

T-98

Statement
Before the
House Ways and Means Committee
Subcommittee on Health

Hearing on

Health Insurance Portability

by

Paul Fronstin, Research Associate
Employee Benefit Research Institute

Washington, D.C.

12 May 1995

The views expressed in this statement are solely those of the author and should not be attributed to the Employee Benefit Research Institute, its officers, trustees, sponsors, or other staff. The Employee Benefit Research Institute is a nonprofit, nonpartisan, public policy research organization.

Suite 600
2121 K Street, NW
Washington, DC
20037-1896

202-659-0670
Fax 202-775-6312

SUMMARY

- The original purpose of the coverage continuation provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) was to assure workers an ability to maintain health insurance during a period of transition to other coverage. COBRA requires employers to offer continued health coverage to employees and their dependents when certain qualifying events occur.
- Of the 14.5 percent of employees and dependents eligible for COBRA coverage, about 1 in 5 (19.6 percent) elected the coverage, according to 1994 survey data, up from 19.3 percent in 1993 but down from a high of 28.5 percent in 1990.
- Average COBRA costs were \$5,584, compared with \$3,903 for active employees, according to the 1994 survey. Thus, average continuation of coverage costs were 149 percent of active employee claims costs, and, assuming employees electing coverage were paying 102 percent of the premium, employers were paying for approximately one-third (32 percent) of the total costs for continued coverage.
- Difficulties surrounding COBRA coverage according to survey respondents included adverse selection/claims cost (36 percent); difficulties in collecting premiums (36 percent); administrative difficulty such as paperwork, record keeping, etc. (30 percent); and excessive time for beneficiary response, tracking eligibility (24 percent).
- A part of the issue of portability is the issue of "job lock." Job lock may occur either because a worker cannot get health insurance coverage through a prospective position, or because while the worker can obtain coverage, the premium is higher at the prospective job than at the initial job, the benefits package is less generous, or selected conditions are not covered (i.e., a preexisting condition clause may discourage a worker from leaving the current job and health insurance plan to move to a new plan that does not cover a given health condition). Selected past reform proposals have assumed that disallowing or restricting preexisting condition clauses and making health insurance more portable and personal would lessen job lock.
- In the presence of COBRA, among plans that will cover a preexisting condition following a waiting period, preexisting conditions are not necessarily the primary motivating reason behind individuals choosing not to change jobs. This is because individuals can continue their current coverage for a maximum of 18–36 months even once moving into the new position if they are willing to pay 102 percent of the premium. Regardless of the existence of COBRA, cost, comprehensiveness of the benefit package, and availability of coverage remain important.
- In 1993, 20 percent of surveyed Americans indicated they or a family member passed up a job opportunity based solely on health benefits, up from 11 percent in 1992 and 13 percent in 1991. Individuals aged 18–34 years (28 percent) and individuals with an annual income of \$20,000–\$75,000 (23 percent) were most likely to have passed up a job opportunity based solely on health benefits.
- When asked in further detail the reason for not changing jobs based on health benefits, the reason most often cited was that health benefits were not offered by the prospective employer (58 percent in 1991). This declined to 33 percent in 1993 yet remained the most commonly cited reason. Among other reasons cited, having a preexisting condition showed the largest increase, moving from 10 percent in 1991 to 20 percent in 1993.
- In addition to public opinion surveys, several studies have been conducted regarding job mobility and health insurance. The findings are mixed and do not uniformly support or refute the existence of job lock. Studies that do support the theory of job lock show wide variation in the magnitude of its effects based on demographic and employment-based characteristics.

Committee on Ways and Means
Subcommittee on Health
Health Insurance Portability

Introduction

Mr. Chairman and members of the Committee, I am pleased to appear before you this morning to discuss the issue of health insurance portability. I am Paul Fronstin, a research associate at the Employee Benefit Research Institute (EBRI). Dallas Salisbury, the president of EBRI, asked that I thank you for the invitation to testify and send his regret at not being able to appear himself. EBRI is a nonprofit, nonpartisan, public policy research organization based in Washington, DC. EBRI has been committed, since its founding in 1978, to the accurate statistical analysis of economic security issues. Through our research, we strive to contribute to the formulation of effective and responsible health and retirement policies. Consistent with our mission, we do not lobby or advocate specific policy solutions. I would ask that my full statement be placed in the record.

The majority (57.4 percent) of Americans in 1993 received their health insurance coverage through the employment-based system (Snider and Fronstin, 1995). This connection may affect employees' compensation and, for some, their decisions about job change. The concern about the portability of health insurance may relate to the loss of health insurance benefits when a worker is offered a new job that could alter his or her insurance status. For example, if health insurance is not offered by a prospective employer, if the worker must satisfy a waiting period before becoming eligible for coverage, if the benefits package offered through the prospective employer is less generous, or if the employee has a condition that would be considered a preexisting condition and would not be covered under the new plan, the employee may opt to remain with his or her current employer. This may result in "job lock" or in employees forgoing job opportunities that could potentially increase their productivity. For employers who want employees to leave or retire and for employees who would prefer to change jobs, this job lock can be undesirable. Congress focused on portability of health insurance in the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) by providing for continuation of health insurance coverage.

This morning I will cover four points relating to the issue of health insurance portability: continuation of coverage issues through COBRA; preexisting condition provisions, price, and job lock; public opinion results regarding job lock; and research results regarding job lock.

Portability and COBRA

The original purpose of the coverage continuation provisions of COBRA was to assure workers an ability to maintain health insurance during a period of transition to other coverage. COBRA requires employers to offer continued health insurance coverage to employees and their dependents

when certain qualifying events occur. Qualified employees and their dependents may continue coverage up to 18 months (29 months for disabled employees) if employment is terminated (other than for gross misconduct) or if hours of work are reduced below the level at which coverage is normally provided. Dependents may continue coverage for up to 36 months if coverage is lost as a result of the employee losing coverage, cessation of dependent status, death of the employee, divorce or legal separation, or entitlement to Medicare. The charge to COBRA beneficiaries during the coverage period is limited to 102 percent of the premium (102 percent of the cost if the plan is self-insured)¹ for similarly situated employees for whom a qualifying event has not occurred. The employer may charge disabled employees 102 percent for the first 18 months and up to 150 percent during the 19th through 29th month.

Several surveys have been conducted regarding issues surrounding the use of COBRA. Some key results of the Charles D. Spencer & Associates, Inc. survey conducted in the spring of 1994 include:²

- Of the 14.5 percent of employees and dependents eligible for COBRA coverage, about 1 in 5 (19.6 percent) elected the coverage in 1994, up from 19.3 percent in 1993 but down from a high of 28.5 percent in 1990 (table 1).
- Among the entire 1994 surveyed population, 2.9 percent of the active employee work force elected COBRA coverage, up from 1.7 percent in 1993 (table 1).
- Average COBRA costs were \$5,584, compared with \$3,903 for active employees, according to the 1994 survey. Thus, average continuation of coverage costs were 149 percent of active employee claims costs, and, assuming employees electing coverage were paying 102 percent of the premium, employers were paying for approximately one-third (32 percent) of the total costs for continued coverage. Claims cost ratios ranged from 41 percent to 500 percent. Data also indicate that within a given plan year, COBRA costs bear little relationship to active employee costs; COBRA costs more closely resemble individual (as opposed to group) plan costs in that they are not consistent from year to year.
- Among all eligibles electing coverage, 15.9 percent were spouse/dependent elections (7.9 percent selected coverage because of termination or reduction in hours, and 8.0 percent elected coverage because of death, divorce, or plan ineligibility). Employee elections accounted for 84.1 percent of all eligibles electing coverage (table 2).
- Among all spouses and dependents eligible for coverage, 9.6 percent elected coverage, compared with 37 percent in 1993, 23.4 percent in 1992, 25 percent in 1990, and 36.6 percent in 1988. Among employees eligible for coverage, 19.8 percent elected coverage in 1994.

- For 18-month qualifying events, the average length of coverage was 10.76 months. For 36-month qualifying events, the average length of coverage was 23.1 months. Among individuals electing coverage, less than 1 percent converted to an individual policy.

- Difficulties surrounding COBRA coverage according to survey respondents included adverse selection/claims cost (36 percent); difficulties in collecting premiums (36 percent); administrative difficulty such as paperwork, record keeping, etc. (30 percent); excessive time for beneficiary response, tracking eligibility (24 percent); notification from continuee of election or change in status (19 percent); and lack of final rules, complexity of law (15 percent).

Why people do not elect to take COBRA coverage has not been well documented.

Preexisting Conditions, Pricing, and Job Lock

Part of the issue of portability is the issue of job lock. Job lock may occur either because a worker cannot get health insurance coverage through a prospective position, or because while the worker can obtain coverage, the premium is higher at the prospective job than at the initial job, the benefits package is less generous, or selected conditions are not covered (i.e., a preexisting condition clause may discourage a worker from leaving the current job and health insurance plan to move to a new plan that does not cover a given health condition). Selected past health care reform proposals have assumed that disallowing or restricting preexisting condition clauses and making health insurance more portable and personal would lessen job lock.

As of January 1994, 34 states have enacted laws that prohibit employers from imposing new waiting periods on employees before they are covered for preexisting conditions. These laws primarily pertain to the small group market (Atchison, 1994). No conclusive research has been done that assesses the impact of these laws on job mobility.³ However, in the presence of COBRA, among plans that will cover a preexisting condition following a waiting period, preexisting conditions are not necessarily the primary motivating reason behind individuals choosing not to change jobs. This is because individuals can continue their current coverage for a maximum of 18–36 months even once moving into the new position if they are willing to pay 102 percent of the premium. Thus, these individuals could carry two plans until the waiting period was satisfied. In some cases, though, the plan may not cover a preexisting condition at all—with or without a waiting period. Regardless of the existence of COBRA, cost, comprehensiveness of the benefit package, and availability of coverage remain of importance.

Public Opinion Results on Job Lock

EBRI, in conjunction with The Gallup Organization, Inc., conducted several public opinion surveys regarding Americans' perspective on job lock. Some key findings include:⁴

- In 1993, 20 percent of surveyed Americans indicated they or a family member passed up a job opportunity based solely on health benefits, up from 11 percent in 1992 and 13 percent in 1991 (chart 1).
- In 1993, among respondents who stated they or a family member passed up a job opportunity based solely on health benefits, age, annual income, and education showed the greatest variation (chart 2), while other variables, such as occupation, sex, race, region, and marital status, showed little variation.
- Among age groups, 18–34 year olds were most likely to have passed up a job opportunity based solely on health benefits (28 percent). This compares with 21 percent among individuals aged 35–54 and 7 percent among individuals aged 55 and over (chart 2).
- Individuals with an annual income of \$20,000–\$75,000 were most likely to have passed up a job opportunity based solely on health insurance (23 percent) (chart 2).
- In looking at education level, individuals with some college experience were most likely to pass up a job opportunity based solely on health benefits (26 percent), compared with individuals with a high school diploma or less (16 percent) and individuals with a college or post graduate education (19 percent) (chart 2).
- When asked in further detail the reason for not changing jobs based on health benefits, the reason most often cited was that health benefits were not offered by the prospective employer (58 percent in 1991). The likelihood of this reason declined to 33 percent in 1993 yet remained the most commonly cited reason. Among other reasons cited, having a preexisting condition showed the largest increase, moving from 10 percent in 1991 to 20 percent in 1993 (chart 3).

- Individuals in 1993 most likely to respond that the reason they did not change jobs was that "the prospective employer did not offer health benefits" were individuals with less than a high school education (48 percent), individuals with a high school diploma (38 percent), and individuals with an annual income of \$20,000–\$75,000 (35 percent). Individuals least likely to give this reason were individuals with an annual income of \$75,000 or more (16 percent).
- In 1993, individuals most likely to respond that they did not change jobs because "the prospective employer's health benefits provided less coverage than you or a family member had previously" were unmarried individuals (30 percent), college graduates (26 percent), and individuals with an annual income of less than \$20,000 (26 percent). Individuals least likely to give this reason were secretarial and clerical workers (6 percent) and individuals with an annual income of \$75,000 and more (7 percent).
- In 1993, individuals most likely to respond that they did not change jobs because "you or someone in your family had a medical condition the prospective employer's health plan did not cover" were individuals with an annual income of \$75,000 and over (30 percent), women (27 percent), and individuals with a postgraduate degree (27 percent). Individuals least likely to give this reason were individuals aged 55 and over (8 percent), men (12 percent), and individuals with an annual income of less than \$20,000 (12 percent).
- In 1993, individuals most likely to respond that they did not change jobs because "the prospective employer's health plan cost too much" were secretarial and clerical workers (41 percent) and individuals who did not graduate from high school (36 percent). Individuals least likely to give this reason were individuals with an annual income of \$75,000 or more (6 percent) and individuals with a postgraduate degree (10 percent).

Research Results on Job Lock

In addition to public opinion surveys, several studies have been conducted regarding job mobility and health insurance. The findings are mixed and do not uniformly support or refute the existence of job lock. Studies that do support the theory of job lock show wide variation in the magnitude of its effects based on demographic and employment-based characteristics. Findings from these studies are summarized below and in an accompanying table I will submit for the record (table 3).

- Mitchell (1982 and 1983) conducted one of the first studies regarding the magnitude of job lock. Mitchell found evidence that the loss of a pension promise was a particularly strong deterrent to quitting. While Mitchell also found evidence that medical coverage deterred employees from quitting, it was at a fairly low level of reliability.
- Madrian (1993) and Cooper and Monheit (1993) provided the strongest evidence of job lock. Madrian estimates that job lock reduces the voluntary turnover rate of those with employer-provided health insurance by 25 percent, from 16 percent to 12 percent per year. Cooper and Monheit found that policyholders of employment-based coverage were three and one-half times less likely to change jobs than uninsured workers. However, they did not find worker or dependent health conditions associated with job mobility.
- Cooper and Monheit (1993) also indicate that mobility rates vary based on worker characteristics. Most likely to change jobs were younger workers with little job experience, part-time workers, workers with low levels of education, and workers with low hourly wages. Least likely to change jobs were full-time workers, workers with high levels of education, and workers with high hourly wages. The authors also indicate that married men who expected to lose coverage were 23 percent less likely to change jobs. Workers who were likely to gain coverage through a change in employment were 52 percent more likely to change jobs as compared with those whose insurance prospects were not expected to change.
- Madrian (1993) cites three factors to consider in evaluating the implications of job lock for economic efficiency: Does job turnover result in a better match between workers and firms and thereby increase productivity? To the extent that job lock does lower productivity, are losses temporary or permanent? and Is job lock a benefit or a cost for firms?
- Gruber and Madrian (1994) found that continuation of coverage mandates were successful in reducing job lock. They found that one year of continuation benefits was associated with a 10 percent increase in mobility among those with health insurance.
- In a later publication, Monheit and Cooper (1994) found that job lock was present in the labor market but that the proportion of workers affected and the magnitude of the welfare loss was less than generally supposed.

- Holtz-Eakin (1993) indicated that there was little evidence that health insurance provision interferes with job mobility. In his study of individuals who changed jobs as compared with those who did not he found that, in analyzing health insurance alone, there was a correlation between job mobility and health insurance. However, when looked at as part of a total compensation package, the importance of health insurance with regard to incentive to change jobs disappeared.

Conclusion

Several questions must be addressed when assessing the impact of preexisting conditions and health insurance portability on job lock. Does the issue of the portability of health insurance affect job mobility? And, if so, to what extent? Only a few studies have been done in this arena to date and results of these studies are mixed. In addition, studies that find that having employment-based health insurance impacts on job mobility indicate that there is wide variation in the magnitude of that impact. COBRA may act to reduce whatever job lock does exist. However, based on public opinion surveys, some Americans still indicate having passed up a job opportunity because health insurance was not offered in the new position (33 percent in 1993), because the new job offered less coverage (20 percent), because of a preexisting condition (20 percent) or because the new health insurance cost too much (19 percent). While preexisting conditions are indicated as a reason for not changing jobs, the existence of COBRA should mitigate this as an issue for those whose prospective employer's plan covers the preexisting condition following a waiting period.

Thank you for the opportunity to testify this morning. I'll be glad to answer any questions you may have.

References

Atchison, Lisa, et al. *Major Health Legislation in the State: '93*. Washington DC: The George Washington University, 1994.

Cooper, Philip F., and Alan C. Monheit. "Does Employment-Related Health Insurance Inhibit Job Mobility?" *Inquiry* (Winter 1993): 400-16.

Employee Benefit Research Institute/The Gallup Organization, Inc. "*Public Attitudes on Benefit Trade Offs, 1991*." Report no. G-28 (Washington, DC: Employee Benefit Research Institute, December 1991).

Employee Benefit Research Institute/The Gallup Organization, Inc. "Public Attitudes on Health Benefits, 1993. Report no. G-50 (Washington, DC: Employee Benefit Research Institute, November 1993).

Employee Benefit Research Institute/The Gallup Organization, Inc. "Public Attitudes on Health Benefits, Part 1." Report no. G-30 (Washington, DC: Employee Benefit Research Institute, February 1992).

Gruber, Jonathan and Brigitte C. Madrian. "Health Insurance and Job Mobility: The Effects of Public Policy on Job-Lock." *Industrial and Labor Relations Review* (October 1994): 86-102.

Holtz-Eakin, Douglas. "Health Insurance Provision and Labor Market Efficiency in the United States and Germany." Working Paper Series, no. 4388. Cambridge, MA: National Bureau of Economic Research, 1993.

Madrian, Brigitte, C. "Employment-Based Health Insurance and Job Mobility: Is There Evidence of Job-Lock?" Working Paper Series, no. 4476. Cambridge, MA: National Bureau of Economic Research, 1993.

Millholland, Paul. "Employers COBRA Costs," *EBRI Notes* (November 1992): 1-4.

Mitchell, Olivia S. "Fringe Benefits and Labor Mobility" *The Journal of Human Resources* (Spring 1982): 286-298.

Mitchell, Olivia S. "Fringe Benefits and the Cost of Changing Jobs" *Industrial and Labor Relations Review* (October 1983): 70-78.

Monheit, Alan C. and Philip F. Cooper. "Health Insurance and Job Mobility: Theory and Evidence." *Industrial and Labor Relations Review* (October 1994): 68-85.

Snider, Sarah C. "Public Opinion on Health, Retirement, and Other Employee Benefits." *EBRI Issue Brief* no. 132 (Employee Benefit Research Institute, December 1992).

Snider, Sarah C. and Paul Fronstin. "Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1994 Current Population Survey." *EBRI Issue Brief* no. 158 (Employee Benefit Research Institute, February 1995).

Spencer's Research Reports. "1994 COBRA Survey: One in Five Eligible Employees Takes COBRA; Employers Pay One-Third." Chicago, IL: Charles D. Spencer & Associates, Inc., August 19, 1994.

¹The Internal Revenue Service has issued guidance for determining the premium for self-funded plans. Premiums may be based on an actuarial determination for providing benefits for active employees during the same period, or may be based on past cost. The latter is the cost equal to the plan's cost for similarly situated beneficiaries for the same period during the previous determination period adjusted by increases or decreases in the cost-of-living as measured by the gross national product. See Terry Humo and Keith C. Kakacek, "Employers Guide to Self-insuring Health Benefits" (Washington, DC: Thompson Publishing Group, 1993).

²A total of 270 companies responded to Spencer's 1994 survey, representing 1,527,648 employees. Data are for the 1993 plan year. Surveys have also been conducted by the International Society of Certified Employee Benefit Specialists and Towers Perrin and the National Association of Manufacturers. For a synopsis of findings from these surveys, see Paul Millholland, "Employers' COBRA Costs," *EBRI Notes* (November 1992): 1-4.

³In looking at the issue of limited insurance portability as a whole, Gruber and Madrian (1994) found that continuation of coverage mandates were successful in reducing job lock. They found that one year of continuation benefits was associated with a 10 percent increase in mobility among those with health insurance.

⁴EBRI/Gallup public opinion surveys are stratified random sample telephone surveys of 1,000 individuals. These surveys have a maximum expected error range at the 95 percent confidence level of ± 3.1 percent.

Table 1
**Entitlement and Elections for Consolidated Omnibus Budget Reconciliation Act (COBRA),
 Plan Years 1988-1993**

Survey Year	Employees Elected as a percentage of active employees	Employees Entitled as a percentage of active employees	Employees Elected as a percentage of those entitled
1989	1.70%	16.00%	11.20%
1990	2.60	9.20	28.50
1991	2.20	10.60	20.50
1992	1.60	12.06	13.23
1993	1.68	8.71	19.30
1994	2.86	14.54	19.64

Source: Charles D. Spencer and Associates, Inc., "1994 COBRA Survey: One in Five Eligible Employees Takes COBRA; Employers Pay One-Third," *Spencer's Research Reports* (August 19, 1994).

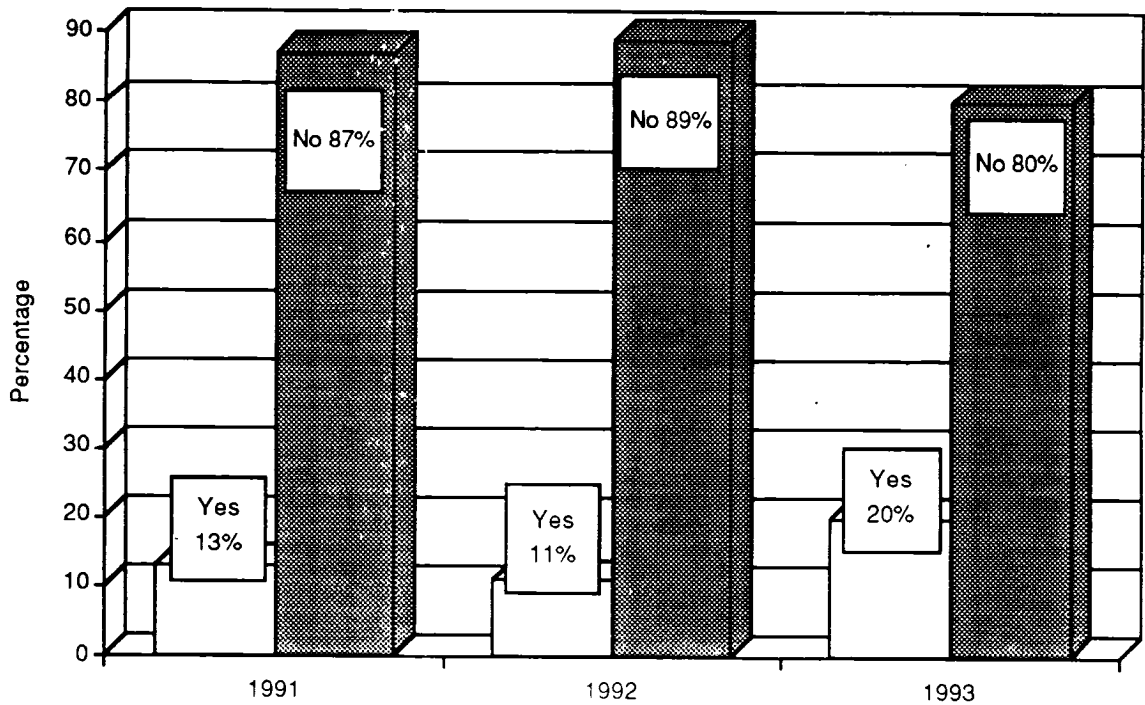
Table 2
**Reasons for Consolidated Omnibus Budget Reconciliation Act (COBRA) Elections,
 Plan Years 1990-1993**

Survey Year	Total Electing Coverage	Spouse/Dependent Election		Employee Election
		Termination or reduction in hours	Death, divorce, plan ineligibility	Termination or reduction in hours
(percentage)				
1991	100%	16.00%	7.60%	76.40%
1992	100	10.15	8.29	81.56
1993	100	15.00	13.50	71.50
1994	100	7.90	8.00	84.10

Source: Charles D. Spencer and Associates, Inc., "1994 COBRA Survey: One in Five Eligible Employees Takes COBRA; Employers Pay One-Third," *Spencer's Research Reports* (August 19, 1994).

Chart 1

Question 9: "Have you or a family member ever passed up a job opportunity or stayed in a job you would have preferred to leave solely because of health benefits?" 1991-1993

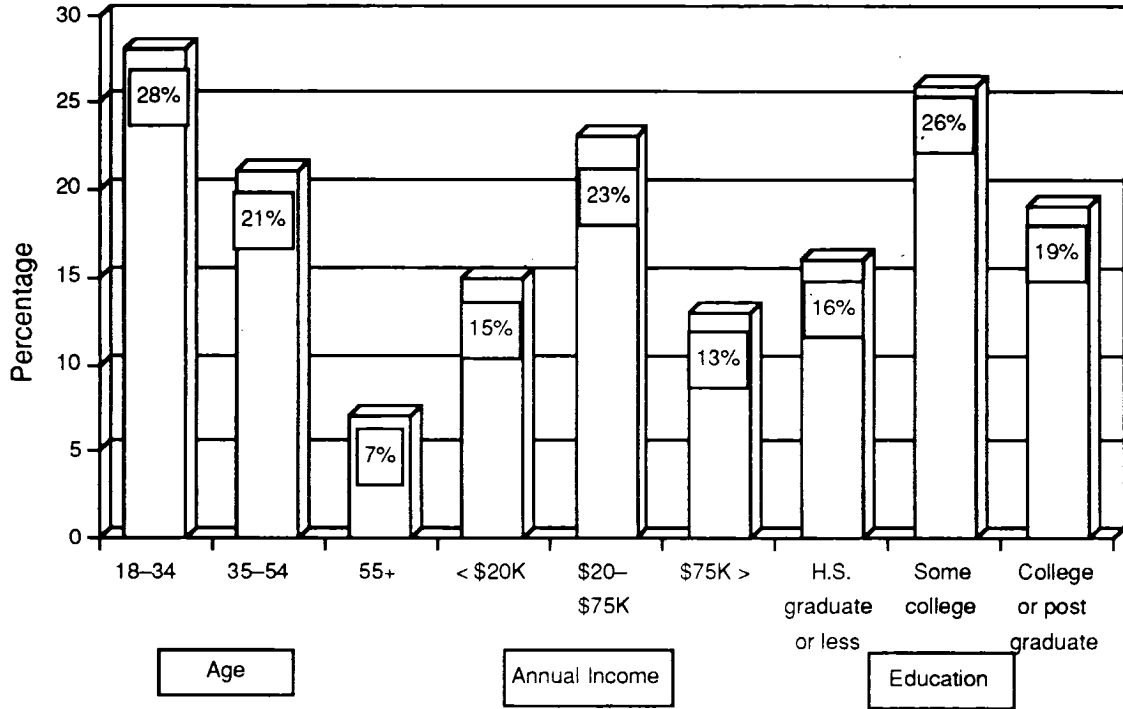


Source: Employee Benefit Research Institute/The Gallup Organization, Inc., *Public Attitudes on Benefit Trade Offs, 1991* (Washington, DC: Employee Benefit Research Institute, December 1991); and *Public Attitudes on Health Benefits, Part 1* (Washington, DC: Employee Benefit Research Institute, February 1992); and *Public Attitudes on Health Benefits, 1993* (Washington, DC: Employee Benefit Research Institute, November 1993).

Note: Asked of 1,000 individuals age 18 or older from randomly generated telephone lists.

Chart 2

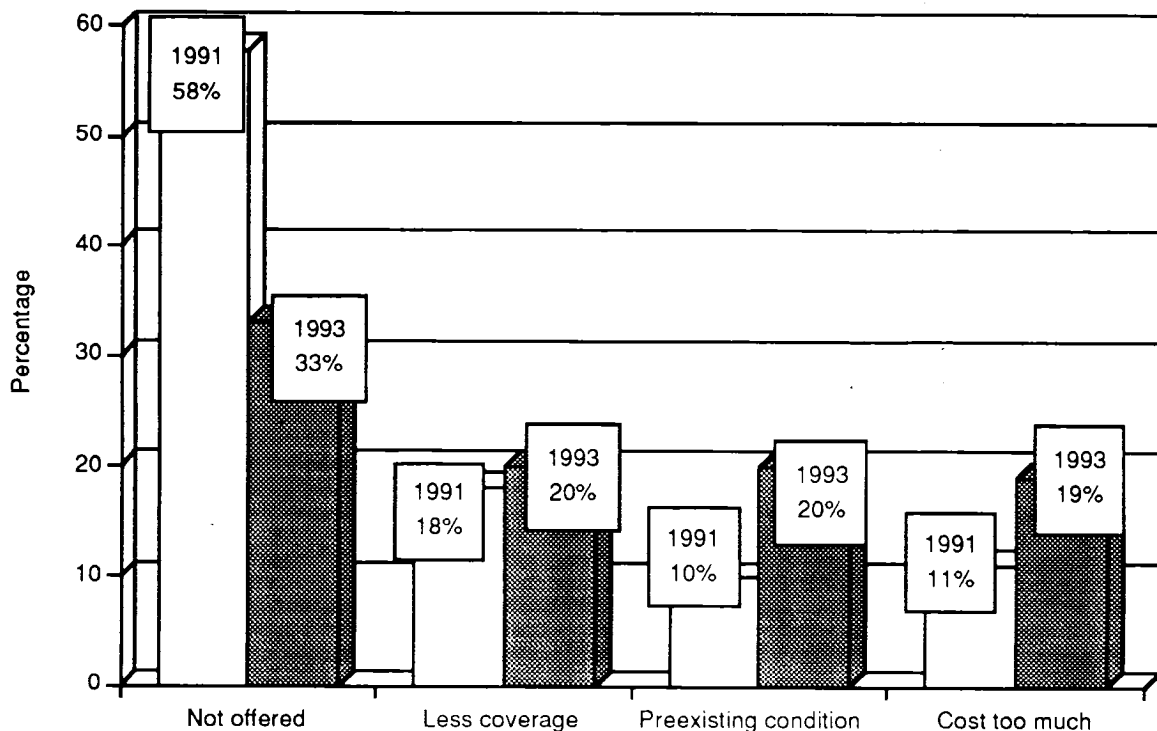
Question 9: Percentage of individuals who responded yes to, "Have you or a family member ever passed up a job opportunity or stayed in a job you would have preferred to leave solely because of health benefits?," by age, annual income, and education level, 1993



Source: Employee Benefit Research Institute/The Gallup Organization, Inc., *Public Attitudes on Health Benefits, 1993* (Washington, DC; Employee Benefit Research Institute, November 1993).

Chart 3

Question 10: "Which of the following best describes the reason you or your family member chose not to change jobs?," 1991 and 1993



Source: Employee Benefit Research Institute/The Gallup Organization, Inc., *Public Attitudes on Benefit Trade Offs, 1991* (Washington, DC: Employee Benefit Research Institute, December 1991; and *Public Attitudes on Health Benefits, 1993* (Washington, DC: Employee Benefit Research Institute, November 1993).
Note: The balance of reasons are the following: in 1991, other (3 percent); in 1993, other (4 percent); secure at present job (3 percent); and none of these reasons (1 percent).

Refer to charts 1 and 2 for the number of individuals who responded yes to the question, "Have you or a family member ever passed up a job opportunity or stayed in a job you would have preferred to leave solely because of health benefits?"

Table 3
**Employment-Related Health Insurance and Job Mobility:
 Alternative Estimates of Job Lock in the United States**

Study	Sample/Method	Magnitude of Job Lock
Mitchell (1982)	Wage earners 18–65 years of age from the Quality of Employment Survey in 1973 and 1977. Estimated a reduced form probit equation of likelihood of job change using baseline insurance status.	Probability of job change for men reduced by 4.24 percentage points. ^a Not statistically significant.
Madrian (1994)	1987 National Medical Expenditure Survey. Sample of married men 20–55 years of age. Used a probit estimate of the likelihood of job change to derive a "difference in the difference" estimator; examined three empirical tests for job lock.	Mobility rates reduced by 30%–31% for those with employment-related coverage compared to those without such coverage; mobility rates reduced by 33%–37% for those married men with employment-related coverage and large families (proxy for medical care costs); mobility rates reduced by 67% for those with employment-related coverage and a pregnant wife (proxy for medical care costs). All statistically significant.
Holtz-Eakin (1994)	1984 wave of the Panel Study of Income Dynamics. Sample of full-time workers 25–55 years of age. Derived a "difference in the difference" estimator for job changes over one- and three-year intervals.	For job changes during 1984–1985: mobility rates for married men reduced by 1.59 percentage points (result insignificant); rates for single women reduced by 1.06 percentage points (insignificant); job lock effects for other groups not found (wrong sign and insignificant). Results for three-year intervals insignificant.
Cooper and Monheit (1993)	1987 National Medical Expenditure Survey. Sample of wage earners 25–54 years of age. Predicted whether workers would gain or lose coverage on a new job, and used the results in a structural probit model of job change. Compared their mobility rates to the mobility rates of workers whose insurance status was expected to remain the same.	Among workers likely to lose coverage: mobility for married men reduced by 24.8%; single men by 23%; married women by 34.7%; single women by 38.8%. Results significant for one- or two-tail tests.

Source: Monheit, Alan C. and Philip F. Cooper, "Health Insurance and Job Mobility: Theory and Evidence" *Industrial and Labor Relations Review* (October 1994): 68–85.

^aThis figure is based on Monheit and Coopers computation based on coefficient and mean values reported by Mitchell (1982). Mitchell (1983) did not provide an explicit estimate of job-lock.