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Changes in U.S. labor conditions have important implications for workers' health and well-being. This has led states and local governments to adopt numerous labor protections (e.g., minimum wage increases, paid leave, fair scheduling, and prevailing wage ordinances) to improve the health of their workforce. However, recent increases in state preemption laws have stymied local attempts to enact protections that exceed federal minimums (Scharff, 2017; Riverstone-Newell, 2017). Scholars argue state preemption threatens public health and may have adverse consequences for U.S. workers' health and well-being (Pomeranz & Pertschuk, 2017). While the health effects of generous labor laws are well documented (e.g., Leigh et al., 2019; Isaacs, Healy, & Peters, 2017), less is known about the link between state labor preemption laws and workers' health despite calls to quantify these purported consequences across different policy domains and health outcomes (Carr et al., 2020).

To fill this gap, I use an equity-first lens to first examine whether variations in U.S. state labor preemption laws are associated with adverse mental health outcomes for low-income workers and to examine whether these outcomes differ by economic and temporal dimensions of preemption. Second, I assess whether variations and dimensions of state labor preemption are associated with health care access for low-income workers across the United States and whether outcomes are patterned by gender, race, ethnicity, and insurance coverage. Finally, using biomarkers of cardiovascular (CV) health, I examine whether irregular work schedules, a potential outcome of preempted fair scheduling laws, are getting "under the skin" of workers during young adulthood. I also assess if CV health outcomes vary by gender, income level, and occupational industry.

Using two nationally representative health datasets (Add Health and the Behavioral Risk Factor Surveillance System Survey) merged with state-level preemption law measures (Economic Policy Institute, 2019), I employ a series of multilevel linear and logistic regression models. Findings expand on current research efforts by quantifying the relationship between variations and dimensions of state labor preemption and multiple population health indicators. Findings will have important implications for policy making and health equity.