Estimating the Distributional Impacts of Alternative Policies to Provide Paid Sick Days in the United States

Issue Brief—Worker Leave Analysis and Simulation Series[1]

January 2017

This Issue Brief explores the distributional impact of three alternative policy models for providing paid sick days taken from actual policies in the states and a federal proposal selected to show a range of generosity of provision (see Appendix Table A-1). San Francisco was the first U.S. locality to pass paid sick days in 2006. Their Paid Sick Leave Ordinance (PSLO) covers nearly all workers in San Francisco and provides up to five days per year for workers employed in small businesses (under ten employees) and up to nine days per year for workers employed in larger businesses. More recently, in March 2016, Vermont became the fifth state to pass paid sick days providing 3 days per year starting in 2017. However, Vermont workers must work at least 18 hours a week for at least 20 weeks to be eligible. At the national level, the Healthy Families Act has been introduced in Congress and proposes requiring larger employers (15 or more employees) to provide up to 7 paid sick days per year; smaller employers are not required to pay workers while they are on sick leave but would be required to allow them to return to work without retaliation.

In this Issue Brief, we estimate the distributional impact of three alternative policy models for providing paid sick days nationwide.

The analysis relies on the U.S. Department of Labor 2012 Family and Medical Leave (DOL FMLA) survey for leave taking behavior and the American Community Survey (ACS) 2009-2013 for data about the affected workforce.

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One counter argument to paid sick days laws is that they increase business costs and reduce employment. In the decade since the first law passed (San Francisco in 2006), researchers have examined employment following adoption. San Francisco's growth in employment exceeded the average employment growth of surrounding counties after the paid sick days law was passed.[i] In DC, the City's auditors found that the 2008 paid sick days law did not discourage owners from basing businesses in DC or encourage owners to move their businesses from DC.[ii] In the 10 months after the adoption of Seattle's Paid Sick and Safe Time Ordinance, King County (where Seattle is located) saw sustained job growth and reduced unemployment rates.[iii] All laws allow employers to consider themselves in conformance if they are already providing the number of paid sick days required to the covered workers.

These alternative policies mandating that employers pay wages to covered workers taking eligible leave are analyzed using a simulation model that estimates leave-taking behavior and applies the parameters describing these three policies to national workforce data (including all government workers). Analyses using the same model and reported elsewhere[iv] show that the number of sick leaves taken (both paid and unpaid) is expected to increase from 9 to 12 percent, compared to the current situation, depending on the variations in coverage, eligibility, and benefits provided by the three alternative policies. The current situation is characterized by no national policy for paid sick days other than voluntary coverage by employers and the mandates in place at the time of data collection plus the federal Family and Medical Leave Act of 1993, which provides job protection but no pay at firms with 50 or more employees for workers with sufficient job tenure and hours of work to be eligible.[v]

The model uses data on leave need and qualified leave taking from the 2012 Employee FMLA Survey and assumes that workers newly covered for paid sick days under a proposed policy would behave like similar workers interviewed who received paid sick days from

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their employers under current policy (without a national paid sick days law). The analysis shows the shares of workers receiving wages under current policy and under the three alternative policies and finds that it is the most disadvantaged workers who would gain proportionately larger shares receiving paid sick days: women would gain from 14 to 19 percentage points (across the alternative model policies) compared with men's gains of 11 to 17 percentage points, and most workers of color (blacks, Hispanics, American Indians and Native Alaskans, and other/mixed race groups) would gain from 14 to 21 percentage points receiving pay for sick days (across the alternative policy models), compared with gains of 12 to 16 percentage points for whites and 10 to 14 percentage points for Asians and Pacific Islanders. Proportionately more workers (0 to 23 percentage points depending on the policy model) in smaller firms with 49 or fewer workers would gain pay than in larger firms (13 to 16 percentage points). Overall, the three alternative policies increase the share of workers receiving paid sick days from 12 to 17 percentage points, compared with current policy.

Currently, most workers are provided with paid sick days by their employers voluntarily. Where states and local areas have enacted policies that require employers to provide their employees with paid sick days, most economists anticipate that the direct costs of the wages paid will be borne by workers over time through slightly reduced wage growth[vi]. Some employers may also pass the costs along to consumers as higher prices or to shareholders as lower profits. Research on business impacts of paid sick days laws have found that most employers report no or modest impacts on their costs or business operations and that the administrative burden is minimal.[vii]

KEY FINDINGS

- Depending on the reason for leave and the policy alternative, 12 to 17 percent of workers will receive new paid sick days compared with current policy.
- A national paid sick day policy would benefit proportionately more women than men and proportionally more workers of color than white workers, compared with the current policy.
- Low-income workers would see their share of paid sick days increase the most.
- Leave-taking across all firms would increase under a national paid sick days policy, with workers in the smallest firms seeing the greatest increase in their share of paid sick days.
- Workers in the occupations and industries with the lowest current rates of providing sick days would benefit the most from a national paid sick days policy.

DEPENDING ON THE REASON FOR LEAVE AND THE POLICY ALTERNATIVE, 7 TO 21 PERCENT OF WORKERS WILL RECEIVE NEW PAID SICK DAYS COMPARED WITH CURRENT POLICY.

Table 1 shows the distributional impact of the three alternative paid sick leave policies on workers by reason for leave. Overall, *Table 1* shows that across all reasons for leave, 12 to 17 percent more workers receive pay for leave compared with current policy. The national alternative policy benefiting the largest increase in share of workers receiving new sick pay is estimated to be that based on San Francisco's ordinance, while the policy benefitting the smallest share of workers is the proposed federal Healthy Families Act (HFA). The HFA provides that employers with 15 or fewer workers need not pay wages but offer only a job guarantee and non-retaliation against workers using sick days.

In terms of reasons for leave, *Table 1* shows that the share of workers taking leave and receiving new paid sick days is estimated to increase the most for own health and maternity-related disability, and somewhat less for new child bonding and family care leaves. There is a 7 percentage point increase for new child bonding policy under the HFA alternative, compared with 9 percentage points under the Vermont alternative and 11 percentage points under the San Francisco alternative. The San Francisco model also provides the largest increase in workers with paid sick days for own health, 21 percentage points compared with 15 percentage points under the HFA.

Table 1: Shares of Employees Receiving Wage Replacement While Taking Leave Under Three Alternative Model Policies and Current Policy, by Leave Type

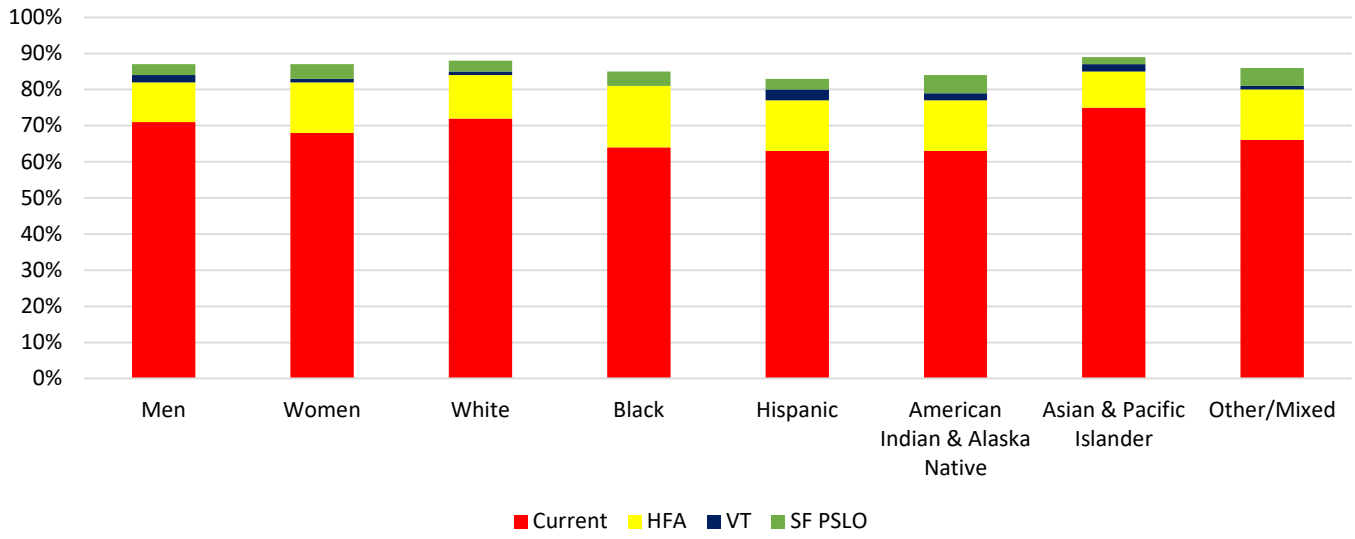
	Share of Leave-Taking Employees Receiving Wages			
Reason for Taking Leave	**Current**	**VT**	**HFA**	**SF PSLO**
Own Health	68%	85%	83%	89%
Maternity-related Disability	68%	84%	84%	88%
New Child Bonding	72%	81%	79%	83%
Family Care	72%	82%	81%	83%
Overall	70%	84%	82%	87%

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model.

A NATIONAL PAID SICK DAYS POLICY WOULD BENEFIT PROPORTIONATELY MORE WOMEN THAN MEN AND PROPORTIONATELY MORE WORKERS OF COLOR THAN WHITE WORKERS, COMPARED WITH THE CURRENT POLICY.

Figure 1 shows that all three alternative paid sick days policies would benefit proportionately more women than men because a lower percentage of women (68 percent) than men (71 percent) take paid leaves under current policy. The three alternative policies would also benefit proportionately more workers of color than white workers, with black, Hispanic, American Indian and Alaska Native, and other/mixed race workers each gaining 20 to 21 percentage points of coverage, while Asian and Pacific Islander workers would gain about the same (14 percentage points) as whites (16 percentage points).[2] Thus, those groups who have traditionally been the most disadvantaged would gain the most from new paid sick days policies.

Figure 1. Share of Employees Receiving Wage Replacement While Taking Leave Under Three Alternative Model Policies and Current Policy by Gender and Race



Note: There is no difference in leave-taking among blacks under the HFA and VT policies (81 percent).
Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model.

LOW-INCOME WORKERS WOULD SEE THEIR SHARE OF PAID SICK DAYS INCREASE THE MOST.

Table 2 shows that for workers at different earnings levels, it is also the lowest earning workers who would gain the most in new paid sick days. Those earning less than $25,000 per year would see their share with paid sick days increase by 27 percentage points under the San Francisco model, while those with the highest earnings ($100,000 or more) would see a gain in share with paid sick days of only 4 percentage points. Again, the most disadvantaged would gain the most from new paid sick days policies under any model policy estimated.

[2] These percentage point references compare the results for current policy to results for a national policy similar to San Francisco. See Appendix Table 2 for additional detail.

Table 2. Share of Employees Receiving Wage Replacement While Taking Leave Under Three Alternative Model Policies and Current Policy, by Personal Earnings

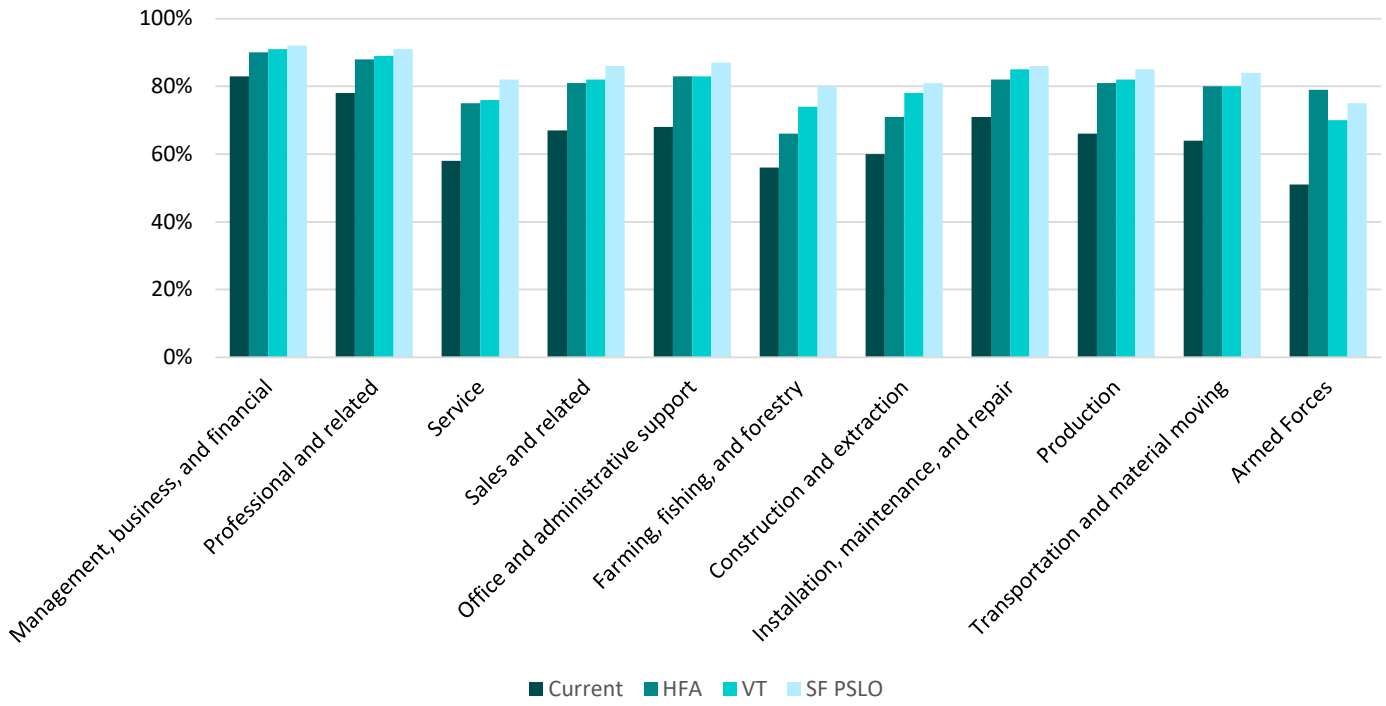
	Share of Leave-Taking Employees Receiving Wages			
Personal Earnings	**Current**	**VT**	**HFA**	**SF PSLO**
Less than $25,000	54%	73%	73%	81%
$25,000 to $49,999	73%	88%	85%	88%
$50,000 to $74,999	82%	92%	90%	92%
$75,000 to $99,999	86%	94%	92%	94%
$100,000 or more	91%	95%	95%	95%

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model.

WORKERS IN THE OCCUPATIONS AND INDUSTRIES WITH THE LOWEST CURRENT RATES OF PROVIDING SICK DAYS WOULD BENEFIT THE MOST FROM A NATIONAL PAID SICK DAYS POLICY.

Figure 2 shows that, in terms of workers' occupations, the groups that would be expected to gain the largest shares of newly paid days are those in service occupations; the farming, fishing, and forestry occupations; and the armed forces (all at a gain of 24 percentage points using the San Francisco model). The next occupations to gain the most are expected to be construction and extraction occupations (with a gain of 21 percentage points) and the transportation and material moving occupations (with a gain of 20 percentage points).

Figure 2. Share of Employees Receiving Wage Replacement While Taking Leave Under Three Alternative Model Policies and Current Policy, by Occupation

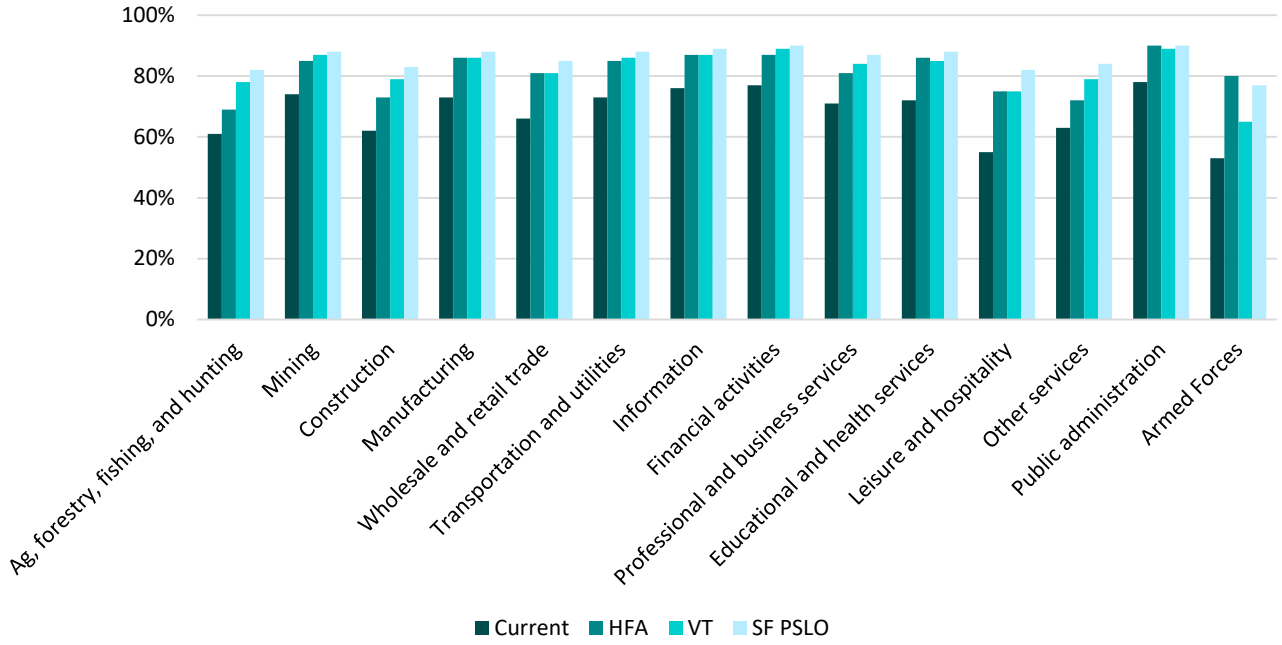


Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model.

Figure 3 shows that, in terms of workers' industries, the groups to gain the largest shares with paid sick days would be those in leisure and hospitality (27 percentage point increase using the San Francisco model), the armed forces (24 percentage point increase), other services not listed (21 percentage point increase), and agriculture, forestry, fishing and hunting occupations (21 percentage

point increase). In all cases, except armed forces, these are among the occupations and industries with the lowest current rates of providing paid sick days.[3]

Figure 3. Share of Employees Receiving Wage Replacement While Taking Leave Under Three Alternative Model Policies and Current Policy, by Industry



Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model.

LEAVE-TAKING ACROSS ALL ESTABLISHMENTS WOULD INCREASE UNDER A NATIONAL PAID SICK DAYS POLICY, WITH WORKERS IN THE SMALLEST ESTABLISHMENTS SEEING THE GREATEST INCREASE IN THEIR SHARE OF PAID SICK DAYS.

Finally, *Table 3* shows that it is workers working in the smallest establishments who would see their share gaining paid sick days increase the most. Under the San Francisco model, those working in establishments with fewer than 10 employees and with 10 to 49 employees would each gain 23 percentage points, while those working in larger establishments, 50 and up, would see gains of 15 and 16 percentage points in the share of workers with paid sick days. (Under HFA, there is no expected change in paid leave in firms with fewer than 15 employees.) Since firms with 500 or more would experience the largest increases in cost, it appears that their increased costs are not stemming from proportionately more workers taking paid leaves (large size firms have the smallest increase in share taking paid leaves), but perhaps from workers being newly eligible to take somewhat longer paid sick leaves.

[3] Because *Figures 2* and *3* show that the estimated cost of new paid sick days to the armed forces as a share of payroll is small, as seen in Issue Brief 1, Estimating Usage and Costs of Alternative Policies to Provide Paid Sick Days in the United States, this result suggests that any additions to paid sick leaves taken by a large percentage of those who work for the armed forces are expected to be very short or to cost very little (perhaps concentrated among the lowest-paid, for example.

Table 3. Share of Employees Receiving Wage Replacement While Taking Leave Under Three Alternative Model Policies and Current Policy, by Size of Establishment

	Share of Leave-Taking Employees Receiving Wages			
Size of Establishment	**Current**	**VT**	**HFA**	**SF PSLO**
Fewer than 10 employees	59%	76%	59%	82%
10 to 49 employees	59%	78%	77%	82%
50 to 99 employees	72%	85%	87%	88%
100 to 499 employees	73%	86%	88%	88%
500 or more employees	74%	87%	89%	89%

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model.

A NATIONAL PAID SICK DAYS POLICY HAS SUBSTANTIAL BENEFITS.

The benefits of implementing paid sick days policies are potentially substantial to employers and include reduced contagion in the workplace[viii], improved productivity[ix], fewer workplace injuries[x], and decreased employee turnover[xi]. In addition to reduced contagion and fewer injuries, public health benefits include more timely treatment for illness, increased use of preventive care, and improved family health[xii]. Workers and their families also benefit from more stable income and improved labor force attachment (and potentially greater earnings from increased seniority since workers would be less likely to lose their jobs for staying home sick[xiii]. Emergency department use would fall since workers could access their regular doctors more easily, reducing health care costs and taxpayer health care subsidies[xiv]. Where paid sick days have been implemented, research studies find that costs were minimal, the policies were easy to implement, their use was not abused, they improved morale and work life balance, and they did not lead to slower job growth but rather sustained or above average job growth[xv].

APPENDIX A: NOTE ON METHODOLOGY

The Institute for Women's Policy Research, together with Massachusetts economists Randy Albelda and Alan Clayton-Matthews, has developed and updated a simulation model to estimate the usage and costs of family and medical leave. The model simulates specific leave-taking behavior (including number, length, benefit levels, and benefit eligibility) onto individual workers working in a state, locality, or the nation using data from five years (2009 to 2013) of the Census Bureau's American Community Survey (ACS). The simulation model estimates several aspects of leave taking behavior, conditional on demographic characteristics and leave type, including the worker's own health needs, maternity-related disability, new child bonding, and family care for spouse, children, or parents[4]. These include the probability of needing a leave, of taking a leave, of getting paid for a leave, of extending a leave if some or more pay was received, and so on. A series of models are estimated to predict leave need, level of paid leave offered by an employer (if any), leave taking, duration, and other characteristics of covered workers and eligible leaves types. The model predicts the leave behaviors and characteristics as a function of the person's demographic characteristics for employed individuals in the ACS assuming that they behave similarly to the employees in the DOL FMLA Employee Survey. After each person has been passed through the entire flow, the result is a history of leave-taking behavior for a one-year period. See Abelda and Clayton-Matthews 2010 and Clayton-Matthews and Albelda 2015 for more information about the model[xvi].

The model uses observable leave-taking behavior available in a national, comprehensive survey of family and medical leaves, the 2012 DOL FMLA Employee Survey conducted by Abt Associates under contract to the U.S. Department of Labor, for estimating the occurrence and leave behaviors around qualifying family events experienced by U.S. workers. (In 2012 paid sick time policies had been adopted covering workers in San Francisco, CA; Washington, DC; Seattle, WA; and service workers in Connecticut.) The survey data on observed behaviors are coupled with a few assumptions about unobservable behavior in the presence of a leave program including:

- How employer benefits affect leave participation – The model assumes eligible workers compare weekly benefit amounts available with the paid sick days policies to the "next best option" (already existing employer-paid wages or uncompensated leave in most cases).
- Policy take up rates – The model applies a specific definition of take up at the point where an eligible worker has experienced a qualifying medical or family event and decided to take leave in order to allow the analyst to specify the share that will take the new paid sick days offered. Reasons for less than full take up include lack of knowledge, difficulty of use, and lack of job security.

The total cost estimates generated by the IWPR-ACM Model are reasonable and compare favorably to cost estimates derived from other methods.

[4] Family and medical leave is defined in the 2012 DOL FMLA Employee Survey as leave for one's own serious health condition; caregiving for a serious health condition of a parent, spouse, relative, or child; for a new child; or to respond to the military deployment of a family member.

APPENDIX B: TABLES

Table A-1: Summary of Alternative Paid Sick Leave Models

	Vermont Act 69	Proposed Healthy Families Act (Federal)	San Francisco Paid Sick Leave Ordinance
Coverage & Eligibility	All workers are covered, except some state workers. Workers must average 18 hours per week for 20+ weeks. Accrual begins at date of hire and is usable after the first year.	Workers in 15+ employee firms earn paid sick days. Workers in 1-14 employee firms earn unpaid sick days. Accrual begins at date of hire and is usable after the 60 days.	All workers are covered. Eligibility and accrual begins 90 days after date of hire.
Calculation of Leave Provided	Workers earn 1 hour every 52 hours, capped at 24 hours a year. Accrual increases to 40 hours in 2019.	Workers earn 1 hour every 30 hours, capped at 56 hours a year.	Workers earn 1 hour every 30 hours, capped at 40 hours (1-9 employees). Workers earn 1 hour every 30 hours, capped at 72 hours (10+ employees).
Reasons for Leave	Personal illness/ injury and preventive care, care for family members, or domestic violence needs.	Personal illness/injury and preventive care, care for family members, or domestic violence needs.	Personal illness/injury and preventive care, care for family members, or domestic violence (effective 1/1/17).
Job Protection	The policy prohibits retaliation against workers.	The policy prohibits retaliation against workers.	The policy prohibits retaliation against workers.

Source: Information on Vermont's policy was gathered from Act 69 of 2016; information on the proposed Healthy Families Act was gathered from House Bill 932 of the 114th Congress; information on San Francisco's Paid Sick Leave Ordinance was gathered from Chapter 12W: Sick Leave of the San Francisco Administrative Code.

Table A-2. Share of Employees Receiving Wage Replacement While Taking Leave Under Alternative Model Policies and Current Policy by Gender and Race

	Leave-Taking Employees Receiving Wages			
Gender and Race	**Current**	**HFA**	**VT**	**SF PSLO**
Men	71%	82%	84%	87%
Women	68%	82%	83%	87%
White	72%	84%	85%	88%
Black	64%	81%	81%	85%
Hispanic	63%	77%	80%	83%
American Indian & Alaska Native	63%	77%	79%	84%
Asian & Pacific Islander	75%	85%	87%	89%
Other/Mixed	66%	80%	81%	86%

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model.

Table A-3. Share of Employees Receiving Wage Replacement While Taking Leave Under Alternative Model Policies and Current Policy by Occupation and Industry

	Current	HFA	VT	SF PSLO
Occupation				
Management, business, and financial	83%	90%	91%	92%
Professional and related	78%	88%	89%	91%
Service	58%	75%	76%	82%
Sales and related	67%	81%	82%	86%
Office and administrative support	68%	83%	83%	87%
Farming, fishing, and forestry	56%	66%	74%	80%
Construction and extraction	60%	71%	78%	81%
Installation, maintenance, and repair	71%	82%	85%	86%
Production	66%	81%	82%	85%
Transportation and material moving	64%	80%	80%	84%
Armed Forces	51%	79%	70%	75%
Industry				
Agriculture, forestry, fishing, and hunting	61%	69%	78%	82%
Mining	74%	85%	87%	88%
Construction	62%	73%	79%	83%
Manufacturing	73%	86%	86%	88%
Wholesale and retail trade	66%	81%	81%	85%
Transportation and utilities	73%	85%	86%	88%
Information	76%	87%	87%	89%
Financial activities	77%	87%	89%	90%
Professional and business services	71%	81%	84%	87%
Educational and health services	72%	86%	85%	88%
Leisure and hospitality	55%	75%	75%	82%
Other services	63%	72%	79%	84%
Public administration	78%	90%	89%	90%
Armed Forces	53%	80%	65%	77%

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model.

[i] Kevin Miller and Sarah Towne, "San Francisco Employment Growth Remains Stronger with Paid Sick Days Law Than Surrounding Counties," Institute for Women's Policy Research (September 2011) <http://iwpr.org/publications/pubs/san-francisco-employment-growth-remains-stronger-with-paid-sick-days-law-than-surrounding-counties> (accessed March 18, 2016).

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[iii] The Main Street Alliance of Washington, "Paid Sick Days and the Seattle Economy: Job growth and business formation at the 1-year anniversary of Seattle's Paid Sick and Safe Leave law," (September 2013) <http://www.thestranger.com/images/blogimages/2013/09/10/1378841347-psd-1-year-report-final.pdf> (accessed January 12, 2016).

[iv] IMPAQ and IWPR. 2017. "Estimating Usage and Costs of Alternative Policies to Provide Paid Sick Days in the United States." Issue Brief—Worker Leave Analysis and Simulation Series.

[v] The simulation model used to calculate leaves taken is based on a 2012 DOL FMLA Employee Survey; in 2012, only San Francisco, the District of Columbia, Seattle, and the state of Connecticut had implemented paid sick leave requirements. To the extent covered and eligible workers were included in the 2012 DOL FMLA Employee Survey, their experiences are included in 'current policy.'

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[vii] Appelbaum, Eileen, Ruth Milkman, Luke Elliott, and Teresa Kroeger. 2014. "Good for Business?
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[viii] Smith, Tom W. and Jibum Kim, "Paid Sick Days: Attitudes and Experiences," Public Welfare Foundation (June 2010) <http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-attitudes-and-experiences.pdf> (accessed January 12, 2016).

[ix] Keech,, M., A.J. Scott, and P. J. J. Ryan, "The impact of influenza and influenza-like illness on productivity and healthcare resource utilization in a working population," Occupational Medicine 48 (2): 85-90 (1998).

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[x] Asfaw, Pana, Regina Pana-Cryan, and Roger Rosa, "Paid Sick Leave and Nonfatal Occupational Injuries," *American Journal of Public Health* 102(9): e59-e64 (September 2012).

[xi] Hill, Heather. 2013. "Paid Sick Leave and Job Stability," *Work and Occupations* 40(2): 143-173.

[xii] Institute of Medicine, "Care Without Coverage: Too Little, Too Late," (May 2002) <https://iom.nationalacademies.org/~/media/Files/Report%20Files/2003/Care-Without-Coverage-Too-Little-Too-Late/Uninsured2FINAL.pdf> (accessed January 12, 2016).
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[xv] Appelbaum, Eileen, Ruth Milkman, Luke Elliott, and Teresa Kroeger. 2014. "Good for Business?

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