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RESEARCH BRIEF #75

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Allowing Cities to Mandate Employer Paid Sick Leave Could Reduce Deaths among Working-Age Adults

Douglas A. Wolf, Jennifer Karas Montez, and Shannon M. Monnat

Paid sick leave is good for health. Without it, workers are more likely to forgo needed medical care or go to work despite being sick,[1] thereby exposing coworkers to illness. Lack of paid sick leave also increases the odds of experiencing economic hardship and involuntary job loss for those who must take unpaid time off work to recover. These challenges can increase the odds of suicide, drug use, and other risky behaviors that increase the risk of premature death.

Despite the population health benefits of paid sick leave, there is no federal paid sick leave mandate, and U.S. states are increasingly preempting their city and county governments from mandating employer paid sick leave. In 2000, just two states preempted paid sick leave mandates. Today, 23 states prevent their cities and counties from mandating paid sick leave (Figure 1), and 18 of these have no statewide sick leave requirement.

KEY FINDINGS

- U.S. states are increasingly preventing city and county governments from enacting policies that benefit workers, such as mandating employer paid sick leave.
- State legislatures' preemption of local government authority to mandate employer paid sick leave may be contributing to higher rates of premature mortality from suicide, homicide, and alcohol-related deaths in the U.S.
- Working-age (25-64) mortality rates could have been over 7.5% lower in 2019 in cities and counties that were constrained by preemption laws if they had been able to mandate a 40-hour annual paid sick leave.

This brief summarizes findings from our recent study that examined how working-age (ages 25-64) mortality rates from several external causes of premature death (suicide, homicide, drug overdose, alcohol poisoning, and transport accidents) from 1999 to 2019 may have been lower if states had not preempted cities and counties from mandating paid sick leave.

Paid Sick Leave Mandates Save Lives

Paid sick leave (PSL) is associated with lower rates of homicide among both working-age men and women, lower rates of suicide among men, and lower rates of alcohol poisoning among women. Among women, a one-hour increase in PSL requirements is associated with a 0.2% reduction in homicide and a

0.4% reduction in alcohol deaths. Among men, a one-hour increase in PSL requirements is associated with a 0.1% reduction in suicide and a 0.2% reduction in homicide. These decreases are sizable compared to a zero-hours baseline. For example, moving from 0 to 40 hours of PSL would decrease annual homicide mortality by over 13% among women and by nearly 8% among men.

We also considered how mortality rates would have declined in a counterfactual world without preemption in the counties that attempted to enact PSL mandates. In four counties (Orange County in Florida, and Bexar, Dallas, and Travis counties in Texas) a local ordinance requiring private employers to provide PSL was passed or attempted but prevented by state preemption law from being enacted. For these four counties, the PSL requirement they would have imposed (had they not been preempted) is known. For these four counties, regression models predicted that total working-age deaths in 2019 from the five causes we examined would have fallen from 885 to 819 — a 7.5% reduction.

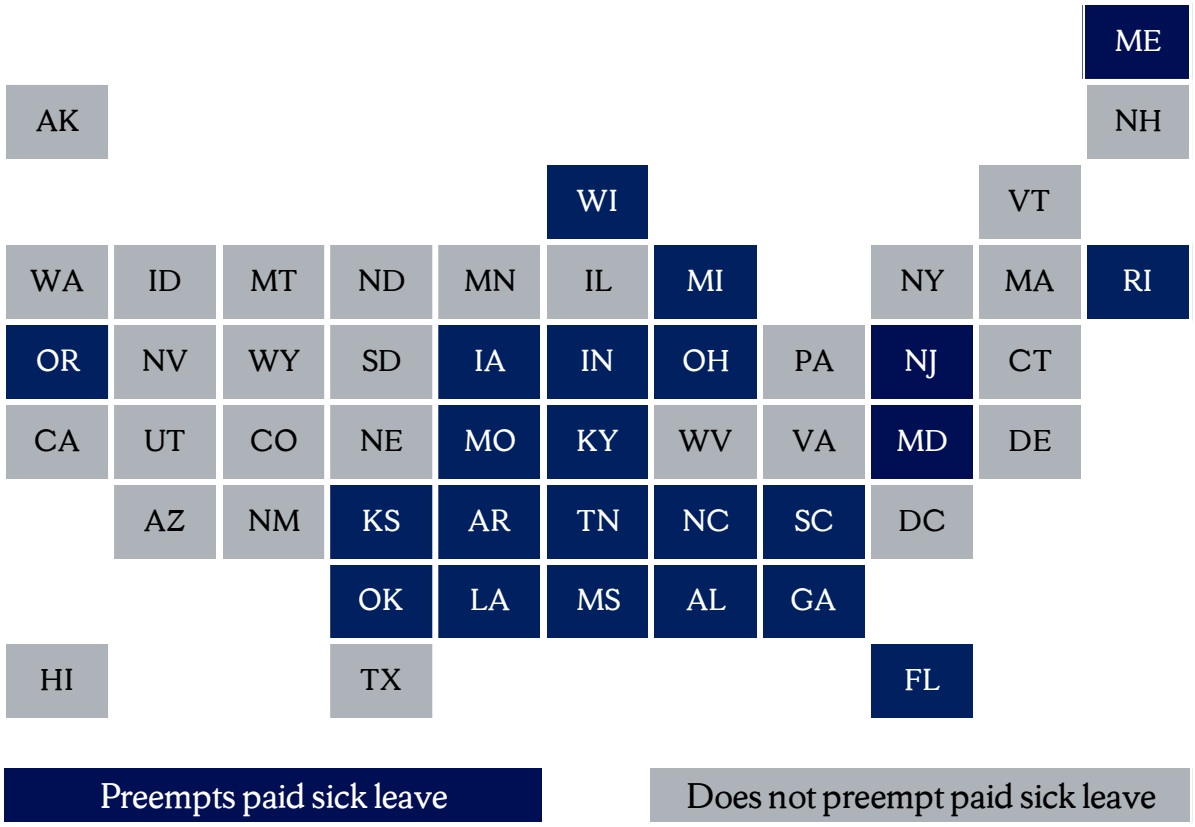

Figure 1. U.S. States that Preempt City and County Governments from Mandating Paid Sick Leave
Data Source: Economic Policy Institute

State Preemption of Laws that Protect Workers is Costing Lives

The past-decade surge in preemption laws has been called a "significant and quiet threat to public health."[2] This study supports that warning. Absent federal mandates for paid sick leave, many cities and counties took the initiative by attempting to enact their own. Some states reacted by suppressing those efforts. More recently, state preemption laws have figured prominently during the COVID-19 pandemic, as several states overrode local authority to contain the virus's spread through mask mandates, social distancing orders, school closings, and more.[3] The consequences of preemption laws

are potentially profound. They stymie local government innovation, constrain opportunities to take time off from work for medical care without financial repercussions, elevate risks of death among working-age adults, and contribute to geographic disparities in mortality.

Working-age mortality has increased in recent decades, a trend not experienced among infants, children, and older adults. Large increases in drug and alcohol poisoning and suicides over this period, as well as more recent increases in homicides and transport accidents have contributed to this concerning trend. Improved employment conditions produced by more hours of PSL might counteract factors that increase deaths from these external causes, such as stress, material deprivation, adverse coping behaviors, and lack of access to health care.

Data and Methods

We obtained data on working-age (ages 25-64) deaths in each county in each year from the 1999-2019 restricted-use death certificate files, provided by the National Center for Health Statistics. We examined five nonoverlapping cause-of-death categories using International Classification of Diseases, 10th revision codes: suicide (X66-X84, Y87.0), homicide (X86-X99, Y00-Y09, Y87.1), drug poisoning (X40-44, X60-X64, X85, Y10-Y14), acute alcohol poisoning (X45, X65, Y15), and transport accidents (V01-V99, Y85). State and county requirements for paid sick leave were obtained from the National Partnership for Women and Families database of State and District Statutes. Information on paid sick leave preemption came from the Economic Policy Institute. Full details about the modeling approach are included in our peer-reviewed article. The models adjust for relevant characteristics of counties (racial/ethnic and age composition, labor force participation, rural-urban classification) and state's participation in Medicaid expansion through the Affordable Care Act.

References

1. DeRigne LeaAnne, Patricia Stoddard-Dare, and Linda Quinn. (2016). "Workers without paid sick leave less likely to take time off for illness or injury compared to those with paid sick leave." *Health Affairs* 35(3):520-527.
2. Pomeranz Jennifer L. and Mark Pertschuk. (2017). "State preemption: A significant and quiet threat to public health in the United States." *America Journal of Public Health* 107(6):900-902.
3. Local Solutions Support Center. 2018. *The Increased Use and Abuse of Preemption.* Available at: https://www.supportdemocracy.org/preemption. Accessed November 2, 2021.

Acknowledgments

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About the Author

Douglas A. Wolf (dawolf@syr.edu) is Professor of Public Administration and International Affairs in the Maxwell School of Citizenship and Public Affairs at Syracuse University (SU). **Jennifer Karas Montez** (jmontez@syr.edu) is University Professor of Sociology and Director of the Center for Aging and Policy Studies in the Maxwell School at SU. **Shannon M. Monnat** (smmonnat@syr.edu) is the Lerner Chair for Public Health Promotion, Director of the Center for Policy Research, and Professor of Sociology in the Maxwell School at SU.