
PROJECT PLAN: INVESTIGATING THE RELATIONSHIP BETWEEN STATE-LEVEL MINIMUM WAGE PREEMPTION AND HEALTH OUTCOMES

ABSTRACT

In 2023, a cohort of Kansas organizations health-focused undertook a study to determine the effects that state-level minimum wage preemption had on health, and they found the research to be lacking. The cohort performed an analysis comparing health rankings in states with preemption versus those without and found some correlations between preemption and poor health outcomes. More in-depth analysis is needed to determine the validity and extent of such correlations.

1 INTRODUCTION

The ultimate goal of this project is to determine if the health outcomes in states with minimum wage preemption are worse than in states without such preemption. There are, however, a number of complicating factors that need to be further explored. Most of the preemption statutes have been enacted within the past decade, and it will be important to determine if enactment of such statutes had a dampening effect on health outcomes. It is also possible that states with newly enacted preemption statutes had worse health outcomes prior to enactment of such preemption statutes. As such, it will be important to determine what other factors have contributed to such outcomes. For instance, it will be necessary to investigate the history of labor relations in those states. Policies and cultures that value the rights and well-being of employers over those of employees could be a contributing factor to worse health outcomes. A history of structural racism could be another contributing factor. The cohort's limited analysis found that states with high percentages of Black populations are far more likely to have preemption statutes than states with low percentages of Black populations. More research, analysis, and thinking will be required to determine if structural racism is a major contributing factor, and whether preemption is more of a symptom than a cause.

2 BASELINE OR INITIAL ANALYSIS

States should be grouped by those who have preempted minimum wage and those who have not. The Economic Policy Institute has an up-to-date list of which states have preemption statutes (there are currently 26 states), which can be found at the following link: <https://www.epi.org/preemption-map/>. Note that Colorado repealed their preemption statute in 2019; analysts can decide for themselves the best way to categorize Colorado.

Health data should then be gathered for each state. These data points may include rates of Alzheimer's, anxiety, asthma, cancer, cardiovascular disease, child mortality, COPD, depression, diabetes, drug deaths, high cholesterol, hypertension, infant mortality, kidney disease, maternal mortality, obesity, STI, suicide and violent crime. Analysts may choose to categorize these health factors by physical health, mental health, mortality, community health, or otherwise, or they may elect not to categorize the health factors and leave them in one broad category.

3 FINAL GOALS & EVALUATION

The most valuable outcome of this work will be the determination of whether preemption correlates with worse health outcomes. If a conclusion regarding correlation is not possible from the research, then a clear accounting of complicating factors should be articulated. Suggestions for future research should also be considered in the final analysis.

4 RELATED WORK

This study estimates how state preemption of local authority to raise minimum wages and require paid sick leave may have contributed to working-age mortality from external causes that are prominent contributors to the increase in working-age mortality in recent decades: suicide, homicide, drug overdose, alcohol poisoning, and transport accidents.

Wolf, D., Karas Montez, J., Monnatt, S. (2022). *U.S. state preemption laws and working-age mortality*. American Journal of Preventive Medicine.
<https://www.sciencedirect.com/science/article/pii/S0749379722003300>

This study found that a 10% increase in the minimum wage — approximately \$0.72, based on the mean minimum wage level during the sample period — improved women’s general health and reduced their physical and mental health burdens.

Sigaud, L., Daley, A., Rubin, J., Noblet, C. (2022). *The effects of recent minimum wage increases on self-reported health in the United States*. Social Science & Medicine.
<https://www.sciencedirect.com/science/article/abs/pii/S0277953622004166?via%3Dihub>

This study found that doubling the wages of younger workers was associated with a 25 to 30 percent decrease in the risk of a hypertension diagnosis, and doubling the wages of women was associated with a 30 to 35 percent decrease in the risk of a hypertension diagnosis.

Brown-Podgorski, B. L., Doran-Brubaker, S., & Vohra-Gupta, S. (2023). *State minimum wage increases as a potential policy lever to reduce black-white disparities in hypertension*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10240308/>

This paper provides an overview of preemption and public health.

Pomeranz, J. L., & Pertschuk, M. (2017, June). *State preemption: A significant and quiet threat to public health in the United States*. American journal of public health.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5425871/>

This study determined as many as 605 infant deaths resulted from minimum wage preemption laws.

Wolf, D. A., Montez, J. K., & Monnat, S. M. (2022). *U.S. state preemption laws and working-age mortality*. American Journal of Preventive Medicine, 63(5), P681-688. <https://doi.org/10.1016/j.amepre.2022.06.005>

5 DATA & TECHNICAL REQUIREMENTS

The datasets that will have helpful outcomes include:

[CDC Surveillance Systems](#) (hyperlinked)

[County Health Rankings](#) (hyperlinked)