ISSUE BRIEF

WHITHER EMPLOYER-BASED HEALTH INSURANCE? THE CURRENT AND FUTURE ROLE OF U.S. COMPANIES IN THE PROVISION AND FINANCING OF HEALTH INSURANCE

Sara R. Collins, Chapin White, and Jennifer L. Kriss
The Commonwealth Fund

September 2007

Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff. This and other Commonwealth Fund publications are available online at www.commonwealthfund.org. To learn more about new publications when they become available, visit the Fund's Web site and register to receive e-mail alerts. Commonwealth Fund pub. no. 1059.

WHITHER EMPLOYER-BASED HEALTH INSURANCE? THE CURRENT AND FUTURE ROLE OF U.S. COMPANIES IN THE PROVISION AND FINANCING OF HEALTH INSURANCE

Overview

Americans under the age of 65 depend on employers for their health insurance coverage more than any other source. Despite mounting rhetoric that employer-based coverage is rapidly disintegrating, nearly all large firms in the United States continue to offer health benefits to their employees. But there are key weaknesses in employer-provided coverage. These weaknesses, exacerbated by rising health care costs, have fueled the relentless rise in the number of people without comprehensive health insurance—now 47 million people, not counting the estimated 16 million adults who are underinsured.

With the 2008 presidential election on the horizon, health care reform has jumped to the top of the nation's domestic policy priorities. Policymakers at the state level are taking the lead on expanding coverage, and presidential candidates and congressional leaders have unveiled proposals to expand coverage and improve quality and efficiency. This issue brief examines the central importance of employer coverage in our health system, and why it is imperative that employers join individuals, government, and other stakeholders in designing and contributing to a more equitable, rational, and high performing health care system.

The Backbone of the U.S. Health Insurance System

Employers have voluntarily provided health insurance to U.S. workers and their families for more than half a century.[1] Today, employer-based coverage forms the backbone of the U.S. system of health insurance. More than 160 million people, over 60 percent of the under-65 population, have health coverage through their own firm or another employer (Figure 1). Nearly all companies with 200 or more workers provide coverage to their employees (Figure 2).

Employer contributions to health insurance coverage comprise a substantial share of the overall financing of the U.S. health system. This year, the average employer contribution for employees enrolled in single policies is $3,785; for family policies, it is $8,824.[2] These contributions account for 84 percent of the full premium for single policies and 72 percent of the full premium for family policies. In 2005, total employer premium contributions for coverage of active employees and their dependents totaled about $420 billion, over one-fifth of total U.S. health expenditures.[3]

From an efficiency and equity perspective, the advantages of employer-based coverage are considerable. Employer coverage forms natural risk pools: people enroll in coverage when they take a job rather than when they are sick, reducing the potential for adverse selection—one of the key drawbacks of the individual market.[4] In the absence of individual underwriting and other activities designed to protect against health risks, premiums in the employer group market are far more in line with actual medical expenditures than are those in the individual market. The administrative costs of individual market coverage consume from 25 to 40 percent of each premium dollar, compared with 10 percent for group coverage.[5] The lack of underwriting in the employer group market also ensures that workers are not excluded from coverage on the basis of age or health status.

Employers and Employees Value Job-Based Health Insurance

Both employers and workers highly value employer health benefits. Surveys by the Employee Benefits Research Institute (EBRI) show that workers value health benefits more than any other non-wage benefit—making them a critical recruitment and retention tool for employers.[6] In a survey of employers sponsored by Kaiser/HRET and The Commonwealth Fund, nine of 10 firms offering health insurance viewed health benefits as either "very important" or "somewhat important" in attracting and retaining highly qualified employees (Figures 3 and 4). [7] Similar percentages of employers also viewed health benefits as very or somewhat important in improving morale and job satisfaction, as well as the health of their workforce (Figures 5 and 6).

The value placed on health benefits by employees exceeds the actual costs of those benefits. In the EBRI 2006 Health Confidence Survey, employees who were enrolled in employer-sponsored insurance were asked whether they would prefer to continue receiving health benefits through their job or to receive an increase in taxable income equal to the average premium instead ($6,700).[8] Three-quarters reported that they preferred to continue receiving employer-sponsored health insurance (Figure 7). Those that said they would rather have employer health benefits were asked what dollar increase in taxable income would be required for them to be willing to give up those benefits. One quarter said that they would need $10,000 to $14,999; 22 percent said they would need more than $15,000, and 13 percent said no increase in taxable income would be large enough to make them willing to give up their health benefits (Figure 8).

Employees also approve of the health plan selections their employers make on their behalf. In the Commonwealth Fund Biennial Health Insurance Survey, three-quarters of workers enrolled in employer-based plans in 2005 reported that employers do a good

job of selecting quality health insurance plans (Figure 9).[9] In a prior edition of that same survey, workers and those enrolled in employer-sponsored health insurance were asked whether they would prefer to have their employer offer a set of health plan options or have their employer fund an account they could use to find a health plan on their own (Figure 10).[10] Two-thirds of respondents preferred to have their employer offer a set of options.

Soft Spots and the Relentless Rise in the Uninsured

Because of key weaknesses in the employer-based system. many workers are excluded from affordable group coverage. These weaknesses, derived primarily from the system's voluntary nature and the substantial per-worker costs incurred by small employers, are the primary reasons for the growing number of uninsured Americans—47 million people in 2006, an increase of 8.6 million since 2000.

Workers who are employed in small firms or earn low wages are the most likely not to have coverage through an employer. Small employers face higher premium and administrative costs per worker than large firms and thus are less likely to offer coverage. Jon Gabel has found that employees in companies with fewer than 10 employees pay an average of 18 percent more in health insurance premiums than those in the largest firms, after taking into account the actuarial value of their plans. He also found that premiums varied widely across the country.[11] Rapid growth in health care costs and premiums over the last several years has exacerbated the problem. From 2000 to 2007, the share of business with fewer than 10 employees that offer coverage dropped from 57 percent to 45 percent (Figure 2).

Lower-wage workers in firms of all sizes are also at high risk of not being offered health benefits, not being eligible for such benefits, or not having the financial means to "take up" coverage. The Commonwealth Fund Biennial Health Insurance Survey found that in 2005, two of five workers in firms with fewer than 50 employees who earned less than $15 an hour worked for an employer that offered coverage. Moreover, only one-third were eligible for that coverage, and just one of five actually enrolled in a plan (Figure 11). In contrast, half of higher-wage workers in small firms worked for companies that offered coverage, half were eligible and 45 percent enrolled in coverage. While lower-wage workers in larger companies are much better off than their lower-wage counterparts in small firms, they are still less likely than higher-wage workers to be employed by firms that offer coverage, to be eligible for that coverage, and to enroll. Nearly two of five lower-wage workers in small firms are uninsured—more than twice the rate of higher-wage workers in small firms (Figure 12). Seventeen percent of lower-wage workers in large firms are uninsured.

The Cost to Employers of Covering Other Employers' Workers

In 2004, an estimated 39 million full-time, full-year workers between the ages of 19 and 64 did not receive coverage from their own employer.[12] Of those workers, 20 million were not offered coverage, and 12 million were offered coverage but did not enroll in their employers' plan (Figure 13).[13] The majority of workers who decline coverage from their own firm receive it through another employer: 53 percent of workers who are offered coverage through an employer but decline to take it up have coverage through another employer; 28 percent are uninsured. In contrast, 31 percent of workers who are not offered coverage through their job gain coverage through another employer, and 45 percent are uninsured.

Some workers without employer coverage gain coverage through the individual market or public programs. About 12 percent of workers who are offered, but do not take up, coverage from an employer, along with 13 percent of workers who are not offered coverage, are insured through a public program. Approximately 7 percent of workers who are offered but do not take up coverage from an employer, and 11 percent who are not offered coverage, buy insurance on the individual market.

While the cost of health insurance is ultimately borne by the public through lower wages, higher prices for goods and services, or higher taxes, its initial incidence is important in terms of equity and efficiency. The complaints by employers about rising health care costs and the increasing challenge faced by small firms to afford coverage suggest that paying for the costs of health insurance by reducing wages or increasing product prices does not fully offset the full costs of that coverage, at least in the short run.[14]

In 2007, health care expenditures for full-time, full-year employees ages 19 to 64 are estimated to total $324 billion (Figure 14).[15] Private insurance will spend an estimated $222 billion on these workers; workers themselves will spend $67 billion; public insurance programs will contribute $20 billion; and $14 billion will come from other sources. Of the amount spent by private insurance, employers will spend $178 billion on their own employees and an additional $39 billion on full-time employees of other companies (Figure 15).

Looking Forward: A Shared Responsibility for Financing

Recent polls show that opinion leaders and the public both view expanded access to affordable health insurance as the most critical domestic policy challenge facing the nation. Policymakers at the state and federal levels are listening. Massachusetts and other states are taking the lead on expanding coverage. Meanwhile, several 2008 presidential

candidates have unveiled proposals to expand coverage and improve quality and efficiency, and congressional leaders have introduced expansion bills and are holding hearings on reform strategies. Many of these proposals and strategies build on the employer-based system but offer new, affordable group options designed to fill gaps in the current system.

Given the importance of employers in participating in and contributing to the current system, it is critical that they be part of new policies to expand and improve coverage, as well as improve the overall performance of the health system. Indeed, surveys show that the public and employers agree on this. For example, the Commonwealth Fund Biennial Health Insurance Survey found that in 2005, more than three-quarters (78%) of Americans believed that employers should either provide health insurance to their employees or contribute to a fund that would help cover uninsured workers (Figure 16). A strong majority of Democrats, Republicans, and Independents shared this view, as did people from all regions of the country and income groups.

A majority of employers concur with this public sentiment. Heidi Whitmore and colleagues found that two-thirds of all employers strongly or somewhat agreed with the statement that all employers should share in the cost of health insurance for employees by either providing health insurance or contributing to a fund to cover the uninsured (Figure 17).[16] Larger shares of employers that offer health insurance agreed with the statement than did those that do not offer coverage. Still, more than half of employers who do not currently offer health benefits said that companies have some responsibility to contribute to their employees' health coverage. There were no differences between large and small firms.

However, surveys also show that the public does not believe employers should bear sole financial responsibility for coverage; rather, the public counts itself and government as responsible parties as well. The Commonwealth Fund's 2005 survey asked respondents who they thought should pay for health insurance for all Americans: mostly individuals, mostly government, or mostly employers, or whether the financing responsibility should be shared amongst all three parties. More than six of 10 respondents (61%) said that costs should be shared (Figure 18). The notion of joint responsibility for the cost of health insurance was endorsed by adults from different income groups, political parties, and regions of the country.

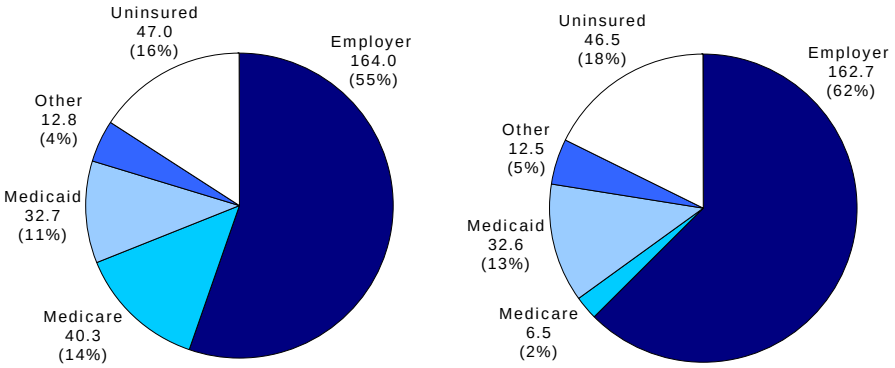
Indeed, without a shared financial responsibility and commitment across stakeholders, it will be difficult for the United States to achieve universal coverage. Jeanne Lambrew and Jonathan Gruber examined what features are most important to

reach universal coverage in mixed public–private universal coverage strategies like that being implemented in Massachusetts. They found that the success of such a strategy to cover the full population depends critically on three factors: 1) whether employers are required to offer and contribute to coverage; 2) whether individuals are required to obtain coverage; and 3) the structure and generosity of public subsidies, including expansions of public programs.[17] In other universal coverage strategies, including those that place Medicare in a central role, financing the costs of expansion involves the contributions of individuals, employers, government and other stakeholders.[18]

In the coming years, as we focus as a nation on solving our uninsured problem and on bringing coherence and rationality to our highly fragmented and underperforming health care system, the only way forward—regardless of the path chosen—will be to work together.

Figure 1. Employers Provide Health Benefits to More than 160 Million Working Americans and Family Members

2006



Total population = 296.8 million

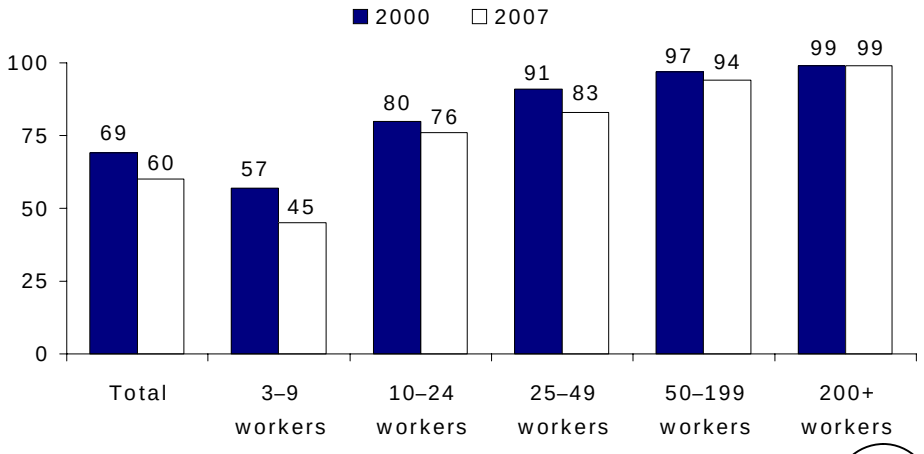
Under 65 population = 260.8 million

THE COMMONWEALTH FUND

Source: Current Population Survey, March 2007.

Figure 2. Employer Coverage Continues to Be Major Source of Coverage for Employees of Larger Firms

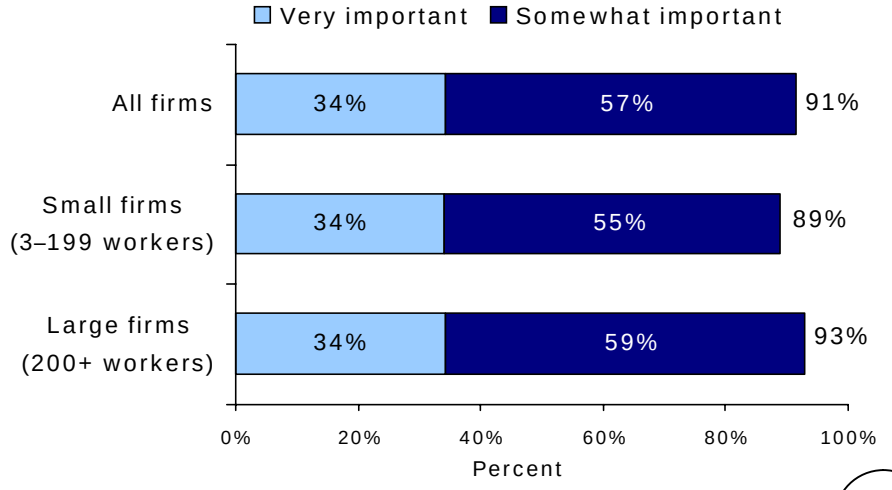
Percent of firms offering health benefits



THE COMMONWEALTH FUND

Source: Kaiser Family Foundation/Health Research and Educational Trust, *Employer Health Benefits*, 2000 and 2007 Annual Surveys.

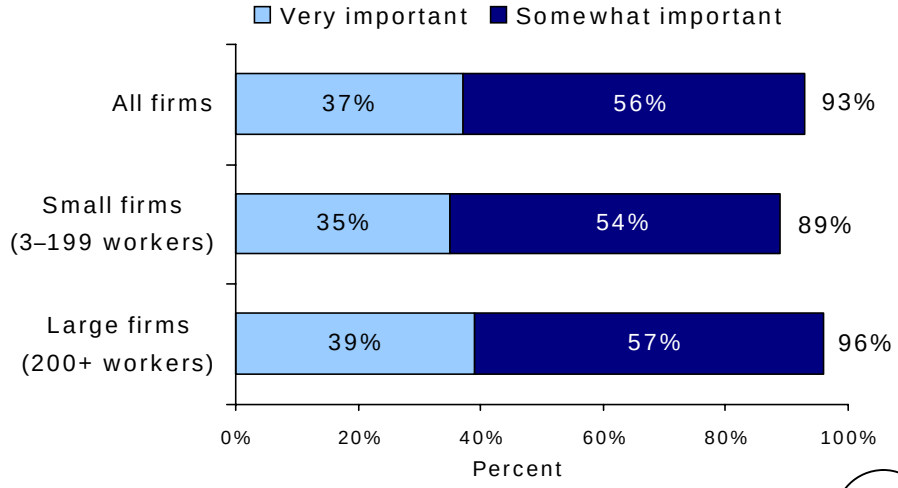
Figure 3. Among Firms Offering Health Benefits, How Important Are Firms' Health Benefits in Attracting Highly Qualified Employees?*



* Tests found no statistically different estimates between subgroups.
Note: Figure is shown with employee-based weights.
Source: H. Whitmore, S. R. Collins, J. R. Gabel, and J. D. Pickreign, "Employers' Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, Nov./Dec. 2006 25(6):1668–78.

THE COMMONWEALTH FUND

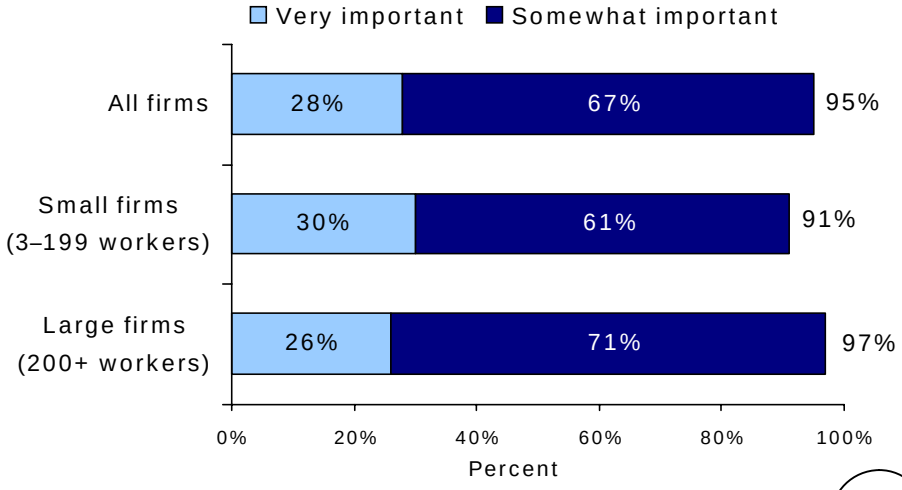
Figure 4. Among Firms Offering Health Benefits, How Important Are Firms' Health Benefits in Retaining Highly Qualified Employees?



* Difference between subgroups is statistically significant at p<.05.
Note: Figure is shown with employee-based weights.
Source: H. Whitmore, S. R. Collins, J. R. Gabel, and J. D. Pickreign, "Employers' Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, Nov./Dec. 2006 25(6):1668–78.

THE COMMONWEALTH FUND

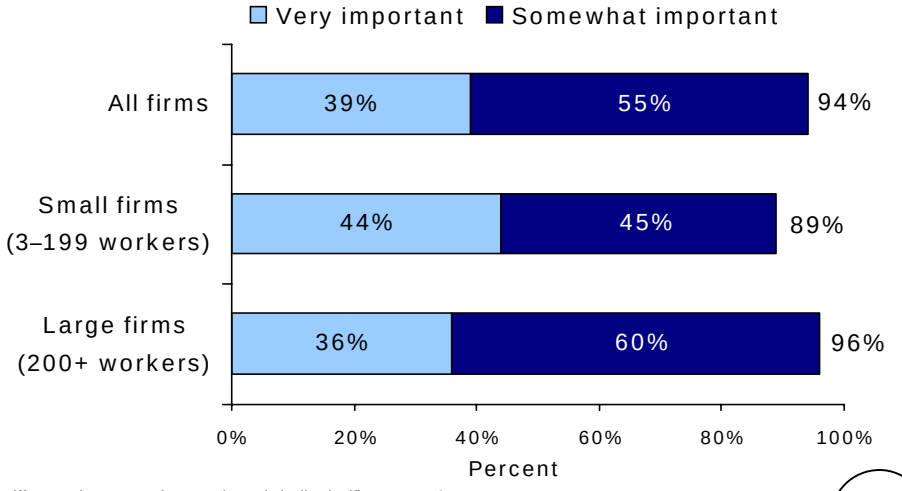
Figure 5. Among Firms Offering Health Benefits, How Important Are Firms' Health Benefits in Improving Employee Morale and Satisfaction?



* Difference between subgroups is statistically significant at p<.05.
Note: Figure is shown with employee-based weights.
Source: H. Whitmore, S. R. Collins, J. R. Gabel, and J. D. Pickreign, "Employers' Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, Nov./Dec. 2006 25(6):1668–78.

THE COMMONWEALTH FUND

Figure 6. Among Firms Offering Health Benefits, How Important Are Firms' Health Benefits in Improving Employee Health?

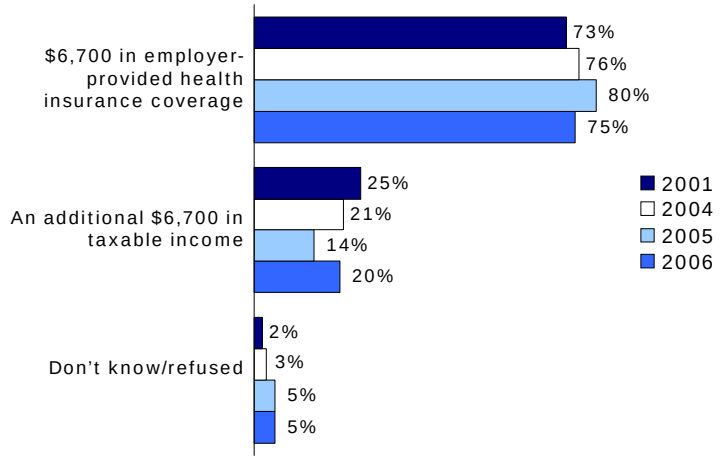


* Difference between subgroups is statistically significant at p<.05.
Note: Figure is shown with employee-based weights.
Source: H. Whitmore, S. R. Collins, J. R. Gabel, and J. D. Pickreign, "Employers' Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, Nov./Dec. 2006 25(6):1668–78.

THE COMMONWEALTH FUND

Figure 7. The High Cost of Coverage Makes Employee Health Benefits Very Valuable

Employers who provide health benefits now pay an average of $6,700 per employee each year for that coverage, which is not counted as taxable income to employees. Would you rather have...?
*Among those employed full- or part-time (2006 n=572)

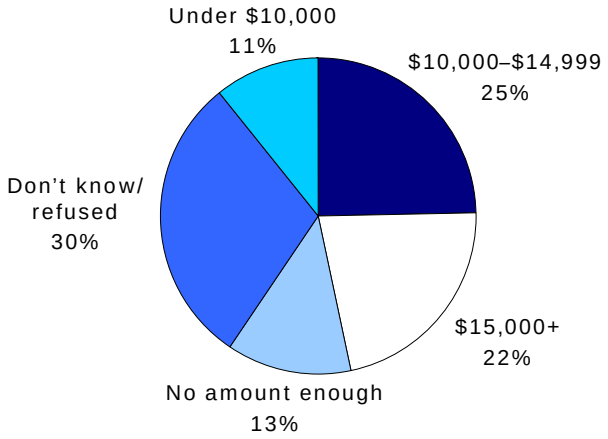


Note: The $6,700 amount was used in the 2006 survey. Smaller dollar amounts were used in earlier years, based on average premiums in those years.
Source: R. Helman and P. Fronstin, 2006 Health Confidence Survey: Dissatisfaction with Health Care System Doubles Since 1998, EBRI Notes, Vol. 27, No. 11, Nov. 2006, and earlier publications based on the Health Confidence Survey.

THE COMMONWEALTH FUND

Figure 8. Many Workers Value Their Employer-Provided Health Benefits Far Above Their Actual Cost

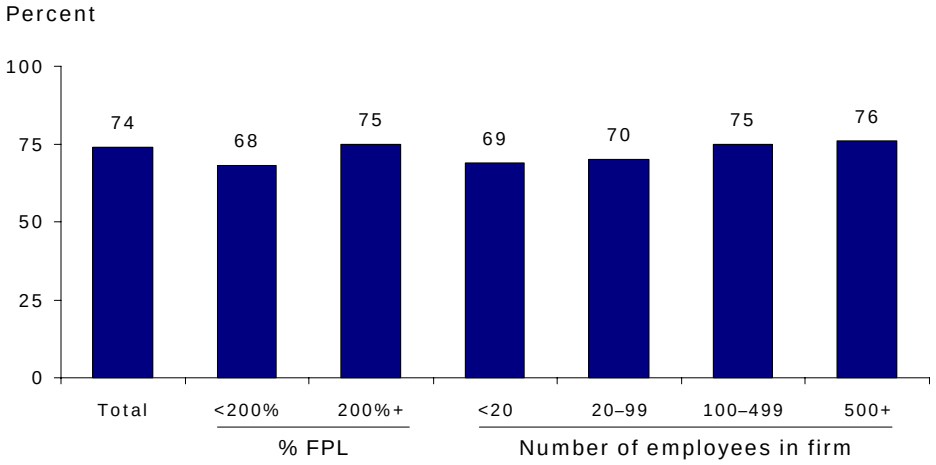
How much would an employer have to give you each year in taxable income for you to willingly give up your employer-provided coverage?
* Among those with employer-based coverage preferring employer-provided coverage to an additional $6,700 in taxable income (n=400)



Note: Percentages may not sum to 100% because of rounding.
Source: R. Helman and P. Fronstin, 2006 Health Confidence Survey: Dissatisfaction with Health Care System Doubles Since 1998, EBRI Notes, Vol. 27, No. 11, Nov. 2006.

THE COMMONWEALTH FUND

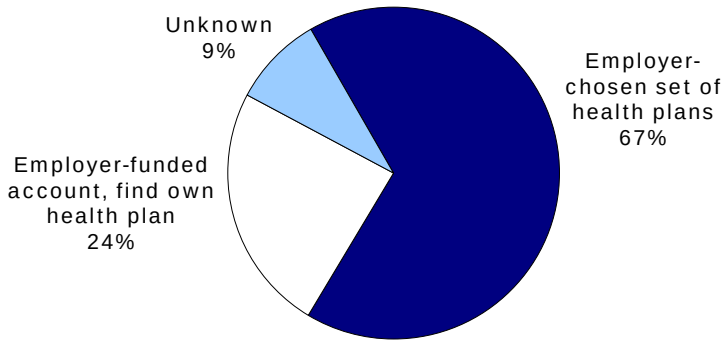
Figure 9. Percent of People with ESI* Who Say That Employers Do a Good Job Selecting Quality Insurance Plans to Offer Their Workers



* ESI = employer-sponsored insurance. FPL = federal poverty level.
Note: Based on respondents ages 19–64 who were covered all year by their own employer's insurance.
Source: 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).

THE COMMONWEALTH FUND

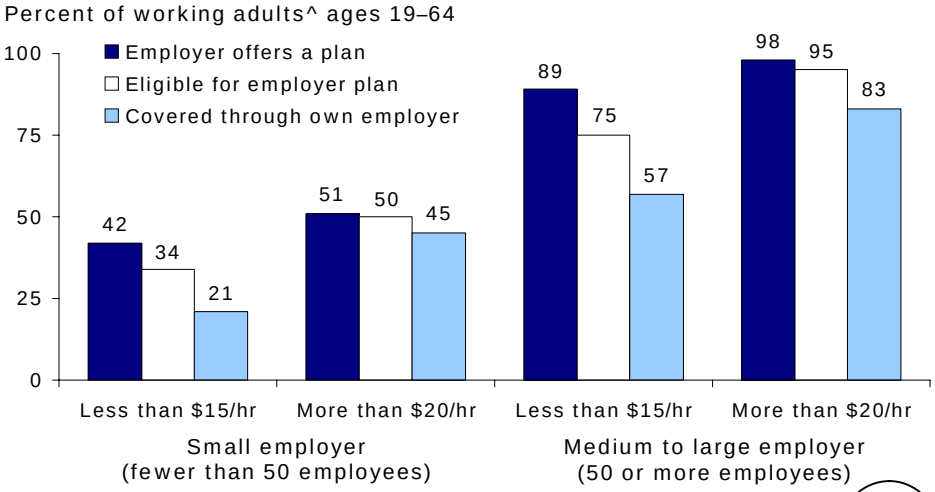
Figure 10. Employed Adults or Those with Employer-Sponsored Insurance Prefer Having an Employer-Chosen Set of Health Plan Options Over a Cash Account



Source: J. M. Lambrew, *"Choice" in Health Care: What Do People Really Want?* (New York: The Commonwealth Fund, Sept. 2005).

THE COMMONWEALTH FUND

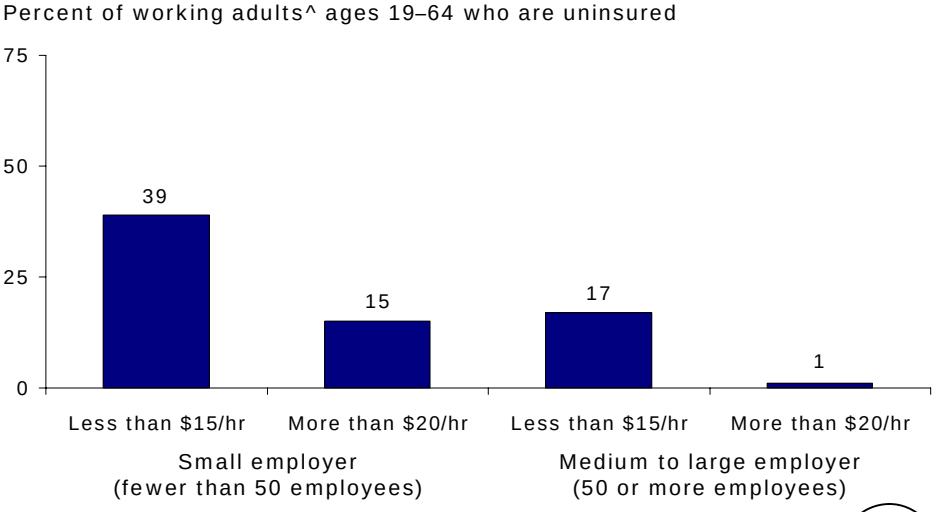
Figure 11. Workers Who Are Offered, Eligible for, and Participate in Their Employer's Health Plan, by Firm Size and Hourly Wage



^ Includes both part-time and full-time workers.
Source: S. R. Collins, C. Schoen, D. Colasanto et al., *On the Edge: Low-Wage Workers and Their Health Insurance Coverage* (New York: The Commonwealth Fund, Mar. 2003). Updated data from The Commonwealth Fund Biennial Health Insurance Survey (2005).

THE COMMONWEALTH FUND

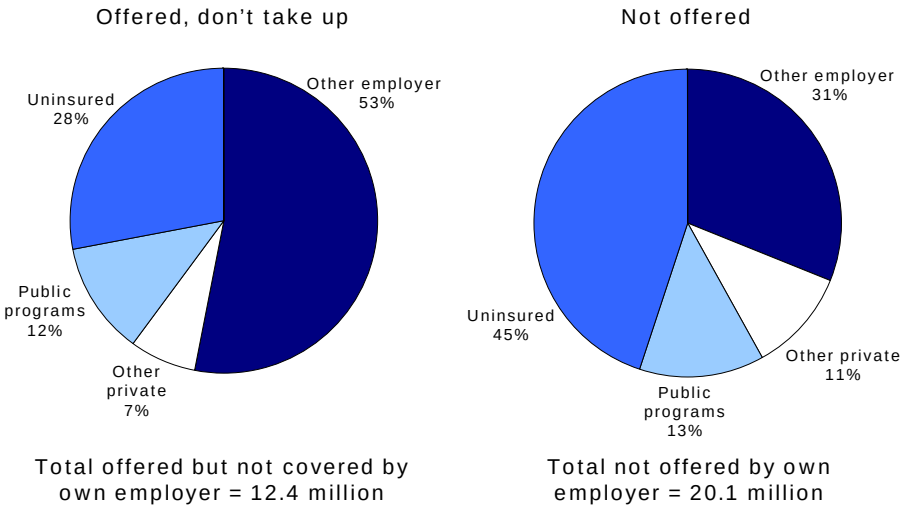
Figure 12. Percent Uninsured Workers by Firm Size and Hourly Wage



^ Includes both part-time and full-time workers.
Source: S. R. Collins, C. Schoen, D. Colasanto et al., *On the Edge: Low-Wage Workers and Their Health Insurance Coverage* (New York: The Commonwealth Fund, Mar. 2003). Updated data from The Commonwealth Fund Biennial Health Insurance Survey (2005).

THE COMMONWEALTH FUND

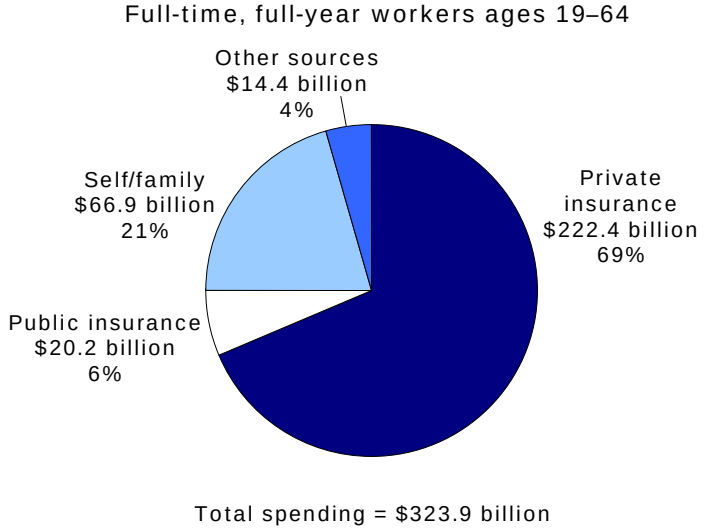
Figure 13. Sources of Insurance Coverage for Full-Time, Full-Year Employees Not Covered by Own Employer



Note: Offer status was unknown for MEPS respondents representing 6.1 million full-time full-year employees.
Source: S. R. Collins, K. Davis, A. Ho, "A Shared Responsibility: U.S. Employers and the Provision of Health Insurance to Employees," *Inquiry,* Spring 2005 42(1):6–15. Updated data from analysis by S. Glied and B. Mahato of Columbia University of the Medical Expenditure Panel Survey (MEPS), 2004.

THE COMMONWEALTH FUND

Figure 14. Distribution of Total Costs of Care by Primary Source of Payment, 2007

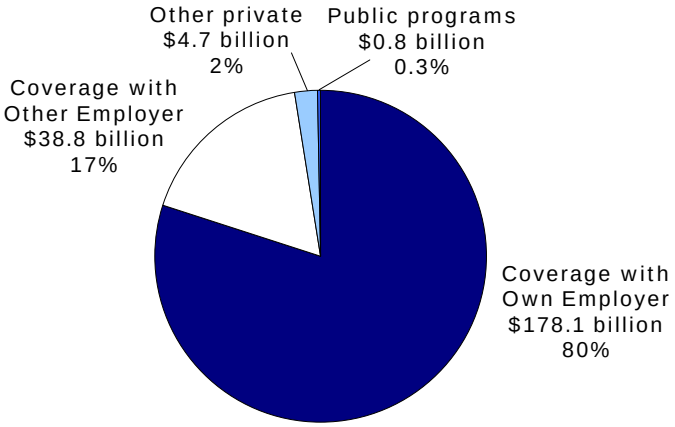


Source: Analysis by S. Glied and B. Mahato of Columbia University of the Medical Expenditure Panel Survey, 2004. Spending is inflated to 2007 using projected growth in National Health Expenditures per capita.

THE COMMONWEALTH FUND

Figure 15. Distribution of Total Private Insurance Health Spending by Primary Source of Coverage, 2007

Full-time, full-year workers ages 19–64



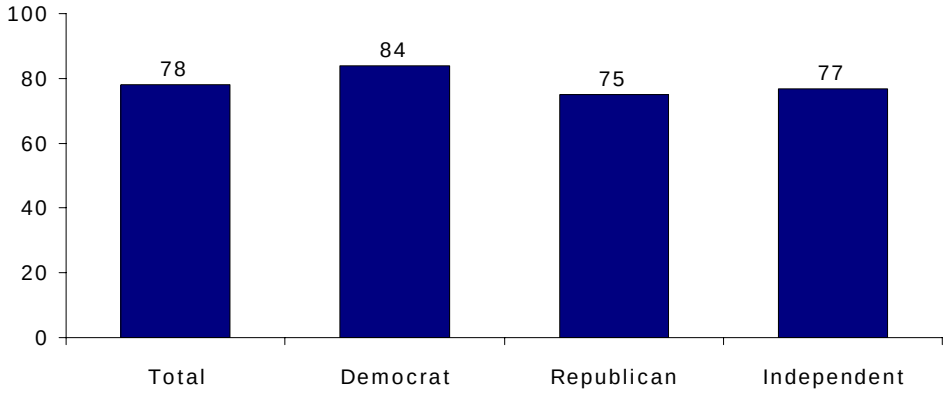
Total spending by private insurance = $222.4 billion

Source: Analysis by S. Glied and B. Mahato of Columbia University of the Medical Expenditure Panel Survey, 2004. Spending is inflated to 2007 using projected growth in National Health Expenditures per capita.

THE COMMONWEALTH FUND

Figure 16. Three-Quarters of Americans Believe That Employers Should Provide Health Insurance or Contribute to a Fund to Cover Uninsured Workers

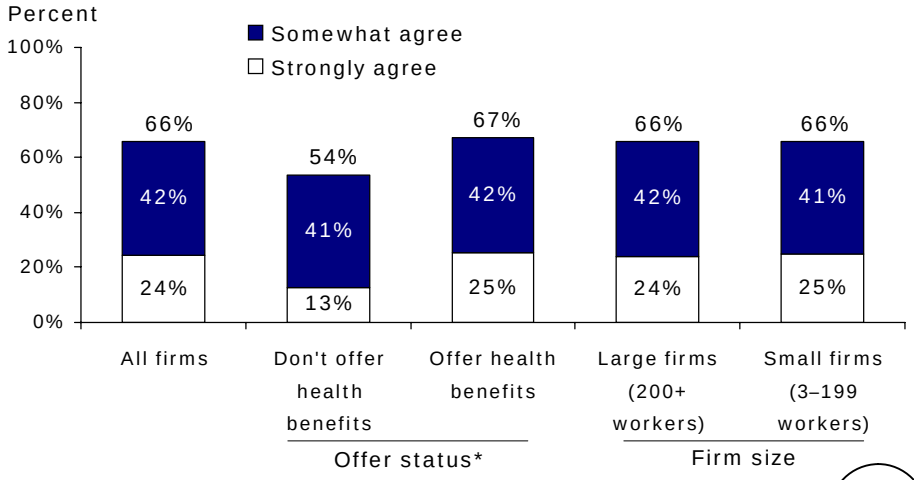
Percent of adults age 19 and older



Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

THE COMMONWEALTH FUND

Figure 17. Firms' Agreement with Statement That All Employers Should Share in the Cost of Health Insurance for Employees by Either Providing Health Insurance or Contributing to a Fund to Cover the Uninsured

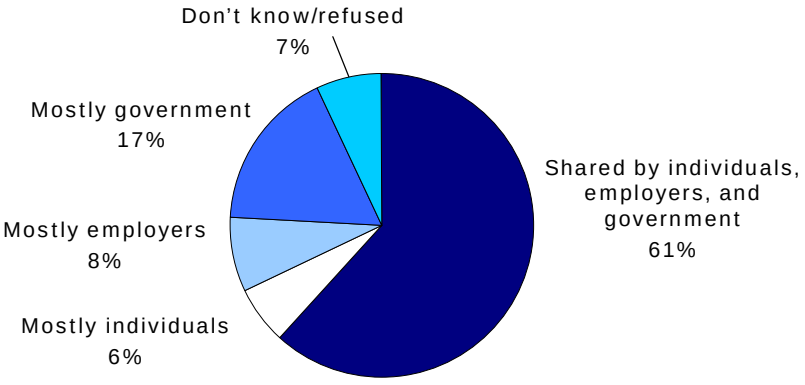


* Difference between subgroups is statistically significant at p<.05.
Note: Figure is shown with employee-based weights.
Source: H. Whitmore, S. R. Collins, J. R. Gabel, and J. D. Pickreign, "Employers' Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, Nov./Dec. 2006 25(6):1668–78.

THE COMMONWEALTH FUND

Figure 18. Majority of Americans Believe Paying for Health Insurance Should Be a Shared Responsibility

Who do you think should pay for health insurance?



Percent of adults age 19 and older

Note: Percentages may not sum to 100% because of rounding.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

THE COMMONWEALTH FUND

NOTES

[1] P. Fronstin, *The Tax Treatment of Health Insurance and Employment-Based Health Benefits* (Washington, D.C.: Employee Benefit Research Institute, June 2006).

[2] G. Claxton, J. Gabel, B. DiJulio et al., "Health Benefits in 2007: Premium Increases Fall to An Eight Year Low, While Offer Rates and Enrollment Remain Stable," *Health Affairs*, Sept./Oct. 2007 26(5):1407–16; Kaiser Family Foundation and Health Research and Educational Trust, 2007. Employer Health Benefits, 2007 Annual Survey, Online: http://www.kff.org/insurance/7672/upload/EHBS-2007-Full-Report-PDF.pdf.

[3] Total employer contributions were estimated based on published data from the Medical Expenditure Panel Survey Insurance Component (MEPS-IC). Federal employees are excluded from the sample frame for the MEPS-IC—employer contributions for federal employees, therefore, were imputed based on average employer contributions for employees of state and local governments.

[4] K. Swartz, *Reinsuring Health: Why More Middle Class People Are Uninsured and What Government Can Do* (New York: Russell Sage Foundation, 2006).

[5] J. Gabel, K. Dhont, and J. Pickreign, *Are Tax Credits Alone the Solution to Affordable Health Insurance? Comparing Individual and Group Insurance Costs in 17 U.S. Markets* (New York: The Commonwealth Fund, May 2002); M. A. Hall, "The Geography of Health Insurance Regulation," *Health Affairs,* Mar./Apr. 2000 19(2):173–84.

[6] R. Helman and P. Fronstin, *Public Attitudes on the U.S. Health Care System: Findings from the Health Confidence Survey*, EBRI Issue Brief no. 275 (Washington, D.C.: Employee Benefit Research Institute, Nov. 2004).

[7] H. Whitmore, S. R. Collins, J. Gabel, and J. Pickreign, "Employers' Views on Incremental Measures to Expand Health Insurance Coverage," *Health Affairs*, Nov./Dec. 2006 25(6):1668–78; S. R. Collins, C. Schoen, M. M. Doty, and A. L. Holmgren, *Job-Based Health Insurance in the Balance: Employer Views of Coverage in the Workplace* (New York: The Commonwealth Fund, Mar. 2004).

[8] R. Helman and P. Fronstin, *2006 Health Confidence Survey: Dissatisfaction With Health Care System Doubles Since 1998*, EBRI Notes, Vol. 27, No. 11, Nov. 2006.

[9] 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).

[10] J. Lambrew, *"Choice" in Health Care: What Do People Really Want?* (New York: The Commonwealth Fund, Sept. 2005).

[11] J. Gabel, R. McDevitt, L. Gandolfo et al., "Generosity and Adjusted Premiums In Job-Based Insurance: Hawaii is Up, Wyoming is Down," *Health Affairs*, May/June 2006 25(3):832–43.

[12] Analysis by S. Glied and B. Mahato of Columbia University of the Medical Expenditure Panel Survey, 2004.

[13] Offer status is unknown for 6.1 million workers.

[14] L. Blumberg, "Who Pays for Employer-Sponsored Health Insurance?" *Health Affairs*, Nov./Dec. 1999 18(6):58–61; J. Gruber, *Health Insurance and the Labor Market*, NBER Working Paper no. 6762 (Cambridge, Mass.: NBER, 1998); J. Gruber, "The Incidence of Mandated Maternity Benefits," *American Economic Review* 84(3):622–41; L. H. Summers, "Some Simple Economics of Mandated Benefits," *American Economic Review* 79(2); J. A. Britain, *The Payroll Tax for Social Security* (Washington, D.C.: The Brookings Institution, 1972).

[15] S. R. Collins, K. Davis, and A. Ho, "A Shared Responsibility: U.S. Employers and the Provision of Health Insurance to Employers," *Inquiry*, Spring 2005 42(1):6–15. Analysis of 2004 MEPS by Sherry Glied and Bisun Mahato of Columbia University. Spending is inflated to 2007 using projected growth in National Health Expenditures per capita.

[16] H. Whitmore, S. R. Collins, J. Gabel, and J. Pickreign, "Employers' Views on Incremental Measures to Expand Health Insurance Coverage," *Health Affairs*, Nov./Dec. 2006 25(6):1668–78.

[17] J. L. Lambrew and J. Gruber, "Money and Mandates: Relative Effects of Key Policy Levers in Expanding Health Insurance Coverage to All Americans," *Inquiry*, Winter 2006/2007 43(4):333–44.

[18] S. R. Collins, K. Davis, and J. L. Kriss, *An Analysis of Leading Congressional Health Care Bills, 2005–2007: Part 1, Insurance Coverage* (New York: The Commonwealth Fund, Mar. 2007).