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Notes

Characteristics of Uninsured Children

Introduction

Policymakers and interest groups are becoming increasingly concerned about the health insurance status of children. Between 1987 and 1995, the percentage of children under age 18 with employment-based health insurance declined from 66.7 percent to 58.6 percent (chart 1).¹ During the same period, the percentage of children covered by Medicaid increased from 15.5 percent to 23.2 percent.² The percentage of uninsured children increased from 13.1 percent in 1987 to 13.8 percent in 1995, resulting in 9.8 million uninsured children in 1995.³ However, with the exception of a relatively large increase in the percentage of uninsured children between 1992 and 1994, the percentage of uninsured children remained fairly constant between 1987 and 1992.

The purpose of this article is twofold. First, it is important that the characteristics of uninsured children be fully understood prior to addressing solutions for increasing coverage among children. Second, this paper will identify some of the options being discussed for increasing coverage.

Matching Children with Parents

Data from the March 1996 Current Population Survey were used to deter-

mine the parental characteristics of uninsured children in 1995. In order to determine parental characteristics, it is first necessary to match children with their parents in the survey. We first paired children with the reported "primary" parent in the survey, then matched the primary parents with their spouse. This resulted in a match for 95.6 percent of the children.

The majority of children without a match consisted of those with no parents present because they either lived with a grandparent, a sibling, other family members, or foster parents. After matching children with any adult in the family, we were able to match 97.8 percent of all children with a parent or parental figure.⁴ The data in this article are based only on the matched files.⁵

Parental Health Insurance

Many casual observers of uninsured children have attributed the health insurance status of these children to the lack of employment-based plans. They have suggested that employers are dropping coverage for dependents. This would imply that the parents of uninsured children are likely to have employment-based coverage. In fact, very few uninsured children (16 percent) have access to employment-based health insurance through their parent.⁶

Almost 80 percent of uninsured children did not have access to health insurance from either parent in 1995

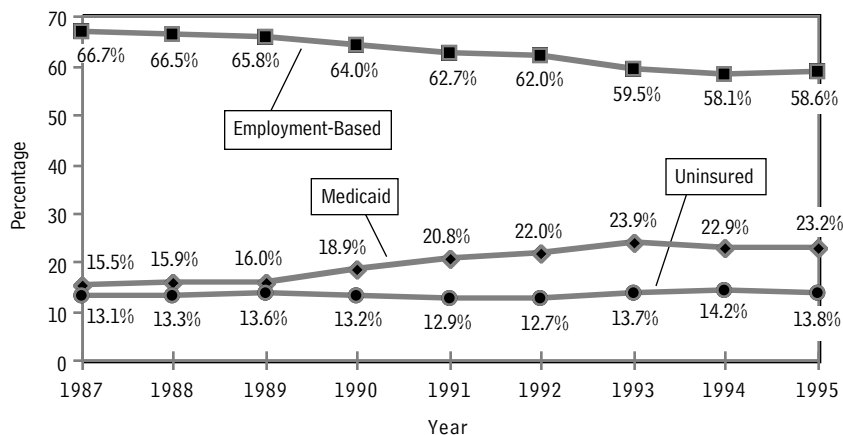
(table 1). Sixteen percent of uninsured children had at least one parent with employment-based coverage, and 4.4 percent had a parent covered by public insurance. Among those children whose parent was covered by an employment-based health plan, it is not known if the child was eligible for the plan or if the parent did not enroll the child in the plan because of the cost of enrollment.

The parental health insurance status of uninsured children differs across family type. Children can belong to one of three types of families: two-parent families, single-parent families with a male head, or single-parent families with a female head. Of the 9.3 million children analyzed in this paper, 5.9 million (63.4 percent) were in a family with two parents, 0.7 million (7.5 percent) were in a single-parent family with a male head, and 2.7 million (29 percent) were in a single-parent family with a female head (table 1).

With respect to uninsured children in two-parent families, 79.7 percent of the fathers were uninsured, and 82.6 percent of the mothers were uninsured. Over 16 percent of the fathers had employment-based health insurance, while over 14 percent of the mothers had employment-based health insurance.

Uninsured children residing in a single-parent family with a male head were most likely to have access to employment-based coverage. Over 16 percent of these uninsured children lived in a family with a parent who was covered by employment-based health insurance. Over

Chart 1
SOURCES OF HEALTH INSURANCE AMONG CHILDREN, AGED 0-17, 1987-1995



Source: Employee Benefit Research Institute estimates of the March 1996 Current Population Survey.

Table 1
**UNINSURED CHILDREN, AGED 0-17,
BY PARENTAL HEALTH INSURANCE STATUS, 1995**

	Any Family Type	Two-Parent Family		Single-Parent Families	
	Primary Parent	Father	Mother	Male head	Female head
	(millions)				
Total	9.3	5.9	5.9	0.7	2.7
Total Private	1.6	1.0	0.9	0.1	0.5
Employment-Based	1.5	1.0	0.8	0.1	0.4
Own Name	1.3	0.8	0.4	0.1	0.4
Dependent Coverage	0.2	0.1	0.4	0.0	0.0
Other Private	0.2	0.1	0.1	0.0	0.1
Total Public	0.4	0.2	0.1	0.0	0.1
Medicaid	0.1	0.0	0.1	0.0	0.1
Medicare	0.3	0.2	0.1	0.0	0.1
Other Public	0.0	0.0	0.0	0.0	0.0
Uninsured	7.3	4.7	4.9	0.5	2.1
	(percentage within family type category)				
Total	100.0%	100.0%	100.0%	100.0%	100.0%
Total Private	17.6	17.6	15.9	18.4	17.0
Employment-Based	16.0	16.1	14.1	16.6	14.9
Own Name	13.9	14.0	7.0	16.2	13.6
Dependent Coverage	2.1	2.2	7.2	0.4	1.2
Other Private	1.7	1.4	1.8	1.7	2.1
Total Public	4.4	4.0	2.4	3.5	5.3
Medicaid	1.3	0.8	0.9	0.5	2.4
Medicare	3.4	3.3	1.6	3.5	3.5
Other Public	0.3	0.4	0.4	0.0	0.0
Uninsured	79.1	79.7	82.6	77.6	78.8

Source: Employee Benefit Research Institute estimates of the March 1996 Current Population Survey.

77 percent of the parents were uninsured.

With respect to uninsured children in single-parent families headed by a female, 14.9 percent of the parents were covered by employment-based health insurance; 5.3 percent were covered by public insurance, with 2.4 percent having Medicaid coverage; and 78.8 percent were uninsured.

Parental Work Status

Having a working parent is no guarantee that a child will have access to health insurance coverage because parents may not have access to this coverage. In 1995, 55 percent of uninsured children had a primary parent who worked full year, full time (chart 2). An additional 28 percent had a parent who worked less than full year, full time, and 17 percent had a primary parent who did not work at all in 1995.

The work status of uninsured childrens' parents differs significantly by family type. With respect to uninsured children in two-parent families, 70 percent of the fathers worked full year, full time, while 25 percent of the mothers worked full year, full time (chart 3). Seven percent of the fathers did not work at all during 1995, and 43 percent of the mothers did not work at all.

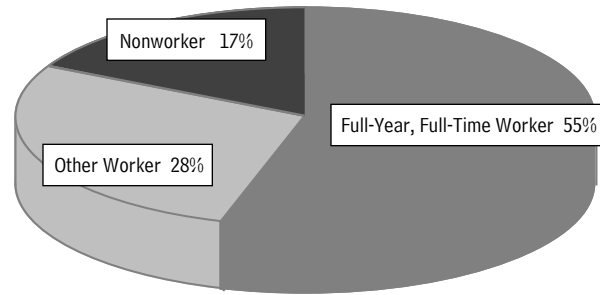
In single-parent families with male heads, 54 percent worked full year, full time, and 14 percent did not work in 1995. In single-parent families with female heads, 42 percent worked full year, full time, and 24 percent were nonworkers.

Medicaid Eligible Children

Despite Medicaid expansions starting in 1990, many Medicaid eligible children remain uninsured. The U.S. General Accounting Office found that at least 30 percent of uninsured children were eligible for Medicaid under the federal mandate.⁷ Parents may not enroll eligible children in Medicaid for various reasons. One reason is that working and nonworking parents may not know that their

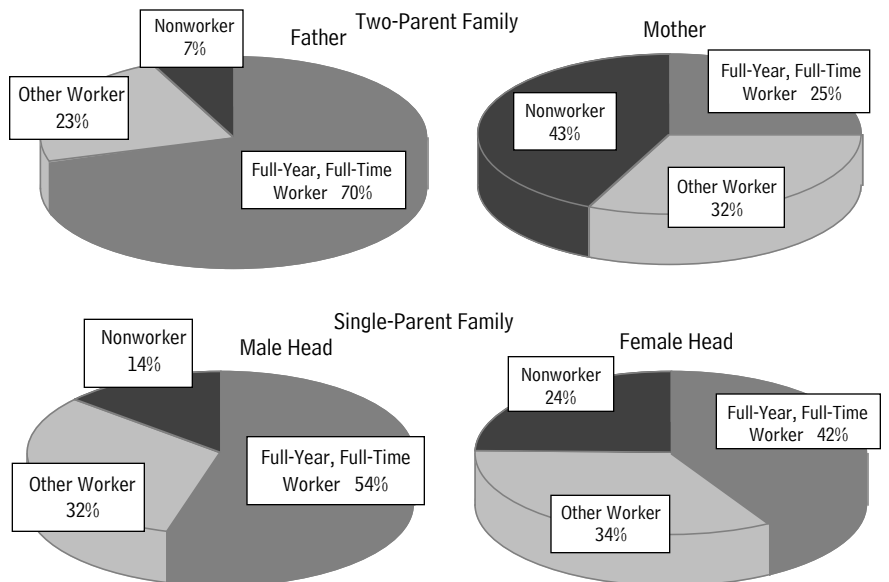
child is eligible for Medicaid coverage. Second, it is possible that some individuals who were once turned down for Medicaid continue to believe that they are not eligible for benefits. Parents may assume that the only medical service available to them under Medicaid is emergency room care, which they have always used without Medicaid. In addition, parents sometimes obtain Medicaid applications but do not follow

Chart 2
UNINSURED CHILDREN AGED 0-17, BY WORK STATUS OF PRIMARY PARENT, 1995



Source: Employee Benefit Research Institute estimates of the March 1996 Current Population Survey.

Chart 3
WORK STATUS OF UNINSURED CHILDRENS' PARENTS



Source: Employee Benefit Research Institute estimates of the March 1996 Current Population Survey.

through after learning that they must provide documentation of income and birth certificates.

Children who are not enrolled in Medicaid but are eligible for benefits may not experience substantial barriers to access for acute care. These children may be enrolled in Medicaid when they attempt to obtain health care in the emergency room or elsewhere. These families may not enroll their children in Medicaid until they are faced with a medical crisis because of the stigma attached to the Medicaid program. Children may still face barriers to preventive and palliative care as their parents may not understand that treatment for non-acute care is sometimes available on an uncompensated basis.

Options for Insuring Children

One option set forth for increasing health insurance coverage among uninsured children is to increase the outreach to uninsured Medicaid eligible children. As noted previously, this option could potentially reduce the number of uninsured children by 30 percent. While these children may not face barriers to health care because they may become enrolled in the Medicaid program once they seek care, many may go without necessary preventive care, such as immunizations, because they do not know that they are eligible for Medicaid benefits.

A number of researchers have proposed other methods for providing health insurance to uninsured children. All of the following options

have a number of strengths and weaknesses that must be considered in any reform debate.⁸ The options include the following:

- premium subsidy programs for families with uninsured children,
- health insurance purchasing cooperatives to reduce insurance costs and increase family choice,
- employer tax incentives to offer dependent coverage,
- state block grant program to replace all children's health insurance,
- federal benefit program to include uninsured children and Medicaid covered children,
- repeal of the employment-based tax exclusion of health insurance to provide tax credits for purchase, and
- medical savings accounts combined with health care subsidies.

Conclusion

Expanded coverage for children, as well as other incremental health care reforms, are certain to be issues during the 105th Congress. A number of policymakers are considering introducing legislation in the 105th Congress to increase coverage among children. The continued decline in employment-based coverage for children and their increasing reliance on the Medicaid program are going to contribute heavily to the debate on how to provide health insurance coverage for children.

While there is no evidence that employers are dropping dependent care coverage, they are increasingly more likely to require a contribution

for family coverage than for employee-only coverage. This increase in the premium-sharing responsibility between employees and employers can be partly attributed to the greater flexibility in the provision of employee benefits overall. In the past, a typical family had a working husband and a nonworking mother, and the husband's employer provided health insurance for the entire family. Currently, not only are there more women in the labor force, but there are now more single-parent families than ever before. Employers have responded to the changing demographics of the work force by offering more flexibility in their employee benefits. As a result, some employees are choosing other benefits in lieu of health insurance.⁹ Given this emerging trend toward flexibility in benefits, one option that we are unlikely to see is an employer mandate for dependent care coverage.

—Paul Fronstin, EBRI

Endnotes

¹ The Employee Benefit Research Institute (EBRI) revised the data from the Current Population Survey (CPS) to reflect changes in the weighting and the design of the survey. Data presented in this paper are not directly comparable with previously published data on uninsured children.

² The increase in Medicaid coverage was a direct result of Medicaid expansions started in 1990 that required all states to provide Medicaid coverage to pregnant women and children up to age 6 if their family income was less than 133 percent of the federal poverty level. In addition, states must cover children born after September 30, 1983, in families with income below the poverty level. This requirement is intended to cover most poor children under age 18 by 2002.

³ Paul Fronstin, "Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1996 Current Population Survey," EBRI Issue Brief no. 179 (Employee Benefit Research Institute, November 1996).

⁴ The remainder of children who we were unable to match with a parent also included married children and those living with nonrelatives.

⁵ In 1995, there were 71.1 million children under age 18. We were able to match 69.7 million children with a parent or parental figure. With respect to uninsured children, we were able to match 94.6 percent of the 9.8 million uninsured children in 1995, resulting in 9.3 million uninsured children analyzed in this paper.

⁶ The March CPS does not allow us to distinguish between employee-only coverage and family coverage for individuals covered by an employment-based health plan.

⁷ U.S. General Accounting Office, Health Insurance for Children: Private Insurance Coverage Continues to Deteriorate, GAO/HEHS-96-129 (Washington, DC: U.S. Government Printing Office, 1996).

⁸ For a complete description of the options for insuring children, as well as the strengths and weaknesses of each approach, see Robert Wood Johnson Foundation, Providing Universal Health Insurance Coverage to Children: Four Perspectives.

⁹ An EBRI/Gallup survey found that 64 percent of respondents ranked health insurance as the "most important" benefit, down from 68 percent in 1992. (See Pamela Ostuw, "Health Insurance Continues to be Most Valued Benefit, According to Recent EBRI/Gallup Survey," EBRI Notes, no. 11, November 1996).

Washington Update

105th Congress Gets Under Way

The 105th Congress began officially on Jan. 7, but legislative activity will not begin in earnest until after the president's inauguration on Jan. 20. Most of the legislative activity in the House is expected to focus on the budget during the early part of this session. On the Senate side, more immediate discussion will focus on employee benefit issues, including health care and retirement security, as the Senate waits for any tax measure to originate in the House.

Outlook: The incremental benefits legislative movement that marked the end of the 104th Congress is likely to continue. Election exit polls gave high marks to elected officials who "care about people like me." EBRI surveys indicate that these "real people" care about health care portability, retirement income, and health care quality. Responding to this knowledge, members of both parties will move proposals forward. Sens. James Jeffords (R-VT) and Jeff Bingaman (D-NM) are reportedly working on pension "portability" that will probably build on their pension clearinghouse proposal from last year. (See *EBRI Notes/Washington Update*, 11/96.) Senate Democrats are expected to introduce a comprehensive pension reform bill that will include women's pension equity provisions and limitations on defined contribution (DC) plan

investments in employer stocks. Republicans and Democrats in the House are reportedly working on another round of pension simplification.

In the realm of health care, children's health insurance coverage appears to be an issue with possible bipartisan interest. Republicans in the House and Senate are working on proposals that would promote children's coverage through the use of targeted tax incentives. Sen. Ted Kennedy (D-MA) has legislation in the works that would provide subsidies to low income families with children who do not have private insurance or qualify for public coverage. Other health-related legislation will focus on mandated benefits (see related story below) and expanded coverage for the unemployed.

Social Security Reform

Policymakers, the news media, and the public are becoming increasingly aware of Social Security's long-term funding problems. Advocacy organizations, think tanks, politicians, and government officials are beginning to comment more frequently on the issue. At this writing, the Social Security Advisory Council has not yet released its report but is expected to do so early in 1997.

Some in the news media have reported that all of the members of the advisory council favor "privatization" in one form or another, or investing Social Security money in equity securities. This characterization oversimplifies and

clouds the issue. The “maintenance of benefits” proposal, which is backed by six members of the council, including former Social Security Commissioner Robert Ball, would include the possible investment of up to 40 percent of the Social Security Old-Age, Survivors and Disability Insurance (OASDI) trust funds in the equities market. The two other advisory council proposals would set up investment accounts through which individuals could invest in equities but would maintain the current investment structure of the trust funds. The first would increase payroll taxes by 1.6 percent to fund individual accounts that could be invested in a limited number of funds administered by the government. The other would fundamentally alter the current program by reducing the social insurance component to a flat payment for all recipients and adding a 5 percent defined contribution element. None of the advisory council proposals calls for total privatization, although some analysts have.

The implications of these varying approaches to reform are quite different, in terms of both their impact on the economy and their impact on individual retirees. As members of Congress begin to publicly support “gradual” approaches or partial privatization through individual accounts, it becomes increasingly important to have a meaningful way to compare the proposals for reforming Social Security.

As the debate moves forward, EBRI will play a key role through the Social Security Evaluation Project’s EBRI/SSASIM2 simulation model, which is now entering phase 3 of its development. At this stage, work will begin on developing economic feedback linkages that will allow the model to simulate effects of changes in the Social Security program on national savings, investment, productivity, and real wage growth. EBRI’s model was termed a “vital” tool for analysis at the Dec. 4 policy forum, Assessing Social Security Reform Proposals. Comments from forum participants are helping to guide the next phase of model development and, as the project progresses, EBRI will continue to solicit comments and suggestions. The Social Security Reform Project’s budget is \$556,000, of which more than \$272,000 in grants has been obtained.

EBRI will make the finished model available to policy analysts and policymakers and will continue to contribute information and analysis to the debate in the news media and on Capitol Hill. Several congressional offices are actively working on Social Security reform but are carrying out their analysis on PC-based spreadsheets or with the thinly stretched resources of the Social Security Administration’s Office of the Actuary. Clearly, a huge gap in quantitative analysis must be filled in order to move the process ahead.

Outlook: Over the next two years, Social Security is likely to be the subject of considerable debate but few major changes. Legislative adjustments are possible that would help move the program toward 75-year actuarial balance, such as accelerating the increase in the retirement age or making more benefits taxable. The most important issue in terms of major structural reform is the direction in which the debate moves. If it becomes a contest between “Wall Street” interests and the consumer/labor movement, no major structural reforms, including individual account-style privatization, will take place soon.

More Health Care Mandates

As the 105th Congress begins its work, health plans and employers will be faced with more mandated benefits legislation. To illustrate this growing trend, on Dec. 16, Sen. Alphonse D’Amato (R-NY) and Reps. Susan Molinari (R-NY) and Sue Kelly (R-NY) announced that they would cosponsor the Women’s Health and Cancer Rights Act, which would require a 48-hour minimum hospital stay for mastectomy patients, and 24 hours of inpatient stay following lymph node dissection. In addition, this proposed legislation would require health plans to provide coverage for second opinions in cases of breast, colon, and prostate cancer diagnoses.

Keeping on Track

The following items are listed to keep you up-to-date on issues that were not specifically addressed in *Washington Update*.

Medicare Reform

The American Medical Association (AMA) has once again joined the call for Medicare reform. The AMA's proposal, which was released Dec. 5, would transform Medicare into a defined contribution program. Eligible individuals would be given a voucher to purchase coverage from a selection of private-sector health plans. This is essentially the same position the AMA has held before; the proposal is similar to the Republican plan for Medicare reform that was part of the GOP's 1996 budget plan.

Federal Employee Benefits

The congressional committees that oversee federal employee benefits are getting new leadership. Sen. Fred Thompson (R-TN) will chair the Governmental Affairs Committee, taking over from Sen. Ted Stevens (R-AK), who will chair the Appropriations Committee. Stevens, who helped shape the modern Federal Employees Retirement System, will continue to serve on the committee. On the House side, Rep. Dan Burton (R-IN) will chair the Government Reform and Oversight Committee. Burton has an interest in pensions and retirement policy and formerly served on the Post Office-Civil Service Committee, the current committee's predecessor.

Green Book Online

The House Ways and Means Committee's *Green Book*, which contains extensive data and background information about Social Security, Medicare, and other programs within the committee's jurisdiction, is available on line. To search the *Green Book*, go to: <http://www.access.gpo.gov/congress/wm001.html>.

Outlook: More legislative attempts to mandate coverage for specific treatments or hospital lengths of stay can be expected as this session of Congress progresses. Other length-of-stay mandates that have been mentioned include coronary bypass operations and hip replacements.

At the same time treatments and hospital stays are being mandated, managed care plans will come under increasing legislative pressure to reform their business operations. Attempts will be made to pass "any willing provider" legislation that would force health plans to accept any medical professional who possesses certain specified qualifications. Legislation to restrict so-called "gag rule" provisions in physician contracts will also resurface. Bipartisan support for all of these provisions makes enactment of legislation likely.

CPI Takes Center Stage

It has been widely reported that the consumer price index (CPI) overstates the impact of inflation by 1.1 percent, according to a panel chaired by Stanford University economist Michael Boskin.

The CPI's impact goes far beyond public programs like Social Security. A change in the CPI would affect qualified plan contribution and benefit limits, the tax on excess distributions, and the definition of highly compensated employees for retirement plan purposes. The CPI is also used to index numerous provisions in the tax code, including the standard deduction and the personal exemption amount. Additionally, military pensions, federal pensions, and some union contracts are indexed to the CPI. Pension plans that integrate with Social Security would be affected over time, as would the

Treasury Department's new inflation indexed bonds. The Boskin panel report is available on the World Wide Web at: <http://www.politicsnow.com/news/special/cpi1>.

Outlook: The Senate Finance Committee is scheduled to take up the issue soon, and pressure is building to adjust the CPI as a way of shoring up Social Security, cutting the deficit, and trimming the national debt. (The Boskin panel stated in its report that a 1 percent decrease in the CPI would shave \$1 trillion from the national debt by 2008.) Opposition to restructuring the CPI is also taking shape. Among others, critics include the American Association of Retired Persons and the AFL-CIO. This issue promises to remain in the spotlight throughout the upcoming budget debate.

—Bill Pierron, EBRI

EBRI in Focus

High Turnout at Policy Forum

More than 175 representatives from member firms, Washington-based policy organizations, Capitol Hill, government agencies, and the news media attended EBRI's Dec. 4 policy forum, Assessing Social Security Reform Alternatives. The daylong meeting, which was moderated by Dallas Salisbury, was used to highlight initial results of the EBRI/SSASIM2 economic simulation model, which is being developed through EBRI's Social Security Reform Project. The model is not yet complete, but the goal is to allow comparable and comprehensive analysis of the various proposals to reform the Social Security system. For more information about the Social Security Reform Project, contact Dallas Salisbury at (202) 775-6322 or Jack VanDerhei at (610) 525-6139.

Indexed Bond Seminar a Success

On Dec. 6, EBRI hosted a seminar on inflation-indexed bonds. Deputy Secretary of the Treasury Lawrence Summers discussed the origin and structure of U.S. inflation-indexed securities and future Treasury plans. Richard Hinz, director of the office of policy and research at the Pension and Welfare Benefits Administration, discussed the implications of ERISA's prudent expert requirements for inflation-indexed bonds held in pension portfolios. These sessions were followed by a panel discussion by industry experts

dealing with the uses of indexed bonds for defined benefit plans, defined contribution plans, and individual investors/savers. The seminar concluded with a roundtable and audience discussion on the place of indexed bonds in portfolios.

EBRI to Brief Congressional Staff

EBRI, the Catholic Hospital Association, and the Alliance for Health Reform will present a "retreat" for congressional health policy staff in Annapolis, MD on Jan. 13 and 14. This gathering is designed for staff with an interest in health policy issues, especially staff members for newly elected members of Congress and those new to the health care issue. Bill Pierron and Paul Fronstin will be representing EBRI and presenting EBRI data and analysis as part of the program.

EBRI Presentations and Staff Appointments

Dallas Salisbury has been appointed to serve as advisor on the 1997 Benefits Council of the American Compensation Association, a not-for-profit association headquartered in Scottsdale, Arizona. (ACA is an EBRI Full Member.)

Paul Yakoboski has been elected a member of the National Academy of Social Insurance. Those elected to membership in the academy have distinguished themselves by improving the quality of research, administration, and policymaking in the field of social insurance. Mem-

bers are nominated by their peers, who are experts in a variety of disciplines.

EBRI Prepares for 20th Anniversary Gala

In October 1998, EBRI will celebrate its 20th anniversary. Please help us share in the excitement of this black-tie gala, which will be held in New York City, Thursday, Oct. 1, 1998. Ticket prices are \$650 per individual or \$5,000 for a table of 10. All proceeds directly fund the EBRI Fellows Program. The 10th and 15th anniversary celebrations were huge successes, so plan now to attend and purchase your ticket in advance. For more information, contact Patsy D'Amelio at (202) 775-6323 or Deborah Milne at (202) 775-6361.

Nominations Open for 1997 EBRI Lillywhite Award

Nominations for the 1997 EBRI Lillywhite Award are now open. This award celebrates contributions by persons who have had distinguished careers in the investment management and employee benefits fields and whose outstanding service enhances Americans' economic security. Contact Pam Ostuw at (202) 775-6315 for more information about the award or Lois Cuzzo at (202) 775-6300 to receive a nomination form.

EBRI Mentions

EBRI continues to be cited in national newspapers, trade publica-

tions, and on the electronic media.

Highlights of recent mentions include:

- A Nov. 1 *USA Today* article about expanding 401(k) choices included a quote by ASEC Executive Director Don Blandin.
- A Nov. 11 issue of *Pensions & Investments* quoted Dallas Salisbury in an article about Vanguard's look to the future of retirement planning on the Internet.
- A Nov. 12 *Investor's Business Daily* article about hybrid pension plans cited EBRI data and information on hybrids.
- The November *Health Care Trends Report* featured EBRI's recent report on Demand Management.
- Dallas Salisbury was cited in the November issue of *Management Review* magazine in an article about health care legislation passed in the 104th Congress.
- A Nov. 25 *Washington Post* article about the future of retirement plans included a quote by Dallas Salisbury.
- The Dec. 9 issue of *Newsweek* featured on the cover an article about 401(k) plans, in which Dallas Salisbury was quoted.

New Publications

[Note: To order publications from the U.S. Government Printing Office (GPO), call (202) 512-1800; to order congressional publications, call (202) 512-2470. To order U.S. General Accounting Office (GAO) publications, call (202) 512-6000; to order from the Congressional Budget Office (CBO), call (202) 226-2809].

Buck Consultants, Inc. **401(k) Plans—Employer Practices and Policies.** \$150. Buck Consultants, Inc., Two Pennsylvania Plaza, New York, NY 10121, (201) 902-2555.

Communicating for Agriculture. **Comprehensive Health Insurance for High-risk Individuals.** \$29.95. Communicating for Agriculture, 112 East Lincoln Avenue, Fergus Falls, MN 56537, (800) 445-1525.

The Conference Board. **The Brancato Report on Institutional Investment.** Associates, \$325; nonassociates, \$650; academics, \$130. The Conference Board, 845 Third Avenue, New York, NY 10022, (212) 339-0345.

Feldman, Eleanor G., and Louis A. Krantz. **Process Improvements in the Health Industry: Management Strategies in Response to Healthcare Reform.** \$495.

Capitol Publications, Inc., 1101 King Street, Alexandria, VA 22314, (800) 392-7886.

International Monetary Fund. **1996 World Economic Outlook.** \$189. International Monetary Fund, Publication Services, 700 19th Street, NW, Washington, DC 20431, (202) 623-7201.

Luft, Hal, and Robert Miller. **NIHCM Health Care System DataSource.** \$149. National Institute for Health Care Management, 1818 N Street, NW, Suite 300, Washington, DC 20036, Fax: (202) 296-4319.

MacArthur, Donald. **Managed Care in Europe: The Impact on the Healthcare and Pharmaceutical Sectors.** \$638. Capitol Publications, Inc., 1101 King Street, Alexandria, VA 22314, (800) 392-7886.

Martorana, George R. **Your Pension and Your Spouse—The Joint and Survivor Dilemma.** Foundation members, \$6.35; nonmembers, \$7.95. International Foundation of Employee Benefit Plans, P.O. Box 669, Brookfield, WI 53008-0069, (800) 466-2366.

National Academy of Social Insurance. (1) **Balancing Security: Full Final Report.** \$24. (2) **The Environment, Interim Report.** \$20. (3) **Restructuring SSI for Children.** \$10. National Acad-

emy of Social Insurance, 1776
Massachusetts Avenue, NW,
Suite 615, Washington, DC
20036, (202) 452-8097.

Omnigraphics, Inc. **1997 Business
Phone Book USA.** \$135.
Omnigraphics, Inc., Penobscot
Building, Detroit, MI 48226,
(800) 234-1340.

Pindroh, Robert A. **Employee
Services: A Strategic Compo-
nent of Business.** \$15.95.
National Employee Services and
Recreation Association, 2211
York Road, Suite 207, Oak Brook,
IL 60521-2371, (708) 368-1280.

Prudential HealthCare. **Women's
Attitude on Choosing a
Health Plan.** Free. Prudential
HealthCare, 751 Broad Street,
Newark, NJ 07102, (201) 802-
4884.

Sadler, Jeff. **The Long Term Care
Handbook.** \$26.95. The Na-
tional Underwriter Company,
Customer Service Department,
505 Gest Street, Cincinnati, OH
45203-1716, (800) 543-0874.

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**Health Insurance Regulation:
Varying State Requirements
Affect Cost.** (2) **Medigap
Insurance: Alternatives for
Medicare Beneficiaries to
Avoid.** (3) **Private Pensions:
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bution Plans.** Order from GAO.

U.S. Railroad Retirement Board.
**U.S. Railroad Retirement
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Order from GPO.

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Business: A Report of the
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U.S. Social Security Administra-
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GPO.

***Documents Available on the
Internet***

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Corroon Alert October 1996
(Number 148)
[http://www.benefitslink.com/
articles/wfc_alert_148.html](http://www.benefitslink.com/articles/wfc_alert_148.html)

What Goes Up, Keep Below You
A Primer on the New Inflation-
Indexed Bonds by Deloitte &
Touche OnLine
[http://www.dtonline.com/bonds/
CONTENTS.HTM](http://www.dtonline.com/bonds/CONTENTS.HTM)

**The State of Working America
1996-97**
[http://www.epinet.org/epswa-
ex.html](http://www.epinet.org/epswa-ex.html)

**The National Health Informa-
tion Resource Center
(NHIRC)**
<http://www.nhirc.org/>

**The Social Security Reform
Research Page**
[http://www.execpc.com/~freitag/
reform.htm](http://www.execpc.com/~freitag/reform.htm)

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