

May 24, 2021

Dear Members of Congress:

We, the undersigned organizations, urge you to co-sponsor and advocate for swift consideration of the Healthy Families Act (S. 840/H.R. 1784 in the 116th Congress), which would create a national paid sick and safe days standard.

The Healthy Families Act would guarantee working people the ability to earn up to seven paid sick days a year to recover from short-term illnesses, access preventive care, care for a sick family member or seek assistance related to domestic violence, sexual assault or stalking. Workers at places of employment with fewer than 15 employees would earn seven unpaid, job-protected sick days. Without paid sick days, workers are forced to make impossible choices when illness strikes: stay home, lose pay and risk their jobs; or go to work sick, jeopardize their health and spread illness to their co-workers and communities. Paid sick and safe days help keep families financially secure, workplaces and communities healthy and productive, and businesses and the economy strong. A permanent national paid sick days standard is an essential part of a just recovery from the pandemic.

The coronavirus pandemic has highlighted the consequences faced by working people, public health and our economy when workers lack access to paid sick days. As of March 2021, 2.8 million adults in the United States were not working because they were sick with coronavirus symptoms and 2.6 million because they were caring for an ill or older loved one.¹ And the long-term health and caregiving consequences of COVID-19 are just beginning to surface. The United States has had more than 30 million confirmed cases of COVID-19 as of March 2021; an estimated 10 to 15 percent – 1.5 to 3 million people – will experience persistent or relapsing symptoms, which can interfere with the ability to work or require care from a loved one.² Workers in low-paid “frontline” and essential jobs, including at grocery stores, and in child care and health care, disproportionately women of color, are doubly impacted, facing higher rates of infection and death in part due to workplace exposure, and less access to protective measures like paid sick days.³ More than half of Latinx workers – an estimated 15 million people – as well as 47 percent of American Indian and Alaskan Native workers and 38 percent of Black workers are unable to earn a single paid sick day.⁴ At the same time, women of color are also bearing the brunt of job losses while shouldering increased caregiving responsibilities that have pushed millions of women out of the workforce entirely.

Paid sick days have been proven to benefit public health and flatten the curve of infection during an emergency. Research has long shown that workers without paid sick days are more likely to come to work sick or injured,⁵ and are less able to stay home and recover. The benefits of a national standard were proven by the implementation of an emergency paid sick days program in April 2020: states where workers gained new access to paid sick days through the Families First Coronavirus Response Act (FFCRA) saw 400 fewer coronavirus cases per state per day, with a national impact of 15,000 fewer cases per day.⁶ Even as the promise of vaccination offers hope that the pandemic will end sometime in 2021, the exact

timeline is still unknown. A federal paid sick days policy would hasten the end of the pandemic.

Fourteen states, including the District of Columbia, and 22 other jurisdictions have or will soon have paid sick days laws in place in the United States.⁷ These laws currently protect more than 47 million workers⁸ and have helped increase the share of private sector workers with access to paid sick days by 14 percentage points since 2015.⁹ A strong, growing body of evidence from jurisdictions that have had laws in place for years shows that paid sick days benefit workers, families and public health.¹⁰ These studies also show virtually no adverse effects – and some positive effects – on businesses and local economies.¹¹

Despite substantial increases in access to paid sick days as a result of new laws, one-quarter of the private sector workforce in the United States – at least 30 million people – cannot earn paid sick days to use when they get sick.¹² Millions more cannot earn time to care for a sick child or family member.¹³ Lower-wage workers, workers of color and hourly workers are least likely to have access to paid sick time.¹⁴

Unpaid, unprotected days off have stark consequences for working families. For a family without paid sick days, just 3.3 days of lost pay due to illness are equivalent to an entire month of health care expenses, on average, and 4.5 days are equivalent to an entire month of food.¹⁵ Nearly one-quarter of U.S. adults (23 percent) report they have lost a job or have been threatened with job loss for taking time off work due to illness or to care for a sick child or relative.¹⁶

Paid sick days make business and economic sense. When sick workers are able to stay home, the spread of disease slows and workplaces are both healthier and more productive. Paid sick days also reduce “presenteeism,” the productivity lost when employees work sick, which is estimated to cost our national economy approximately \$249.8 billion annually and surpasses the cost of absenteeism.¹⁷ In Washington state, a paid sick days law cut the share of retail and food service workers who reported working while sick by eight percentage points.¹⁸ Paid sick days also reduce workplace injuries: Workers who earn paid sick days are 28 percent less likely than workers who don’t earn paid sick days to be injured on the job,¹⁹ and research from Connecticut shows that enacting a paid sick days law reduces occupational injuries – with the greatest difference among workers in high-risk occupations.²⁰

Ensuring all workers can earn paid sick days would significantly reduce health care expenditures. People without paid sick days are more likely to incur high health care expenses²¹ and are more likely to seek treatment at an emergency department because they can’t take time off to get care during regular business hours.²² If all workers had paid sick days, 1.3 million emergency room visits could be prevented each year, saving \$1.1 billion annually.²³ More than half of these savings — \$517 million — would accrue to taxpayer-funded health insurance programs, such as Medicare, Medicaid and the State Children’s Health Insurance Program.²⁴ Workers with paid sick days are more likely to get regular cancer screenings and preventive care,²⁵ holding down health care costs and improving long-term health.

Paid sick days enable working parents to care for their children when they are sick — shortening recovery time and reducing community contagion. Parents without paid sick days are nearly twice as likely as parents with paid sick days to send a sick child to school or day care.²⁶ When parents have no choice but to do so, children’s health and educational attainment is put at risk — as is the health of classmates, teachers, school staff and child care providers.

Women are disproportionately affected by the nation’s lack of paid sick days, which jeopardizes the economic stability of families increasingly dependent on women’s wages. Women make up nearly half the workforce²⁷ and mothers are breadwinners in nearly half of families with children under 18, including 48 percent of Latina mothers, 79 percent of Black mothers, 64 percent of Native American mothers and 43 percent of Asian American and Pacific Islander mothers as well as 48 percent of white mothers.²⁸ Yet, overwhelmingly, mothers still have primary responsibility for selecting their children’s doctors, accompanying children to appointments and getting them recommended care. In 2017, 4 in 10 employed mothers (40 percent) said they alone must miss work when a sick child needs to stay home, compared to 10 percent of working fathers. Among these mothers, 56 percent were not paid when they take that time.²⁹

Like paid sick days, paid “safe” days are critical for workers’ productivity, security and well-being. In a 2018 survey of domestic violence survivors, nearly three-fourths (73 percent) reported that financial problems forced them to remain with their abusers longer than they wanted or to return after having left, and more than half (53 percent) said they lost a job because of the abuse.³⁰ Because survivors of domestic violence are at increased risk of harm during and shortly after separating from an abusive partner,³¹ it is essential that they be able to find shelter, file restraining orders, attend court dates or receive counseling to prevent further abuse and continue working.

Without an inclusive paid sick days standard, America’s diverse workforce cannot meet its family caregiving needs. More than 80 percent of households today do not fit the so-called nuclear family model (a married couple living together with minor children).³² For example, 1 in 5 people (about 64 million nationwide) live in a multigenerational household, and people of color are especially likely to do so.³³ In part as a result of the opioid crisis, more than 2 million children are living with grandparents.³⁴ Among LGBTQ people, 37 percent of workers, and 43 percent of LGBTQ women and LGBTQ workers with disabilities, reported not having access to paid sick leave at their current employer. Twenty-nine percent reported that they would be most likely to turn to a partner to whom they are not legally married for care if they needed to take time off work for health-related reasons, including share that rises to 32 percent for respondents of color.³⁵ And, whether due to small family size, living a great distance from relatives, or even divorce or estrangement from a birth family, many adults – in fact, nearly one-third of people in the United States – report having needed to care for a friend, neighbor or other person who does not have a legal tie.³⁶ Coverage for these “chosen family” members, which is included in paid sick leave laws in New Jersey, Arizona and New Mexico* as well as numerous other jurisdictions, is particularly important for LGBTQ people, people with disabilities,³⁷ and servicemembers and veterans: around 15 percent of caregivers for pre-9/11 veterans and nearly one-quarter

* New Mexico’s bill has passed the legislature and is awaiting signature by the Governor.

(23.4 percent) of post-9/11 servicemembers and veterans are friends or neighbors.³⁸ The Healthy Families Act intentionally defines family members, partners, and children inclusively, acknowledging the different caregiving relationships across society.

The Healthy Families Act would strengthen workers and families, businesses and the economy. It would guarantee workers across the country the right to earn paid sick and safe days no matter where they live, bringing the rest of the United States in line with the states and cities that have passed these laws and much of the rest of the world.

We urge you to demonstrate your strong commitment to our nation's working families by co-sponsoring the Healthy Families Act and advocating for swift consideration. Thank you.

Sincerely,

National

1,000 Days

A Better Balance

American Association of People with Disabilities

American Association of University Women (AAUW)

American Federation of State, County and Municipal Employees

American Public Health Association

Asian Pacific American Labor Alliance, AFL-CIO (APALA)

Asian Pacific Institute on Gender-Based Violence

Association of Flight Attendants-CWA

BiNet USA

Caring Across Generations

Center for Law and Social Policy (CLASP)

Center for LGBTQ Economic Advancement & Research (CLEAR)

Child Care Aware® of America

Family Equality

First Focus Campaign for Children

Futures Without Violence

Human Impact Partners

PL+US: Paid Leave for the United States

Public Advocacy for Kids (PAK)

MomsRising

Movement Advancement Project

National Alliance to End Sexual Violence

National Asian Pacific American Women's Forum (NAPAWF)

National Association of Councils on Developmental Disabilities

National Association Social Workers

National Center for Lesbian Rights

National Coalition Against Domestic Violence

National Council of Jewish Women

National Employment Law Project

National Equality Action Team (NEAT)

National Organization for Women

National Partnership for Women & Families

National WIC Association
National Women's Law Center
NETWORK Lobby for Catholic Social Justice
People For the American Way
PFLAG National
PL+US: Paid Leave for the United States
Restaurant Opportunities Centers United
Shriver Center on Poverty Law
Service Employees International Union (SEIU)
The Leadership Conference on Civil and Human Rights
The National Domestic Violence Hotline
The National Network to End Domestic Violence
TIME'S UP Now
Trust for America's Health
UnidosUS
Union for Reform Judaism
United Church of Christ Justice and Witness Ministries
UsAgainstAlzheimer's
Oxfam America
Women of Reform Judaism
Workplace Fairness
YWCA USA

Alabama

AIDS Alabama

California

BreastfeedLA
California Partnership to End Domestic Violence
Community Health Councils
Equal Rights Advocates

Connecticut

Connecticut Women's Education and Legal Fund (CWEALF)

Illinois

POWER-PAC IL
Women Employed

Maryland

Public Justice Center

Massachusetts

American Psychiatric Association Women's Caucus

Michigan

Michigan League for Public Policy

New Jersey

New Jersey Citizen Action
New Jersey Time to Care Coalition

New Mexico
Native Women Lead

New York
GLSEN
The New York Women's Foundation
PepTalkHer

Ohio
The Women's Fund of Central Ohio

Pennsylvania
The National Resource Center on Domestic Violence
Women and Girls Foundation of Southwest PA
Women's Law Project

Rhode Island
Women's Fund of Rhode Island

South Carolina
Women's Rights and Empowerment Network

Texas
Every Texan

¹ U.S. Census Bureau. (2021). *Week 25 Household Pulse Survey: February 17 – March 1* (Employment Table 3. Educational Attainment for Adults Not Working at Time of Survey, by Main Reason for Not Working and Paycheck Status While Not Working). Retrieved 23 March 2021, from <https://www.census.gov/data/tables/2021/demo/hhp/hhp25.html>

² Scientific understanding of this new disease is still developing and estimates vary of the incidence of lasting health effects of COVID-19; currently 10 to 15 percent is a conservative estimate for symptoms lasting longer than 90 days, particularly among patients with severe illness. See Cirulli, E. T., Schiabor Barrett, K. M., Riffle, S., Bolze, A., et al. (2020, December 1). Long-term COVID-19 symptoms in a large unselected population. *medRxiv*. Preprint. doi: 10.1101/2020.10.07.20208702; del Rio, C., Collins, L. F., & Malani, P. (2020, October 5). Long-term Health Consequences of COVID-19. *Journal of the American Medical Association*. 324(17): 1723-1724. doi: 10.1001/jama.2020.19719; Yelin, D., Wirtheim, E., Vetter, P., Kalil, A. C., et al. (2020, September 1). Long-term consequences of COVID-19: research needs. *The Lancet: Infectious Diseases*. 20(10): P1115-1117. doi: 10.1016/S1473-3099(20)30701-5

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- ⁹ U.S. Bureau of Labor Statistics. (2020, September). *National Compensation Survey: Employee Benefits in the United States, March 2020* (Table 31). Retrieved 24 March 2021, from <https://www.bls.gov/ncs/ebs/benefits/2020/employee-benefits-in-the-united-states-march-2020.pdf>; U.S. Bureau of Labor Statistics (2015). *National Compensation Survey: Employee Benefits in the United States, 2015* (Table 32). Retrieved 24 March 2021, from <https://www.bls.gov/ncs/ebs/benefits/2015/ownership/private/table32a.pdf>
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