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Paid Sick Leave in the United States

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Summary

Paid sick leave is generally a compensated, excused absence from work for the purposes of medical recovery, treatment, or examination. According to the Bureau of Labor Statistics, 80% of private sector workers had access to paid sick leave in March 2025, but the availability of leave was not uniform across occupations and industries.

While federal law generally does not entitle private sector employees to paid sick leave, 18 states (including the District of Columbia) have laws that require private sector employers to provide paid sick leave to their employees and 3 additional states require employers to provide paid leave that can be used for any purpose. Some employers who are not covered by state leave mandates elect to include paid sick leave as part of their compensation packages, or provide it as part of collective bargaining agreements with employees.

Congress has considered a range of proposals to expand workers' access to paid sick leave, including by mandating employer-provided paid sick leave or by allowing employees to be compensated for overtime hours in paid leave in lieu of overtime pay ("comp time"). Proponents of federal policies to increase access to paid sick leave often cite its potential to improve worker well-being, workplace productivity, and public health. While recognizing possible gains, some observers have cautioned that federal leave policies should account for employers' costs or allow employers to tailor leave policies to the specific needs of their workplaces.

This report provides an overview of employees' access to paid sick leave in the United States, discusses state laws that create an entitlement to such leave and research on the impacts of these mandates, and describes recent federal proposals to increase access to paid sick leave.

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Introduction

Paid sick leave is a compensated, excused absence from work for the purposes of medical recovery, treatment, or examination. While federal law generally does not entitle private sector employees to paid sick leave (or paid leave of any kind), a growing number of state laws require that private sector employers allow their employees to accrue and use such leave.¹ In addition, some employers choose to include paid sick leave as part of their compensation packages, or provide it as part of collective bargaining agreements with employees.

Employers' paid sick leave policies establish the terms under which an employee's absence is excused and compensated, but specific provisions can vary from workplace to workplace. Key parameters of such policies include employee eligibility for leave, qualifying uses of sick leave, the amount of leave available to eligible employees, and conditions for its use (e.g., notification and documentation requirements).

According to the Bureau of Labor Statistics (BLS), 80% of private sector workers had access to paid sick leave in March 2025, but the availability of leave was not uniform across occupations and industries.² For example, 65% of private sector workers in service occupations had access to paid sick leave in 2025, while 93% of workers in management, professional, and related jobs had such access.

Congress has considered a range of proposals to expand private sector workers' access to paid sick leave. Proponents of federal policies to increase access to such leave often cite its potential to improve worker well-being, workplace productivity, and public health.³ While recognizing possible gains, some observers have cautioned that federal paid sick leave policies should account for employers' costs or allow employers to tailor leave policies to the specific needs of their workplaces.⁴

This report provides an overview of employees' access to paid sick leave in the United States, discusses state laws that create an entitlement to such leave and research on the impacts of these mandates, and describes recent federal proposals to increase access to paid sick leave.

¹ Congress and some Administrations have provided paid sick leave to certain private sector workers, sometimes for limited uses. For example, Executive Order 13706 requires that federal contractors allow their employees to earn paid sick leave at a rate of 1 hour per 30 hours worked, up to 7 days annually (Executive Order 13706 of September 7, 2015, "Establishing Paid Sick Leave for Federal Contractors," 80 *Federal Register* 54697, September 10, 2015). The Families First Coronavirus Response Act (P.L. 116-92) created a temporary entitlement to paid sick leave for certain COVID-19-related needs for some private sector workers; this entitlement expired December 31, 2020. In addition, most federal employees are entitled to paid sick leave.

² A discussion of BLS estimates is in the "Access to Paid Sick Leave, March 2025" section of this report.

³ See, for example, opening statements made by Rep. Alma Adams at a 2020 hearing for the Healthy Families Act (H.R. 1784, 116th Congress); U.S. Congress, House Education and Workforce Committee, Subcommittee on Workforce Protections, *The Healthy Families Act (H.R. 1784): Examining a Plan to Secure Paid Sick Leave for U.S. Workers*, 116th Cong., March 11, 2020. Rep. Adams' statement is available at <https://democrats-edworkforce.house.gov/download/03/11/2020/chairwoman-adams-opening-statement>.

⁴ See, for example, opening statements made by Rep. Bradley Byrne at a 2020 hearing for the Healthy Families Act (H.R. 1784, 116th Congress); U.S. Congress, House Education and Workforce Committee, Subcommittee on Workforce Protections, *The Healthy Families Act (H.R. 1784): Examining a Plan to Secure Paid Sick Leave for U.S. Workers*, 116th Cong., March 11, 2020. Rep. Byrne's statement is available at <https://edworkforce.house.gov/news/documentsingle.aspx?DocumentID=406918>.

Access to Paid Sick Leave

Most U.S. workers will attend medical appointments for diagnosis, treatment, or preventive care or experience a period of incapacitation from illness or injury at some point each year.⁵ Some are able to schedule medical appointments outside of work hours or adjust their work schedules to accommodate appointments during regular shifts. However, not all jobs offer such flexibility, and periods of incapacitation are more challenging to schedule around. As a result, many workers will use leave or otherwise be absent from work for medical needs.

Sick Leave Policy Parameters

Employers' policies for addressing a health-related workplace absence vary. Some employers handle work absences informally (e.g., on a case-by-case basis), whereas others adopt a formal sick leave policy that establishes the terms under which an absence is excused and compensated. Common parameters of sick leave policies include the following:

- **Qualifying uses of leave.** In general, sick leave is available to eligible employees for their own medical recovery, treatment, or examination. Some policies allow for broader uses, such as to care for a relative; to address needs (including legal arrangements) related to domestic violence, sexual assault, or stalking; or for public health emergencies.
- **Compensation.** Employers' sick leave policies typically will indicate whether sick leave is paid or unpaid and whether employment benefits (such as employers' payment of health insurance premiums) continue while the employee is on leave. Policies may also indicate whether employers will pay out the value of unused leave to the employee upon separation from employment.
- **Eligibility conditions.** Employers may identify certain groups of workers that are covered by their sick leave policies, for example full-time employees or salaried employees. They may also require that employees work a certain number of hours or days before becoming entitled to use leave (e.g., leave becomes available after 90 days of employment). Some employers may require employees to secure coverage for periods of leave (e.g., identify a coworker willing to work the employee's shift or take on the employee's portfolio while on leave).
- **Amount of leave.** Policies will typically indicate the total or maximum amount of sick leave available to eligible employees and how leave accrues. For example, some employers allow workers to accrue an hour of sick leave after working a designated number of hours (e.g., 1 hour of leave for every 30 hours worked), and others provide a total amount of leave for a period of time (e.g., 5 days of leave per year). Some policies allow leave to carry over from year to year (i.e., not expire at the end of a year) and may establish a total amount of leave an employee may hold at one time.
- **Notification and documentation requirements.** An employer may require that employees provide notification of their intent to use leave within a particular time

⁵ For example, the Centers for Disease Control and Prevention (CDC) recommends regular medical and dental checkups that focus on preventive care and are separate from appointments for sickness or injury; CDC, *Are You Up to Date on Your Preventive Care?*, August 15, 2025, <https://www.cdc.gov/chronic-disease/prevention/preventive-care.html>. The CDC also notes that colds (i.e., "a viral infection of the upper respiratory tract") are "one of the most frequent reasons for missed school or work" and that adults have an average of two or three colds each year; CDC, *About Common Cold*, October 15, 2024, <https://www.cdc.gov/common-cold/about/index.html>.

frame (e.g., two weeks' notice, if leave is foreseeable) or otherwise follow a particular procedure for requesting leave (e.g., call a specific phone number, contact a designated individual, or provide a request in writing). Employers may also require that employees provide documentation of a qualifying need for leave (e.g., a doctor's note).

- **Sick leave policy violations.** Absences that do not adhere to an employer's sick leave policy are typically unexcused and may result in disciplinary action. Employers' policies may provide, for example, that employees who take an unexcused absence receive a letter of reprimand, become ineligible for certain shifts, or face termination.

As discussed in the "State Paid Sick Leave and Earned Paid Leave Laws" section of this report, some states require employers to provide paid sick leave to their employees. Such laws typically establish standards that align with many of the parameters listed above. For example, each state with a paid sick leave mandate provides a minimum leave accrual rate (see **Table A-1** in **Appendix A** for summary information) and requires that employers allow workers to use leave for their own or a family member's medical needs.

Some employers do not provide a specific paid sick leave benefit to their employees but instead apply attendance policies that tolerate a certain number of absences in a given work period (see the text box, below).

Points-Based Attendance Policies

Some workers are employed under a *points-based attendance policy*, sometimes called a *no-fault attendance policy*. Under such policies, workers are assigned points for each workplace absence, late arrival, or early departure from work. Workers that accrue a certain number of points in a given period (e.g., six months) may face disciplinary actions including a write-up or termination.

While the terms of such policies vary across employers, points-based or no-fault attendance policies generally do not consider the reason for the absence or shortened shift (e.g., an illness-related absence may be treated the same as non-illness-related absence). Some policies assign fewer points if the workplace was notified ahead of time about a planned absence, and some may assign no points or fewer points if the absence is excused under company policy.

Points-based attendance policies may run afoul of federal and state leave laws if they do not account for legally protected leave or other relevant workplace protections, such as leave covered by the Family and Medical Leave Act (FMLA) or reasonable accommodations afforded by the Americans with Disabilities Act (ADA).⁶ FMLA regulations state, for example, that "employers cannot use the taking of FMLA leave as a negative factor in employment actions, such as hiring, promotions or disciplinary actions; nor can FMLA leave be counted under no fault attendance policies."⁷

Access to Paid Sick Leave, March 2025

According to a national survey of employers conducted by BLS, 80% of private sector employees had access to paid sick leave in March 2025.⁸ Some employers choose to provide this leave, and

⁶ In 2011, the U.S. Equal Employment Opportunity Commission (EEOC) settled a lawsuit with Verizon Communications in which the EEOC argued that the company "unlawfully denied reasonable accommodations to hundreds of employees and disciplined and/or fired them pursuant to Verizon's 'no fault' attendance plans"; EEOC, "Verizon to Pay \$20 Million to Settle Nationwide EEOC Disability Suit," press release, July 6, 2011, <https://www.eeoc.gov/newsroom/verizon-pay-20-million-settle-nationwide-eeoc-disability-suit>.

⁷ 29 C.F.R. §825.220(c).

⁸ BLS defines "paid sick leave" as a "paid absence from work if an employee is unable to work because of a non-work-related illness or injury. The employer usually provides all or part of an employee's earnings. Employees commonly (continued...)"

others provide leave as required by state and local laws that mandate paid sick leave or as agreed to in a collective bargaining agreement with employees. (BLS does not identify the presence or lack of such requirements.)

Among workers with at least one year of job tenure, the median number of days that could be earned in a given year was six and the average number of days was seven. BLS estimates that a small share of workers may take paid sick leave on an as-needed basis (2% of private sector employees in 2025). Per BLS, as-needed paid sick leave plans do not specify a maximum number of paid sick days that could be taken by an employee and include unlimited plans.⁹ Unlimited paid sick leave plans generally allow workers to take time off as needed for medical needs, though leave taking may be subject to managerial review and verification requirements (e.g., a doctor's note). Some employers may transfer employees onto a temporary disability insurance policy for prolonged periods of sick leave.

Workers' access to paid sick leave is not uniform across occupations and industries, and it varies across wage groups (see **Table B-1 in Appendix B**). Some job characteristics are more commonly aligned with access to sick leave than others. In particular, access was more prevalent among managerial and professional occupations, information and financial activities industries, high-paying occupations, full-time workers, union members, and workers in relatively large companies (as measured by number of employees).

Use of Paid and Unpaid Sick Leave and Unmet Needs for Leave

BLS measured workers' access to and use of paid and unpaid leave from January 2017 through December 2018 as part of its American Time Use Survey (ATUS).¹⁰ Based on those data, BLS estimates that during the period, 5% of wage and salary workers took leave (paid or unpaid) in an average week "because they were ill or needed medical care."¹¹ The BLS survey also asked about leave taken because a family member was ill or needed medical care. Among workers who took leave in a given week, caregiving leave was more prominent among women (10% compared with 6% of men) and among parents living with a child under age 18 (13%, compared with 5% of workers who were nonparents or were parents who did not live with a minor child).

The BLS ATUS asked about workers' unmet needs for leave in an average month. The data indicate that in an average month, 9% of workers had a need for leave but did not take it; about 36% of such workers indicated their need was related to their own illness or medical care. During an average month, women were more likely than men to experience times when they needed to take leave but did not (10%, compared with 7% of men). The most common reason such women cited for needing leave was for their own illness or medical care (42%).¹² Lower-earning workers (i.e., lowest 25% of full-time earners) were more likely than higher-paid workers (i.e., highest

receive their regular pay for a specified number of days off per year. Sick leave is provided on a per-year basis, usually expressed in days, and is never insured"; BLS, *National Compensation Survey: Employee Benefits in the United States, March 2025*, September 25, 2025.

⁹ Email from BLS National Compensation Survey Help Desk in response to CRS questions about the program's paid sick leave concepts, September 26, 2025.

¹⁰ Information about the American Time Use Survey's Leave and Job Flexibilities Module is available at <https://www.bls.gov/tus/modules/lvdatafiles.htm>. The most current estimates from this module are for January 2017 through December 2018.

¹¹ BLS, "Access to and Use of Leave, 2017-2018 Data from the American Time Use Survey," news release, August 29, 2019, https://www.bls.gov/news.release/archives/leave_08292019.htm.

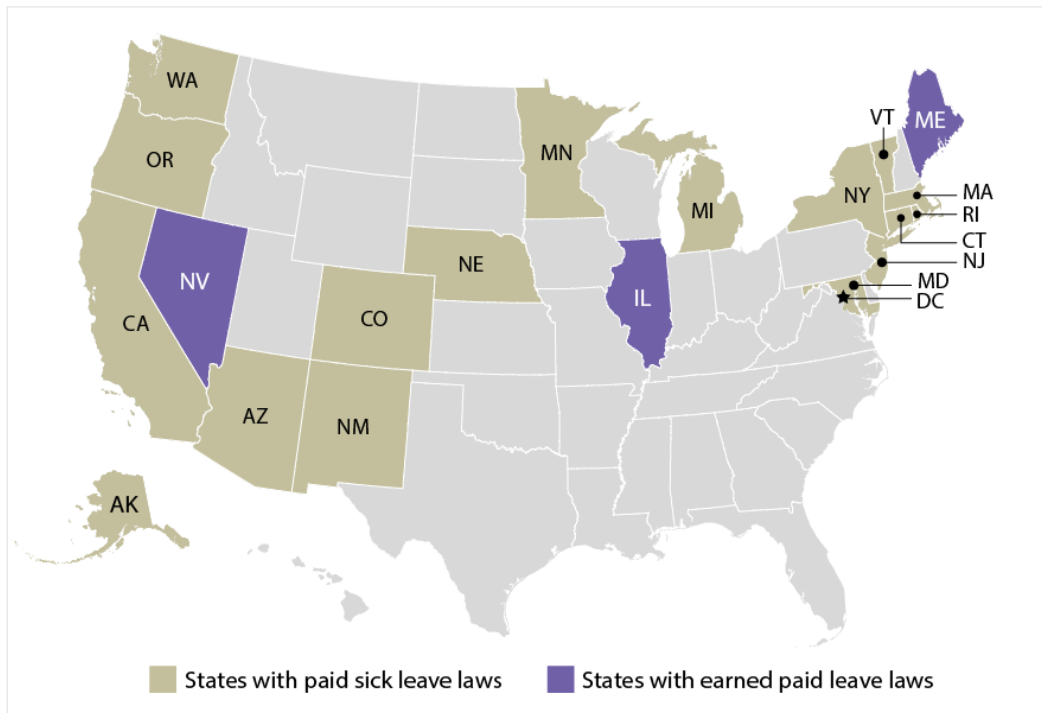
¹² By comparison, the most common reason cited by men with unmet leave needs was leave for errands or personal reasons (40%); 28% of men with unmet leave needs indicated they had had a need for leave related to illness or medical care.

25% of full-time earners) to report an unmet need for leave (11% of lower-earning workers, compared with 7% of higher-earning workers). In such instances, 43% of lower-earning workers had needed leave for their own illness or medical care, whereas 32% of higher-earning workers had such a need.

State Paid Sick Leave and Earned Paid Leave Laws

In 2026, 18 states (including the District of Columbia) have laws that require private sector employers to provide paid sick leave to eligible employees. Three additional states—Illinois, Maine, and Nevada—have *earned paid leave* laws that require employers to provide paid leave that may be used for any purpose, including sick leave needs (Figure 1).

Figure 1. States with Paid Sick Leave or Earned Paid Leave Laws in March 2026



Source: CRS analysis of information from Bloomberg Law, *State Law Chart Builder: Earned Paid Leave*, accessed in March 2026.

Notes: Whereas *paid sick leave* describes leave that may be used for medical needs, *earned paid leave* may be used for any purpose. Employer coverage and employee eligibility requirements vary across states.

Under such state laws, workers typically accrue 1 hour of paid sick leave or earned paid leave for a given number of hours worked (e.g., 1 hour of paid leave for every 30 hours worked), up to a maximum number of hours per year. (See **Table A-1** in **Appendix A** for a summary of accrual rates and maximum annual hours earned by state.) While particular terms vary across states' laws, all provide that paid sick leave may be used for the employee's or a family member's medical needs, and nearly all states allow that leave may be used for needs stemming from domestic or sexual violence.¹³

¹³ Some state laws provide that paid sick leave may be used for other uses, such as for child care when a public official (continued...)

Employers in some states may limit the number of leave hours that may be held by an employee at one time or that may be carried over from year-to-year. Some states allow employees to access hours of leave as they are earned, whereas others allow employers to make accrued leave available only after a certain period of employment. These waiting periods can vary significantly across states; for example, whereas Rhode Island employers can implement a 90-day waiting period for newly hired employees, Vermont employers can require new hires to wait a full year before using accrued leave.

State paid sick leave and earned paid leave laws generally have broad private sector coverage, but some states limit leave to certain workers or provide separate requirements for small businesses. For example, Washington does not require paid sick leave for employees who are exempt from its state minimum wage law,¹⁴ and in 2026 Connecticut's mandate is limited to employers with 11 or more employees.¹⁵ Some states also exempt workers covered by collective bargaining agreements.

Paid Sick Leave Mandates and Employees' Access to Leave

State paid sick leave mandates increase access to paid sick leave generally, and particularly for workers who did not have paid sick leave prior to a mandate's implementation. The magnitude of the expansion is a function of several factors including the policy's coverage of employers and worker groups, the share of the covered workers who were previously without paid sick leave, and the overall size of the covered workforce. For example, California's mandate, a policy with broad coverage applied in a large state, was expected to extend new paid sick leave access to 6.5 million Californian workers when implemented in July 2015 (about 48% of private sector employment in California in 2015), whereas Connecticut's mandate, which is narrower and applied in a smaller state, was expected to provide new leave access to 200,000 Connecticut workers in 2012 (about 14% of private sector employment in Connecticut in 2012).¹⁶

Employees who already had access to paid sick leave may also benefit from mandates. For some, a mandate might provide a more generous benefit than previously offered (e.g., faster accrual rate, higher annual maximum). Mandates also stabilize leave policies, establishing clear minimum

orders the school or care facility of the employee's child to close due to a public health emergency. In addition to standard medical needs, Washington state requires employers covered by its paid sick leave law to provide paid sick leave to employees to prepare for, or participate in, a judicial or administrative immigration proceeding. Washington State Department of Labor and Industries, "Paid Sick Leave," <https://www.lni.wa.gov/workers-rights/leave/paid-sick-leave/>.

¹⁴ Such employees are identified at Title 49, Revised Code of Washington, §49.46.010(4), and include certain salaried executive, administrative and professional employees, selected smaller-scale agricultural employees, and some transportation workers, among others.

¹⁵ Connecticut employers with at least one employee will be required to provide paid sick leave to eligible employees in 2027.

¹⁶ When first implemented in 2012, Connecticut's mandate applied only to employers with 50 or more employees and only to workers employed in selected service jobs. Coverage of Connecticut's paid sick leave law was subsequently expanded, and in 2026 the law applies to employers with at least 11 employees and covers most employees. It is expected to apply to all employers in 2027. Connecticut Department of Labor, *Paid Sick Leave Frequently Asked Questions*, January 1, 2025, <https://portal.ct.gov/dol/-/media/dol/2022-new-design-system/divisions/wage-and-workplace-standards/psl-faqs-effective-1-1-25-amended.pdf>. Estimates of the number of workers affected by state leave mandates are from National Partnership for Women and Families, *Paid Sick Days Statutes*, 2023 (updated February 2026), <https://nationalpartnership.org/wp-content/uploads/2023/02/paid-sick-days-statutes.pdf>. Private sector employment in California and Connecticut are from the BLS State and Area Employment, Hours, and Earnings program.

standards and limiting employers' ability to change the terms of their policies.¹⁷ Broader availability of paid sick leave may further facilitate job changes, because workers in need of paid sick leave are not limited to employers that elect to offer it, and it may help to normalize leave-taking, encouraging workers who might fear retaliation to use leave when they need it.¹⁸

Theory and Research on Paid Sick Leave Mandates' Impacts

Policy discussions around paid sick leave frequently weigh the potential gains to workers, workplace productivity, and public health against the costs of providing leave, which are largely borne by employers. However, isolating the effects of paid sick leave empirically can be challenging when the availability of such leave is concentrated among certain groups of workers or businesses. Workers in higher paying occupations, for example, are considerably more likely to have access to paid sick leave than those in lower-paying occupations. If health outcomes are also correlated with earnings, special methods and conditions are needed to separate the effects of higher wages and paid sick leave access on workers' health.

For this reason, some researchers have focused on the impacts of state and local paid leave mandates (i.e., in lieu of or in addition to exploring effects of employers' voluntary leave policies). Such mandates generally establish a minimum benefit that is provided broadly to workers employed within the state (or locality), and state policies have been implemented over the course of several years. As a result, they allow for the study of a well-defined policy that is not concentrated among a select group of workers or workplaces and for which a comparison group may be available (e.g., similar workers in states without leave mandates).¹⁹

General Findings and Limitations

Studies of paid sick leave mandates have generally found positive impacts on workers' use of health care, their health outcomes, and public health more broadly. Estimated labor market impacts are more mixed, with some studies finding positive impacts on employment and earnings and others finding little evidence of such impacts; some studies indicate that labor market impacts are concentrated among workers who had less access to leave prior to a mandate's implementation. While positive or neutral business impacts are generally observed, data used in business studies are sometimes limited to a subset of establishments (e.g., publicly traded companies, larger employers) and may not reflect experiences of all employers.

More broadly, findings from these studies should be taken in context and may have limited generalizability. Notably, they are constrained to states and localities that have enacted paid leave mandates, which may differ in meaningful ways from states and localities that have not. For example, one study of four state and nine local mandates observed that "these regions are not random subsamples of all U.S. regions. They tend to be relatively prosperous regions, governed by Democrats, and have also more labor market regulations, higher minimum wages, and stricter

¹⁷ Employers in states without laws governing the provision of leave are generally free to change or rescind their policies at will.

¹⁸ For example, BLS reports that among workers who needed to take leave (for any reason) during an average month but did not take it, 21% reported that they "did not take leave because they feared negative employment consequences or because their leave request was denied." BLS, "Access to and Use of Leave, 2017-2018 Data from the American Time Use Survey," news release, August 29, 2019, https://www.bls.gov/news.release/archives/leave_08292019.htm.

¹⁹ These studies often estimate impacts using a statistical technique called difference-in-differences estimation. This approach involves comparing changes in outcomes before and after a mandate took effect in a state with a mandate to a state without a mandate over the same period. The benefit of this approach is that it controls for the possibility that observed impacts are not a result of the paid sick leave policy but are instead driven by broader economic or social trends affecting the outcome of interest (e.g., employment, health care use) over time.

employment [protections]. It is thus unclear whether the conclusions would also hold up in less prosperous regions and regions with fewer labor market regulations.”²⁰ So, while researchers may be able to define control groups of similar workers in states without paid sick leave mandates, they may not be able to find closely similar work environments.

In addition, the estimated impacts may depend on the extent to which mandates actually increase access to leave and the mix of affected workers.²¹ The policy parameters of paid sick leave mandates vary to some extent across states (e.g., coverage, accrual rates, waiting periods), and social and economic impacts may be sensitive to programs differences.²² Studies of state mandates may also have less relevance for impacts of leave policies offered voluntarily by employers or as included in collective bargaining agreements.

Health Care Use and Outcomes

Greater access to paid sick leave is expected to increase workers’ use of medical care and improve health outcomes. Workers with sick leave are expected to have lower rates of presenteeism (i.e., coming to work while sick) and may recover from some ailments more quickly, potentially improving workplace productivity and reducing the presence of contagious disease in the workplace. More broadly, these changes to workers’ health care use and outcomes can contribute to improved public health.

Research on paid sick leave mandates has supported these predictions. Studies find paid sick leave to be associated with improvements in workers’ health care use,²³ including preventive health services (e.g., cancer screenings, vaccination), health status, and a greater tendency to stay home when sick.²⁴ Some studies find stronger health-related impacts among workers who had relatively-low access to leave prior to a mandate’s implementation.²⁵ Paid sick leave mandates have also been found to improve public health outcomes, particularly in reducing the spread of contagious disease, such as flu or foodborne illness.²⁶ Some studies have considered impacts for

²⁰ Stefan Pichler and Nicolas R. Ziebarth, “Labor Market Effects of U.S. Sick Pay Mandates,” *Journal of Human Resources*, vol. 55, no. 2 (2020), p. 655.

²¹ That is, the estimated impact of a paid leave mandate may be higher among workers who had relatively low access to leave prior to the mandate’s implementation.

²² For example, Al-Sabah, Hu, and Ouimet examine labor market and other impacts of state and local mandates and observe larger effects in states and localities that provide for more days of paid sick leave; Turk Al-Sabah et al., “For Better or Worse? The Economic Implications of Paid Sick Leave Mandates,” working paper, November 8, 2022, <https://www.aeaweb.org/conference/2023/program/2020> (hereinafter Al-Sabah et al., “For Better or Worse?”).

²³ See, for example, Kevin Callison et al., “Cancer Screening after the Adoption of Paid-Sick-Leave Mandates,” *New England Journal of Medicine*, vol. 388, no. 9 (March 1, 2023), pp. 824-832; Chanup Jeung et al., “The Impact of Connecticut’s Paid Sick Leave Law on the Use of Preventative Services,” *American Journal of Preventative Medicine*, vol. 60, no. 6 (June 2021), pp. 812-819, and Yanlei Ma et al., “State Mandatory Paid Sick Leave Associated with a Decline in Emergency Department Use in the U.S., 2011-19,” *Health Affairs*, vol. 41, no. 8 (2022), pp. 1169-1175 (hereinafter Ma et al., “State Mandatory Paid Sick Leave”).

²⁴ See, for example, Kevin Callison et al., “Health Care Utilization Following the Adoption of U.S. Paid Sick Leave Mandates: A Cohort Study Using Health Insurance Claims Data,” *Lancet Regional Health - Americas*, vol. 49 (2025); and Kevin Callison and Michael F. Pesko, “The Effect of Paid Sick Leave Mandates on Coverage, Work Absences, and Presenteeism,” *Journal of Human Resources*, vol. 57, no. 4 (2022), pp. 1178-1208; (hereinafter Callison and Pesko, “The Effect of Paid Sick Leave Mandates”).

²⁵ See, for example, Callison and Pesko, “The Effect of Paid Sick Leave Mandates”; and Meredith Slopen, “The Impact of Paid Sick Leave Mandates on Women’s Health,” *Social Science & Medicine*, vol. 323 (April 2023).

²⁶ See, for example, Stefan Pichler et al., “Positive Externalities of Mandating Paid Sick Leave,” *Journal of Policy Analysis and Management*, vol. 40, no. 3 (2021), pp. 715-743, and Charleen Hsuan et al., “Association of Paid Sick Leave Laws with Foodborne Illness Rates,” *American Journal of Preventative Medicine*, vol. 53, no. 5 (2017), pp. 609-615.

low-income workers and Medicaid enrollees in particular and have found an association between paid sick leave and increased use of health care, with potential implications for federal health care spending.²⁷

Broader research studies of paid sick leave (i.e., inclusive of leave provided voluntarily by employers) have also linked access to leave to workers' use of preventive health care, such as vaccinations and health screenings.²⁸ Some studies also observe improvements in self-reported physical and mental well-being.²⁹

Labor and Business Outcomes

The theoretical impacts of paid sick leave mandates on labor market outcomes, such as employment and earnings, and business outcomes, such as productivity and profit, are more ambiguous. State or local mandates may help workers stay employed by shielding those who miss work from adverse action (e.g., termination). Improved health outcomes for workers (e.g., from increased medical care use and less sickness in the workplace) can also help workers stay on the job and improve productivity.³⁰ Continuity of employment can further yield benefits to both workers and their employers because workers who stay with their employers will keep job-specific knowledge and training, maintain the benefits of company tenure, and avoid potentially costly job searches.³¹

Through these channels, mandates may strengthen job attachment and enhance productivity in ways that can bolster employment, wage growth, production, and revenues. At the same time, however, providing paid sick leave is costly to employers. In addition to paying wages to workers on leave, employers may face costs associated with covering the absent worker's shift (e.g., overtime pay to an employee covering a missed shift) and a short-notice absence can complicate scheduling and disrupt production. These costs may be passed on in part to workers through additional work responsibilities when a coworker takes leave, lower wages or slower wage growth, or reductions of other workplace benefits.

In practice, how paid sick leave mandates affect labor and business outcomes depends on the relative magnitudes of these forces, which are likely to vary across worker groups and

²⁷ See, for example, Ma et al., "State Mandatory Paid Sick Leave"; Sumedha Gupta et al., "The Impact of State Paid Leave Mandates on Medicaid-Financed Prescription Medications," *NBER Working Paper 34485*, November 2025, <https://www.nber.org/papers/w34485>; Johanna Catherine Maclean et al., "State Paid Sick Leave Mandates Associated with Increased Mental Health Disorder Prescriptions among Medicaid Enrollees," *Health Affairs Scholar*, vol. 2, no. 5, (online); and Hansoo Ko and Sherry A. Glied, "Associations Between a New York City Paid Sick Leave Mandate and Health Care Utilization Among Medicaid Beneficiaries in New York City and New York State," *JAMA Health Forum*, vol. 2, no. 5 (2021) (online).

²⁸ Rashmi Lamsal et al., "Paid Sick Leave and Healthcare Utilization in Adults: A Systematic Review and Meta-Analysis," *American Journal of Preventative Medicine*, vol. 60, no. 6 (2021), p. 862, and LeaAnne DeRigne et al., "How Many Sick Days are Enough?" *Journal of Occupational and Environmental Medicine*, vol. 60, no. 6 (2018), pp. 481-489.

²⁹ See, for example, Suhang Song et al., "Exploring the Association of Paid Sick Leave with Healthcare Utilization and Health Outcomes in the United States: A Rapid Evidence Review," *Global Health Journal*, vol. 7 (2023), pp. 9-17; and Abay Asfaw, "Paid Sick Leave and Self-Reported Depression and Anxiety: Evidence from a Nationally Representative Longitudinal Survey," *American Journal of Preventative Medicine*, vol. 66, no. 4 (2024).

³⁰ These effects may be amplified if a greater ability to seek medical treatment or preventive care reduces the likelihood of future illness or injury or shortens medical recovery periods.

³¹ The broad coverage of paid sick leave mandates may support better job matches by reducing the need for workers to sort into positions that offer leave but may not otherwise be the best fit for their skills or career interests. Allowing workers to make job matches based on qualifications and interests can improve job satisfaction and attachment, may have productivity-enhancing effects that benefit both workers and employers, and may improve both employment and earnings.

workplaces. In general, the effects of mandates are likely to be larger for worker groups that had less or no access to paid sick leave prior to policy implementation. Productivity gains stemming from reduced illness in the workplace may be larger for in-person production (as opposed to remote work) and where employees work in close proximity to each other. In terms of costs, increased leave-taking may be particularly disruptive in smaller workplaces, worksites that rely on teamwork for production (e.g., assembly lines), and jobs in which the nature of the work makes it difficult for coworkers to cover for a worker on leave (e.g., child care centers may be legally required to maintain a certain provider-to-child ratio).

Labor Outcomes

Relative to studies on health impacts, the literature examining the labor market impacts of paid sick leave mandates is small and has produced mixed results. Some studies observe a positive relationship between mandated leave and employment or earnings, whereas others find little evidence of such a connection.³² There is some indication that the level of analysis may influence the direction and magnitude of findings. For example, one recent study found that paid sick leave mandates in California, Massachusetts, and Oregon improved women’s employment and economic security (as measured by earnings and poverty rates).³³ However, an earlier study examining mandates in the same states (along with Connecticut’s mandate and nine local leave mandates) found no evidence of state- or county-level employment or wage impacts.³⁴ One possibility is that the labor market impacts for some groups are masked when workers are studied in aggregate (e.g., if the group experiencing gains or losses is relatively small, or if impacts moving in one direction for some workers are offset by impacts moving in the opposite direction for another).

Business Outcomes

Research on business impacts of mandates is also relatively small and more recent, but it indicates generally positive or neutral net impacts for businesses, on average. For example, studies have associated mandates with firm-level labor productivity improvements and higher profits;³⁵ lower rates of labor turnover, as measured at the county level;³⁶ and no impacts on

³² See for example, Meredith Slopen, “The Impact of Paid Sick Leave Mandates on Women’s Employment and Economic Security,” *Journal of Policy Analysis and Management*, vol. 43 (February 17, 2024), pp. 1129-1151, (hereinafter Slopen, “The Impact of Paid Sick Mandates”); Al-Sabah et al., “For Better or Worse?”; Stefan Pichler and Nicolas R. Ziebarth, “Labor Market Effects of U.S. Sick Pay Mandates,” *Journal of Human Resources*, vol. 55, no. 2 (2020), pp. 611-659, (hereinafter Pichler and Ziebarth, “Labor Market Effects of U.S. Sick Pay Mandates”).

³³ The study finds that women’s employment increased following the implementation of mandates in those states, especially among women without college degrees, Hispanic women, and Black women; Slopen, “The Impact of Paid Sick Mandates.” Al-Sabah et al., “For Better or Worse?,” examines labor market and other impacts of state and local mandates enacted between 2013 and 2019 (based on this time period, mandates in DC and Connecticut are excluded) and finds an increase in county-level private sector employment following implementation of mandates. The study finds larger effects for mandates that provide more days of paid sick leave, and in locations that had low-access to paid sick leave pre-mandate and locations in which residents report poor health.

³⁴ The authors estimate slightly negative impacts, but their results were not statistically different from a null effect; Pichler and Ziebarth, “Labor Market Effects of U.S. Sick Pay Mandates.”

³⁵ For example, in a 2024 study Chunyu, Volpin, and Zhu find improvements to labor productivity and firm profits, and suggest they may be driven by health gains associated with paid sick leave. Analysis in this study is limited to establishments with at least 18 employees or at least 50 employees (depending on the specification); results may not represent outcomes for smaller workplaces. Liangrong Chunyu et al., “Do Paid Sick Leave Mandates Increase Productivity?” working paper, 2024, available https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4096707.

³⁶ Al-Sabah et al., “For Better or Worse?”

business bankruptcy filings, as measured at the county level.³⁷ The absence of large negative business impacts may be due in part to the short-term nature of mandated leave (e.g., about one week per year), which may be tolerable for some employers.³⁸ It is possible the types of businesses for which sufficiently detailed business outcome data are available may be a select group that are better placed to accommodate sick leave (e.g., publicly traded companies).

Research has examined the business impacts of paid sick leave more generally (i.e., inclusive of non-mandated leave). One study synthesized results from 43 studies published between 2000 and 2022 that consider paid sick leave impacts on various business outcomes, such as job satisfaction and commitment, job turnover and retention, presenteeism and work absences, occupational injuries and employee health, profitability, performance, and labor market effects.³⁹ In summarizing their results, the authors note that “much of the research provided in this review sheds a positive light on paid sick leave benefits with regard to business; however, we also found evidence of the financial repercussions with regard to sick leave.”⁴⁰

Recent Federal Proposals

Recent federal proposals have sought to increase paid sick leave access using a range of approaches.⁴¹ The Healthy Families Act (H.R. 7531/S. 3869, 119th Congress), for example, would require most employers to provide paid sick leave at a rate of 1 hour of leave for each 30 hours worked, up to 56 hours per year.⁴² Some proposals have sought to establish more narrow sick leave entitlements; for example, leave for needs related to public health emergencies (see the “COVID-19 Emergency Paid Sick Leave Act” text box) or for workers employed in selected industries (e.g., the Domestic Workers Bill of Rights Act [S. 3396], 119th Congress; the Freight Rail Workforce Health and Safety Act [H.R. 3255], 118th Congress).

Other legislative proposals have sought to increase access to paid leave more generally (i.e., that does not restrict the set of qualifying uses of leave). The Working Families Flexibility Act of 2025 (H.R. 2870/S. 1158, 119th Congress), for example, would allow private sector workers covered by the Fair Labor Standards Act (FLSA) overtime pay provisions to be compensated for overtime hours worked in compensatory time off (i.e., comp time).⁴³ The Protected Time Off (PTO) Act

³⁷ Michelle Miller, “The Impact of Paid Sick Leave Laws on Consumer and Business Bankruptcies,” *Journal of Empirical Legal Studies*, vol. 19 (2022), pp. 844-896. Miller also does not observe impacts on county-level establishment exit and entry rates, job creation, and destruction rates. She does however find that paid sick leave mandates are associated with a decrease in county-level consumer bankruptcy filings, possibly due to stronger employment security and household income stability for some workers.

³⁸ One study estimates that, on average, paid sick leave mandates result in an additional four hours of leave taking per employee, per year and increased labor costs by about \$0.06 per hour worked. However, among employees that gained paid sick days as a result of a mandate, sick leave days increased by 2.4 days (19.2 hours) per such worker and labor costs rose by \$0.30 per hour worked. Johanna Catherine Maclean et al., “Mandated Sick Pay: Coverage, Utilization, and Crowding In,” *Journal of the European Economic Association*, vol. 23, no. 5 (2025), pp. 1868-1907.

³⁹ Candice Vander Weerd et al., “Is Paid Sick Leave Bad for Business: A Systematic Review,” *American Journal of Industrial Medicine*, vol. 66 (2023), pp. 429-440 (hereinafter Vander Weerd et al., “Is Paid Sick Leave Bad for Business”).

⁴⁰ Vander Weerd et al., “Is Paid Sick Leave Bad for Business,” p. 437.

⁴¹ Congress has also considered proposals to increase access to paid family and medical leave—partially or fully compensated time away from work for specific and generally significant family caregiving needs, such as the arrival of a new child or serious illness of a close family member, or an employee’s own serious medical needs. These proposals are described in CRS Report R44835, *Paid Family and Medical Leave in the United States*, by Sarah A. Donovan.

⁴² The act would allow smaller employers to provide unpaid sick leave.

⁴³ Analogous to the FLSA overtime provisions, such employees would earn 1.5 hours of compensatory time for each (continued...)

(H.R. 4763, 119th Congress) would require employers to provide 1 hour of paid time off for each 25 hours worked, up to 80 hours per year, with broad coverage and no restrictions on qualifying uses of leave.

COVID-19 Emergency Paid Sick Leave Act

The Emergency Paid Sick Leave Act (Division E of P.L. 116-127, the Families First Coronavirus Response Act [FFCRA]) created a temporary federal entitlement to paid sick leave for some employees for selected needs related to the COVID-19 pandemic (i.e., not general medical needs). Full-time employees were entitled to 80 hours of paid sick leave; part-time employees were entitled to the equivalent of two weeks of leave. Paid leave benefits took effect on April 1, 2020, and applied to leave between April 1, 2020, and December 31, 2020.

Leave taken for the employee's quarantine, self-isolation, or medical diagnosis was compensated at the greatest of the employee's regular rate of pay, the federal minimum wage, or the minimum wage rate in the applicable state or locality of employment. However, paid leave provided for these purposes was capped at \$511 per day and \$5,110 total per employee. For caregiving and other needs, the employer was required to compensate the employee at two-thirds of the previously described amounts, up to \$200 per day and \$2,000 total per employee. With some exceptions (e.g., certain small businesses, health care professionals, emergency responders), the paid sick leave provisions applied broadly to private-sector employers with fewer than 500 employees (employers with 500 or more employees were not covered) and to public-sector employees. The act also included tax credit provisions to help employers (including the self-employed) cover costs related to paid leave.

hour worked in excess of 40 in a given work week. Employees would need to meet eligibility conditions, including entering into a compensatory time agreement with their employer. The act uses the FLSA definition of "compensatory time" (29 U.S.C. §203(o)(7)): "hours during which an employee is not working, which are not counted as hours worked during the applicable workweek or other work period for purposes of overtime compensation, and for which the employee is compensated at the employee's regular rate."

Appendix A. State Paid Sick Leave and Earned Paid Leave Laws: Accrual Rates in 2026

Table A-1. State Paid Sick Leave and Earned Paid Leave Accrual Rates, March 2026

State	Accrual Rates per Benefit Year ^a
Alaska	Employers with fewer than 15 employees: 1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year. Employers with 15 or more employees: 1 hour of paid sick leave for every 30 hours worked, up to 56 hours of paid sick leave per benefit year.
Arizona	Employers with fewer than 15 employees: 1 hour of paid sick leave for every 30 hours worked, up to 24 hours of paid sick leave per benefit year. Employers with 15 or more employees: 1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year.
California	1 hour of paid sick leave for every 30 hours worked, up to 80 hours of paid sick leave per benefit year.
Colorado	1 hour of paid sick leave for every 30 hours worked, up to 48 hours of paid sick leave per benefit year.
Connecticut	Employers with fewer than 11 employees: no paid sick leave requirement. ^b Employers with 11 or more employees: 1 hour of paid sick leave for every 40 hours worked, up to 40 hours of paid sick leave per benefit year.
District of Columbia	Employers with fewer than 25 employees: 1 hour of paid sick leave for every 87 hours worked, up to 3 days of paid sick leave per benefit year. ^c Employers with 25-99 employees: 1 hour of paid sick leave for every 43 hours worked, up to 5 days of paid sick leave per benefit year. Employers with 100 or more employees: 1 hour of paid sick leave for every 37 hours worked, up to 7 days of paid sick leave per benefit year.
Illinois ^d	1 hour of paid leave for every 40 hours worked, up to 40 hours of paid leave per benefit year.
Maine ^d	Employers with fewer than 10 employees: no earned paid leave requirement. Employers with 10 or more employees: 1 hour of paid leave for every 40 hours worked, up to 40 hours of paid leave per benefit year.
Maryland	Employers with fewer than 15 employees: 1 hour of unpaid sick leave for every 30 hours worked, up to 40 hours of unpaid sick leave per benefit year. Employers with 15 or more employees: 1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year. ^e
Massachusetts	Employers with fewer than 11 employees: 1 hour of unpaid sick leave for every 30 hours worked, up to 40 hours of unpaid sick leave per benefit year. Employers with 11 or more employees: 1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year.
Michigan	1 hour of paid sick leave for every 30 hours worked. Michigan law does not establish a maximum annual accrual of hours but does allow employers to limit the number of paid sick leave hours that may be used in a benefit year. Employers with fewer than 11 employees: may limit use of leave to 40 hours of paid sick leave per benefit year. Employers with 11 or more employees: may limit use of leave to 72 hours of paid sick leave per benefit year.
Minnesota	1 hour of paid sick leave for every 30 hours worked, up to 48 hours of paid sick leave per benefit year.

State	Accrual Rates per Benefit Year ^a
Nebraska	Employers with fewer than 11 employees: no paid sick leave requirement. Employers with 11-19 employees: 1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year. Employers with 20 or more employees: 1 hour of paid sick leave for every 30 hours worked, up to 56 hours of paid sick leave per benefit year.
Nevada ^d	Employers with fewer than 50 employees: no earned paid leave requirement. Employers with 50 or more employees: 0.01923 hour of paid leave for each hour worked (approximately 1 hour of paid leave for every 52 hours worked), up to 40 hours of paid leave per benefit year.
New Jersey	1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year.
New Mexico	1 hour of paid sick leave for every 30 hours worked, up to 64 hours of paid sick leave per benefit year.
New York ^f	Employers with fewer than 5 employees and no more than \$1,000,000 in net income: 1 hour of unpaid sick leave for every 30 hours worked, up to 40 hours of unpaid sick leave per benefit year. Employers with fewer than 5 employees and more than \$1,000,000 in net income: 1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year. Employers with 5-99 employees: 1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year. Employers with 100 or more employees: 1 hour of paid sick leave for every 30 hours worked, up to 56 hours of paid sick leave per benefit year.
Oregon	Employers with fewer than 10 employees or employers operating in an Oregon city with a population exceeding 500,000 and with fewer than 6 employees (employed anywhere in the state): 1 hour of unpaid sick leave for every 30 hours worked, up to 40 hours of unpaid sick leave per benefit year. Employers with at least 10 employees or employers operating in an Oregon city with a population exceeding 500,000 and with at least 6 employees (employed anywhere in the state): 1 hour of paid sick leave for every 30 hours worked, up to 40 hours of paid sick leave per benefit year.
Rhode Island	Employers with fewer than 18 employees: 1 hour of unpaid sick leave for every 35 hours worked or hours paid, ^g up to 40 hours of unpaid sick leave per benefit year. Employers with at least 18 employees: 1 hour of paid sick leave for every 35 hours worked or hours paid, up to 40 hours of paid sick leave per benefit year.
Vermont	1 hour of paid sick leave for every 52 hours worked, up to 40 hours paid sick leave in a benefit year.
Washington	1 hour of paid sick leave for every 40 hours worked. Washington law does not limit annual accrual of hours but employers may limit the number of hours carried over from year-to-year to 40 hours.

Source: CRS analysis of information from Bloomberg Law, *State Law Chart Builder: Earned Paid Leave*, accessed in March 2026.

Notes: States generally allow employers to provide more paid sick leave or allow for faster accrual than required under state laws. State laws may exclude certain worker groups from the leave requirement (e.g., those regularly working few hours per week, employed in certain occupations, or covered by a valid collective bargaining agreement that includes certain provisions).

- a. A benefit year is typically a 12-month continuous period. Some states designate a particular time period, such as a calendar year, whereas others allow employers to select a 12-month period.
- b. In 2027, Connecticut employers with at least one employee will be required to provide paid sick leave.

- c. DC code provides for hours of paid sick leave accrual but expresses maximum annual amounts in terms of sick leave days.
- d. Illinois, Maine, and Nevada allow employees to earn and use paid leave for any needs, including sick leave needs.
- e. Maryland employers are not required to provide leave during certain period in which an employee works low hours (e.g., fewer than 24 hours in a two-week pay period). Employers may also limit the number of hours of paid sick leave an employee can hold at any time to 64 hours.
- f. Employers must provide an additional 20 hours of paid sick leave for prenatal reasons during a 52-week period. Paid prenatal sick leave is not accrued by employees; it is provided automatically to them.
- g. In Rhode Island, “hours paid” include work hours, holidays paid, and hours of paid leave.

Appendix B. BLS Estimates of Private Sector Workers Access to Paid Sick Leave, March 2025

Table B-1. Private Sector Workers Access to Paid Sick Leave, March 2025

Category	Percentage of Workers with Paid Sick Leave
All Workers	80%
By Occupation	
Service occupations	65%
Natural resources, construction, and maintenance occupations	75%
Production, transportation, and material moving occupations	79%
Sales and office occupations	81%
Management, professional, and related occupations	93%
By Industry	
Leisure and hospitality	55%
Construction	72%
Other services (except public administration)	73%
Trade, transportation, and utilities	80%
Manufacturing	82%
Professional and business services	83%
Education and health services	89%
Financial activities	96%
Information	97%
By Average Occupational-Wage Distribution	
Bottom 25%	58%
Second 25%	83%
Third 25%	88%
Top 25%	94%
By Hours of Work Status	
Part-time	56%
Full-time	88%
By Union Status	
Non-union	80%
Union	86%
By Establishment Size	
1 to 99 employees	73%
100 to 499 employees	87%
500 or more employees	90%

Source: BLS, 2025 Employee Benefits Survey, September 2025.

Notes: Entries are sorted within each category from lowest to highest percentage of workers with access to paid sick leave. BLS defines “paid sick leave” as a “paid absence from work if an employee is unable to work because of a non-work-related illness or injury. The employer usually provides all or part of an employee’s earnings. Employees commonly receive their regular pay for a specified number of days off per year. Sick leave is provided on a per-year basis, usually expressed in days, and is never insured.”

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