Temple University
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Research

Research Protocol for CityHealth: Earned Sick Leave Laws

Prepared by Center for Public Health Law Research

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I. **Dates of Protocol:** June 2022; August 2022; November 2022; December 2022; November 2023; November 2024.

II. **Scope:** Compile statutes and ordinances on earned sick leave laws across the 75 largest cities, their respective counties, 32 states and the District of Columbia. The purpose of the CityHealth project is to collect important public health policies and determine what makes a healthy city. For a particular health policy, the goal is to display the state, county, and city law involved in shaping this policy at the city level. This dataset contains coding questions examining earned sick leave laws. These laws require private sector employees to provide earned sick leave to their employees. This is a cross-sectional dataset originally capturing effective law valid through June 1, 2024, and crediting laws passed prior to final publication with future effective dates.

III. **Primary Data Collection**

a. **Original project dates:** June 2022 – September 2022

b. **Data collection methods**: The team building this dataset consisted of three team members: two legal researchers ("Researchers") and one supervisor ("Supervisor") overseeing the quality control process.

c. **Databases used**: Searches conducted using Westlaw Next and HeinOnline; the laws were then collected from state-specific legislature websites. County and city laws were collected from official government websites, municode.com and amlegal.com.

d. **Search terms**: paid sick leave, sick leave, sick time, paid leave, medical leave, family and medical leave, paid sick leave preemption, sick leave preemption, earned sick leave

i. Key word searches were supplemented by examination of the table of contents of each relevant section of the law identified.

ii. Once all the relevant laws were identified in each jurisdiction, a master sheet was created for each jurisdiction that summarized the relevant laws within the scope at each jurisdictional level. This summary included the statutory history for each law and the effective date for that version of the law.

e. **Information about initial returns and additional inclusion or exclusion criteria**:

i. Earned sick leave laws are defined as laws requiring employers to provide paid time off from work to workers so that they can stay at home to address their health needs without losing pay. The laws will vary on the type of employer who is required by law to provide earned sick leave, usually depending upon the size of the business. Laws will also vary on the type of employees who are

allowed to receive paid sick time, as well as the maximum amount they can accrue in a given year. For the purposes of our dataset, we looked at comprehensive earned sick leave laws that applied for regular, full-time employees only.

ii. This dataset does not capture COVID-19 emergency laws, including the federal law providing for paid sick leave for certain size employers during the pandemic**.**

iii. This dataset only includes earned sick leave laws that require private sector employers to provide sick leave to their employees at the state, county, or city level. Therefore, the team excluded laws on paid family leave administered through disability programs and parental leave.

iv. Similarly, the team did not include earned sick leave laws that only applied to a very small and specialized group of workers and instead coded for comprehensive earned sick leave laws. For example, there is an earned sick leave law in Long Beach, California that only covers hotel workers. Because this law does not apply to all private employers within the city of Long Beach, it, and similar specialized laws, were excluded from the scope of this project.

v. Laws on unpaid sick leave were excluded and their maximum accrual rates were not included.

vi. Some county and city codes contain sections on "sick leave" that apply only civil service employees of that city or county. Many of these laws exist outside the county and city code and in a municipal employee handbook or human resources manual. Because these laws did not apply to private employers, they were excluded from our dataset. Additionally, we did not include laws regarding requirements for private employers contracting with the city, state, or federal government.

f. Scoping rules by question

i. **For the question, *"What family members can an employee use earned sick time for?"***

1. "Domestic partner" should only be coded when that term is explicitly stated in the law. It was not coded when the word "spouse" appears in the law since "domestic partner" is a separate status distinction under the law. "Domestic partner" when the law defines a family member as a person related by "civil union."

2. For laws that cover "all persons related by blood or affinity" (or other substantially similar language), all family member choices should be coded.

ii. **For the question, *"What is the minimum amount of earned sick leave time employee can earn?"***

For this question, the Researchers coded the lowest cap restricted by the state/city/county. Some states break things down by business size or other tiered factors; laws are currently scored based on the minimum cap, regardless of the language used to describe whether the time can be "earned," "accrued," or "used."

IV. Coding

a. **Development of coding scheme**: For the version 2.0 Policy Package, starting with the 2022 yearly assessment, the CityHealth team opted to retain the same scoring criteria as version 1.0 for Earned Sick Leave. The Center for Public Health Law Research (CPHLR) did develop a set of new coding questions to identify the information more efficiently in the state, county, and city laws for the earned sick leave assessment. This set of coding questions was reviewed by the CityHealth team.

b. **Coding methods:** The Researchers were responsible for coding all 75 cities, including the respective state and county laws for each of the cities. Both Researchers independently coded their assigned jurisdictions in the MonQcle software platform.

   Following the quality control process for the coding (described below), the Supervisor used the final data results to apply the coding for each jurisdiction to the scoring criteria to determine the final medal score for each city. These medal results were compiled into a score overview spreadsheet and reviewed by the CityHealth team.
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c. **Quality control:**

   i. **Original coding review:** The Supervisor oversaw the quality of the data by downloading the data from the MonQcle into Microsoft Excel and reviewing it to find caution flags, missing citations, and errors in the coding. Issues in the coding were discussed by the Researchers in coding meetings and resolved accordingly.

   ii. **Redundant coding review:** The Supervisor assigned 100% of the original coding records containing Earned Sick Leave laws for redundant coding. This meant that 36 jurisdictional records were independently redundantly coded by a second researcher.

      1. The Supervisor reviewed the redundant coding by downloading the data from the MonQcle into Microsoft Excel and comparing the records, variable by variable, looking for divergences. When a divergence was identified, it was discussed with the researchers. The reason for the divergence was identified and resolved. A measure of divergence was calculated by the Researcher and the redundant record was deleted.

      2. The initial rate of divergence on August 22, 2022 was 2.60%. Because this stage yielded a divergence rate of below 5%, the Researchers met to resolve the coding divergences and re-coded the resolutions accordingly.

   iii. **Final coding review:** The Supervisor did a final check of the original coding for all states and ensured that the state coding was consistent among cities within the same.

   iv. **City review phase:** After the medal results were tabulated and reviewed by CityHealth, the Supervisor sent the medal results to a designated representative in each of the 75 cities to give them an opportunity to review the preliminary result and provide any notice of new or missing laws in scope or question the end results. This feedback was reviewed by both the CPHLR team and the CityHealth team prior to final publication of the final medal results.

V. 2023 Assessment

a. **Updates:** For the 2023 assessment, the state of Minnesota enacted a new law, effective January 1, 2024 but credited here due to its passage during the study period. This new state law substantively impacted Minneapolis coding, earning the city a Gold medal, but did not change the St. Paul medal, which previously already earned a Gold medal from the city law.

    i. This substantive change was redundantly coded and there were no divergences between coders.

b. Several cities saw non-substantive amendments, not impacting coding or medal results, including Anaheim, Bakersfield, Chicago, Fresno, Irvine, Long Beach, Los Angeles, Memphis, Mesa, Nashville, Oakland, Phoenix, Pittsburgh, Riverside, Sacramento, Saint Paul, San Diego, San Francisco, San Jose, Santa Ana, Stockton, Tucson, and Washington DC.

VI. 2024 Assessment

a. **Updates**: For the 2024 assessment, 32 cities were amended, 21 of which resulted in substantive coding changes. This resulted in 17 medal improvements, with Anaheim, Bakersfield, Fresno, Irvine, Long Beach, Riverside, Sacramento, San Jose, Santa Ana and Stockton all improving from a Bronze medal to a Silver medal thanks to amendments to the California state law. Additionally, Anchorage, Detroit, Kansas City, Lincoln, Omaha, Portland, and St. Louis all improved their respective medal standings due to amendments.
b. **Quality Control**: Eight cities (Anaheim, Charlotte, Chicago, Kansas City, Lincoln, Portland, and San Francisco) were redundantly coded. The divergence rate was 2.5%. All divergences were discussed between the coders and reviewed by the CityHealth team and subject matter experts. These divergences were resolved accordingly.
c. **City Review Phase**: Following the completion of the research and coding, all 75 cities were contacted via one or more representatives to review the findings. All cities had two weeks to response and provide feedback or additional information. All feedback was discussed between Temple, CityHealth and the subject matter expert. If necessary, any coding changes were made.