



Issue Brief

MARCH 2004

Job-Based Health Insurance in the Balance: Employer Views of Coverage in the Workplace

SARA R. COLLINS, CATHY SCHOEN,
MICHELLE M. DOTY, AND ALYSSA L. HOLMGREN
THE COMMONWEALTH FUND

For more information about this study, please contact:

Sara R. Collins, Ph.D.
Senior Program Officer
The Commonwealth Fund
Tel 212.606.3838
Fax 212.606.3500
E-mail src@cmwf.org

or

Michelle M. Doty, Ph.D.
Senior Analyst
The Commonwealth Fund
Tel 212.606.3860
Fax 212.606.3500
E-mail mmd@cmwf.org

Additional copies of this (#718) and other Commonwealth Fund publications are available online at www.cmwf.org

To learn about new Fund publications when they appear, visit the Fund's website and [register to receive e-mail alerts](#).

Historically, employers have been the primary source of health insurance coverage for working-age Americans and their dependents. Yet according to a recent survey of 453 employers, the job-based health system is under stress. The Commonwealth Fund Supplement to the 2003 National Organizations Study (NOS) finds that double-digit increases in health insurance premiums led employers to shift more of their health care costs to employees in 2002–03.¹ But the survey also finds that most employers who offer health insurance see it as a core part of their compensation packages—a benefit that improves morale and productivity and makes it easier to recruit and retain employees. Employers voice strong support for many recent health reform proposals made by federal and state policy leaders to expand insurance coverage, including proposals that would require them to make financial commitments.

The findings also point to a stark divide in the quality of U.S. jobs: employers who do not offer health coverage tend not to offer other benefits, such as paid sick leave, that many workers take for granted. Moreover, firms that do not offer their employees benefits more often have lower-wage workforces. Based on the survey findings, employers appear willing to consider new public–private policies to increase the availability of affordable coverage, measures that would go a long way toward bridging the divide in the quality of U.S. jobs.

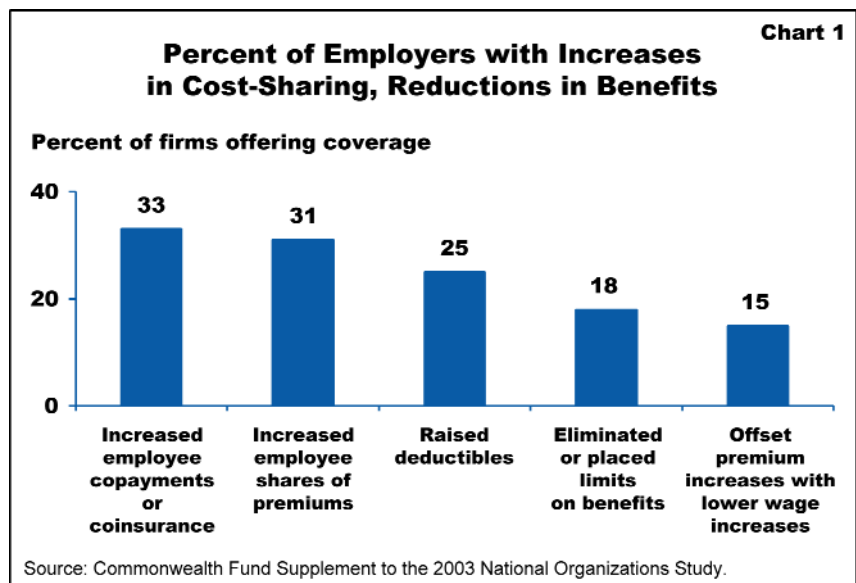
Rising Health Care Costs: Impact on Premiums, Cost-Sharing, and Benefits

The rate of growth in the nation's health care expenditures has accelerated since the late 1990s, driven both by price inflation and increased utilization of health care services.^{2,3}

Reflecting these increased costs as well as an upward trend in the insurance underwriting cycle, health insurance premiums also have climbed rapidly in recent years.^{4,5} In the survey, 81 percent of employers offered insurance to their employees. Of these, 91 percent reported premium increases over the past year and 84 percent anticipated further increases in the coming year.

To try to moderate rising health care costs, many companies sought to shift more of their costs to employees. Among companies offering health insurance, a third (33%) increased employees' copayments or coinsurance in 2002, a third (31%) increased their employees' share of premiums, and a quarter (25%) raised deductibles (Chart 1). One of five (18%) eliminated benefits or imposed new limits on benefits such as reductions in the number of hospital days covered, physician visits, or prescriptions. A similar share of employers (18%) said that they now offer new health insurance products, such as medical savings accounts, that are designed to shift more financial risk to employees. Rising health care premium costs also dampened wage increases in some companies. Fifteen percent of employers said that they offset premium increases with smaller raises for their employees.

Many employers report limiting eligibility for health benefits in an effort to decrease company-paid health care costs. In the survey, 58 percent of companies had a waiting period before new employees became eligible for coverage. Of those with a waiting period, more than half (54%) required that employees work three months or



longer before they were eligible to receive benefits. A majority of companies (54%) required employees to work full time to be eligible for benefits.

Employers' Views of Policy Proposals to Expand Insurance Coverage

Rising health care costs, less generous health benefits, and more costs shifting to employees—together with the increasing numbers of uninsured—have created a sense of crisis in the U.S. health care system. In response, Democratic presidential candidates, President Bush, state and private leaders, and others have put forth a number of proposals to bolster and expand health insurance coverage.⁶ The survey asked employers about their reactions to various proposals that range from administrative efforts on the part of employers to facilitate employee coverage to policy changes that would require a financial commitment from employers to expand coverage. Their answers reveal support for a range of approaches to increase employee health insurance coverage, as well as continued corporate commitment to health benefits as a core employee benefit.

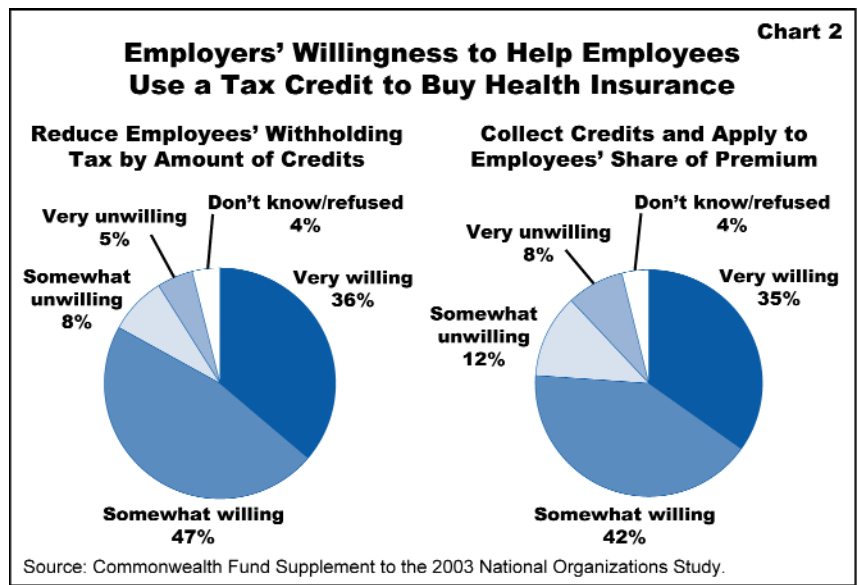
Employers' Views of Policy Proposals to Expand Insurance Coverage

Tax credits. Nearly all recent health insurance expansion proposals have sought to make coverage

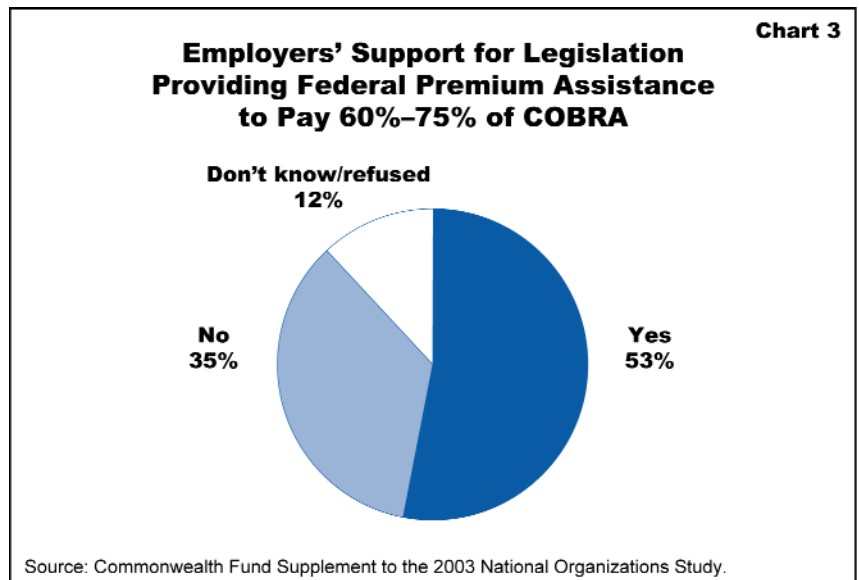
affordable by providing premium assistance in the form of tax credits for workers and their families. Proposals would provide tax credits to be used by workers and companies to reduce their cost of employer-based premiums, or to purchase insurance in new group insurance options or in the individual market. Employers potentially could help administer tax credits, possibly by reducing an eligible employee's withholding tax by the amount of the tax credit and thereby freeing up income for employees to purchase health insurance elsewhere. Another role would be for employers to collect the tax credit and apply it to employees' shares of their own job-based health insurance premiums.

The survey asked employers whether they would be willing to help eligible employees use tax credits if they became available. Employers were asked how willing they would be to reduce an eligible employee's withholding tax by the amount of a tax credit. A large majority (83%) of employers surveyed said they would be very or somewhat willing to do this. Employers also were asked how willing they would be to collect a tax credit and apply it to an employee's share of their health insurance premium. A substantial majority (77%) said that they would be very or somewhat willing to do this (Chart 2).

COBRA. Another policy option to make coverage more affordable would be to allow unemployed workers to use tax credits to offset the costs of COBRA.⁷ The survey found strong support for this approach among employers. When asked whether they would favor legislation that would provide federal premium assistance for COBRA and have employers continue to adminis-



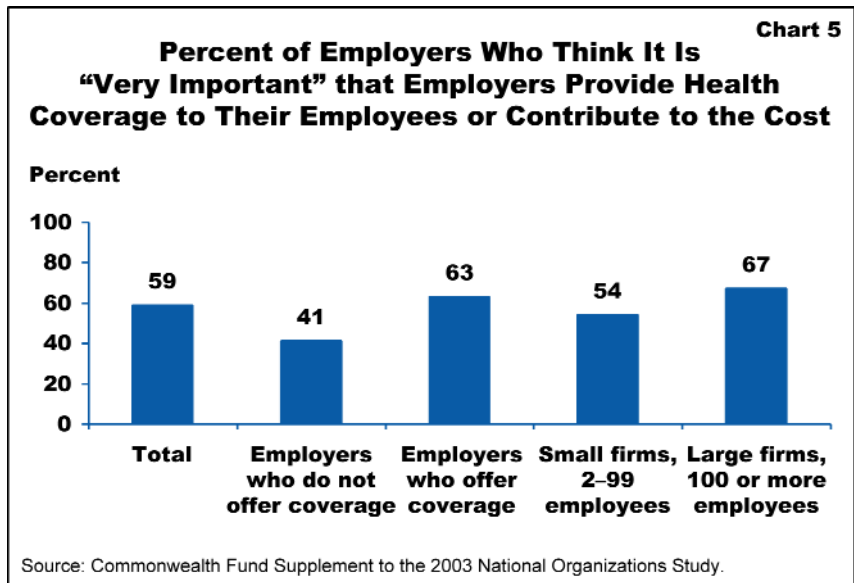
ter the plan, more than half of employers (53%) said yes (Chart 3). A slightly larger share of small employers than larger employers expressed support for such an option (55% vs. 50%) (Table 1).



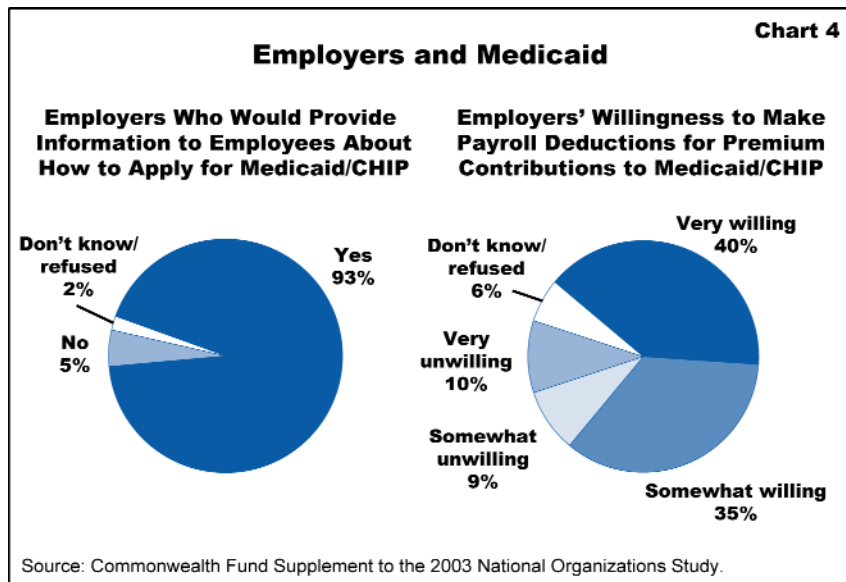
Increasing enrollment in Medicaid and CHIP. Millions of adults and children who are currently eligible for insurance coverage under public programs such as Medicaid and the State Children's Health Insurance Program (CHIP) are not enrolled in these programs.⁸ Improving outreach efforts and simplifying the enrollment process have been proposed as ways to increase coverage among the eli-

gible population.⁹ The survey found widespread support for an employer role in reaching out to potentially eligible families. Ninety-three percent of employers said that they would be willing to provide employees with information about applying to Medicaid and CHIP (Chart 4).

Some states have expanded their Medicaid and CHIP programs to make coverage available to working adults or parents at somewhat higher incomes, but require sliding-scale premium contributions from enrollees. The survey asked whether employers would help to orchestrate such premium payments. Three-quarters of employers (75%) said they would be very or somewhat willing to help workers meet their premium contribution requirements by making a payroll deduction to be paid to the state (Chart 4).



the costs of their employees' health benefits. Fifty-nine percent said that it was very important for employers to share their employees' health insurance costs, either by providing coverage or contributing to a fund that would cover the uninsured (Chart 5). Larger shares of employers that offer health insurance and large employers (those with 100 or more workers) said this than did those that do not offer coverage or have fewer employees. Still, 41 percent of employers who do not currently offer benefits and 54 percent of employers from small firms (2-99 workers) said that companies have some responsibility to contribute to their employees' health coverage (Table 1).



Coverage Expansion Proposals Requiring a Financial Commitment from Employers

Employer requirements to offer or contribute to employee health insurance. A majority of employers believe that corporations should be responsible for sharing

Employer mandates vs. public insurance expansions. Another way to expand health insurance coverage would be to broaden Medicaid and CHIP eligibility to include poor and near-poor adults and working families. Such public program expansions typically have been

financed through the tax system. In contrast, employer "mandates," or requirements to offer insurance or contribute to a fund that would finance coverage for uninsured workers, would require direct employer financing.¹⁰

The survey asked employers to express their preferences between public program expansions or employer requirements to offer coverage or pay into a pool. Interestingly, a majority of employers (56%) said that they would prefer an employer mandate over a public program expansion (Chart 6).

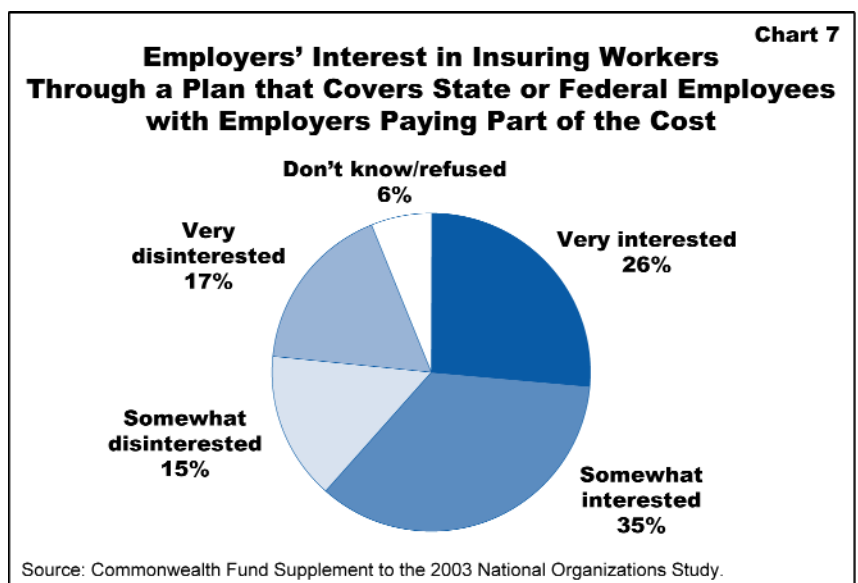
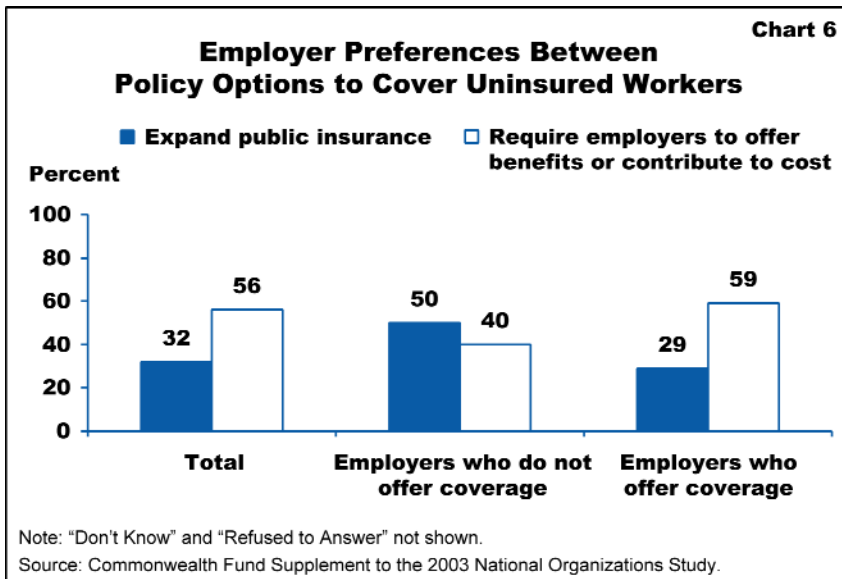
ing on employees' medical histories and states of residence. Several coverage expansion proposals would create new group alternatives for small firms, including the self-employed and family businesses, to create more stable and affordable sources of coverage. Many of the proposed group plans are modeled on federal and state employee plans, such as the Federal Employee Health Benefits Program, and have been proposed for individuals as well as for small employers.

The survey asked employers whether they would be interested in a program in which their employees and dependents would be able to buy coverage through a federal or state employee benefit plan, with part of the premium paid by the employer. A majority (61%)—including those not currently offering coverage—said that they would be very or somewhat

interested in participating in such a program (Chart 7). There was slightly more interest among small employers than large employers. Sixty-six percent of employers with fewer than 100 employees said they would be very or somewhat interested in participating, compared with 54 percent of employers with 100 or more workers (Table 1).

However, there were some differences between employers who offer coverage and those who do not, and between small and large employers. The majority of employers who currently offer coverage (59%) preferred an employer mandate over a public program expansion. In contrast, half of employers who do not currently offer coverage (50%) preferred a public program expansion over an employer mandate. While majorities of small (51%) and large (64%) employers preferred an employer mandate, small employers expressed somewhat more support for public program expansions than did large employers (38% vs. 23%) (Table 1).

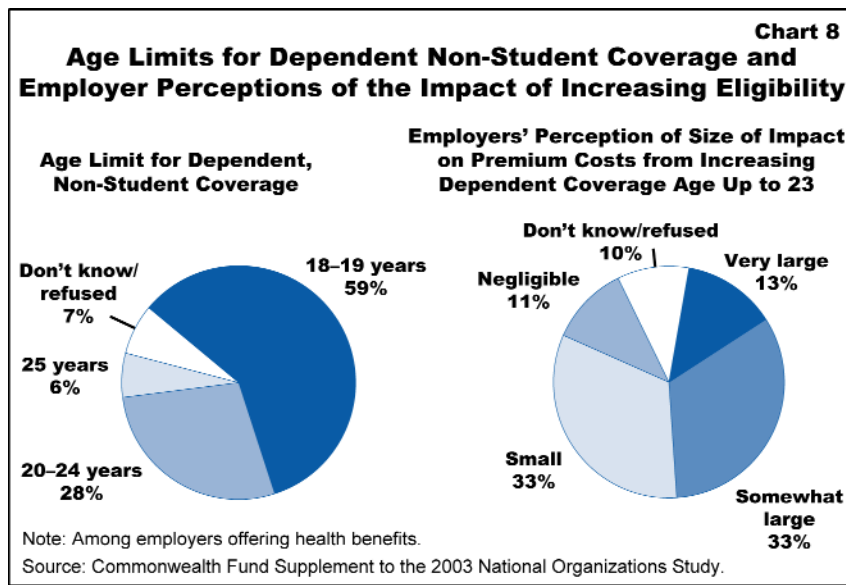
New group alternatives to employer coverage. Without the ability to pool health care costs and risks, small employers and individuals face potentially steep insurance costs in the small group and individual markets.¹¹ Costs vary notably in these markets, depend-



Expanding coverage to dependent young adults.

Young adults are at higher risk of lacking health insurance coverage than any other age group.¹² One reason for this is that most young adults lose coverage under their parents' employer plans by age 19 if they do not go on to college.¹³ Among those employers surveyed who offer health insurance, 59 percent said that dependents at age 18 or 19 were no longer eligible for coverage if they did not attend college (Chart 8). The remaining employers set limits on coverage between ages 20 and 25.

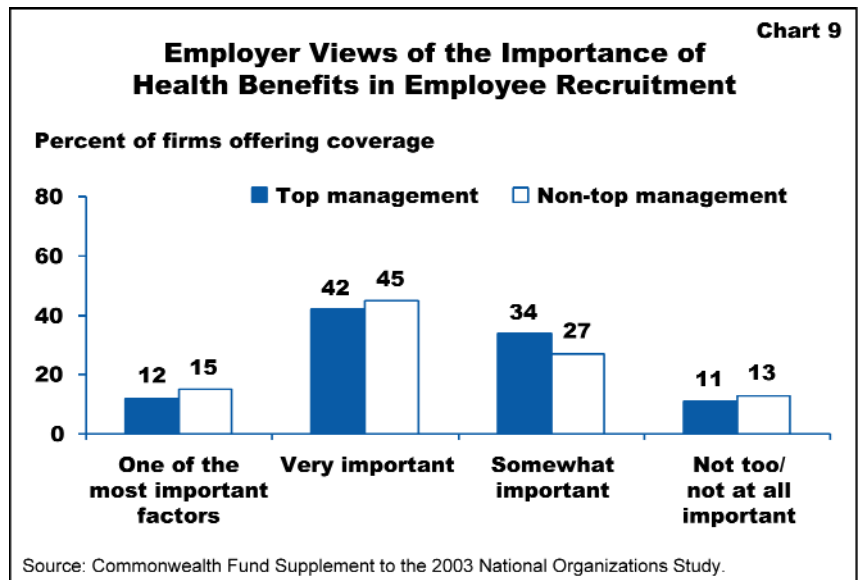
somewhat large impact (Chart 8). A third of employers thought that this requirement would have a small impact and 11 percent said that the impact would be negligible. About 10 percent didn't know what the effect would be. Small employers had a slightly more pessimistic view than large employers, with 24 percent expecting that such a requirement would have only a small effect on premium costs, compared with 42 percent of large employers (Table 1).



Employer Views of the Importance of Coverage in the Workplace

The survey findings suggest that many employers are committed to offering health benefits and believe that providing insurance not only helps employees but also yields benefits to companies as a whole. Employers who offered health insurance in the survey said that health benefits improve their ability both to recruit and retain employees (Table 2). The majority of this group perceived health benefits as highly important in recruiting employees for positions in top management as well as non-top management jobs (Chart 9). Compared with large

To expand health insurance coverage in this age group, some proposals would require employers to continue to offer coverage to dependent young adults, either through riders or as an included benefit in all family policies. Research has suggested that requiring employers to include dependents up to their 24th birthdays would increase the average family premium by just 3 to 5 percent.¹⁴ Yet in the survey, many employers believed that a similar requirement (to age 23) would significantly affect premium costs—13 percent said it would have a very large impact and a third said it would have a



employers, slightly smaller shares of small employers viewed health benefits as an important part of the recruitment process for non-top management positions (54% vs. 65%) (Table 2). In addition, the majority of employers believe that health insurance coverage improves employee health and morale (Chart 10). Thirty-nine percent of employers believe that health benefits increase employee productivity.

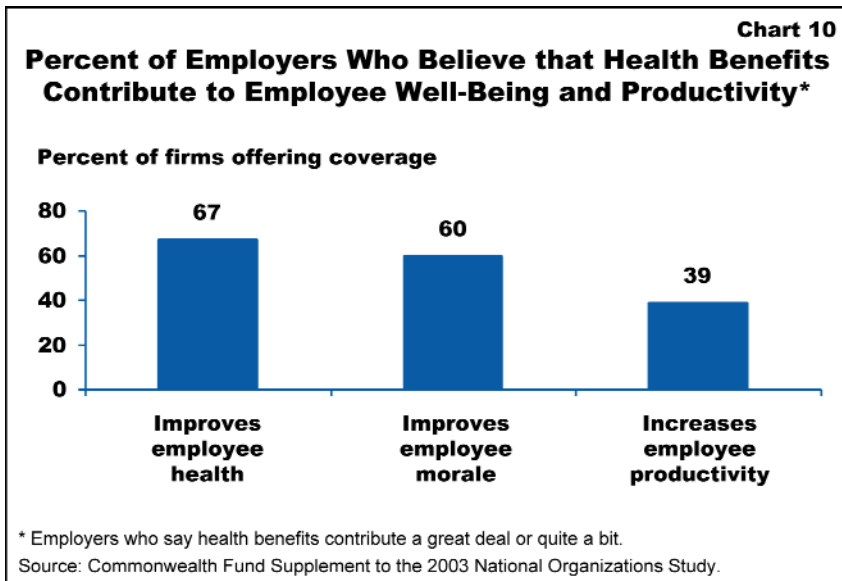
hour, 70 percent offered health insurance. By contrast, among firms in which no employees earned less than \$10 an hour, 87 percent offered health insurance.

Conclusion and Discussion

Employers were under increasing health care cost pressures over 2002–03, with most experiencing an increase in insurance premiums. In response,

employers shifted more of their costs to their employees in the form of greater premium contributions, higher deductibles and copayments, limits on benefits, and other strategies. This raises concerns that employees, particularly those who earn low wages or are in poor health, will forgo needed medical care rather than pay higher out-of-pocket costs.¹⁵ In addition, greater cost-sharing might prompt more workers to drop coverage altogether, adding to the 43.6 million people who were uninsured in 2002.¹⁶

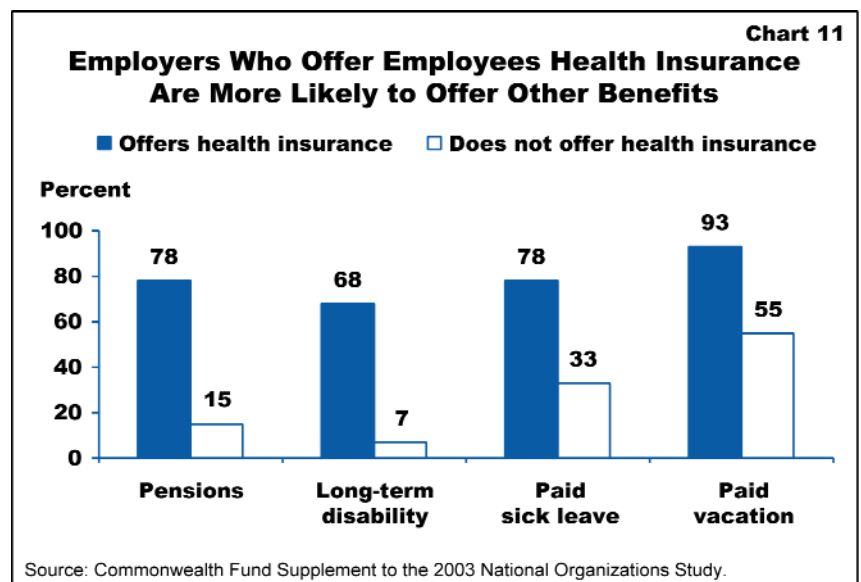
Notably, the survey finds that a majority of employers are willing to consider public policy proposals to expand coverage to working families. There is widespread employer support for various approaches to



Health Benefits and Other Benefits Are Tied

Jobs that come with health benefits appear to be better compensated jobs in general. The survey finds that companies that offer coverage also tend to offer other benefits, including pension and retirement benefits, long-term disability insurance, paid sick leave, and paid vacation (Chart 11). Companies that do not offer health insurance coverage are far less likely to offer other non-wage benefits.

Moreover, firms that do not offer benefits are more likely than those offering benefits to have lower-wage workforces. Among firms in which more than 35 percent of employees earned less than \$10 an



extending coverage, including approaches that would entail an administrative role for employers and those that would involve a financial commitment. Many employers said they were very willing to help administer tax credits if they became available to employees to buy insurance coverage. In addition, many employers would help their employees gain coverage through Medicaid and CHIP, including making payroll deductions for eligible employees who would be required to make premium contributions.

Such proposals would require employers to take on administrative roles in helping their employees get health coverage. But the survey found that employers were also supportive of proposals that would require them to take on a financial role in expanding coverage. A majority believed that they had a responsibility either to provide coverage to their workers or contribute to the cost of their coverage. Among the policy options presented to them, a majority of employers expressed interest in new group insurance options that would require them to make premium contributions for their employees. Overall, survey respondents preferred employer mandates to public insurance expansions, but employers who did not currently offer coverage preferred public insurance expansions to employer mandates. Employers appear to overestimate the impact on premiums of increasing age limits for dependent young adults in family insurance policies.

Despite recent aggressive growth in their health care costs, many employers view their provision of health insurance as a core part of their compensation packages. The survey findings suggest that employers who offer coverage believe that providing insurance not only helps employees and their families but also yields benefits to employers themselves. Employers report that health benefits enhance recruitment, improve employee morale, and increase employee productivity.

Yet, the survey findings point to a stark divide in the quality of jobs in the United States.

Employers who offer health benefits also tend to offer a full range of other benefits, in addition to higher wages. By the same token, jobs without health benefits are more common in companies with larger numbers of low-wage workers and often lack non-wage benefits that many U.S. workers take for granted. Policy options to expand health insurance coverage will go a long way toward correcting the inequities in benefits that currently plague the labor market.

NOTES

- ¹ See the [Survey Methodology box](#) on page 11 for a description of the survey and key measures.
- ² K. Levit et al., “Health Spending Rebound Continues in 2002,” *Health Affairs* 23 (January/ February 2004): 147–59.
- ³ K. Davis, *Making Health Care Affordable for All Americans*, Invited testimony before the Senate Committee on Health, Education, Labor, and Pensions Hearing on “What’s Driving Health Care Costs and the Uninsured?” January 28, 2004.
- ⁴ Ibid.
- ⁵ J. Gabel et al., “Health Benefits in 2003: Premiums Reach Thirteen-Year High as Employers Adopt New Forms of Cost-Sharing,” *Health Affairs* 22 (September/October 2003): 117–26.
- ⁶ S. R. Collins, K. Davis, and J. M. Lambrew, *Health Care Reform Returns to the National Agenda: The 2004 Presidential Candidates’ Proposals*, The Commonwealth Fund, February 2004; Blue Shield of California, “Blue Shield of California Study Finds That Universal Coverage Can Be Achieved for \$75 Billion in Increased Federal Spending,” Blue Shield of California Press Release, June 11, 2003; K. Davis and C. Schoen, “Creating Consensus on Coverage Choices,” *Health Affairs Web Exclusive* (23 April 2003): W3-199–W3-211.
- ⁷ In 2002, Congress enacted the Trade Adjustment Assistance Reform Act (TAA), which provides 65 percent tax credits to workers displaced by foreign competition to apply toward health insurance premiums, including those for COBRA coverage, spouses’ employer plans in which the employer pays less than 50% of the total cost of coverage, individual market policies, or state qualified health plans. A bill introduced in the Senate by Senators Grassley and Baucus proposes to extend TAA to all unemployed workers. Nearly all of the Democratic presidential candidates’ plans propose similar tax credits for workers between jobs to apply to the costs of COBRA.
- ⁸ P.J. Cunningham, “CHIP Making Progress: Increased Take-Up Contributes to Coverage Gains,” *Health Affairs* 22 (July/August 2003): 163–72.

- ⁹ L. Ku and D. Cohen Ross, *Staying Covered: The Importance of Retaining Health Insurance for Low-Income Families*, The Commonwealth Fund, December 2002.
- ¹⁰ The state of California recently enacted a law that would require companies with more than 200 workers either to offer coverage to their employees and their dependents or pay into a fund that would insure workers without coverage. Senator Edward Kennedy has proposed an employer mandate that would require companies with greater than 50 employees to provide coverage to their employees, with their contribution capped at 12 percent of payroll. Employers with fewer than 50 employees could either provide coverage or contribute to a fund that would finance a new group insurance option modeled on the Federal Employees Health Benefits Program for workers without access to employer coverage.
- ¹¹ S. A. Glied, "Challenges and Options for Increasing the Number of Americans with Health Insurance," *Inquiry* 38 (Summer 2001): 90–105.
- ¹² In 2002, 30 percent of 19- to 29-year-olds were uninsured, compared with 17 percent of the under-65 population as a whole (Analysis of the March 2003 Supplement to the Current Population Survey by S. Glied and D. Gould of Columbia University for The Commonwealth Fund).
- ¹³ S. R. Collins, C. Schoen, and K. Tenney, *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help*, The Commonwealth Fund, May 2003.
- ¹⁴ *Ibid.*
- ¹⁵ S. Trude, *Patient Cost-Sharing: How Much Is Too Much?* Issue Brief No. 72, Center for Studying Health System Change, December 2003.
- ¹⁶ R. J. Mills and S. Bandhari, *Health Insurance Coverage in the United States: 2002*, Current Population Reports, U.S. Census Bureau, September 2003.

Table 1. Employers' Views of Policy Options to Expand Health Care Coverage, 2003

	Total	Don't Offer Health Insurance*	Offer Health Insurance	Small Firms, 2–99 Employees	Large Firms, 100 or More Employees
Sample size	453	82	368	283	170
Percent distribution	100%	18%	81%	62%	38%
Employers' willingness to help employees use a tax credit to buy health insurance					
<i>Reduce employees' withholding tax by amount of the tax credits</i>					
Very willing	36	38	36	38	32
Somewhat willing	47	44	47	46	48
Somewhat unwilling	8	8	8	6	11
Very unwilling	5	11	4	7	2
Don't know/refused to answer	4	0	5	3	7
<i>Collect tax credits and apply to employees' share of current premium</i>					
Very willing	35	35	35	38	30
Somewhat willing	42	41	42	39	46
Somewhat unwilling	12	10	12	12	12
Very unwilling	8	14	6	8	7
Don't know/refused to answer	4	0	5	3	6
Employers' support for legislation providing federal premium assistance to pay 60%–75% of COBRA (asked of firms currently offering coverage)					
Yes	53	—	53	55	50
No	35	—	35	33	38
Don't know/refused to answer	12	—	12	12	12

Table 1 continued on next page

Table 1. Employers' Views of Policy Options to Expand Health Care Coverage, 2003 (cont.)

	Total	Don't Offer Health Insurance*	Offer Health Insurance	Small Firms, 2–99 Employees	Large Firms, 100 or More Employees
Employers' willingness to help employees enroll in Medicaid					
<i>Employers who would provide information to employees about how to apply for Medicaid/CHIP</i>					
Yes	93%	95%	92%	94%	90%
No	5	4	5	4	7
Don't know/refused to answer	2	1	3	2	3
<i>Employers' willingness to make payroll deductions for premium contributions to Medicaid/CHIP</i>					
Very willing	40	41	39	42	36
Somewhat willing	35	34	35	35	34
Somewhat unwilling	9	10	9	8	11
Very unwilling	10	14	10	10	11
Don't know/refused to answer	6	1	7	5	8
Employers' views of sharing in the cost of health insurance for employees, either by covering their own workers or contributing to a fund to cover the uninsured					
Very important	59	41	63	54	67
Somewhat important	27	36	25	31	21
Not very important	5	7	5	5	5
Not at all important	6	12	5	8	4
Don't know/refused to answer	3	4	3	3	3
Employers' preferences between policy options to cover uninsured workers					
Expand public insurance	32	50	29	38	23
Require employers to offer benefits or contribute to the cost	56	40	59	51	64
Don't know/refused to answer	12	10	13	11	12
Employers' interest in insuring workers through a plan that covers state or federal employees with employers paying part of the cost					
Very interested	26	27	26	29	22
Somewhat interested	35	30	37	37	32
Somewhat disinterested	15	14	15	11	21
Very disinterested	17	28	15	18	15
Don't know/refused to answer	6	1	7	4	9
Employers' perception of size of impact on premium costs from increasing dependent coverage up to age 23 (asked of firms currently offering coverage)					
Very large	13	—	13	14	12
Somewhat large	33	—	33	35	31
Small	33	—	33	24	42
Negligible	11	—	11	14	7
Don't know/refused to answer	10	—	10	13	8

* Establishments with missing information on offering health insurance (n=3) are not shown.

Source: Commonwealth Fund Supplement to the 2003 National Organizations Study.

Table 2. Employers' Views of the Importance of Coverage in the Workplace
Base: Employers offering health benefits

	Total	Small Firms, 2–99 Employees	Large Firms, 100 or More Employees
Sample size	368	199	169
Percent distribution	100%	54%	46%
Employers' views of the importance of health benefits in employee recruitment			
<i>Top management positions</i>			
One of the most important factors	12	11	12
Very important	42	40	45
Somewhat important	34	34	33
Not too/not at all important	11	12	9
<i>Non-top management positions</i>			
One of the most important factors	15	12	17
Very important	45	42	48
Somewhat important	27	29	24
Not too/not at all important	13	15	10
Employers' views of the effect of health benefits on employee well-being and productivity			
<i>Improves employee health</i>			
A great deal	25	27	23
Quite a bit	42	36	48
A little	24	27	20
Very little	9	10	7
<i>Improves employee morale</i>			
A great deal	22	21	24
Quite a bit	38	39	37
A little	27	29	24
Very little	12	11	12
<i>Increases employee productivity</i>			
A great deal	14	13	14
Quite a bit	25	25	25
A little	39	40	38
Very little	21	22	20

Source: Commonwealth Fund Supplement to the 2003 National Organizations Study.

SURVEY METHODOLOGY

This issue brief is based on a sample of 453 establishments with more than one employee in the Commonwealth Fund Supplement to the 2003 National Organizations Study. Of those, 368 establishments offered health insurance. The survey was conducted by the National Opinion Research Center (NORC) for the National Science Foundation, the National Institute of Occupational Safety and Health, and The Commonwealth Fund from October 24, 2002, to May 16, 2003. It consisted of 55-minute interviews with human resource managers or the person in charge of hiring for each establishment. The study grew out of a survey of employees who participated in the 2002 General Social Survey conducted by NORC. Each of the households in the initial survey was asked to provide contact information for their place of employment for follow-up interviews. The final establishment sample for the NOS consisted of 874 unique locations. Out of this initial sample, the final survey included 516 employers, including self-employed businesses, for an adjusted response rate of 62.4 percent. The analysis in this brief focuses on the sample of 453 establishments with more than one employee.

ABOUT THE AUTHORS

[Sara R. Collins, Ph.D.](#), is senior program officer for health policy, research, and evaluation at The Commonwealth Fund. She is an economist whose responsibilities include survey development, research and analysis, as well as project development and management for the Fund's Task Force on the Future of Health Insurance. Previously she was a senior research associate at the New York Academy of Medicine, Division of Health and Science Policy, and an associate editor at *U.S. News & World Report* where she wrote articles on economics and health care.

[Cathy Schoen](#) is vice president of The Commonwealth Fund, where she oversees programs on health policy, coverage, access, and surveys. She is also executive director of the Fund's Task Force on the Future of Health Insurance. Previously, she was on the research faculty of the University of Massachusetts School of Public Health and Labor Relations/Research Center. During the 1980s, she directed the research and policy department of the Service Employees International Union. In the 1970s, she was staff to President Carter's national health insurance task force and Medicaid reform initiatives and also was at the Brookings Institution.

[Michelle M. Doty, Ph.D.](#), is a senior analyst for health policy, research, and evaluation at The Commonwealth Fund, where she works on survey development and analysis and conducts research on health care access and quality among vulnerable populations. Previously she worked at the University of California at Los Angeles School of Public Health as a senior data manager and programmer on a project that examined Hispanic adolescent sexual behavior, and as a research manager at the Pacific Institute for Women's Health in Los Angeles.

[Alyssa L. Holmgren](#), program assistant for The Commonwealth Fund's Task Force on the Future of Health Insurance, provides research, statistical, and graphical support for the preparation of Fund publications. Prior to joining the Fund, she worked with AmeriCorps in Puerto Rico as the coordinator of an economic empowerment program for high school girls. She is currently a candidate for a master of public administration degree in public sector and nonprofit management and policy from New York University's Wagner Graduate School of Public Service.

[The Commonwealth Fund](#) is a private foundation supporting independent research on health and social issues. The views presented here are those of the authors and should not be attributed to The Commonwealth Fund's directors or to members of the Task Force on the Future of Health Insurance.

