Paid Sick Leave Mandates and Employment of People with Disabilities

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Prepared for 2022 LERA and APPAM conferences. This line of study was supported in part by a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) for the Rehabilitation Research & Training on Employment Policy: Center for Disability-Inclusive Employment Policy Research Grant #90RTEM0006-01-00; and by the RRTC on Employer Practices Leading to Successful Employment Outcomes Among People with Disabilities, Douglas Kruse PI, Grant #90RTEM0008-01-00. The views provided herein do not necessarily reflect the official policies of NIDILRR nor do they imply endorsement by the Federal Government. Paid leave can help employees maintain their jobs and incomes and preserve connections to employers and the labor market when illnesses and other medical issues require absence from work. While paid leave can benefit all workers, it may especially help workers with disabilities who not only may have more medical issues but also express greater job insecurity and are at greater risk of layoff (Kruse 1998, Schur et al. 2016, Mitra and Kruse 2017).

Since 2008, sixteen states plus Washington, D.C. have adopted mandatory paid sick leave for some or all employers, and 10 states and D.C. have adopted mandatory paid family and medical leave policies since 2002.¹ While such mandates may benefit workers by providing increased access to paid leave, the mandates may also motivate employers to avoid hiring people with disabilities because they are concerned about potentially costly disruptions from its use. In addition, these mandates are financed by payroll taxes that are shared between employers and employees and may also raise administrative costs. This can result in an increased marginal cost of employment for employers that reduces hiring in general. Employers may also shift their location in order to avoid state and local mandates.

This paper focuses on the effects of mandatory paid sick leave on the employment and earnings of workers with and without disabilities. We save the effects of mandatory family leave for later analysis, since family leave involves more complicated interactions with disability status (in particular, family leave may have the greatest effects on the employment of family members of people with disabilities, rather than on the employment of people with disabilities themselves). We adopt a quasi-experimental framework to analyze the Census Bureau's 2008-2020 American Community Survey individual-level data combined with state-level data on paid

¹ <u>https://www.redcort.com/blog/paid-sick-leave-laws;</u> Paid Sick Leave Laws by State | Chart, Map, and More (patriotsoftware.com); retrieved 5-31-22

leave policies. To isolate the likely effect of these policies on workers with disabilities, we use a "triple difference" analysis, calculating the combination of: 1) difference between employees with and without disabilities; 2) difference between covered and non-covered states; and 3) difference before and after the policy intervention. This approach has the advantage of being most likely to identify a causal effect of paid sick leave laws on employment outcomes.

Theory and Prior literature

In a well-functioning labor market with perfect information, sick leave mandates are likely to reduce employment by raising employer labor costs, unless employees absorb the full cost by accepting lower pay in exchange for the sick leave. Firms will have an incentive to offer paid sick leave to the extent it helps attract and retain workers, but a government mandate to cover all workers will exceed the optimally determined level from an employer perspective for many employers, leading them to reduce employment and/or other forms of compensation for newly-covered workers. Workers with disabilities would appear most likely to experience employment or pay decreases given that they tend to have more health problems as evidenced by doctor and hospital visits (Kruse 1998).

In the absence of perfect information in the labor market, however, paid leave mandates may not lead to these negative effects. Most workers may value paid sick leave, but each employer may fear that offering it will attract a disproportionate number of people who are likely to use it, creating higher costs for the employer relative to its competitors. This adverse selection concern creates a rationale for a government mandate that spreads high-risk employees among all employers, so that workers gain a benefit they generally value while no one firm is disadvantaged relative to its competitors. The mandate may be more effective at higher levels to

minimize border hopping (state level to minimize county hopping, and federal level to avoid state hopping). Due to their greater risk of health problems, workers with disabilities may be particularly drawn to employment when paid sick leave is assured and be more likely to retain employment as health-related absences occur. Employers may, however, still be reluctant to hire people with disabilities under a sick leave mandate due to a concern about more frequent disruptions in production when health issues arise.

Three prior studies that have examined the general employment effects (not specific to people with disabilities) of paid leave mandates come to mixed conclusions, although the most recent and comprehensive study finds positive effects. Ahn and Yelowitz (2015) find a small negative effect of Connecticut's paid leave mandate in the first year it was implemented in 2012. Pichler and Ziebarth (2020) do not find significant effects of nine city and four state paid leave mandates on employment and wages. Using more recent data, Al-Saha and Ouimet (2022) find that employment increased by 1.9% following the implementation of a state or local paid leave mandate. This study also finds that these mandates appear to lead to lower turnover and higher labor productivity, and to an increase in household income that can create positive spillover effects on consumer demand in local markets. The largest gains occurred in counties with higher poverty rates, and where a higher percentage of the population reports poor health. Related to mandated leave, short-term disability insurance has been shown to improve return to work outcomes (Bourbonniere and Mann, 2018).

Apart from their direct labor market effects, studies have found that paid leave leads to lower spread of contagious influenza-like diseases (Pichler and Ziebarth 2019, Pichler, Wen, and Ziebarth 2021), lower rates of attending work while sick (Callison and Pesko 2020) and fewer illness-related absences (Stearns and White 2018).

The effects of mandated leave may be especially large for people with disabilities as they are 15 percentage points less likely than people without disabilities to be in jobs that provide paid leave (Hallock et al., 2021: 9). There have, however, been no prior studies of the relative effects of paid leave mandates on people with disabilities.

Data and Method

For this analysis we use the Census Bureau's American Community Survey (ACS), which has a sample of about 3 million Americans per year. The ACS has a measure of disability based on a 6-question set asked since 2008, including identification of four impairments (hearing, vision, cognitive, and mobility) and two activity limitations (dressing and bathing, and getting around outside the home). The ACS also includes state of residence which is crucial for the quasi-experimental design, along with outcome measures of employment, pay, and income, and standard demographic variables (sex, race/ethnicity, age, education, and others) that can function alternatively as control variables and as moderators of disability to study the possible intersectional effects with other personal characteristics. We limit our sample to those of working age (18-64) over the 2008-2020 period, with a sample size of 24,216,465.

The analysis is based on a triple-difference method incorporating year, state, year that policy is effective, and disability status to isolate the effect of the policies on employment outcomes for workers with disabilities:

(1) Employment outcome = $a + b1*Year_t + b2*State_k + b3*Policy_{kt} + Disab_{ikt}*Year_t + Disab_{ikt}*Yaar_t + Disab_{ikt}*Yaar_t$

 $b2*Disab_{ikt}*State_k + b6*Disab_{ikt}*Policy_{kt} + b7*State_k*Trend + b8*X_{ikt} + e$

where $Year_t=year$ dummies, $State_k=state$ dummies, $Policy_{kt}=dummy$ for leave policy in effect in state k in year t, $Disab_{ikt} =$ individual dummy for any disability, or set of dummies for each type of impairment, for person i in state k in year t, $X_{ikt} =$ control variables including

gender, race, education, and age, b1 to b8 = coefficients, and $e_{ikt}=\text{error term}$. Coefficient b3 measures the average pre/post within-state effect of adopting a leave policy (double-difference), while b6 measures the triple difference in the effects of leave policies by disability status.

We present results using the above specification, but go on to explore the possible effects of differential pre-trends, as states that adopted paid sick leave may have been on a path that led to employment gains or losses in the absence of paid sick leave. To control for pre-trends, we use the method suggested by Goodman-Bacon (2021) running a regression just on pre-adoption observations that includes differential trends for each adoption cohort, we predict the residuals across all observations and regress the residuals using the original specification. This specification essentially predicts the outcome variable in the absence of the paid sick leave law, and the residual measures any differential in the outcome associated with the law. We employ this specification both using all pre-adoption observations, and using only pre-adoption observations in 2014 or earlier for greater consistency in the pre-trend time period.

Results

Table 1 lays out the laws analyzed here. The earliest law was adopted in 2008 in Washington D.C. and is excluded from our analysis since a pre/post comparison is not possible as the ACS disability data begin in 2008. Among the 16 state laws, thirteen became effective in the 2012-2020 period and are included in our analysis. Three laws became effective in 2021 or 2022 (in CO, ME, and NM) and their effects are not included in our analysis, although we separately control for their pre-adoption trends (as with other adoption cohorts).

Table 2 presents three sets of regressions for five employment status variables, all measured as dummies: labor force participation (LFP), any employment, unemployment,

employee, and self-employed. Panel A has detailed controls for demographics plus time and state fixed effects interacted with disability, but does not control for possible differential preadoption trends in the adopting states. Following the method outlined above, Panel B shows results by adjusting for differential pre-trends using residuals based on pre-adoption trends, measuring any differential in outcome residuals associated with the law. Panel C uses the same approach as Panel B but restricts all pre-adoption observations to 2014 or earlier for consistency in the pre-trend time period.

The base effects in all three panels indicate that having paid leave become effective is linked to a higher likelihood of employment (column 2) and being an employee (column 4), and a lower likelihood of being unemployed (column 3). The size of the effects vary, with estimated increases in employment of 0.45 points in Panel A, 2.56 points in Panel B, and 0.80 points in Panel C (column 2). The results on self-employment are mixed, with Panels A and C showing negative effects of the laws (perhaps because some self-employed people decide to become employees to be covered by the new law) and Panel B showing a positive effect (which could be due to greater demand for goods and services in general as found by Al-Sabah and Paige, 2022). The higher employment and lower unemployment found in Panel A balance out so that overall LFP is unaffected (column 1), but the employment effect outweighs the unemployment effect in Panels B and C so that LFP increases as paid leave laws become effective.

While the results on base effects indicate that employment appears to increase in general, the results from the disability interactions are mixed. The disability interaction predicting any employment (column 2) is not significantly different from zero in Panel A, and is significantly positive in Panel B and significantly negative in Panel C. While the Panel B results indicate a more favorable effect of laws on employment of people with disabilities, the disability

interaction in Panel C essentially cancels out the main effect and indicates a zero effect of the laws on employment of people with disabilities. This pattern is repeated for the employee variable (column 4). All three panels show that the disability interaction has positive significant coefficients in predicting unemployment, indicating that these laws have greater negative effects on job search among people without disabilities than among people with disabilities.

These results are probed with a more flexible specification in Table 3, which uses the Table 2, Panel B specification but allows effects of the laws to vary by time since passage for both people with and without disabilities. The results for each of the outcomes indicate that the effects grow over time: the effects three or more years after adoption are always greater than the effects in the first year after adoption. This may occur as more workers become aware of the law and employers learn to appreciate benefits of paid sick leave. The pattern for the employment rate is illustrated in Figure 1.

How much variation is there in the effects by state? Table 4 again uses a more flexible specification building on Panel B of Table 2, breaking out the employment change for each individual state that adopted paid sick leave in this period. Among the thirteen states that adopted, the base effect is positive and significant in six states (AZ, CA, CT, MA, OR, WA), positive but not significant in one state (NJ), negative and significant in three states (MD, MI, NV), negative but not significant in two states (RI, VT), and zero in one state (NY). In the next iteration of this paper we will see if differences in the state laws help to explain this pattern, or if there are differences in administration, enforcement, or border hopping that can be identified.

We further probe the effects of paid leave on weeks and hours worked, and income measures, in Table 5. Weeks and hours worked per year are analyzed using interval regressions, since weeks worked were reported only in category values from 2008 to 2018. The income

variables (wages/salary earnings, self-employment income, total personal income, and SSI and SSDI income) are analyzed using Tobits that are censored at zero for those not receiving this income. Since these are censored variables we cannot use the residuals approach used in Table 2, and instead use specification (1) supplemented with cohort-specific time trends to control for differential trends among adopters.

Consistent with the positive employment effects found in Table 2, in Table 5 we find that paid sick leave mandates are associated with an extra .135 weeks worked per year (column 1) and an extra 8.094 hours worked per year (column 2). The disability interactions are negative but not significant for weeks worked, and positive but not significant for hours worked.

Table 5 also shows that paid sick leave is associated with an additional \$1637 of wage income per year (column 3), \$183 of self-employment income per year (column 4), and \$1706 of total income per year (column 5). These positive results on income are consistent with Al-Sabah and Paige (2022). The disability interactions are negative but not significant, indicating that paid sick leave does not appear to have especially strong effects on the income of people with disabilities. There is no significant association with receipt of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) (columns 6 and 7), indicating that paid sick leave is unlikely to pull many people off of public disability income rolls.

Discussion and conclusion

Our evidence indicates that state paid sick leave laws are not associated with lower employment or earnings for workers with or without disabilities. The results tend to support positive effects for workers in general, in line with Al-Sabah and Paige (2022). The results are more mixed, however, for workers with disabilities, with some specifications indicating positive

employment and income effects of these laws, and others pointing to no significant effects (either positive or negative) for workers with disabilities. Overall these initial results go against the view that these laws will discourage hiring, and instead point to positive effects of paid sick leave on employment of people both with and without disabilities.

Further analysis will: a) explore the effects of variation in provisions of the laws (using both the provisions of the laws and the Current Population Survey's Annual Social and Economic Supplement to examine differences in coverage by employer size); b) use synthetic cohort methods to compare the states adopting these laws to a synthesis of closely-comparable states before and after adoption; and c) use an intersectional analysis to see if there are different effects for women, people of color, people with less education, and people of different ages.





	Table 1: Stat	te Sick Leave Lav	vs			
State	Date enacted	Date effective	Employer size covered	Hours worked for one hour of leave	Cap on hours of leave	
	(1)	(2)	(3)	(4)	(5)	
AZ	11/8/2016	7/1/2017	all	30	24 if <16 employees 40 if 16+ employees	
СА	9/10/2014	7/1/2015	all	30	48	
со	7/14/2020	1/1/2021	16+, then all 1-1-22	30	48	
ст	7/1/2011	1/1/2012	50+	40	40	
DC	5/13/2008	11/13/2008	all	87 if <25 employees 43 if 25-99 employees 37 if 100+ employees	24 if <25 employees 40 if 25-99 employees	
МА	11/4/2014	7/1/2015	11+	37 11 100+ employees	20 II 100+ employees	
MD	1/12/2014	2/11/2018	15+	30	40	
MF	5/28/2019	1/1/2021	10+	40	40	
мі	9/5/2018	3/29/2019	50+	30	40 if <10 employees 72 if 10+ employees	
NJ	5/2/2018	10/29/2018	all	30	40	
NM	4/8/2021	7/1/2022	all	30	64	
NV	6/12/2019	1/1/2020	40+	52	none	
NY	4/3/2020	9/30/2020	5+	30	40 if <100 employees 56 if 100+ employees	
OR	6/12/2015	1/1/2016	10+	30	40	
RI	9/28/2017	7/1/2018	18+	35	40	
VT	3/9/2016	1/1/2017	6+ then all 1/1/2018	52	40	
WA	11/8/2016	1/1/2018	all	40	none	
Sources:						
https://w	ww.redcort.co	m/blog/paid-sick	k-leave-laws			
Paid Sick	Leave Laws by	State Chart, Ma	ap, and More (patriots	oftware.com)		

Table 2: Difference-in-difference estimates on disability and state paid leave policy adoption							
All regressions are linear p	robability predic	tions of dum	my variables				
	Labor force	Employed	Unemployed	Employee	Self-employed		
Dep. Var.:	participation (dummy)	(dummy)	(dummy)	(dummy)	(dummy)		
Type of regression:	Linear prob.	Linear prob.	Linear prob.	Linear prob.	Linear prob.		
	(1)	(2)	(3)	(4)	(5)		
Donal A: Not controlling fo	(=)	(=)	(3)	(-)	(3)		
Pariel A: Not controlling to			0.0008	0.0014	0.0002		
Palu SICK leave enacleu,	0.0008	0.0014	-0.0008	0.0014	0.0002		
not effective yet	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)		
aisability	0.0125	0.0094	0.0031	0.0077	0.0026		
	(0.008)	(0.008) (0.004)		(0.008)	(0.003)		
Daid aigh lagua affactius	0.0000	0.0045**	0.0020**	0.005.4**	0.0000**		
Paid sick leave effective	0.0006	0.0045**	J45*** -0.0039*** 0.0		-0.0009***		
¥ 11 1 111	(0.000)	(0.001)	(0.000)	(0.001)	(0.000)		
* disability	0.0058**	0.0027	0.0030**	0.0008	0.0019*		
	(0.002)	(0.002)	(0.001)	(0.002)	(0.001)		
Observations	24,216,465	24,216,465	24,216,465	24,216,465	24,216,465		
R-squared	0.1771	0.1723	0.0270	0.1270	0.0307		
Panel B: Controlling for pro	etrends						
Paid sick leave enacted,							
not effective yet	0.0016	0.0000	0.0016**	-0.0016	0.0016*		
* disability	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)		
	0.0192*	0.0227**	-0.0035	0.0204*	0.0034		
	(0.008)	(0.008)	(0.004)	(0.008)	(0.003)		
Paid sick leave effective	0.0109**	0.0256**	-0.0146**	0.0214**	0.0038**		
	(0.000)	(0.001)	(0.000)	(0.001)	(0.000)		
* disability	0.0154**	0.0115**	0.0039**	0.0101**	0.0017*		
	(0.002)	(0.002)	(0.001)	(0.002)	(0.001)		
Observations	24,216,465	24,216,465	24,216,465	24,216,465	24,216,465		
(Pseudo) R-squared	0.0004	0.0020	0.0035 0.0014		0.0001		
Panel C: Controlling for pre	e-2014 pretrend	5	0.0000	0.0011	0.0001		
Paid sick leave enacted							
not effective vet	-0.0015	-0.0019	0.0003	-0.0014	-0.0003		
* disability	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)		
alsability	0.0023	0.0075	-0.0052	0.0037	0.0047		
	(0.0023	(0.0073	(0.004)	(0.003)	(0.003)		
Paid sick leave offective	0.008)	0.0003	-0.0070**	0.008	_0 0019**		
raid sick leave effective	(0.0010	(0.001)		(0.0037	-0.0019		
* disability	-0.0043*	-0.0027**	0.0044**	_0 0112**	0.0032**		
นเรสมาแบง	-0.0045		(0.0044	-0.0110	(0.0032		
	(0.002)	(0.002)	(0.001)	(0.002)	(0.001)		
Observations	24.216.465	24.216.465	24.216.465	24,216,465	24,216,465		
(Pseudo) R-squared	0.0013	0.0038	0.0053	0.0025	0.0006		
			0.0000	- 0.0025			

Controls include interactions of disability status with gender, race/ethnicity, education, marital status, age, living alone, female interacted with children under age 18 and seniors age 65 or older, year dummies, and state dummies. Panel B controls for pretrends by interacting sick leave adoption cohorts with a time trend for pre-adoption observations, then regressing predicted residuals for all observations. Panel C follows Panel B procedure but restricts pre-trends to pre-2014.
** p<0.01, * p<0.05

	Dep. Var.:	Employed	Employed, accountinf for
		/	differential preadoption trends
	Type of regression:	Linear	
	Type of regression.	probability	Linear probability
		(1)	(2)
aid sick lea	ive		
Intera	cted with disability:		
	Enacted 3+ years ago	-0.0033	-
		(0.002)	-
	Enacted two years ago	0.0011	-
		(0.003)	-
	Emacted last year (excluded)		
	Enacted, not effective yet	0.0028	0.0209*
		(0.005)	(0.008)
	Year of adoption	0.0028	0.0212**
		(0.004)	(0.004)
	1 year after adoption	0.0029	0.0222**
		(0.003)	(0.003)
	2 years after adoption	0.0066	0.0347**
		(0.004)	(0.003)
	3+ years after adoption	0.0063*	0.0562**
		(0.003)	(0.003)
Intera	cted with no disability:		
	Enacyed 3+ years ago	-0.0045**	
		(0.001)	
	Enacxyed 2 years ago	-0.0020*	
		(0.001)	
	Enacted, not effective yet	0.0030	
		(0.002)	0.0084**
	Year of adoption	0.0005	(0.002)
		(0.001)	0.0119**
	1 year after adoption	0.0023*	(0.001)
		(0.001)	0.0144**
	2 years after adoption	0.0022*	(0.001)
		(0.001)	0.0220**
	3+ years after adoption	0.0018*	(0.001)
		(0.001)	0.0411**
andard or	rors in narentheses		
· μ<υ.υ1, '	μ<υ.υວ		
	L,	·	,,

pretrends by interacting sick leave adoption cohorts with a time trend for pre-adoption observations, then regressing predicted residuals for all observations.

 Table 4: State-specific responses to paid leave mandates

Figures reflect state-specific coefficients (se's) for change in the employment rate associated with paid leave being effective, based on specification in Table 2, Panel B accounting for pre-trends.

	Paid sick leave effective					
State	Base effect	Disability interaction				
	(1)	(2)				
AZ	0.0173**	0.0303**				
	(0.002)	(0.007)				
CA	0.0392**	0.0147**				
	(0.001)	(0.003)				
СТ	0.0813**	0.0009				
	(0.002)	(0.008)				
MD	-0.0096**	0.0046				
	(0.002)	(0.007)				
MA	0.0308**	0.0218**				
	(0.002)	(0.006)				
МІ	-0.0218**	0.0097				
	(0.002)	(0.007)				
NV	-0.0293**	-0.0114				
	(0.006)	(0.017)				
NJ	0.0003	0.0046				
	(0.002)	(0.008)				
NY	0.0000	0.0803**				
	(0.000)	(0.029)				
OR	0.0172**	0.0174*				
	(0.002)	(0.007)				
RI	-0.0007	0.0052				
	(0.006)	(0.018)				
VT	-0.0057	0.0278				
	(0.005)	(0.019)				
WA	0.0068**	0.0019				
	(0.002)	(0.007)				
Standard errors in	n parentheses					
** p<0.01, * p<0.0	05					

	Table 5: Hours and Income Regressions									
Dep. Var.:	Weeks worked in past 12 mos.	Hours worked in past 12 mos.	Annual wage income (\$)		Annual self- employed income (\$)		Total annual personal income (\$)		SSI income (\$)	SSDI income (\$)
Regression: Interval regression		Interval regression	Tobit		Tobit		Tobit		Tobit	Tobit
	(1)	(2)	(3)		(4)		(5)		(6)	(7)
Paid sick leave enacted,	0.008	5.016	353.5		101.1		458.3	*	33.0	159.9
not effective yet	(0.065)	(2.988)	(219.9)		(67.4)		(196.1)		(252.2)	(300.5)
* disability	-0.307	-6.323	-655.5		-114.3		-562.9		-451.7	-183.6
	(0.234)	(9.818)	(769.1)		(126.7)		(432.8)		(357.0)	(463.6)
Paid sick leave	0 135**	8 094**	1636.6	**	182.6	**	1706.0	**	73.8	47.0
	(0.045)	(2.068)	(153.5)		(44.6)		(136.2)		(186.3)	(189.9)
* disability	-0.180	0.410	-675.0		-10.0		-548.4		-169.3	-64.5
	(0.161)	(6.786)	(529.1)		(90.7)		(297.4)		(253.7)	(286.6)
Observations	24,216,465	24,216,465	24,216,465		24,216,465		24,216,465	2	24,216,465	24,216,465
Standard errors in paren	theses									
** p<0.01, * p<0.05										

Controls include interactions of disability status with gender, race/ethnicity, education, marital status, age, living alone, female interacted with children under age 18 and seniors age 65 or older, year dummies, state dummies, and sick leave adoption cohorts interacted with a time trend.

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