



Issue Brief

Maintaining Health Insurance During a Recession: Likely COBRA Eligibility

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

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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.

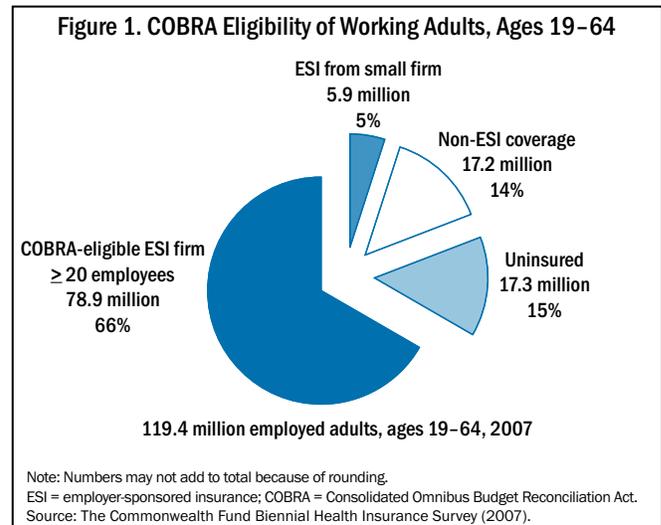
However, employees who lose their jobs also lose the substantial premium payments contributed by their former employers. Therefore, laid-off workers electing coverage under COBRA generally pay four to six times their current contribution at a time of sharply reduced income. According to the latest figures,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

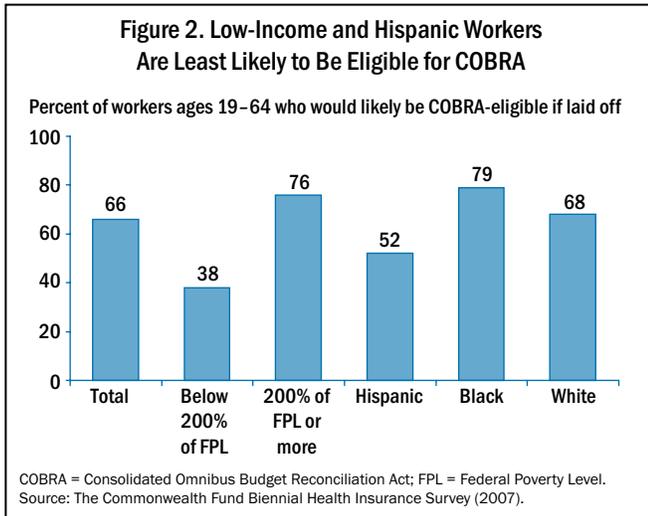
Job loss is the primary reason people lose insurance coverage.⁵ Most Americans—an estimated 62 percent of adults—get their health insurance through employers. Consequently, losing a job can mean a loss of health insurance coverage for individuals and their families.⁶ Workers who lose their jobs and employer-based 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



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

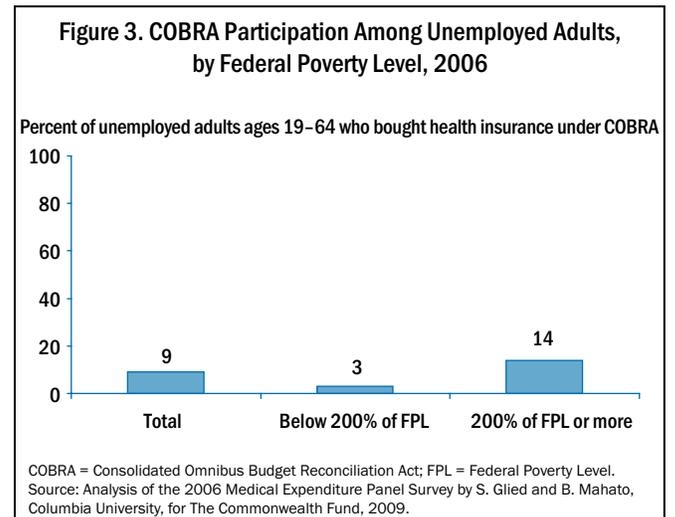
Premium Assistance for COBRA-Eligible Workers

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

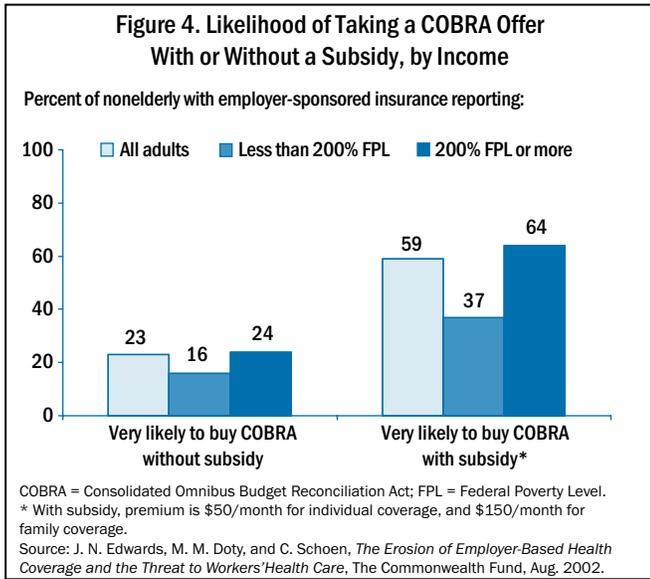
According to the Commonwealth Fund 2007 Biennial Health Insurance survey, one-quarter (26%) of currently employed workers (those eligible for COBRA) spent 5 percent or more of their household income on premium contributions (Table 2). Half reported premium payments of less than \$1,500 per year or less 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.¹⁵ Income eligibility for adults are set much lower than those for children,¹⁶ 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.¹⁷

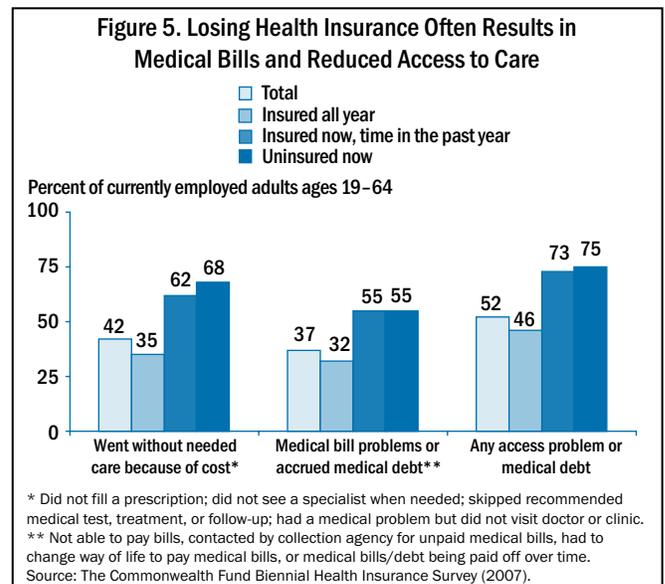
Purchasing insurance in the individual market is a possible option for low-income uninsured adults who do not meet the eligibility requirements for Medicaid or SCHIP. However, the majority (72%) of adults with low incomes find it very difficult or impossible to find an affordable plan in the individual market.¹⁸

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.¹⁹ 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.²⁰ 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.²¹ 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.²²

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



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.²³ 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 2010.²⁴ 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 2009.²⁵ 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.²⁶
- 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

- ¹ Bureau of Labor Statistics’ Current Population Survey Statistics, “The Employment Situation: Dec. 2008,” Jan. 9, 2009.
- ² Analysis of the 2006 Medical Expenditure Panel Survey by S. Glied and B. Mahato, Columbia University, for The Commonwealth Fund, 2009.
- ³ J. N. Edwards, M. M. Doty, and C. Schoen, *The Erosion of Employer-Based Health Coverage and the Threat to Workers’ Health Care* (New York: The Commonwealth Fund, Aug. 2002).
- ⁴ S. R. Collins, J. L. Nicholson, S. D. Rustgi, and K. Davis, *The 2008 Presidential Candidates’ Health Reform Proposals: Choices for America* (New York: The Commonwealth Fund, Oct. 2008); S. R. Collins and J. L. Kriss, *Envisioning the Future: The 2008 Presidential Candidates’ Health Reform Proposals* (New York: The Commonwealth Fund, Jan. 2008); M. Baucus, “Call to Action: Health Reform 2009,” Nov. 12, 2008, <http://finance.senate.gov/healthreform2009/home.html>.
- ⁵ K. Kapur and S. M. Marquis, “Health Insurance for Workers Who Lose Jobs: Implications for Various Subsidy Schemes,” *Health Affairs*, May/June 2003 22(3):203–13; Edwards, Doty, and Schoen, *Erosion*, 2002.
- ⁶ P. Fronstin, *Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2008 Current Population Survey* (Washington, D.C.: Employee Benefit Research Institute, Sept. 2008).
- 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.

- ⁹ 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).
- ¹⁰ G. Claxton, J. R. Gabel, B. DiJulio et al., "Health Benefits in 2008: Premiums Moderately Higher, While Enrollment in Consumer-Directed Plans Rises in Small Firms," *Health Affairs* Web Exclusive (Sept. 24, 2008):w492–w502. This study is also the source for cited average employer-group premiums.
- ¹¹ Ibid.
- ¹² J. Lambrew, *How the Slowing U.S. Economy Threatens Employer-Based Health Insurance* (New York: The Commonwealth Fund, Nov. 2001); S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, *Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families* (New York: The Commonwealth Fund, Sept. 2006).
- ¹³ Edwards, Doty, and Schoen, *Erosion*, 2002.
- ¹⁴ Ibid.
- ¹⁵ K. Schwartz, *Health Coverage in Period of Rising Unemployment* (Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, Dec. 2008).
- ¹⁶ 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.
- ¹⁷ Families USA, *Squeezed! Caught Between Unemployment Benefits and Health Care Costs* (Washington, D.C.: Families USA, Jan. 2009).
- ¹⁸ Collins, Kriss, Davis et al., *Squeezed*, 2006.
- ¹⁹ Families USA, *Precarious Position: States Must Balance Declining Revenues with a Growing Need for Medicaid* (Washington, D.C.: Families USA, July 2008).
- ²⁰ E. McNichol and I. Lav, *29 States Face Total Budget Shortfall of at Least \$48 Billion in 2009; 2 Others Expect Budget Problems* (Washington, D.C.: Center on Budget and Policy Priorities, June 2008).
- ²¹ Families USA, *Precarious Position*, 2008.
- ²² S. A. Glied, *Expanding SCHIP: A Downpayment on Health Reform* (New York: The Commonwealth Fund, Jan. 2009).
- ²³ S. R. Collins, J. L. Kriss, M. M. Doty, and S. D. Rustgi, *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families—Findings from the Commonwealth Fund Biennial Health Insurance Surveys, 2001–2007* (New York: The Commonwealth Fund, Aug. 2008).
- ²⁴ Congressional Budget Office, *The Budget and Economic Outlook: Fiscal Years 2009 to 2019* (Washington, D.C.: CBO, Jan. 2009).
- ²⁵ C. Romer and J. Bernstein, "The Job Impact of the American Investment and Recovery Plan," Jan. 9, 2009, http://otrans.3cdn.net/ee40602f9a7d8172b8_ozm6b-t5oi.pdf.
- ²⁶ States extending COBRA benefits for small firms for more than 18 months include: California, Connecticut, Florida, Illinois, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New York, North Dakota, South Dakota, and Texas. See: Kaiser Family Foundation, "Expanded COBRA Continuation Coverage for Small Firm Employees, 2007" (Washington, D.C.: Kaiser Family Foundation, Dec. 2007), <http://www.state-healthfacts.org/comparetable.jsp?cat=7&ind=357&typ=5>, accessed Jan. 15, 2009.

Table 1. COBRA Eligibility, Currently Employed Adults, Ages 19–64

	Total	Eligible for COBRA	Ineligible for COBRA		
		ESI coverage* firm \geq 20 employees	ESI coverage small firm	Non-ESI coverage	Currently uninsured
Employed adults, ages 19–64 (millions)	119.4	78.9	5.9	17.2	17.3
Percentage distribution	100%	66%	5%	14%	15%
Unweighted n	1,679	1,075	76	267	261
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.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

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

	Total	Below 200% of poverty level	200% of poverty level or more
Type of plan			
Single/individual plan	23%	37%	20%
Family plan	77	63	80
Annual share of job-based premium costs			
All plans			
Less than \$1,500	50	45	52
\$1,500 or more	34	34	35
Don't know	16	21	14
Single coverage plans			
None	31	27	31
\$1–\$499	14	21	13
\$500–\$1,499	32	19	38
\$1,500–\$2,999	10	19	9
\$3,000 or more	5	2	5
Don't know	8	13	5
Family coverage plans			
None	13	6	14
\$1–\$1,499	26	24	26
\$1,500–\$2,999	22	27	22
\$3,000–\$4,499	13	18	13
\$4,500 or more	13	17	12
Don't know	13	9	13
Premium as a percent of household income			
5% or more of income	26	56	21
10% or more of income	12	40	7
Out-of-pocket costs for health care expenses (includes premiums)			
5% or more of income	45	81	38
10% or more of income	28	65	21

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

Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

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

	Total	Insured all year	Insured now, time uninsured in past year	Uninsured now	Uninsured during the year*
Employed adults, ages 19–64 (millions)	122.1	94.6	10.2	17.3	27.5
Percentage distribution	100%	77%	8%	14%	23%
Unweighted n	1,716	1,304	154	258	412
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
<i>At least one of four access problems due to cost</i>	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
<i>Any of the above bill problems</i>	29	23	45	52	49
Medical bills/debt being paid off over time	26	25	35	30	32
<i>Any bill problem or medical debt</i>	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.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

STUDY METHODOLOGY

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.

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