



March 31, 2020

**Recommendations regarding COVID-19 and the need for paid sick days,
paid leave, and pregnancy accommodations**

Dear Governor Cooper, Speaker Moore, and Senator Berger,

The COVID-19 public health emergency has shined a spotlight on the impossible choice North Carolina workers have long faced between caring for their health or the health of a loved one, and their paycheck. These protections are always urgent for the tens of millions of low wage workers across the country and here in North Carolina who have no access to paid leave and are on the frontlines of contact with the public (such as those who work in restaurants, grocery stores, service and healthcare industries). Amidst this pandemic, we graphically see how the lack of basic policies such as paid sick days, paid family and medical leave, and pregnancy accommodations puts the health of our state's workers and all of us at risk.

Simply put, North Carolina is stronger when we *all* have time to heal and to care for our family when they're sick—and a job to come back to.

While passing the federal Families First Coronavirus Response Act was an urgent first step to cover many workers during this crisis, *all* workers need paid leave, paid sick days, and reasonable job protections now, and not just in times of emergency. But, unfortunately, the federal emergency bills still leave behind thousands of North Carolinians.

These issues are of deep concern to NC Families Care, a coalition of more than two dozen diverse organizations who support family-friendly workplace policies. Below, we have outlined some critical steps that we can take immediately for this crisis and for the longer-term to ensure the health and well-being of our state's workers and our economy.

Paid Sick Days and Paid Family and Medical Leave:

A March 2019 study by the Duke Child and Family Policy Center found only 12% of North Carolinians have access to paid family and medical leave [1] while a February 2019 study from the Institute for Women's Policy Research found that approximately 1.6 million workers in North Carolina, relatively 38% of North Carolina's workforce, lacked paid sick time.[2]

The federal Families First Coronavirus Response Act provides paid sick leave and paid family leave benefits, but these protections only apply to those who work for employers with fewer than 500 employees. According to the U.S. Census Bureau, ***over 800,000 individuals in North Carolina work for***

employers with 500 or more employees, and thus are left out of the recently enacted federal protections. [3]

With North Carolinians increasingly at risk of contracting and spreading the coronavirus, and caring for loved ones who are ill, all workers must be able to take the time they need to care for themselves and their loved ones without sacrificing their financial security. However, without guaranteed paid sick leave or paid family and medical leave, many workers simply cannot afford to stay home when they or a loved one are sick.

Studies have shown that paid sick leave helps to decrease the spread of contagious illnesses in the workplace. [4] Access to paid sick leave means workers who are ill will be less likely to go to work while sick or send a sick child to school or child care, reducing the spread of disease.[5] Paid family leave encourages family caregiving, reducing the burden on our healthcare system [6] at a time when its resources are being stretched to the limit. Both paid sick leave and paid family leave have been shown to improve employee productivity and retention, thus saving employers money, which is critical during this period of economic uncertainty.[7]

Expanding access to paid leave and paid sick days are essential tools as we confront the greatest public health crisis of our lifetimes, and it's critical that all North Carolinians have access to them.

We urge the NC General Assembly to take immediate and urgent action to close the gaps left by federal emergency policies during this pandemic by:

- **Requiring private-sector employers with 500 or more employees to provide 80 hours of paid sick time** to both full- and part-time workers at 100 percent wage replacement.
- **Preventing the exclusion of health care providers and emergency responders** from the federal emergency paid sick days and emergency paid leave provisions by requiring their employers to follow the federal provisions outlined for other employers under federal law.
- **Passing the Enact KinCare Act (H899)**, which would guarantee all NC workers the right to use their sick days (whether paid or job-protected, unpaid) to care for a sick loved one, seek preventative care, or deal with the physical, mental, or legal impacts of domestic violence, sexual assault, or stalking. This bill unanimously passed committee with bipartisan support in 2019.

All North Carolina workers need access to paid family and medical leave and the right to earn paid sick days and paid leave, both during this pandemic and permanently. When the NC General Assembly reconvenes on April 28, we urge you to move quickly to pass:

- **The Healthy Families and Workplaces Act/ Paid Sick Days (H422/S234)**, which would allow NC workers at businesses with more than ten employees to earn a minimum of 56 paid sick hours per calendar year and employees in businesses with ten or less to earn a minimum of 32 hours per calendar year.
- **The NC Families First Act (696)**, which would establish a paid family and medical leave insurance program modeled after successful programs in other states that would allow workers to take a certain number of weeks of paid time off from work to welcome a newly born or adopted child, recover from pregnancy, provide extended care for family members suffering from serious health conditions, recover from their own serious health condition, or address needs related to military deployment or injury.

Reasonable Pregnancy Accommodations

Since the 1980s, most American families have needed to rely on two incomes. Thus, it is no surprise that 62% of pregnant and new NC moms are in the labor force each year, and more are working into the second and third trimester. In truth, the economy has come to rely on these workers.

At the same time, North Carolina has long struggled to improve our infant and maternal mortality rates. With approximately 1.5% of the NC workforce giving birth each year [8], reasonable pregnancy accommodations in the workplace can be critical to ensuring healthy outcomes. This is particularly true as North Carolina faces the COVID-19 pandemic, when pregnant workers may need minor accommodations, such as protective gear, in order to protect their own health and the health of their pregnancies.

While the great majority of pregnant workers do not need workplace accommodations, some require these temporary accommodations to protect both the worker and the pregnancy. Studies conclude that these accommodations are associated with improved maternal health and safety, as well as a reduction in preterm birth, low birthweight, congenital anomalies, and fetal death. According to the Louisville, Kentucky Department of Public Health and Wellness, "accommodating pregnant workers, upon their request, is critical for reducing poor health outcomes." [9]

Pregnant workers need accommodations to ensure they don't contract the coronavirus - it is crucial for both maternal and infant health. As the World Health Organization (WHO) indicates on its COVID-19, pregnancy, childbirth and breastfeeding page that "due to changes in their bodies and immune systems, we know that pregnant women can be badly affected by some respiratory infections. It is therefore important that they take precautions to protect themselves against COVID-19, and report possible symptoms (including fever, cough or difficulty breathing) to their healthcare provider." [10]

While there is limited data on coronavirus, a recent study on the effects of SARS on pregnant women found that: "During the SARS outbreak that occurred from 2002 to 2003, there were 12 women reported to be infected while pregnant. Adverse clinical outcomes resulting from SARS-CoV infection among this cohort included 4 of 7 women having miscarriages in the first trimester, and 2 of 5 women in the second and third trimester having a newborn with intrauterine growth restriction (IUGR)." [11] Another study on the MERS-CoV virus, reported: "In a review of 11 pregnant women infected with MERS-CoV, 3 ten (91%) presented with adverse outcomes, six (55%) neonates required admission to the intensive care unit, and three (27%) died. Two neonates were delivered prematurely for severe maternal respiratory failure." [12]

The data indicates that it is imperative that policymakers move proactively to guarantee pregnant workers the right to access reasonable accommodations in the workplace, both now and permanently.

We know failure to provide pregnancy accommodations can lead to preterm birth and preterm births overwhelm hospitals for mothers and infants in NICU. A 2007 analysis from American Academy of Pediatrics found that "preterm/low birth weight infant stays averaged \$15,100, with a mean length of stay of 12.9 days versus \$600 and 1.9 days for uncomplicated newborns." [13] That means you need health care personnel on deck to tend to the infants for 11 extra days - if we have a pandemic and need all health care personnel on deck, that's a huge amount of resources that need to be diverted to tend to premature infants.

Unfortunately, with limited protections under federal law [14], pregnant workers who simply need reasonable accommodations such as a modified work schedule or access to water to stay hydrated are often pushed out of their jobs or forced to risk their health. Providing reasonable accommodations would also increase employee retention and morale while reducing turnover and training costs, at a time when many employers providing essential services cannot afford to lose any employees.[15]

In order to support the health of pregnant workers and their ability to remain in the workforce during the COVID-19 crisis, we urge the NC General Assembly to take immediate and urgent action to:

- **Guarantee pregnant workers the right to reasonable emergency workplace accommodations** including access to personal protective equipment, temporary reassignment to telework or to a position with minimal public interaction, or, if these options are not available, to access paid leave or sick days as they could if they or a loved one had contracted COVID-19 and needed to quarantine.

The right to reasonable workplace pregnancy accommodations is something that all pregnant workers need, regardless of whether we are in the midst of a public health disaster. When the NC General Assembly reconvenes on April 28, we urge you to move quickly to pass:

- **NC Healthy Pregnancy Act (S558)**, which would guarantee NC workers the right to reasonable workplace pregnancy and lactation accommodations that would enable them to continue working throughout their pregnancies while ensuring their health and safety.

The simple fact is our state is only as healthy as its most vulnerable members. We all have a stake in ensuring *all* workers have access to paid sick days and paid leave for health emergencies and for personal and family care, and access to workplace pregnancy accommodations for those at increased risk. This benefits families, communities, businesses, public health, and the economy as a whole.

We must treat this public health emergency the same way we would a natural disaster. We urge you to act quickly and proactively to ensure North Carolina emerges on the other side of this stronger and whole.

Sincerely,

The NC Families Care Coalition and our organizational members including:

Action NC
Alliance for Retired Americans
American Association of University Women - North Carolina Chapter
Beloved Community Center
National Coalition of 100 Black Women - Queen City Metropolitan Chapter
Down Home NC
Friends of Residents in Long-Term Care
Institute for Family Caregiving, Inc.
Just Economics
LGBT Center of Raleigh

MomsRising
NARAL Pro-Choice North Carolina
National Association of Social Workers - North Carolina Chapter
NC AFL-CIO
NC A. Philip Randolph Institute
NC Coalition Against Domestic Violence
North Carolina Council of Churches
North Carolina Early Education Coalition
North Carolina Justice Center
NC Women United
OUR Walmart
Parents Together
RaiseUP
Women AdvanCe
Working America

[1] Gassman-Pines, Anna and Elizabeth Ananat, 2019. "Paid Family Leave in North Carolina: An Analysis of Costs and Benefits." Duke Center for Child and Family Policy. Retrieved 6 August 2019 from: <https://duke.app.box.com/s/9wti16byhdyz6k99ri2yib3ttlprgl>

[2] IWPR, *Access to Paid Sick Time in North Carolina*, Feb. 2019.

[3] U.S. Census Bureau, *County Business Patterns by Employment Size Class, 2016*, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=BP_2016_00A3&prodType=table.

[4] See A Better Balance, *Summary of Studies on the Health Effects of Paid Safe and Sick Time Ordinances (2019)*, <https://www.abetterbalance.org/resources/summary-of-studies-on-the-health-effects-of-paid-sick-safe-timeordinances/>.

[5] People without access to paid sick leave are 1.5x more likely to go to work while they have a contagious illness and are nearly twice as likely to send a sick child to school or daycare than those with access to it. Tom W. Smith & Jibum Kim, *Paid Sick Days: Attitudes and Experiences*, Nat'l Opinion Res. Ctr. at U. of Chi. (June 2010), <https://www.issuelab.org/resource/paid-sick-days-attitudes-and-experiences.html>.

[6] S. Reinhard, L. Feinberg, R. Choula, and A. Houser, *Valuing the Invaluable: The Economic Value of Family Caregiving, 2015 Update*, AARP Public Policy Institute (July 2015), available at: <https://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>.

[7] Andrew Smith, *A Review of the Effects of Colds and Influenza on Human Performance*, 39 J. Soc'y Occupational Med. 65 (1989).; Eileen Appelbaum and Ruth Milkman, *Leaves that Pay: Employer and Worker Experiences with Paid Family Leave in California*, available at: <http://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>

[8] National Partnership for Women & Families. (2013). *Pregnant Workers Need the Pregnant Workers Fairness Act*. [5] American Civil Liberties Union (ACLU). (2017). *Safe Pregnancy Act Infographic*.

[9] Louisville Department of Public Health and Wellness, *Pregnant Workers Health Impact Assessment*, (Feb. 2019), https://louisvilleky.gov/sites/default/files/health_and_wellness/che/pregnant_workers_hia_final_02182019.pdf.

[10] World Health Organization website, "Q&A on COVID-19, pregnancy, childbirth, and breastfeeding," Accessed March 30, 2020. <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>

[11] Rebecca B. Russell, Nancy S. Green, Claudia A. Steiner, Susan Meikle, Jennifer L. Howse, Karalee Poschman, Todd Dias, Lisa Potetz, Michael J. Davidoff, Karla Damus and Joann R. Petrini, "Cost of Hospitalization for Preterm and Low Birth Weight Infants in the US," *Pediatrics* July 2007, 120 (1) e1-e9; DOI: <https://doi.org/10.1542/peds.2006-2386>

[12] David A. Schwartz and Ashley L. Graham, "Potential Maternal and Infant Outcomes from Coronavirus 2019-nCoV (SARS-CoV-2) Infecting Pregnant Women: Lessons from SARS, MERS, and Other Human Coronavirus Infections," *Viruses* 2020, 12(2), 194; <https://doi.org/10.3390/v12020194>

[13] Guillaume Favre, Léo Poma, Didier Musso, and David Baud, "2019-nCoV epidemic: what about pregnancies?," *The Lancet* February 06, 2020; [https://doi.org/10.1016/S0140-6736\(20\)30311-1](https://doi.org/10.1016/S0140-6736(20)30311-1)

[14] Rebecca B. Russell, Nancy S. Green, Claudia A. Steiner, Susan Meikle, Jennifer L. Howse, Karalee Poschman, Todd Dias, Lisa Potetz, Michael J. Davidoff, Karla Damus and Joann R. Petrini, "Cost of Hospitalization for Preterm and Low Birth Weight Infants in the United States," *Pediatrics* July 2007, 120 (1) e1-e9; DOI: <https://doi.org/10.1542/peds.2006-2386>

[15] See A Better Balance, *Fact Sheet: Fairness for Pregnant Workers in North Carolina*.