

Fact Sheet

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Paid Sick Days in Connecticut Would Improve Health Outcomes, Help Control Health Care Costs

In Connecticut, 37 percent of the private-sector workforce, or 471,000 workers, lack access to paid sick days. The Institute for Women's Policy Research (IWPR) estimates the likely improvements in access to health care that Connecticut workers and their families would experience if they were to gain access to paid sick days. In addition, IWPR quantifies the cost of preventable emergency department visits in Connecticut.

IWPR performed a regression analysis of data from the National Health Interview Survey to estimate the impact that access to paid sick days has on self-reported health status, the likelihood of delaying medical care for oneself or one's family member, and the number of visits to hospital emergency departments for oneself or one's child. After controlling for demographic variables and the presence of chronic health conditions, IWPR estimates that access to paid sick days is associated with significantly better outcomes on all three variables. Individuals with paid sick days experience better self-reported health, a lower likelihood of delayed medical care, and fewer visits to hospital emergency departments (Table 1).

Table 1. Paid Sick Days Coverage and Predicted Self-Reported Health, Delayed Medical Care, and Emergency Department Use, Private Sector Employees

	Self-Reported Poor or Fair Health	Reported Delayed Medical Care for Self or Family Member in the Last Year	Emergency Department Visits for Self or Sample Child in Last Year
Has Paid Sick Days	3.5%	14.7%	34.1 per 100 persons
Lacks Paid Sick Days	4.7%	20.6%	39.7 per 100 persons

Source: Preliminary IWPR analysis of 2008–2009 National Health Interview Survey data, private sector employees. Note: Predicted values control for education, income, age, race, gender, and presence of a chronic health condition. Differences are statistically significant at p < .001. Greater methodological detail will be available in forthcoming IWPR publications.

Delaying medical care can aggravate chronic health conditions or increase the severity of critical health conditions or injuries, but workers without paid sick days may be unable to promptly or regularly address health needs. The results of IWPR's regression analyses suggest that the inability to obtain timely and prompt health care as a result of a lack of paid sick time may lead to both worse general health and greater reliance on emergency departments, with serious economic as well as health-related consequences.

Expanded access to paid sick days would be likely to reduce costs associated with emergency room care. According to the Agency for Healthcare Research and Quality, in the Northeastern United States, the average doctor's visit costs \$1,060 while the average emergency department visit costs \$1,756—a difference of \$696. To estimate the reduction of medical costs associated with reduced emergency department use among workers with paid sick days—assuming that using an emergency department is replaced with visiting a primary care provider—IWPR multiplied the estimated annual preventable emergency department use by the difference in the cost between an average doctor's visit and an average emergency department visit. If Connecticut workers without paid sick days were to gain access, nearly 26,000 emergency department visits per year would be prevented, resulting in health care cost reductions of \$18 million annually (Table 2).

The high health care costs for emergency department use are shared by private and public insurers, hospitals, and patients.² For individuals without insurance, hospitals frequently seek payment from the patient. Since medical expenses are one of the most common reasons for individuals filing for bankruptcy,³ greater access to paid sick days could contribute to reducing the number of individual bankruptcies in the state. For individuals and families receiving public health insurance—such as Medicaid, State Children's Health Insurance Program (SCHIP), or Healthcare for UninSured Kids and Youth (HUSKY)—the hospital is reimbursed by the government. IWPR estimates that public health insurance systems funded by Connecticut taxpayers would save \$4.7 million annually from reduced emergency department use if paid sick days were universal (Table 2).

Table 2. Annual Cost Savings Resulting from Unnecessary Emergency Department Visits in Connecticut, Overall and Among Those Receiving Public Health Insurance

	Overall	Receiving Public Health Insurance
Preventable ER Visits	25,899	6,825
Cost of ER Visit	\$1,756	\$1,756
Cost of Primary Care Visit	\$1,060	\$1,060
Cost Premium for ER Visit	\$696	\$696
Preventable ER Costs	\$18,014,199	\$4,747,533

Source: Preliminary IWPR analysis of 2008–2009 National Health Interview Survey data, National Compensation Survey, and the Medical Expenditure Panel Survey.

Note: Calculations limited to private sector workers.

This fact sheet was prepared by Kevin Miller, Ph.D., Robert Drago, Ph.D., and Claudia Williams. Funding for this fact sheet was provided by Community Works of Connecticut with additional funding provided by the Ford Foundation, the Annie E. Casey Foundation, and the Public Welfare Foundation.

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The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. The Institute works with policymakers, scholars, and public interest groups to design, execute, and disseminate research that illuminates economic and social policy issues affecting women and their families, and to build a network of individuals and organizations that conduct and use women-oriented policy research. IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations and corporations. IWPR is a 501(c)(3) tax-exempt organization that also works in affiliation with the women's studies and public policy programs at The George Washington University.

¹Agency for Healthcare Research and Quality. 2008. "Table 6: Emergency Room Services-Mean and Median Expenses per Person With Expense and Distribution of Expenses by Source of Payment: United States, 2008" and "Table 8.1.a.: office-based Medical Provider services – Mean and Median Expenses per Person with Expense and Distribution of Expenses by Source of Payment: United States, 2008." Medical Expenditure Panel Survey Household Component Data. Generated interactively.

²Families USA. 2005. *Paying a Premium: The Added Cost of Care for the Uninsured*. Publication No. 05-101. Washington, DC: Families USA Foundation.

³David U. Himmelstein, Elizabeth Warren, Deborah Thorne, and Steffie Woolhandler. 2005. "MarketWatch: Illness and Injury as Contributors to Bankruptcy." *Health Affairs*. (February): W5-63 - W5-64.