At a high cost to millions of people every year, the US has become increasingly isolated as 1 of the very few countries that entirely lacks any national paid sick leave.1 Around the world, 181 countries provided for paid sick leave before the pandemic began; only the US and 10 other countries did not. Notably, some state and municipal governments have stepped up to partially fill the gap in the US: 9 states and at least 23 cities and counties have enacted paid sick days and/or medical leave, and bills are pending in several additional jurisdictions. In this issue of JAMA Health Forum, a study by Ko and Glied2 examines New York City’s passage of a modest 40 hours of accrued paid sick leave per year and compellingly demonstrates what a great difference such policies can make. Focusing on a sample of Medicaid beneficiaries, Ko and Glied solidly conclude that the provision of modest paid sick days immediately and significantly lowered the use of emergency care, increased the use of primary care, and increased essential preventive screening, illustrating the extent to which sick days have the potential to both reduce health care costs and markedly improve health outcomes. Moreover, given the study’s focus on an economically vulnerable population, Ko and Glied’s findings underscore the particularly significant potential benefits of paid sick leave for low-income and otherwise marginalized workers.

Twenty-five years ago, the gaping holes in paid sick leave in the US were first reported by Heymann and colleagues.3 That study documented the extent of disparities and access to paid sick leave across race and class and the urgency of providing paid leave. Further studies4,5 demonstrated the relationship between access to sick leave and the ability to address personal health needs, family health needs, and return to work. Other researchers have documented the importance of paid sick leave to personal health, children’s health, public health, and the health of aging adults in one compelling study after the next. Yet the US continues to fall farther behind the rest of the world by lacking any national guarantee.

This failure to act is not because of any unique barriers to providing sick leave in the US. Indeed, the study by Ko and Glied2 builds on prior analyses demonstrating both the feasibility and impacts of statewide and city-level sick leave mandates. For example, in Washington state the introduction of paid sick leave in 2016 was associated with a 28 percentage-point increase in sick leave access by service and retail workers, helping close a critical gap—retail and service workers are among the least likely to have access to paid sick leave through their employers, and low-wage workers, people of color, and women are overrepresented in these industries. Moreover, the policy had wider community impact and was associated with an 8 percentage-point decrease in the proportion of workers going to work while ill.6 Altogether, this growing body of research on statewide and city-level approaches importantly documents what many have long argued: that paid sick days can make a difference to increase preventive care, reduce health care costs, and enable sick workers to recover without risking their jobs or spreading illness to coworkers or the public.

A national approach is the far more efficient way to cover not only paid sick days but also longer-term medical leave, which is equally critical to health and equity. Longer-term medical leave can prevent catastrophic income loss after a cancer diagnosis or other major illness and ensuring its availability to all is particularly critical given the vast wealth disparities across race and socioeconomic status. Currently, most cities’ leave laws, like New York City’s, cover only short-term sick days, reflecting the infrastructural challenges of providing longer-term leave at the local level. By
guaranteeing both paid sick and medical leave at the national level, the US can significantly lower administrative costs for states, reduce the burden on nationwide companies that otherwise would need to comply with different rules in every state of business, and most critically, cover everyone.

So, what will it take? Nearly 30 years ago, the US Congress took an important first step by passing the Family and Medical Leave Act (FMLA), which provides unpaid leave for serious medical conditions to workers who meet certain eligibility criteria. Yet, even among those who qualify to take FMLA leave, many cannot afford to take it, exacerbating racial and socioeconomic gaps in leave access. Moreover, the lack of a national paid leave law markedly widens the disparities across race, class, and gender in who gets sick, who receives care when sick, and who can economically recover following an illness or medical emergency. In the decades since the FMLA was enacted, paid sick leave has become nearly universal worldwide. Today, the US stands alone in solely providing unpaid leave for longer-term conditions and remains one of just a handful of countries with no paid sick days, paid or unpaid, for everyday illnesses.

To be sure, guaranteeing short-term paid sick leave and longer-term paid medical leave raises important considerations about policy design and approaches to financing. Yet global examples show both are eminently achievable. Around the world, longer-term paid leave is far more commonly funded by social insurance, so that the cost can be shared equally and not fall disproportionately on some employers. While Congress will need to debate the best way to pay for longer, paid leave, scores of countries have done it successfully, offering a wide range of options from which to choose. Meanwhile, nothing should hold up the US from mandating that all businesses provide at least the 40 hours guaranteed by New York City to all employees, full-time and part-time alike. In fact, nearly all countries around the world provide paid sick days to employees across sectors and firm size.

At this moment in history, the dire consequences of the US failing to guarantee paid sick leave to all could not be more obvious. Without a doubt, had paid sick days been available at the national level in the US at the beginning of this pandemic, fewer people would have had to go to work sick and there would have been less spread. However, the study by Ko and Glied should remind us that the US should not need a pandemic to know how invaluable paid sick days are—and that their critical importance will far outlast COVID-19. As Ko and Glied demonstrate, even modest paid sick leave can save lives by enabling more workers to get preventive care—screenings to catch cancer early, cholesterol testing to manage heart disease risk, and blood glucose monitoring to manage diabetes. That is all before considering that in a nonpandemic year, paid sick days can have a sizeable impact on the spread of common infectious illnesses, such as influenza and gastroenteritis. To improve health for all and take a critical step toward reducing the marked inequalities in health across race and class, we as a country should not let another year pass without ensuring that every American has access to sick leave.

ARTICLE INFORMATION
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Corresponding Author: Jody Heymann, MD, PhD, WORLD Policy Analysis Center, Jonathan and Karin Fielding School of Public Health, University of California, 621 Charles E Young Dr S, Los Angeles, CA 90095 (jody.heymann@ph.ucla.edu).
Author Affiliations: WORLD Policy Analysis Center, Jonathan and Karin Fielding School of Public Health, University of California, Los Angeles (Heymann, Sprague); Meyer and Renee Luskin School of Public Affairs, University of California, Los Angeles (Heymann); David Geffen School of Medicine, University of California, Los Angeles (Heymann).
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