



**U.S. House of Representatives Education and Labor Committee
Workforce Protections Subcommittee**

**Hearing on The Healthy Families Act (H.R. 1784): Examining a Plan to Secure Paid Sick
Leave for U.S. Workers
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The Difference Between Paid Sick Days & Paid Family and Medical Leave

It is important to note the distinction between paid sick days (also referred to interchangeably in research literature as paid sick leave, although the leave does not necessarily have to be accessed in full day increments) and paid family and medical leave. While both can be used to address a personal illness or to care for a family member, one key distinction is the duration of leave available and the type of illness or caregiving need the two policies are intended to address. Paid family and medical leave can be used, among other reasons, for a worker to address their own serious medical need or to care for a seriously ill family member; the emphasis here is on “serious.” This type of leave is intended to address significant work limiting conditions such as cancer, heart attacks, or strokes – conditions that require hospitalization or ongoing medical care. In these cases, the total length of time that the individual is unable to work, either to recover from their own medical needs or to provide care to a family member, is measured in weeks or potentially months.¹

In contrast, paid sick days are generally intended to address less serious but more common short-term illnesses, such as recovering from a cold or the flu; caring for a family member experiencing a short-term illness; or accessing routine or preventative medical care such as checkups or dental appointments for themselves or to accompany a family member on such a visit. State and local paid sick days laws increasingly also include coverage of safe days, which can be used to address the aftermath of domestic, sexual, or other forms of interpersonal violence including accessing medical care, meeting with law enforcement, attending court dates, et cetera. While related, paid family and medical leave and paid sick days are complimentary and separately necessary policies, rather than substitutes for one another.

Introduction and Geography of Current Paid Sick Days Laws

The United States is, and has been for years, an extreme outlier among its global peers when it comes to guaranteeing workers the right to paid time off from work to address illness. When compared among the 22 countries ranked highest in terms of economic and human development, only the U.S. lacks any guarantee that workers receive paid sick days.² Among 34 OECD countries, only the United States and the Republic of Korea offer no guaranteed paid leave for personal illnesses.³ At least 145 countries worldwide ensure access to paid sick days, with the majority (127) offering at least a week or more of paid sick days each year.⁴

But while there is no guaranteed right to paid sick days in the United States – or to any form of paid leave at all – that is not to say that no workers have access to this benefit. Currently, 73 percent of private industry workers have access to paid sick days through their employers, either because their employer chooses to voluntarily offer the benefit or because they work within a state, county, or city that has passed its own paid sick days law.⁵ Eleven states (Arizona, California, Connecticut, Maryland, Massachusetts, Michigan, New Jersey, Oregon, Rhode Island, Vermont, and Washington), the District of Columbia, and 22 cities and counties have laws on the books mandating paid sick days as of this writing.⁶ However, based on data from March 2019 that leaves 27 percent of private industry workers – or an estimated 32.5 million individuals – without access to a single paid sick day off if they fall ill, need to access preventative care, or need to care for a sick child or family member.⁷

Existing state and local paid sick days laws vary in their specifics, but generally require employers to ensure covered workers earn paid sick days based on the hours they work and tend to cap the leave at an average of 40 hours⁸ – although some cities and counties have a higher cap and individual employers can choose to offer a more generous policy. These laws have made a tremendous difference in determining who has access to paid sick days, but have also resulted in significant geographic disparities. For example, in the Pacific region where the three most populous of the five states in the region have paid sick days laws (California, Oregon, and Washington do, Alaska and Hawaii do not), only 9 percent of private industry workers do not have access to paid sick days.⁹ By way of contrast, in the East South Central region, which consists of Alabama, Kentucky, Mississippi, and Tennessee, there are no paid sick days laws for private industry workers at the state or local level and only 38 percent of workers have no access to paid sick time if they are too ill to work.¹⁰

Access to Paid Sick Days by Demographics

Geography is not the only factor that impacts access to paid sick days. Workers in service related jobs make up nearly one-quarter of all private industry workers and have jobs that often involve direct contact with the public.¹¹ However, these workers have one of the worst rates of access to paid sick days, with 42 percent or 11.7 million individuals lacking access.¹² By way of contrast, only 10 percent of workers in management, professional, and related occupations lack access to paid sick days, but even this high level of access still translates into 3.3 million workers without any paid sick days.¹³ Low-wage workers, a group which overlaps significantly with workers in service related jobs, also have dramatically lower access to paid sick days compared to other groups. Seventy percent of private industry workers earning less than \$10.49 per hour do not have paid sick days, compared with only 10 percent of those earning at least \$30.61 per hour.¹⁴ Workers of color, and Latinx workers in particular have been found to be less likely to have access to paid sick days.¹⁵ Prior research has found that when compared to white workers who were otherwise similar in terms of education, income, occupation, and a variety of other factors, Hispanic workers were 11.5 percent less likely to have access to paid sick days.¹⁶ Rural workers are also less likely to have access to paid sick days when compared to their urban and suburban peers.¹⁷

Low-wage workers

Lack of paid sick days coverage among low-wage workers needs to be understood within the broader context of their job quality. Low-wage workers are less likely to have access to any form of paid leave, with only 42 percent of workers earning less than \$10.49 per hour having access to paid vacation and a meager 5 percent with access to paid family leave.¹⁸ Low-wage workers are less likely to have other job protections through union membership or collective bargaining agreements.¹⁹ They are also more likely to experience job instability and among workers earning less than \$15,000 per year, nearly 43 percent reported high work-hour instability while 57 percent reported high schedule unpredictability.²⁰ They are also the least likely group to have significant savings, with one-quarter of households earning less than \$25,000 per year reporting no liquid savings.²¹ This means that the people who are the least likely to have paid sick days are also the least likely to be able to afford to take unpaid time away from work if they are ill or need to care for a sick child or other family member. The Economic Policy Institute estimates that for a low-wage worker with an illness like the flu, missing three days of pay can result in wage losses equal to the month's grocery budget or utility bills.²² And that is assuming that calling in sick does not result in termination, which brings with it its own economic challenges, especially for those who have never been able to accrue significant savings. As a result, there is a strong incentive for low-wage workers who are not protected by paid sick days laws to report to work even when they are ill and may be contagious.

Take for example, the state with the lowest cost of living: Mississippi. A worker earning the federal minimum wage is still not earning a living wage, even with no dependents. Assuming a minimum wage earner worked 40 hours per week, they would still only earn about \$1260 per month, before taxes.²³ More than half of those pre-tax earnings (\$762) would be needed to pay the median rent in the state.²⁴ If that individual had to miss 3 days of work because they contracted the flu, they would lose an additional \$174,²⁵ which means that after paying the rent they would be left with \$324 – pre-taxes – to pay *all* of their other expenses for the month, including utilities, food, and transportation.²⁶ Single parents are particularly hard hit in this scenario, both because they have additional mouths to feed and support, but also because they are even more likely to need access to paid sick days in order to care for their children should they fall ill.

Working parents

When working parents lack access to paid sick days that can be used to care for loved ones, it makes it harder for parents to care for their children. Mothers and unmarried parents caring for their children— most of whom are women - are especially likely to be at a disadvantage since women are the family members most likely to provide care to children, sick or not. One Pew study found that 47 percent of parents report the mother does more when it comes to taking care of sick children compared to only 6 percent of parents who say the father does more.²⁷ And research on caregiving shows that while mothers and fathers have roughly equal access to paid sick days, mothers are more likely to be the parent to miss work to care for a sick child.²⁸

Any parent will tell you that children frequently get sick, especially during cold and flu season. A survey conducted by the University of Michigan C.S. Mott Children's Hospital found that

close to two-thirds of the parents with children in child care (62 percent) reported their children were too sick to attend child care at least once in the previous year, more than one-third (38 percent) reported their child was too ill to attend at least three or more times, and close to one-quarter (23 percent) reported their child was sent home from child care due to illness.²⁹ One half (50 percent) of parents reported that it was difficult to find back up child care under these circumstances, one-third (33 percent) said they feared losing pay or their job when they needed to stay home to care for a sick child, and nearly one-third (31 percent) said they did not have enough paid sick days to address their family care needs.³⁰ These fears are not ill-founded, as access to paid sick days decreases the likelihood of job separation by at least 25 percent, and the relationship is stronger for working mothers compared to fathers.³¹

Paid Sick Days and Public Health

In addition to harming individual workers and their families' economic stability and well-being, there are significant public health risks associated with a lack of paid sick days – especially considering that service workers are among the very least likely to currently have access. Workers in public-facing roles are both at increased risk of contagion as a result of their work, and can pose an infection risk to the clients and customers they serve. These impacts are heightened in roles that include physical contact or the preparation or serving of food and drinks. Research has consistently shown that food service workers in particular are especially unlikely to have paid sick days.³²

One study found that almost two-thirds of restaurant servers and cooks had come to work while sick, while another discovered that in the prior year nearly 12 percent of restaurant workers had come to work when they were experiencing vomiting or diarrhea.³³ While it would be easy to blame the workers for not staying home, the median hourly wage for Cooks and Food Preparation Workers is only \$11.10 per hour, and for Food and Beverage Serving Workers it is only \$9.71.³⁴ In no state would this constitute a living wage for a single adult with a child, placing these workers in an impossible bind.³⁵ In another survey, the overwhelming majority (91.9 percent) of restaurant workers who reported working while sick did so because they could not afford to take a day off without pay or feared being fired or penalized as a result of calling out sick.³⁶

The implications are enormous. Workers without paid sick days are found to be three times less likely to receive medical care and 1.6 times less likely to access medical care for their family members when compared to working adults who have access to paid sick days.³⁷ The same study found that low-wage workers without paid sick days were at the highest risk of postponing and forgoing medical care for themselves and their family members.³⁸ When controlling for a variety of demographic factors including income and family size, children whose parents had access to paid sick days were more likely receive preventative care including vaccines, were less likely to receive delayed medical care, and were less likely to access care in an emergency room setting.³⁹

Accessing medical care in emergency rooms, even when the medical issue is not what would typically be defined as an “emergency” is not uncommon among workers who do not have access to paid sick days. Because most doctor's offices are open during regular business hours,

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workers who lack paid sick days may have difficulty being seen in this setting. As a result, they may have no other choice than to resort to emergency room usage for themselves and their families during non-standard hours. Lack of paid sick leave has been shown to delay accessing medical care, which may also mean that workers without it delay seeing a doctor until their condition has worsened to a point it can no longer be avoided. After controlling for a number of factors that may influence an individual's need for health services and their ability to access medical care, including but not limited to age, sex, health insurance status, and usual source of medical care, workers with access to paid sick days are 14% less likely to be moderate emergency department users (1-3 visits per year) and 32% less likely to be repeated emergency department users (4+ visits per year).⁴⁰ A 2011 study by the Institute for Women's Policy Research estimated that if every worker in the United States had access to paid sick days, there would be 1.3 million fewer emergency room visits each year resulting in cost savings of \$1.1 billion annually.⁴¹ And about half of these estimated savings (\$517 million) were projected to go to tax-payer funded programs like Medicare, Medicaid, and the State Children's Health Insurance Program.⁴²

Unsurprisingly, research has consistently shown that access to paid sick days makes it more likely that a worker will stay home when they are ill.⁴³ Every week an estimated 3 million workers go to work when they are ill, most of whom are low-wage workers, mothers with young children, or both.⁴⁴ Women are 70 percent more likely to work sick compared to men, and employees earning less than \$10 per hour are more than three times as likely compared to those with wages about \$30 per hour.⁴⁵ Research on influenza has shown that workers with access to paid sick days, in addition to being more likely to stay home when they are ill, are more likely to receive the flu vaccine and to visit a health professional when they are sick.⁴⁶

According to the Centers for Disease Control and Prevention (CDC), somewhere between 5 to 20 percent of the U.S. population contracts the flu each year, resulting in thousands of deaths and costing the United States more than \$87 billion annually.⁴⁷ The employment consulting firm Challenger, Gray & Christmas estimates that in 2018 lost productivity due to the flu cost businesses more than \$21 billion.⁴⁸ Research has proven that because workers with access to paid sick days are more likely to stay home when they are contagious, the policy helps to curtail the spread of illnesses like the flu.⁴⁹ Paid sick days could potentially save employers an estimated \$63 million to \$1.8 billion each year through reduced spread of illnesses like the flu alone.⁵⁰

COVID-19

This is a particularly salient issue at the moment, given the current global spread of the coronavirus, which causes the highly contagious and potentially deadly respiratory infection COVID-19. At the time that I write this on March 5, 2020, there have been more than 3,000 deaths related to COVID-19 worldwide, and 12 confirmed in the United States.⁵¹ There are at least 200 confirmed cases across 17 states in the United States,⁵² although there are also indications that the number is likely much higher and that the infection may have been spreading undetected for weeks in some of the areas that are only just now reporting confirmed outbreaks.⁵³

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The CDC recommends that people who have contracted COVID-19 but are not so ill as to require hospitalization should self-quarantine in order to curb the spread of the infection.⁵⁴ Specifically, they instruct individuals that they, “should restrict activities outside (the) home, except for getting medical care. Do not go to work, school, or public areas.”⁵⁵ Given what the research has shown us regarding access to paid sick days and the ability of workers to stay home from work while ill, it is not difficult to understand why access to paid leave is an important component of addressing this pandemic. Research on the 2009 H1N1 pandemic estimated that an additional 5 million people contracted the virus due to a lack of workplace policies like paid sick days.⁵⁶ The American Public Health Association reports that 1,500 deaths from H1N1 could be attributed to employees continuing to report to work while contagious.⁵⁷ To be clear, this is not to imply that paid sick days alone are the solution, as even workplaces with paid sick days often have a culture that discourages their usage. However, as research has consistently shown that workers with paid sick days are more likely to take time off when they are ill and/or contagious, this policy has enormous potential to mitigate the effects of the coronavirus.

Healthy Families Act

The patchwork of current state and local policies are not sufficient to protect workers in the United States, and it is vital that Congress work to create a federal floor on paid sick days benefits. The Healthy Families Act would do just that, by ensuring that workers in businesses with at least 15 employees would have the ability to earn up to 7 days of paid sick days, while workers in businesses of all sizes would be able to earn unpaid time off to ensure that their jobs were not in jeopardy if they became ill or needed to care for a sick family member.⁵⁸ Qualifying workers would be able to earn 1 hour of paid sick days for every 30 hours worked capped at 56 hours of paid sick time per year, meaning that the average full-time worker would earn one full paid sick day for every six weeks worked. They would be able to use this paid time off when they are unable to work due to their own illness, need to provide care to an ill family member, need to access preventive care for themselves or a family member, or attend school meetings related to their child’s health condition or disability. Workers who experienced stalking, domestic, or sexual violence could also use this time to recover and address the aftermath of the incident. Employers who already have paid sick days policies in place that meet these requirements would not have to make any changes to their current operations, and they would be permitted to require medical documentation in instances where the usage of paid sick days met or exceeded three consecutive days.

Setting a federal floor on benefits will help to ensure that all workers are able to access medical care and prevent the spread of contagion regardless of where they work or who they work for. While the provisions of the Healthy Families Act are in line with other state and local paid sick days policies, the existing laws should not be pre-empted once a federal standard is set because they are not all perfectly duplicative. For example, many laws have greater reach and more expansive coverage than the Healthy Families Act. Under most state and local laws coverage is higher either because small businesses are not exempted or because the threshold for exemption is lower.⁵⁹ It would be unfair to potentially remove access from these workers simply because a national program was enacted. And while some large interstate businesses may complain about the complexity of administering benefits that differ across jurisdictions, the plain truth is that

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they already have to deal with differing labor laws across state lines – not to mention that many large companies voluntarily offer different benefits to workers at different levels of their company hierarchies. If their HR departments can manage to provide more generous benefits to upper management compared to line workers, there is little reason to believe that they face too much difficulty navigating slightly different state laws.

It is also important to note that dedicated paid sick days are different from other forms of paid leave, and that paid leave policies should not be seen as entirely interchangeable. It is critical – both for the health and well-being of the economy and the health and well-being of the population – that workers are able to take time off from work when they or a family member are ill. Paid sick days that are only intended to be used to address the worker or their family members' health and safety, like the leave that would be provided under the Healthy Families Act, helps ensure that is possible. Other types of paid leave such as Personal Time Off (PTO) policies mean that workers may have to make tradeoffs regarding their leave usage. It is not difficult to imagine that an ill worker who is otherwise generally healthy might choose to save their PTO days for school holidays when accessing child care would be difficult or expensive. But the result is exposing their coworkers to their illness, which broadens the spread of contagion and makes it more likely that eventually the illness will reach someone with a compromised immune system or for whom complications are more likely.

This is why policies like the Working Families Flexibility Act may seem like a sufficient solution on their face, but actually do very little to help in cases of illnesses. The bill would allow hourly workers to forgo overtime compensation in favor of accruing comp time that could be used at a future date.⁶⁰ In addition to undermining federal labor law, there are no guarantees that workers would actually be able to use this comp time for paid sick days since usage is at the employer's discretion. This proposal also would do nothing to help exempt workers who are not currently subject to overtime rules, including the more than 3 million individuals in management, professional, and related occupations who currently lack access to paid sick days.

Passing the Health Families Act would ensure that workers no longer have to choose between caring for themselves and their families and earning income. It would promote individual families' economic security and stability, while leveling the playing field between high income workers – the majority of whom already have access to this benefit – and low-wage workers – who are no less likely to get sick and no less worthy of the time to recover and care for their families. It would result in significant cost savings due to decreased emergency room usage and decreased loss of productivity due to presenteeism. And perhaps even more importantly, it would help promote public health and safety through the reduced spread of contagious illnesses. The current global health crisis presented by COVID-19 throws the importance of paid sick days into sharp relief, but the need for this common-sense policy is not dependent on an emerging pandemic. Everyone gets sick sometimes, and we all do better when workers are able to take the time they need to recover before returning to work.

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Endnotes

¹ While the total length of time used for paid family and medical leave tends to be longer, and some existing programs have waiting periods or minimum lengths of leave in order to qualify, the time away from work can often be taken in smaller increments.

² Jody Heymann and others, "Contagion Nation: A Comparison of Paid Sick Day Policies in 22 Countries" (Washington: Center for Economic & Policy Research, 2009), available at <https://cepr.net/documents/publications/paid-sick-days-2009-05.pdf>.

³ Amy Raub and others, "Paid Leave for Personal Illness: A Detailed Look at Approaches Across OECD Countries" (Los Angeles, CA: WORLD Policy Analysis Center, 2018), available at https://www.worldpolicycenter.org/sites/default/files/WORLD%20Report%20-%20Personal%20Medical%20Leave%20OECD%20Country%20Approaches_0.pdf.

⁴ Jody Heymann, Alison Earle, and Jeffrey Hayes, "The Work, Family, and Equity Index" (Montreal, QC: The Project on Global Working Families, 2007), available at <https://www.worldpolicycenter.org/sites/default/files/Work%20Family%20and%20Equity%20Index-How%20does%20the%20US%20measure%20up-Jan%202007.pdf>.

⁵ U.S. Bureau of Labor Statistics, National Compensation Survey, "Employee Benefits Survey, Table 31a. Leave benefits: Access, private industry workers, March 2019," available at <https://www.bls.gov/ncs/ebs/benefits/2019/ownership/private/table31a.pdf>.

⁶ National Partnership for Women & Families, "Current Paid Sick Days Laws" (Washington: 2019), available at <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/current-paid-sick-days-laws.pdf>; National Partnership for Women & Families, "Paid Sick Days – State and District Statutes" (Washington: 2019), available at <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/paid-sick-days-statutes.pdf>; A Better Balance, "Overview of Paid Sick Time Laws in the United States: Michigan," available at <https://www.abetterbalance.org/paid-sick-time-laws/michigan/> (last accessed March 2020).

⁷ U.S. Bureau of Labor Statistics, National Compensation Survey, "Employee Benefits Survey, Table 31a. Leave benefits: Access, private industry workers, March 2019.,"; U.S. Bureau of Labor Statistics, National Compensation Survey, "Employee Benefits Survey, Appendix table 2. Number of workers represented, March 2019," available at https://www.bls.gov/ncs/ebs/benefits/2019/appendix2019_02.htm.

Occupational group	Number	Percentage with paid sick days	Percentage without paid sick days	Estimated number of workers without paid sick days
All workers	120,415,500	73	27	32,512,185
Management, professional, and related	32,617,800	90	10	3,261,780
Sales and office	30,278,000	75	25	7,569,500
Service	27,840,700	58	42	11,693,094
Professional and related	20,825,600	88	12	2,499,072
Production, transportation, and material moving	19,154,000	69	31	5,937,740
Office and administrative support	18,076,600	82	18	3,253,788
Sales and related	12,201,500	64	36	4,392,540
Management, business, and financial	11,792,300	94	6	707,538
Natural resources, construction, and maintenance	10,525,000	66	34	3,578,500
Transportation and material moving	9,668,000	71	29	2,803,720
Production	9,486,100	68	32	3,035,552
Construction, extraction, farming, fishing, and forestry	5,367,600	56	44	2,361,744
Installation, maintenance, and repair	5,157,400	76	24	1,237,776
Protective service	1,571,300	74	26	408,538

Sources: U.S. Bureau of Labor Statistics, National Compensation Survey, "Employee Benefits Survey, Table 31a. Leave benefits: Access, State and local government workers, March 2019," available at <https://www.bls.gov/ncs/ebs/benefits/2019/ownership/govt/table31a.pdf>; U.S. Bureau of Labor Statistics, National Compensation Survey, "Employee Benefits Survey, Technical Note," available at https://www.bls.gov/ncs/ebs/benefits/2019/tech_note.htm.

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⁸ National Partnership for Women & Families, “Paid Sick Days – State and District Statutes” (Washington: 2019).

⁹ U.S. Bureau of Labor Statistics, National Compensation Survey, “Employee Benefits Survey, Table 31a. Leave benefits: Access, private industry workers, March 2019.”

¹⁰ Ibid.

¹¹ U.S. Bureau of Labor Statistics, National Compensation Survey, “Employee Benefits Survey, Appendix table 2. Number of workers represented, March 2019.”

¹² Ibid.; U.S. Bureau of Labor Statistics, National Compensation Survey, “Employee Benefits Survey, Table 31a. Leave benefits: Access, private industry workers, March 2019.” See endnote 7 for further information on the calculation.

¹³ See Endnote 7.

¹⁴ U.S. Bureau of Labor Statistics, National Compensation Survey, “Employee Benefits Survey, Table 31a. Leave benefits: Access, private industry workers, March 2019.”; U.S. Bureau of Labor Statistics, National Compensation Survey, “Employee Benefits Survey, Technical Note,” available at https://www.bls.gov/ncs/ebs/benefits/2019/tech_note.htm.

¹⁵ Jocelyn Frye, “The Missing Conversation About Work and Family: Unique Challenges Facing Women of Color” (Washington: Center for American Progress, 2016), available at <https://cdn.americanprogress.org/wp-content/uploads/2016/09/30124619/WorkAndFamily-WomenOfColor-Oct.pdf>.

¹⁶ Sarah Jane Glynn, Heather Boushey, and Peter Berg, “Who Gets Time Off? Predicting Access to Paid Leave and Workplace Flexibility” (Washington: Center for American Progress, 2016), available at <https://www.americanprogress.org/issues/labor/report/2016/04/26/134824/who-gets-time-off>.

¹⁷ Kristin Smith and Andrew Schaefer, “Rural Workers Have Less Access to Paid Sick Days” (Durham, NH: Carsey Institute, 2011), available at <https://scholars.unh.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1139&context=carsey>.

¹⁸ U.S. Bureau of Labor Statistics, National Compensation Survey, “Employee Benefits Survey, Table 31a. Leave benefits: Access, private industry workers, March 2019.”

¹⁹ U.S. Bureau of Labor Statistics, “Union Membership (Annual) News Release” available at <https://www.bls.gov/news.release/union2.htm> (last accessed March 2020); John Schmitt and others, “Unions and Upward Mobility for Low-Wage Workers” (Washington: Center for Economic and Policy Research, 2007), available at <https://www.cepr.net/documents/publications/UnionsandUpwardMobility.pdf>.

²⁰ Savannah Hunter, “Unstable Work Schedules and Earnings Volatility” (Davis, CA: UC Davis Center for Poverty Research, 2018), available at https://poverty.ucdavis.edu/sites/main/files/file-attachments/unstable_work_schedules_and_earnings_volatility_0.pdf?1538502397.

²¹ The Pew Charitable Trusts, “What Resources Do Families Have for Financial Emergencies?” (Washington: 2015), available at <https://www.pewtrusts.org/-/media/assets/2015/11/emergencysavingsreportnov2015.pdf>.

²² Elise Gould and Jessica Schieder, “Work sick or lose pay?: The high cost of being sick when you don’t get paid sick days” (Washington: Economic Policy Institute, 2017), available at <https://www.epi.org/files/pdf/130245.pdf>.

²³ \$7.25 per hour * 40 hours per week * 4.345 weeks per month = \$1260.05

²⁴ U.S. Census Bureau, “Quick Facts, Mississippi, Table” available at <https://www.census.gov/quickfacts/fact/table/MS/BZA115217> (last accessed March 2020).

²⁵ \$7.25 per hour * 8 hours per day * 3 days = \$174

²⁶ \$1260 normal monthly wages - \$174 lost wages for unpaid sick time - \$762 average rent = \$324 remaining

²⁷ Kim Parker, Juliana Menasce Horowitz and Molly Rohal, “Raising Kids and Running a Household: How Working Parents Share the Load” (Washington: Pew Research Center, 2015), available at https://www.pewsocialtrends.org/wp-content/uploads/sites/3/2015/11/2015-11-04_working-parents_FINAL.pdf.

²⁸ Kristin Smith and Andrew Schaefer, “Who Cares for the Sick Kids? Parents’ Access to Paid Time to Care for a Sick Child” (Durham, NH: Carsey Institute, 2012), available at <https://scholars.unh.edu/carsey/171/>.

²⁹ Mott Poll Report, “Sick kids, struggling parents,” *C.S. Mott Children’s Hospital National Poll on Children’s Health* 16 (5) (2012), available at <https://mottpoll.org/reports-surveys/sick-kids-struggling-parents>.

³⁰ Ibid.

³¹ Heather D. Hill, “Paid Sick Leave and Job Stability” *Work and Occupations* 40 (2) (2013): 143-173, available at <https://journals.sagepub.com/doi/abs/10.1177/0730888413480893>.

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