leave) in the 4 years following passage.^D A study of Washington's paid sick leave policy found that access to paid sick leave increased by 28 percentage points compared to control states after the mandate passed.^F

A recent study using data from 2005 through 2018 compared urban counties with and without paid sick leave mandates and found that mandates increased coverage by 20 percentage points (or 45%) for private sector workers.^C A subgroup analysis found that women saw a greater gain than men in paid sick leave coverage after state mandates were implemented (a 10.9 percentage point increase compared to an 8.9 percentage point increase), and non-White and Hispanic workers saw a greater increase in coverage than White and non-Hispanic workers (11.4 percentage points compared to 8 percentage points).^C

Two of the studies found that paid sick leave mandates result in a clear increase in leave-taking.^{C,D} A multi-state study, using data from 2009 through 2017, found an increase in leave-taking of approximately 2 additional sick days per year among newly covered employees after the mandate's implementation.^D Another study found that mandates increased the likelihood of newly covered employees using a sick day for themselves or a family member by approximately 3.4 percentage points compared to employees with a high likelihood of pre-mandate coverage.^C

A recent study of Connecticut's paid sick leave law, passed in 2012, found that the use of preventive services increased significantly after the mandate's implementation.^B The authors used data from 2007 through 2018 and compared the use of preventive services before and after 2012 and as compared to other New England states, and determined that paid sick leave boosted the rate of wellness checkups by 2.7 percentage points, influenza vaccinations by 2.1 percentage points, dental

visits by 2.3 percentage points, and Pap tests by 2.6 percentage points for workers ages 18 to 64. Results for mammograms and breast examinations were positive, but not statistically significant.^B Another study, using data from 2011 through 2017, examined the impact of New York City's paid sick leave mandate (enacted in 2014) and found that the law led to a significant, small increase (2.5% or 0.12 percentage points) in annual primary care visits.^K The authors expected that the law would allow individuals to access more timely preventive care and reduce emergency care utilization, and the study's results corroborated that hypothesis (see the Parental Health section of this review for the effects on emergency care).

Parents' Ability to Work

A study using data from 2005 to 2018 examined the impact of paid sick leave laws on reducing presenteeism, or working while ill.^C Previous research suggests that approximately 3 million workers go to the office or workplace while sick each week, largely because of financial need.²² The study found no significant decrease in presenteeism in the sample (which included California, Connecticut, the District of Columbia, Maryland, Massachusetts, New Jersey, Oregon, Rhode Island, Vermont, and Washington). However, a study using data from 2016 through 2018 found a significant decrease of 8 percentage points for presenteeism in Washington.^F

A study using data from 2006 through 2015 examined the extent to which paid sick leave mandates decrease the overall rate of leave-taking from work as a result of illness.^H If workers can stay home and recover when sick without losing income, they may be less likely to need to take additional time off from work. They may also be healthier and therefore more productive when they return to work. The study compared Connecticut and the District of Columbia, the earliest adopters of such mandates, to all other states as a synthetic control group. The authors found that the policies decreased "aggregate work absences due to illness by up to 0.4 percentage points" or an 18 percent decrease from the average rate in the US (p. 227).^H

Because of concerns that paid sick leave mandates may negatively impact the labor market by causing employers to decrease hiring or work hours offered as a result of the perceived additional costs of paid sick leave benefits, null impacts on employment and labor force participation may be considered a positive outcome.^G Two studies found null outcomes for employment.^{G,I} A study on the labor market effects of paid sick leave mandates used data from 2001 through 2016 and found no evidence that employment significantly decreased or increased post-mandate (the study found a 2% employment decrease that was not statistically significant).^I A study of Connecticut's paid sick leave law, using data from 2009 through 2012, evaluated the effect of the mandate on labor force participation, employment, and hours worked.^G The results were not statistically significant.^G

One study of employer-based policies (rather than state mandates) found that paid sick leave reduced job separation, including job-to-job turnover as well as job-to-unemployment transitions.¹⁷ The study found that paid sick leave decreased the probability of job separation within a 5-month period by 2.5 percentage points, or 25 percent.¹⁷ When the authors predicted job separation over a 2-year period, the results showed a 5.2 percentage point (or 19%) decline in job separation. A subgroup analysis within that study found that the effect of paid sick leave on reducing job separation was greater for workers without paid vacation, parents, and mothers compared to

workers with paid vacation, nonparents, and fathers. The coefficient estimate was only significant for mothers and was three times larger for mothers than fathers.¹⁷

Sufficient Household Resources

Some economists have predicted that employers will reduce wages in response to increased benefit costs because of paid sick leave mandates. However, one quasi-experimental study of the US labor market effects of paid sick leave mandates did not find significant evidence that wages substantially decreased (or increased) after the enactment of such policies.¹ The study found wage decreases of approximately 3 percent that were not statistically significant. A finding of stable wages in this case reflects a positive outcome because it may indicate that employers are not passing on the cost of the new benefit to employees by reducing their wages.

Parental Health and Emotional Wellbeing

Overall, the research finds mostly positive impacts of paid sick leave mandates on workers' health and wellbeing. Three studies found decreases in the rates of illness for workers after the enactment of paid sick leave laws.^{A,E,J} The studies focused on workers, some of whom may be parents, but more research is needed that focuses specifically on parental health. A Connecticut study found that the rate of occupational injuries and illnesses decreased by 17.8 percent within occupations covered by the paid sick leave law, compared to a 6.8 percent decline in other occupations.^A This rate is compared with a 12.9 percent decline in the service industry in New York, which did not have a paid sick leave policy at the time of the study, and the US overall, which saw a decline of 7.8 percent.^A A study using data from 2010 through 2018, and focusing on positive health externalities, found that state paid sick leave mandates decreased influenza-like illness by an average of 28 percent within covered states for the post-mandate period studied (which varied by state, up to 3 years in some cases).^E From a baseline rate of 1.9 confirmed cases per 100 patients, this finding represents a decrease of 0.53 cases per 100 patients. In just the first year post-mandate, the effect is approximately an 11 percent decrease overall relative to control states. The study also examined the impacts of paid sick leave mandates on rates of pneumonia and influenza mortality but found null results.

A study examining New York City's paid sick leave law (using data from 2011 through 2017) found that the mandate reduced the likelihood of needing emergency department care by 1.2 percent (or 0.6 percentage points) and reduced per-person annual emergency visits by 2.5 percent or (0.02 percentage points).^K This result suggests that paid sick time can provide individuals with more flexibility and time to access preventive health care, and therefore may reduce the occurrence of acute illnesses or health crises requiring an emergency department visit.

Paid sick leave laws have become increasingly critical as the COVID-19 pandemic continues to pose challenges for workers' health. A 2020 study on the effect of the emergency sick leave provision of the federal Families First Coronavirus Response Act (FFCRA) found that states where workers gained new access to paid sick leave saw a 56 percent decrease in COVID-19 cases post-FFCRA compared with states that already had statewide access to paid sick leave (400 fewer confirmed cases per day).^J

Finally, one study found null impacts of paid sick leave policies on work-life conflict.^F The study measured this challenge in terms of whether employees reported having enough flexibility in their schedules to deal with personal and family matters and whether the respondent's work schedule caused stress to themselves or their family.^F The outcomes for reducing work-life conflict were in the beneficial direction but not statistically significant.

Optimal Child Health and Development

No strong causal studies were identified that examined child health outcomes as a result of state paid sick leave laws. However, one widely cited study found positive associations between paid sick leave and use of health care services for children.⁷ Because this study relied on cross-sectional surveys with no time distinction between treatment and outcome, the analysis did not meet our standards for causal evidence. However, the study's findings suggest a correlation between children with parental access to paid sick leave and improved preventive care. Children with parental access to paid sick leave were 12.5 percent more likely to receive flu vaccinations and 13.2 percent more likely to receive annual medical checkups than children whose parents lacked paid sick leave.⁷ The study also found that access to paid sick leave was associated with a 13.3 percent decrease in the odds of delaying medical care and a 53.6 percent decrease in the odds of an emergency room visit.⁷

A second correlational study found that children whose parents had access to paid sick leave were 27 percent more likely to have had a doctor's visit in the past 12 months than their peers whose parents did not have access to paid leave.¹⁶ This result is promising and suggests the need for further causal research to explore the relationship between paid sick leave mandates and children's health. Parents without access to paid sick leave may delay a child's care when doctors' office hours do not align with parents' hours off of work.

Is There Evidence That Paid Sick Leave Reduces Disparities?

Some evidence suggests that paid sick leave mandates may affect racial, ethnic, and gender groups differently, with the potential to reduce disparities in access to paid leave. One study in this review found that women saw a greater gain than men in paid sick leave coverage after state mandates were implemented (a 10.9 percentage point increase compared to an 8.9 percentage point increase), and non-White and Hispanic workers saw a greater increase in coverage than White and non-Hispanic workers (11.4 percentage points compared to 8 percentage points).^C These effects were statistically significant. More research would be valuable to corroborate this study's findings.

Has the Return on Investment for Paid Sick Leave Been Studied?

Two studies evaluated the return on investment for paid sick leave and found mixed impacts. One study that focused on paid sick leave mandates across the US found a small increase in costs for employers, but found aggregate improvements in productivity and employee satisfaction.^D The mandates increased total costs by "10% to \$610 per job and year" (p. 17).^D Overall, sick pay was found to have widespread beneficial effects. A 2018 study that evaluated sick leave mandates in the District of Columbia and Connecticut found that paid sick leave policies decreased the aggregate rate of leave-taking for illness across the workplace.^H For each percentage point increase in the share of workers with access to paid sick leave, the aggregate illness-related leave-taking rate decreased 0.13 percentage points across the workplace.^H Workers with paid sick leave may be more

likely to stay home when sick, and therefore less likely to spread their illness to coworkers or customers, which may have beneficial effects on work attendance and productivity. A more comprehensive analysis of the return on investment is forthcoming.

What Do We Know, and What Do We Not Know?

Because most paid sick leave mandates were enacted fairly recently, some research exists on the short-run economic effects, but data on long-term effects are lacking. Additionally, the majority of current studies focus on worker absenteeism and presenteeism (working while sick), resulting in limited evidence on the effect of paid sick leave access on health care utilization and health behaviors. The research in this review focuses on workers overall, some of whom are parents, but more research is needed that focuses specifically on parent and child health outcomes. City and state paid sick leave mandates vary in the amount of paid leave offered—generally employees earn 1 hour for every 30 to 50 hours worked.^{2,23} More research is needed to determine what threshold is most effective.

Is Paid Sick Leave an Effective Policy for Improving Prenatal-to-3 Outcomes?

The evidence demonstrates that paid sick leave policies are effective for increasing leave-taking and improving adult health. Paid sick leave policies enable workers to take time to recover without fear of job loss or wage reductions. By allowing workers to stay home when they or their child is sick, rates of illness and injury decrease. State paid sick leave policies are not yet tracked as part of the Prenatal-to-3 State Policy Roadmap because of the need for further study on how paid sick leave affects the infant and toddler period. More research is needed that focuses on how state paid sick leave policies affect parents, infants, and young children.

How Does Paid Sick Leave Vary Across the States?

As of October 1, 2021, 15 states^v have implemented legislation to require employers to provide paid sick leave to their employees (see Table 3).^{2,18,23} All state mandates require employers to provide paid time off on an accrual basis, but state policies vary in their coverage and benefits. At least 22 states have enacted laws preventing their cities and towns from passing local paid sick leave laws, which may hinder progress toward increasing access to paid sick leave benefits.¹⁹

Variation exists in the coverage provided by sector, industry, and employer size. Many states cover both public and private employers; however, some only cover private-sector employers. A few states have exemptions for students, employees of non-profit organizations, and day laborers. Connecticut is unique because the law is aimed only at service workers^{vi} in workplaces with more than 50 employees.² A few states require statewide coverage regardless of employer size but most have exemptions for smaller businesses. The size threshold for employer exemptions varies from those with fewer than 10 to fewer than 100 employees.

^v State counts include the District of Columbia.

^{vi} Defined by state statute as an employee primarily engaged in an occupation with one of the “broad or detailed occupation code numbers and titles, as defined by the federal Bureau of Labor Statistics Standard Occupational Classification system.”

All states mandate a minimum accrual rate at which employers must provide paid time. The majority of states with mandates require 1 hour of earned paid sick time for every 30 hours worked, but the rates vary, with some states requiring only 1 hour per 50 hours worked. The accrual rate can also vary by employer size. Current policies also mandate a minimum amount of earned paid sick leave that an employer is required to pay per year, usually up to 40 hours, but employers have the flexibility to offer more generous rates.

Table 3: State Variation in Paid Sick Leave Policies

State	State Has Adopted and Fully Implemented a Statewide Paid Sick Leave Mandate	Accrual Rate
Alabama	No	
Alaska	No	
Arizona	Yes	1 hour per 30 hours worked
Arkansas	No	
California	Yes	1 hour per 30 hours worked
Colorado	Yes	1 hour per 30 hours worked
Connecticut	Yes	1 hour per 40 hours worked
Delaware	No	
District of Columbia	Yes	1 hour per 87 hours worked (small businesses with <25 workers) 1 hour per 43 hours worked (25 to 99 workers) 1 hour per 37 hours worked (100+ workers)
Florida	No	
Georgia	No	
Hawaii	No	
Idaho	No	
Illinois	No	
Indiana	No	
Iowa	No	
Kansas	No	
Kentucky	No	
Louisiana	No	
Maine	No	
Maryland	Yes	1 hour per 30 hours worked
Massachusetts	Yes	1 hour per 30 hours worked
Michigan	Yes	1 hour per 35 hours worked
Minnesota	No	
Mississippi	No	

Table 3: State Variation in Paid Sick Leave Policies (Continued)

State	State Has Adopted and Fully Implemented a Statewide Paid Sick Leave Mandate	Accrual Rate
Missouri	No	
Montana	No	
Nebraska	No	
Nevada	Yes*	1 hour per 52 hours worked
New Hampshire	No	
New Jersey	Yes	1 hour per 30 hours worked
New Mexico	No**	
New York	Yes	1 hour per 30 hours worked
North Carolina	No	
North Dakota	No	
Ohio	No	
Oklahoma	No	
Oregon	Yes	1 hour per 30 hours worked
Pennsylvania	No	
Rhode Island	Yes	1 hour per 35 hours worked
South Carolina	No	
South Dakota	No	
Tennessee	No	
Texas	No	
Utah	No	
Vermont	Yes	1 hour per 52 hours worked
Virginia	No	
Washington	Yes	1 hour per 40 hours worked
West Virginia	No	
Wisconsin	No	
Wyoming	No	
State Count	15	

Notes: As of October 1, 2021.

* Nevada's state law is considered a general paid leave policy, but can be used for sick leave.

** New Mexico passed a paid sick leave law that will take effect July 1, 2022.

Sources: Paid sick time laws. (Aug. 4, 2021). A Better Balance. <https://www.abetterbalance.org/paid-sick-time-laws/?export>
 State of Nevada Office of the Labor Commissioner. (2019, June 11). SB 312 paid leave.

<https://labor.nv.gov/uploadedFiles/labornvgov/content/Employer/SB%20312%20Paid%20Leave%20English.pdf>

How Did We Reach Our Conclusions?

Method of Review

This evidence review began with a broad search of all literature related to the policy and its impacts on child and family wellbeing during the prenatal-to-3 period. First, we identified and collected relevant peer-reviewed academic studies as well as research briefs, government reports, and working papers, using predefined search parameters, keywords, and trusted search engines.

Articles were considered relevant if they examined the impact of paid sick leave policies (state or local) in the United States since 2012 (the effective year of the first state paid sick leave mandate). Articles were considered outside of the scope of this review if they examined unpaid sick leave or non-mandated leave only, or examined paid leave-taking without analyzing the impacts of a particular policy. Because evidence is still emerging for paid sick leave policies, we included articles regardless of whether their samples focused on families with children or adults in general.

From this large body of work, we then singled out for more careful review those studies that endeavored to identify causal links between the policy and our outcomes of interest, taking into consideration characteristics such as the research designs put in place, the analytic methods used, and the relevance of the populations and outcomes studied. We then subjected this literature to an in-depth critique and chose only the most methodologically rigorous research to inform our conclusions about policy effectiveness. All causal studies considered to date for this review were released on or before June 31, 2021.

Standards of Strong Causal Evidence

When conducting a policy review, we consider only the strongest studies to be part of the evidence base for accurately assessing policy effectiveness. A strong study has a sufficiently large, representative sample, has been subjected to methodologically rigorous analyses, and has a well-executed research design allowing for causal inference—in other words, it demonstrates that changes in the outcome of interest were likely caused by the policy being studied.

The study design considered most reliable for establishing causality is a randomized controlled trial (RCT), an approach in which an intervention is applied to a randomly assigned subset of people. This approach is rare in policy evaluation because policies typically affect entire populations; application of a policy only to a subset of people is ethically and logistically prohibitive under most circumstances. However, when available, RCTs are an integral part of a policy's evidence base and an invaluable resource for understanding policy effectiveness.

The strongest designs typically used for studying policy impacts are quasi-experimental designs (QEDs) and longitudinal studies with adequate controls for internal validity (for example, using statistical methods to ensure that the policy, rather than some other variable, is the most likely cause of any changes in the outcomes of interest). Our conclusions are informed largely by these types of studies, which employ sophisticated techniques to identify causal relationships between policies and outcomes. Rigorous meta-analyses with sufficient numbers of studies, when available, also inform our conclusions.

Studies That Meet Standards of Strong Causal Evidence

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