Maintaining Health Insurance During a Recession: Likely COBRA Eligibility

AN UPDATED ANALYSIS USING THE COMMONWEALTH FUND
2007 BIENNIAL HEALTH INSURANCE SURVEY

MICHELLE M. DOTY, SHEILA D. RUSTGI, CATHY SCHOEN, AND SARA R. COLLINS

ABSTRACT: As the U.S. economic downturn continues and job losses mount, more working Americans are likely to lose access to affordable health benefits subsidized by their employers. Analysis of the 2007 Commonwealth Fund Biennial Health Insurance Survey finds that two of three working adults would be eligible to extend job-based coverage, under the 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA) if they became unemployed. Under COBRA, however, unemployed workers would have to pay four to six times their current contribution at a time of sharply reduced income. In fact, the latest national figures indicate that, because of high premiums, only 9 percent of unemployed workers have COBRA coverage. Substantial financial assistance of 75 percent to 85 percent of premiums could help laid-off workers maintain coverage. In addition, expansion of Medicaid and the State Children’s Health Insurance Program would benefit low-income, laid-off workers and their families who are ineligible for COBRA.

OVERVIEW
As the U.S. economic downturn continues and job losses mount, more working Americans are likely to lose access to affordable health benefits. The unemployment rate climbed to 7.2 percent in December 2008—a 16-year high—with an estimated 11.1 million U.S. residents out of work.¹ Most U.S. workers have health insurance through their employers. Thus, when workers lose their jobs, they generally also lose their benefits, leaving many without health insurance coverage and wages.

One option to help unemployed workers maintain health insurance coverage would be to provide premium assistance to extend employer-based coverage between jobs. This would build on the 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA), which allows laid-off workers to retain health coverage under their former employers’ insurance plans by paying the entire premium...
cost (employer and employee shares), plus 2 percent for administrative expenses. This federal protection is currently only available to workers if they have employer-sponsored coverage through a company that continues to offer health insurance, does not go out of business, and has at least 20 employees.

However, employees who lose their jobs also lose the substantial premium payments contributed by their former employers. Therefore, laid-off workers electing coverage under COBRA generally pay four to six times their current contribution at a time of sharply reduced income. According to the latest figures, because of high premiums only 9 percent of unemployed workers had COBRA coverage.²

This issue brief uses data from the Commonwealth Fund 2007 Biennial Health Insurance Survey to update a 2001³ analysis and provides current estimates on using COBRA as a strategy to protect the health and financial security of the U.S. workforce. Survey findings indicate that millions could benefit if COBRA were made affordable with premium assistance. Premium assistance and extending COBRA benefits beyond 18 months for the long-term unemployed are incremental strategies that could be implemented immediately to provide relief to workers as President Obama and members of Congress consider more comprehensive coverage strategies.⁴ At the same time, a sizable number of workers—those with low incomes or employees of small firms—would be left without health coverage options even if premium assistance were available because they are not eligible for COBRA.

Sixty-Six Percent of All Current Workers, if Laid Off, Would Be Eligible for COBRA

Job loss is the primary reason people lose insurance coverage.⁵ Most Americans—an estimated 62 percent of adults—get their health insurance through employers. Consequently, losing a job can mean a loss of health insurance coverage for individuals and their families.⁶ Workers who lose their jobs and employer-based coverage have the option of continuing their group coverage for up to 18 months under federal COBRA regulations, but only if they worked in firms with 20 or more employees. The survey finds an estimated 66 percent of all current workers—an estimated 79 million individuals—would likely to be eligible for COBRA if they became unemployed (Figure 1). The remaining group—those ineligible for COBRA if they lost their jobs—includes the working uninsured (15%), workers insured through small businesses (5%), and those with other insurance sources (14%).⁷

![Figure 1. COBRA Eligibility of Working Adults, Ages 19–64](image)

Low-Wage and Minority Workers Less Likely to Benefit from COBRA Premium Assistance

Workers in households with low incomes (i.e., those with family income below 200 percent of the federal poverty level) are markedly less likely than those from higher-income households to be eligible for COBRA (Figure 2). Only 38 percent of low-income workers would qualify for COBRA if they became unemployed, compared with 76 percent of workers with incomes at or above 200 percent of poverty. Workers with low incomes are less likely to qualify for COBRA because they are more likely to be uninsured in the first place; one-third of low-income workers were uninsured when surveyed. Another quarter (27%) of low-income workers would not qualify for COBRA because they are insured through sources other than their own job; the remaining 3 percent of ineligible workers are insured by small firms that are not subject to the COBRA requirement (Table 1).⁸
Because Hispanic workers are more likely to be uninsured, they are notably less likely to be COBRA-eligible than white or black workers. Based on the survey, only 52 percent of Hispanic workers are COBRA-eligible compared with 68 percent of white workers and 79 percent of black workers.\(^9\)

**Premium Assistance for COBRA-Eligible Workers**

Even if laid-off workers are eligible to continue their health insurance through COBRA, they will face much higher premium costs at a time of depressed income. Currently, most workers with employer-sponsored coverage pay only part of the premiums; employee premium shares average 16 percent for a single-person plan and 27 percent for a family plan, based on recent employer surveys.\(^10\)

According to the Commonwealth Fund 2007 Biennial Health Insurance survey, one-quarter (26%) of currently employed workers (those eligible for COBRA) spent 5 percent or more of their household income on premium contributions (Table 2). Half reported premium payments of less than $1,500 per year or less than $125 per month—costs that are well below the total annual premiums of employer-based group coverage, either for an individual or family plan. Unemployed workers who opted for COBRA would face average annual premium costs of $4,704 for an individual and $12,680 for a family plan, based on average employer plan costs in 2008.\(^11\) Unemployed workers would have to pay this full premium plus an additional 2 percent in administrative costs to maintain their current coverage. On average, this would result in nearly a fourfold increase in premium contributions for a family plan at a time of sharply reduced income. To hold unemployed workers’ contributions to the levels paid while working, substantial financial assistance of 75 percent to 85 percent of total premium cost would be necessary.

Studies have shown that participation in COBRA is low because of its cost.\(^12\) According to the latest national data available, only 9 percent of unemployed adults bought health insurance under COBRA in 2006 (Figure 3). A 2002 Commonwealth Fund Workplace Health Insurance Survey found that premium assistance would significantly increase the likelihood of COBRA participation.\(^13\) Workers were asked how likely they would be to continue participating in their employer health plans if they were to lose or change jobs and had to pay the full premium; only 23 percent said they would very likely participate (Figure 4). Twice as many workers, however, would participate in COBRA if premium subsidies were offered that would reduce the employee premium share to $50 a month for individuals and $150 a month for families (i.e., rates roughly equivalent to a 75 percent subsidy of the average employer group premium rate).\(^14\)
Extend Medicaid and SCHIP to Low-Income Workers Ineligible for COBRA

COBRA premium assistance would still fail to reach a majority of low-wage workers because they are either uninsured or work for small firms that are ineligible for COBRA. Coverage options for low-income workers remain limited. This is especially true for the childless because most lack a public coverage option. To qualify for public insurance through Medicaid and the State Children’s Health Insurance Program (SCHIP), uninsured adults must either have children or be pregnant, disabled, or elderly and meet certain income criteria, which vary by state. Income eligibility for adults are set much lower than those for children, which means that income from unemployment benefits could disqualify parents from receiving public coverage while, at the same time, failing to provide enough income to purchase health insurance.

Purchasing insurance in the individual market is a possible option for low-income uninsured adults who do not meet the eligibility requirements for Medicaid or SCHIP. However, the majority (72%) of adults with low incomes find it very difficult or impossible to find an affordable plan in the individual market.

If states want to extend Medicaid or SCHIP to uninsured low-income adults, they will have great difficulty in this economic climate. Currently, 29 states and the District of Columbia are facing budget shortfalls totaling $48 billion, with more expected. Unlike the federal government, states cannot run a budget deficit. If past precedent is any indication, it is likely that eligibility for public insurance programs to adults will be restricted as states attempt to balance their budgets. In addition, the federal government matches the money states spend on Medicaid, at varying rates. For every dollar cut from a state Medicaid budget, an additional $1 to $3.17 in funding is lost from the federal government. Recently, governors asked President Obama for $40 billion in assistance for maintaining Medicaid services, and President Obama has pledged aid to states in the stimulus package. Offering states a countercyclical or temporary enhanced federal matching rate could provide an infusion of revenue for Medicaid or SCHIP during troubled budgetary times.

IMPORTANCE OF MAINTAINING HEALTH INSURANCE COVERAGE

Maintaining health insurance during periods of unemployment can enhance family economic security and preserve access to medical care when needed. The survey found that working adults are at economic risk and compromise their health when they lose health insurance, even if it is for a short period (Figure 5). More than half (55%) of employed adults who were uninsured for

Figure 5. Losing Health Insurance Often Results in Medical Bills and Reduced Access to Care

- Went without needed care because of cost
- Medical bill problems or accrued medical debt
- Any access problem or medical debt

* Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
** Not able to pay bills, contacted by collection agency for unpaid medical bills, had to change way of life to pay medical bills, or medical bills/debt being paid off over time.

any time during the year reported problems paying their medical bills or accrued medical debt, whereas just one-third (32%) of adults who were insured all year faced these problems. Uninsured working adults reported medical bill problems so severe they were forced to make trade-offs in their spending and saving priorities: 42 percent had to exhaust family savings to pay for medical bills; and 35 percent reported such high levels of general economic stress they were unable to meet the basic costs of necessities such as food, rent, or utility bills (Table 3).

Lacking health insurance also often means forgoing needed medical care. More than half (56%) of working adults who were uninsured during the year reported that, because of cost, they did not visit a doctor or clinic when sick (Table 3). A full two-thirds (68%) of working adults who were uninsured when surveyed and another 62 percent who were uninsured during the year experienced at least one cost-related access problem, including failing to fill prescriptions or get recommended tests or treatment and forgoing care from a specialist and other doctors when sick (Figure 5). When adults are uninsured, even for short periods of time, they are also less likely to get the regular preventive care needed to maintain their health. One-third (35%) of workers who were uninsured during the year delayed or did not get preventive screenings because of cost (Table 3). This is three times the rate reported by adults who were insured all year.

Gaps in health insurance between jobs can also result in barriers to obtaining insurance in the future. Currently, the federal Health Insurance Portability and Accountability Act protects workers’ access to insurance when they move from one job to another, as long as they maintain job-based group coverage. However, workers who are laid off and lose employer-based group coverage can often face waiting periods in new jobs or exclusions based on pre-existing conditions, making it difficult to access health coverage once they find jobs.

**Policy Implications**

The unemployment rate is projected to be 8.3 percent in 2009 and 9.0 percent in 2010. Helping workers maintain employer-based health insurance coverage during times of economic recession is vital to the health and economic security of working Americans. The Commonwealth Fund survey findings point to the potential—as well as the limits—of COBRA as a strategy for protecting workers’ access to affordable health benefits.

President Obama and Congress are currently developing an economic stimulus package to be enacted in early 2009. They have indicated that priorities are to create jobs, provide relief to families, and respond aggressively to the financial crisis. In advance of more comprehensive coverage strategies, Congress could include health insurance for the unemployed in an economic stimulus package with the dual goals of supporting families and health care jobs.

Continuing or extending health insurance for unemployed workers and their families would provide access to health care and financial protection and at the same time provide revenue to health care facilities, preventing financial distress and health care worker layoffs. In addition to reauthorizing SCHIP, health insurance strategies as part of a stimulus package could include the following:

- Extend COBRA protection from 18 months to 24 months for workers eligible to participate.
  - Thirteen states currently extend COBRA eligibility for small firms (less than 20 employees) for more than 18 months.
- Provide premium assistance to make it more affordable to take up the COBRA option.
  - Premium assistance equal to 75 percent to 85 percent of COBRA premiums would replace the share formerly paid by employers.
  - If COBRA were made affordable with premium assistance, two-thirds of recently laid-off workers would likely benefit.
For low-wage workers with COBRA options, allow Medicaid to pay for premium shares.

For low-wage workers ineligible for COBRA, provide temporary coverage through Medicaid. This could build on existing state programs. With full federal support, extend an “acute care” medical coverage plan, based on Medicaid, to unemployed parents of SCHIP-eligible children or to all unemployed low-income adults.

More ambitiously, as part of the stimulus package, Congress could support the expansion of SCHIP or Medicaid to all low-income adults with incomes below 100 percent or 150 percent of the federal poverty level, including childless adults.

CONCLUSION
Extending COBRA eligibility, providing premium assistance to help make such coverage affordable, and opening up public programs to unemployed adults with low incomes would provide critical support to families. Such actions would also provide revenues to community health resources, including physician practices, clinics, and hospitals, thereby preventing loss of jobs in the health care industry. With this countercyclical impact, health insurance could thus have a multiplier effect throughout communities—reaching beyond those families who are directly helped in keeping or gaining insurance. In short, acting quickly to maintain health insurance provides economic stimulus beyond the dollar spent on premium assistance, as well as enhances health security for unemployed workers and their families.

NOTES


7 Among currently employed nonelderly adults, 5 percent have public insurance, 6 percent have individually purchased coverage, and 3 percent have coverage through another source.

8 Among low-income, currently employed nonelderly adults, 15 percent have public insurance, 6 percent have individually purchased insurance, and 5 percent have coverage through another source.
These COBRA-eligibility rates do not take into account those adults who are not currently working. If we consider all adults, including the unemployed, then a far smaller proportion (only 45%) would be considered COBRA-eligible. For all adults ages 19 to 64, COBRA-eligibility rates would be as follows: low-income, 20 percent; white, 48 percent; black, 44 percent; and Hispanic, 34 percent. See: M. M. Doty, *Hispanic Patients’ Double Burden: Lack of Health Insurance and Limited English* (New York: The Commonwealth Fund, Feb. 2003); M. Perry, S. Kannel, and E. Castillo, *Barriers to Health Coverage for Hispanic Workers: Focus Group Findings* (New York: The Commonwealth Fund, Dec. 2000); K. Quinn, *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans* (New York: The Commonwealth Fund, Mar. 2000).


According to Schwartz, in 27 states the eligibility cut-off for nonworking parents is set below 50 percent of the federal poverty level, or about $10,600 a year for a family of four.
Table 1. COBRA Eligibility, Currently Employed Adults, Ages 19–64

<table>
<thead>
<tr>
<th>Eligible for COBRA</th>
<th>Ineligible for COBRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESI coverage* firm &gt; 20 employees</td>
<td>ESI coverage small firm</td>
</tr>
<tr>
<td>Employed adults, ages 19–64 (millions)</td>
<td>Total</td>
</tr>
<tr>
<td>Percentage distribution</td>
<td>100%</td>
</tr>
<tr>
<td>Unweighted n</td>
<td>1,679</td>
</tr>
</tbody>
</table>

**Income**
- Less than $20,000: 16% (34%); — | 26% (40%)
- $20,000–$39,999: 22 (55); 8 | 15 (22)
- $40,000–$59,999: 18 (83); 5 | 6 (6)
- $60,000 or more: 35 (79); 5 | 13 (3)

**Poverty status**
- Below 100% poverty: 10 (38); — | 25 (37)
- 100%–199%: 15 (38); 5 | 27 (30)
- 200%–299%: 16 (65); 7 | 11 (17)
- 300%–399%: 17 (80); 7 | 7 (6)
- 400% poverty or more: 34 (79); 5 | 13 (3)
- Below 200% poverty: 25 (38); 3 | 27 (33)
- 200% poverty or more: 67 (76); 6 | 11 (7)

**Race/Ethnicity**
- White: 70 (68); 6 | 14 (12)
- Black: 10 (79); 1 | 12 (8)
- Hispanic: 14 (52); 4 | 14 (30)

**Age**
- 19–29: 22 (45); 4 | 21 (29)
- 30–49: 53 (71); 5 | 11 (13)
- 50–64: 25 (73); 5 | 16 (6)

**Self-rated health status**
- Excellent or very good: 60 (67); 6 | 15 (12)
- Good: 28 (68); 4 | 14 (14)
- Fair or poor: 12 (57); 3 | 14 (25)

**Family status**
- Has dependent children: 51 (68); 5 | 15 (12)
- No dependent children: 49 (65); 5 | 14 (16)

* Currently employed adults ages 19 to 64 insured through a firm with 20 or more employees.

## Table 2. Premiums and Affordability, COBRA-Eligible Adults,* Ages 19–64

<table>
<thead>
<tr>
<th>Type of plan</th>
<th>Total</th>
<th>Below 200% of poverty level</th>
<th>200% of poverty level or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single/individual plan</td>
<td>23%</td>
<td>37%</td>
<td>20%</td>
</tr>
<tr>
<td>Family plan</td>
<td>77</td>
<td>63</td>
<td>80</td>
</tr>
</tbody>
</table>

### Annual share of job-based premium costs

#### All plans

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Below 200% of poverty level</th>
<th>200% of poverty level or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $1,500</td>
<td>50</td>
<td>45</td>
<td>52</td>
</tr>
<tr>
<td>$1,500 or more</td>
<td>34</td>
<td>34</td>
<td>35</td>
</tr>
<tr>
<td>Don’t know</td>
<td>16</td>
<td>21</td>
<td>14</td>
</tr>
</tbody>
</table>

#### Single coverage plans

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Below 200% of poverty level</th>
<th>200% of poverty level or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>31</td>
<td>27</td>
<td>31</td>
</tr>
<tr>
<td>$1–$499</td>
<td>14</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>$500–$1,499</td>
<td>32</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>$1,500–$2,999</td>
<td>10</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>$3,000 or more</td>
<td>5</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
<td>13</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Family coverage plans

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Below 200% of poverty level</th>
<th>200% of poverty level or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>13</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>$1–$1,499</td>
<td>26</td>
<td>24</td>
<td>26</td>
</tr>
<tr>
<td>$1,500–$2,999</td>
<td>22</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>$3,000–$4,499</td>
<td>13</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>$4,500 or more</td>
<td>13</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Don’t know</td>
<td>13</td>
<td>9</td>
<td>13</td>
</tr>
</tbody>
</table>

### Premium as a percent of household income

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Below 200% of poverty level</th>
<th>200% of poverty level or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>5% or more of income</td>
<td>26</td>
<td>56</td>
<td>21</td>
</tr>
<tr>
<td>10% or more of income</td>
<td>12</td>
<td>40</td>
<td>7</td>
</tr>
</tbody>
</table>

### Out-of-pocket costs for health care expenses (includes premiums)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Below 200% of poverty level</th>
<th>200% of poverty level or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>5% or more of income</td>
<td>45</td>
<td>81</td>
<td>38</td>
</tr>
<tr>
<td>10% or more of income</td>
<td>28</td>
<td>65</td>
<td>21</td>
</tr>
</tbody>
</table>

* Currently employed adults ages 19 to 64 insured through a firm with 20 or more employees.

Table 3. Medical Bills and Cost-Related Access Problems Among Currently Employed Adults, Ages 19–64

<table>
<thead>
<tr>
<th>Employed adults, ages 19–64 (millions)</th>
<th>Total</th>
<th>Insured all year</th>
<th>Uninsured now, time uninsured in past year</th>
<th>Uninsured now</th>
<th>Uninsured during the year*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>122.1</td>
<td>94.6</td>
<td>10.2</td>
<td>17.3</td>
<td>27.5</td>
</tr>
<tr>
<td>Percentage distribution</td>
<td>100%</td>
<td>77%</td>
<td>8%</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Unweighted n</td>
<td>1,716</td>
<td>1,304</td>
<td>154</td>
<td>258</td>
<td>412</td>
</tr>
</tbody>
</table>

Preventive care

- Delayed or did not get preventive care screening because of cost: 16% 10% 29% 39% 35%

Problems accessing care because of cost

Went without needed care in past year because of costs:

- Did not fill prescription: 28 24 41 44 43
- Skipped recommended test, treatment, or follow-up: 23 17 39 43 41
- Had a medical problem, did not visit doctor or clinic: 28 20 55 56 56
- Did not get needed specialist care: 16 11 31 33 32

At least one of four access problems due to cost: 42 35 62 68 66

Medical bill problems in past year

- Had problems paying or unable to pay medical bills: 23 18 41 42 42
- Contacted by collection agency for unpaid medical bills: 13 9 23 27 26
- Had to change way of life to pay bills: 14 11 19 27 24

Any of the above bill problems: 29 23 45 52 49

Medical bills/debt being paid off over time: 26 25 35 30 32

Any bill problem or medical debt: 37 32 55 55 55

Percent reporting that the following happened in the past 2 years because of medical bills:

(Base=any medical debt)

- Unable to pay for basic necessities (food, heat, or rent): 24 18 38 33 35
- Used up all of savings: 35 31 40 43 42
- Took out a mortgage against home or took out a loan: 8 9 7 5 6
- Took on credit card debt: 30 33 30 18 22

* Combines all who spent some time in past year uninsured.

The Commonwealth Fund 2007 Biennial Health Insurance Survey, conducted by Princeton Survey Research Associates International from June 6 through October 24, 2007, consisted of 25-minute telephone interviews in either English or Spanish with a random, national sample of 3,501 adults, ages 19 and older, living in telephone households in the continental United States. This issue brief is based on 1,716 working adults, ages 19 to 64. To represent the adult population, the data are weighted by age, sex, race/ethnicity, education, household size, and geographic region, using the U.S. Census Bureau’s 2006 Annual Social and Economic Supplement. The survey achieved a 45 percent response rate (calculated according to the standards of the American Association for Public Opinion Research) and has an overall margin of sampling error of +/- 2 percentage points at the 95 percent confidence level.
ABOUT THE AUTHORS

Michelle McEvoy Doty, Ph.D., director of survey research, directs survey development and analysis at The Commonwealth Fund and conducts research examining health care access and quality among vulnerable populations and the extent to which lack of health insurance contributes to barriers to health care and inequities in quality of care. She received her M.P.H. and Ph.D. in public health from the University of California, Los Angeles.

Sheila D. Rustgi is program assistant for the Program on the Future of Health Insurance at The Commonwealth Fund. She is a graduate of Yale University with a B.A. in economics. While in school, she volunteered in several local and international health care organizations, including Yale New Haven Hospital and a Unite for Sight eye clinic. Prior to joining the Fund, she worked as an analyst at a management consulting firm.

Cathy Schoen, M.S., is senior vice president for research and evaluation at The Commonwealth Fund and research director for The Commonwealth Fund Commission on a High Performance Health System, overseeing the Commission’s Scorecard project and surveys. From 1998 through 2005, she directed the Fund’s Task Force on the Future of Health Insurance. She has authored numerous publications on policy issues, insurance, and health system performance (national and international), and coauthored the book Health and the War on Poverty. She has also served on many federal and state advisory and Institute of Medicine committees. Ms. Schoen holds an undergraduate degree in economics from Smith College and a graduate degree in economics from Boston College.

Sara R. Collins, Ph.D., is assistant vice president at The Commonwealth Fund. An economist, she is responsible for survey development, research, and policy analysis, as well as program development and management of the Fund’s Program on the Future of Health Insurance. Prior to joining the Fund, Dr. Collins was associate director/senior research associate at the New York Academy of Medicine, Division of Health and Science Policy. Earlier in her career, she was an associate editor at U.S. News & World Report, a senior economist at Health Economics Research, and a senior health policy analyst in the New York City Office of the Public Advocate. She holds an A.B. in economics from Washington University and a Ph.D. in economics from George Washington University.

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