Benefits Issues Evolve in the 102nd Congress

While the final days of the 102nd Congress were filled with activity, little benefits-related legislation had actually been enacted into law when the session came to a close. Much of 1992 can be characterized as political gridlock, viewed primarily as a constant tug-of-war between the Bush administration and the Democrat-controlled Congress. Yet much of the benefits-related legislation that was put forward is likely to serve as a framework for future legislation. The consensus among policymakers concerning issues such as health care reform, the Employee Retirement Income Security Act of 1974 (ERISA), and pension reform significantly evolved as a result of hours of testimony, study, and debate during 1992. Thus, a review of where we have been may help determine where we are headed.

Health Care Reform

Attempts to reach consensus on comprehensive health care reform legislation dominated debate in 1992. Democrats were divided on the best approach to take from both a political standpoint and as a matter of policy. In the Senate, Majority Leader George Mitchell (D-ME) and other leading Democrats advocated a play-or-pay approach (S. 1227), under which employers would be required to provide health insurance coverage to their employees or pay a tax to support a public plan. Senate Finance Committee Chairman Lloyd Bentsen (D-TX), on the other hand, recommended an incremental approach by urging his colleagues to enact small group insurance market reform legislation, which enjoys widespread support from both parties and both houses of Congress. He argued that Congress should concentrate on legislation that could actually be enacted. To that end, he attached his small group reform bill (S. 1872) to both tax packages completed by Congress in 1992. However, these provisions were stripped from the final bills before either reached the president’s desk.

House leaders decided to take the issue to the voters by holding more than 200 town meetings in early January. They discovered the public also did not agree on the best approach for reform. After that effort, House Democrats remained divided into three camps: supporters of play-or-pay, supporters of a single-payer plan, and those who agreed with Bentsen’s incremental plan to enact small group reform. Countless bills were introduced and hearings were held, further emphasizing the lack of consensus. Prominent members staked their own ground, with Rep. Pete Stark (D-CA) advocating a Medicare-type program for all and Rep. Marty Russo (D-IL) pushing a national health care plan modeled on the Canadian system. House Ways and Means Chairman Dan Rostenkowski (D-IL) put forth both a play-or-pay bill and
a small group reform bill. In April, the Conservative Democratic Forum (CDF) put forth a managed competition proposal intended to foster competition in the health insurance market by requiring small employers (with fewer than 1,000 employees) and individuals to purchase health insurance from large regional cooperatives. Large employers would be required to provide coverage directly to their employees.

In the early summer, the House Democratic Leadership failed in its effort to bring a consensus health care bill to the floor before the Democratic convention. The draft proposal would have established national health expenditure limits for total public and private health spending and extended Medicare payment methods to all health care providers. The bill did not even garner enough support from Ways and Means Committee members to report it out of committee.

Meanwhile, the Republicans tried to present a united front. Senate Republicans offered a plan (S. 1936) in November 1991 that included small group insurance market reform, tax credits for businesses and individuals, medical malpractice reform, and other market-based reforms. Congressional leaders pressured President Bush to take the lead in health care reform. After much anticipation, Bush put forth a market-based health care reform proposal in February, although none of its provisions were introduced into legislation until May. In fact, certain key elements, such as a proposal to provide tax credits and deductions to help low- and middle-income individuals purchase health insurance, were never introduced in legislative form. In June, the House Republican Leadership introduced a proposal (H.R. 5325) providing for small group insurance reform, medical malpractice reform, administrative cost reform, and the preemption of state restrictions on managed care. President Bush indicated in visits to Capitol Hill that his administration strongly endorsed the House Republican plan; however, no comprehensive health care reform legislation made it to the president’s desk during 1992.

Health care reform proposals evolved from an emphasis on expanding access to the uninsured to controlling health care costs. By the end of the session, proposals were not deemed credible unless they provided for cost-control measures and did not increase the federal budget deficit. Plans for global budgeting, all-payer rate setting, and mandatory health insurance purchasing pools gained in popularity. However, the inability of congressional leaders to unite around a single reform proposal demonstrates the contentiousness of the issue.

President-elect Clinton has indicated support for a proposal under which employers would be required to provide coverage directly or purchase insurance from a publicly chartered purchasing group. He would like to move quickly to enact a reform proposal. During all of 1992, congressional leaders said that with presidential leadership, a consensus could be reached. That belief will be tested in 1993. However, even if a new law is enacted in 1993, it would not immediately create a new health care system, as a phased implementation is likely to take many years.

ERISA Reform
A few controversial court decisions fueled the congressional debate on ERISA’s preemption of certain state laws applicable to employer-sponsored health plans. Congressional interest in specific ERISA protections led to a greater awareness of the prevalence of self-insured health plans and the rules (or lack thereof) governing them. Initial debates surrounding ERISA preemption revolved around a landmark U.S. Supreme Court decision in Pilot Life v. Dedeaux that said a benefit plan covered by ERISA is not subject to damages based on state statutory and common law causes of action. In response to this ruling, a group of California congressmen introduced legislation (H.R. 1602) that would have exempted from ERISA preemption any provisions of a state’s statutory or common law to the extent that they provide a remedy (such as punitive damages) against insurance companies’ unfair practices in administering an employee benefit

1 In addition, the House passed legislation (H.R. 2782) on Aug. 4 that would exempt state prevailing wage, apprenticeship, and contribution collection laws from ERISA preemption. The measure was not taken up by the full Senate prior to adjournment.
plan or in processing a claim. The business community and insurance industry successfully argued that ERISA’s uniformity across all states should be preserved. As a result, the authors of H.R. 1602 agreed that the bill should establish new federal standards under ERISA relating to claims procedures instead of exempting state laws from ERISA.

With that settled, the chief questions regarding the new ERISA standard focused on whether ERISA should provide for punitive damages and whether the new standards would apply to self-funded group insurance plans. On July 30, the House Education and Labor Committee approved a substitute version of the bill that would require plans to adopt an accelerated review process for the approval or denial of claims, provide for an alternative dispute resolution (ADR) process under ERISA, and expand damages available to participants or beneficiaries under ERISA. The bill provides for punitive damages in the event the insurance contractor commits fraud. The new standard would apply to all plans except collectively bargained plans that have ADR in place at the time of the bill’s enactment. Named fiduciaries of multiemployer plans that are self-administered and self-insured would be exempt from liability for punitive and compensatory damages. The bill was not taken up on the House or Senate floor before Congress adjourned.

A New Jersey federal district court ruling in May further increased national interest in ERISA preemption issues. The court ruled that ERISA preempts a New Jersey hospital rate-setting law that would have required self-insured health plans to pay surcharges to cover the costs of care provided to the poor. This ruling has broad implications for states’ ability to fund and implement their health care reform proposals. In response, several congressional lawmakers proposed legislation to allow states to receive ERISA waivers under certain conditions.

To give states more flexibility in designing health care reform plans, Sens. David Pryor (D-AR) and Patrick Leahy (D-VT) introduced legislation (S. 3180) that would streamline and expand the ERISA waiver process. The bill would allow qualifying states to tax ERISA plans to equalize contributions across health care plans and to subsidize the uninsured. It would also establish standard benefit package requirements for employer-sponsored plans. Self-insured plans would be exempt from the standard benefit requirements if they met a minimum per-employee dollar value standard. Rep. Ron Wyden introduced similar legislation (H.R. 6159), but his bill would only allow states to tax plans if all employers in the state were taxed under a comprehensive health care financing system. Sen. Dave Durenberger (R-MN) introduced legislation (S. 3223) that would allow states to impose a nondiscriminatory tax or surcharge on private health insurance premiums and on self-insured health plans to finance their universal health care plans and state risk pools for the medically uninsurable.

More recently, the McGann v. H&H Music case has gained wide media and congressional attention. The case involves a company that moved from a traditionally insured to a self-insured arrangement and subsequently lowered its lifetime health benefits for AIDS cases from $1 million to $5,000. The plaintiff had been diagnosed with AIDS prior to this benefits change. An appellate court ruling held that employers that self-insure may change or sharply reduce health care coverage for specific illnesses. In October, Rep. Bill Hughes (D-NJ) introduced legislation that would allow certain health plan participants to have a “vested” right to existing benefit levels for the treatment of their existing illnesses. In November, the U.S. Supreme Court announced that it would not review McGann v. H&H Music. The House Education and Labor Subcommittee on Labor-Management immediately scheduled a hearing on the issue, and

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2 United Wire, Metal, and Machine Health and Welfare Fund v. Morristown Memorial Hospital.
3 The case name was formally changed to Greenberg v. H&H Music Company due to the death of Mr. McGann.
increased congressional attention is expected when Congress returns in January.

Increased awareness of ERISA’s impact on self-insured plans and state reform efforts makes certain that any comprehensive health care reform proposal will have to address ERISA. In the meantime, states and consumer advocacy groups will continue to pressure Congress for specific ERISA reforms.

**Family Leave**

Congress passed legislation requiring employers to grant family and medical leave twice during the 102nd Congress, and President Bush vetoed it twice. The legislation (S. 5) would have required employers with 50 or more employees to grant unpaid leave for up to 12 weeks to employees for the birth or adoption of a child or for the serious illness of the employee or employee’s family member (child, parent, or spouse). The bill would have restricted leave to employees who have worked at least 1,250 hours over the previous 12 months. Employers would also be allowed to deny leave to employees who are among the highest paid 10 percent of the employer’s work force. While the bill would have required employers to continue providing health insurance to employees on leave, employers would have been able to recapture health insurance premiums paid during the leave if the employee did not return to work.

President-elect Clinton promised in his campaign that he would support family leave legislation. It is expected to be one of the first pieces of legislation he signs into law.

**Retirement Plans**

Public policy related to retirement plans centered around the expansion of individual retirement accounts (IRAs), pension simplification and preservation, and the solvency of the Pension Benefit Guaranty Corporation (PBGC).

IRAs—Senate Finance Committee Chairman Lloyd Bentsen spearheaded the effort to restore the full deductibility of IRAs to all taxpayers. Another popular IRA proposal, offered by Sen. William Roth (R-DE), would have established a backloaded IRA, under which contributions would not be deductible up front, but earnings held for a specified period (e.g., five years) would be exempt upon withdrawal. In addition, numerous proposals offered in the 102nd Congress would have permitted individuals to make early IRA withdrawals without being subject to the 10 percent penalty to pay for goods ranging from first homes to deductible medical expenses.

Congress passed two major tax packages in 1992, both of which contained far-reaching IRA proposals. President Bush vetoed both bills and Congress was unable to override the veto. It is uncertain whether, as Treasury Secretary, Bentsen will once again push to restore full IRA deductibility. The legislation has a high price tag associated with it. Bentsen’s original proposal to restore full IRA deductibility to all taxpayers and index the limits of contributions to IRAs was estimated to cost $5 billion over five years. Given the emphasis on the budget deficit raised during the presidential campaign, this cost presents a major obstacle to such a measure being enacted. However, several of the penalty-free withdrawal proposals were offered in response to the recession in an effort to give people more access to cash to get the economy moving again. If presented in this context, these proposals may again be resurrected.

Pension Simplification and Preservation—A new 20 percent withholding tax on certain lump-sum distributions was one of the few benefits-related provisions that was actually enacted into law in 1992. To encourage the preservation of pension benefits, the new rule imposes a 20 percent withholding tax on certain lump-sum distributions to all taxpayers. Another popular IRA proposal, offered by Sen. William Roth (R-DE), would have established a backloaded IRA, under which contributions would not be deductible up front, but earnings held for a specified period (e.g., five years) would be exempt upon withdrawal. In addition, numerous proposals offered in the 102nd Congress would have permitted individuals to make early IRA withdrawals without being subject to the 10 percent penalty to pay for goods ranging from first homes to deductible medical expenses.

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not directly rolled over into tax-qualified retirement accounts. The rule also liberalizes rollover rules by generally permitting any portion of a lump-sum distribution from a qualified pension or annuity plan or tax-sheltered annuity to be rolled over tax free to an IRA or another qualified plan. The new rules also require plan sponsors to transfer eligible distributions directly to an eligible plan if requested by the participant.

Proposals to simplify the rules governing private employer-sponsored retirement plans were attached to both major tax packages in 1992. Among several pension provisions, both tax packages would have provided a design-based safe harbor from nondiscrimination rules for 401(k) plans and repealed five-year forward income averaging rules. Both bills would have also made changes to the minimum distribution rules, minimum participation rules, the definition of highly compensated employee, and the definition of leased employees. The final tax package, passed by Congress in October and subsequently vetoed by President Bush, would have established a national commission on pension plans to study national retirement income policy. It would also have shortened vesting schedules for multiemployer plans from 10 years to 5 years and exempted multiemployer plans from the 150 percent full-funding limit.

Sen. Pryor championed the cause of pension simplification in the Senate. Most observers anticipate that he will play a major role in the Clinton administration because of his longstanding ties with Clinton. Thus, pension simplification provisions have a good chance of being incorporated into Clinton's economic package in 1993.

PBGC—Concern about the financial risk faced by PBGC led the Bush administration to put forth proposals to strengthen pension plan funding requirements, decrease unfunded benefit increases, and improve PBGC's standing in bankruptcy proceedings. Although several hearings were held, no real action occurred on these proposals. The Senate passed comprehensive bankruptcy reform legislation (S. 1985) that contained provisions related to pension plans, but the measure was never approved by the House. Given the priority that economic and health issues have been granted in the upcoming year, PBGC legislation is likely to be put off until 1994 or beyond in the absence of major plan terminations.

Conclusion

Benefits issues were heavily debated during the 102nd Congress. Proposals to reform the health care system clearly evolved from visions of a government-sponsored program to a play-or-pay approach eventually leading to managed competition. The prevalence of self-insured plans and an emphasis on state health care reform efforts make it likely that ERISA reform will have to be incorporated into the general debate. The groundwork completed in the 102nd Congress will serve as a model for the comprehensive program anticipated in 1993.

Family leave legislation is likely to be quickly approved in the beginning of the year. And while pension legislation will not dominate the policy agenda in 1993, pension simplification provisions are likely to be included in any major tax package passed this year. So while the 102nd Congress enacted little benefits legislation, proposals of the new Congress are likely to build upon those debated in the past.

—Nora Super Jones, EBRI
State and Local 457 Plans Continue to Gain Popularity

As of 1992, all 50 states offer Internal Revenue Code (IRC) section 457 plans to their employees. A survey by the National Association of Government Deferred Compensation Administrators (NAGDCA) reported that 49 state and 52 local government 457 plans had assets of more than $15 billion as of year end 1991. These plans are voluntary deferred compensation plans, or cash or deferred arrangements (CODAs), through which employees of state and local government or nongovernment tax-exempt organizations may defer current compensation until retirement, job change, or an unforeseen emergency. Taxes on amounts deferred and investment income are not paid until the benefits are received. These plans are similar to 401(k) plans in the private sector. Public 457 plans are generally offered as a supplemental savings vehicle for employees, while private 401(k) plans are often offered as a primary pension plan, particularly by small employers. Participation in 457 plans is substantially lower than in 401(k) plans, most likely because public 457 plans, unlike most 401(k) plans, are typically fully supported by employee contributions and do not offer an employer match. Participants in 457 plans and 401(k) plans appear to elect salary deferral amounts significantly below the maximum allowable and allocate investments conservatively.

While limited data on 457 plans are available, NAGDCA has been conducting semi-annual surveys of its members since 1983. The 1991 survey received a 98 percent response rate from state pension plans; however, local government responses were not representative and nongovernment tax-exempt organizations may defer current compensation until retirement, job change, or an unforeseen emergency. Taxes on amounts deferred and investment income are not paid until the benefits are received. These plans are similar to 401(k) plans in the private sector. Public 457 plans are generally offered as a supplemental savings vehicle for employees, while private 401(k) plans are often offered as a primary pension plan, particularly by small employers. Participation in 457 plans is substantially lower than in 401(k) plans, most likely because public 457 plans, unlike most 401(k) plans, are typically fully supported by employee contributions and do not offer an employer match. Participants in 457 plans and 401(k) plans appear to elect salary deferral amounts significantly below the maximum allowable and allocate investments conservatively.

Most participants in the 457 plans surveyed were eligible to participate in other employer-sponsored pension plans. Similarly, most private 401(k) participants have another pension plan designed to provide the primary source of retirement pension income. Of the governments surveyed, only three states (Massachusetts, Mississippi, and New Mexico) and six local governments offered a 457 plan as the only retirement arrangement. Participants in 66 plans were eligible to participate in a defined benefit plan, participants in 14 plans were eligible to participate in a defined contribution pension plan, participants in 19 plans were eligible to participate in a 401(k) plan, and participants in 36 plans were eligible to participate in a 403(b) tax-sheltered annuity. While

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6 According to Internal Revenue Service regulations, an unforeseen emergency is a severe financial hardship resulting from a sudden and unexpected illness, loss of property because of casualty, or other similar extraordinary and unforeseeable circumstance outside participant control.

7 Prior to May 6, 1986, state and local governments were able to establish 401(k) plans.
most private employer 401(k) plans are primary plans, most private 401(k) participants have 401(k)s to supplement another pension plan. Small employers more often offer primary 401(k) plans, while large employers more often offer supplemental 401(k) plans. In 1987, 38,697 401(k) plans were primary plans and 6,357 were supplemental plans, while 3,419,000 401(k) participants were in primary plans and 9,713,000 participants were in supplemental plans.8

Participation

457 plans are generally available to all full-time state employees as well as employees of the local governments surveyed. In 1989, the last time this question was asked, 33 percent of surveyed plans did not have any eligibility requirements to participate in a 457 plan. Only 10 percent of surveyed plans had minimum service requirements, 10 percent excluded hourly employees, 34 percent excluded part-time or seasonal employees, and 41 percent excluded independent contractors.

Participation in state and local 457 plans reached 24 percent of all eligible workers, according to the 1991 survey. By comparison, Employee Benefit Research Institute tabulations of the May 1988 Current Population Survey employee benefit supplement (CPS ebs) show that 57 percent of all civilian workers aged 16 and over who were eligible to participate in 401(k) plans elected to participate. The significantly lower participation rate for 457 plans is most likely due to the lack of an employer match of employees’ salary deferrals. According to the May 1988 CPS ebs, 64 percent of employees who were offered a 401(k) and 71 percent of those who participated were in plans that included employer contributions.

Of the 89 457 plans providing participation information in 1991, 935,679 employees participated in their 457 plan. Nineteen percent of those eligible to participate made contributions during 1991. Five percent maintained inactive accounts, and 76 percent did not participate in the plan (chart 1). On average, 18 percent of eligible state employees and 25 percent of eligible local employees made contributions to their 457 plan in 1991. Participation increased from the 1989 survey, in which 17 percent of eligible employees contributed to their plan, 3 percent maintained inactive accounts, and 80 percent did not participate.10

Contributions

Available data indicate that the average amount state and local plan participants contribute to their 457 plans is comparable to the average amount private employees contribute to 401(k) plans. According to the NAGDCA survey, state and local pension participants in 1991 contributed an annual average of $2,712 to 457 plans, ranging from $1,300 to $5,575 per participant, and an annual average of $2,663, ranging from $860 to $5,331 in 1989. The maximum amount

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9 This survey is scheduled to be conducted again in April 1993. Tabulations include private and public employees participating in cash or deferred arrangements and therefore include participants of 457 plans and 403 (b) tax-deferred annuities in addition to 401(k) plans. However, tabulations generally represent 401(k) plan characteristics because 85 percent of workers surveyed worked for private employers.

10 The 1989 survey included responses from 42 states and 44 local governments. Eighty plans provided participation information.
individuals are allowed to defer annually is significantly higher than the amount they actually contributed. It is limited to no more than 33.3 percent of includable compensation, or $7,500, if that is less (not adjusted for inflation).\(^{11}\) According to the May 1988 CPS ebs, private 401(k) participants also contributed significantly less than the maximum allowable contribution to 401(k) plans, averaging $2,000 annually. The maximum annual contribution limit for 401(k) plans was $8,728 in 1992 and is indexed for inflation.

### Asset Allocation

Assets in 457 plans appear to be concentrated in conservative investment products. Similarly, many surveys have shown that 401(k) participants invest their contributions conservatively, choosing low-risk, low-return investments. Of the $15 billion in 457 plan assets reported in 1991, 62 percent was invested by insurance and annuity companies, 17 percent was invested by banks and savings and loan institutions; 11 percent was invested by mutual fund companies; 7 percent was invested by credit unions, brokerage firms, in-house managers and other independent money managers; and the investment of 3 percent of assets was not identified (chart 2). This preference for less risky and lower return investments may mean that employees who rely on their deferred compensation plans as a primary retirement savings vehicle may have less retirement income than they will need unless they diversify away from the options they currently favor or contribute a much larger proportion of their income.

Issues of low participation rates and conservative investments are of less concern to policymakers in regard to 457 plans than 401(k) plans. Public 457 plans are generally designed as supplemental plans and are not intended to provide a primary source of retirement income. The popularity of 457 plans is likely to continue, particularly in response to the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), which requires state and local governments to pay a FICA tax to provide Social Security for those employees not covered by retirement system. The Treasury Department included 457 plans as a retirement plan in proposed regulations that were released in April 1991\(^{12}\) and went into effect July 1, 1991. NAGDCA found in a June 1991 survey of 55 state and local governments that 24 percent were offering a 457 plan instead of paying a FICA tax. Five governments established a new 457 plan, and the remainder expanded their current plans' coverage.

—Celia Silverman, EBRI

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\(^{11}\) Includable compensation is payment for service performed for the employer includable in current gross income and excludes amounts deferred.

\(^{12}\) Internal Revenue Code §3121(b)(7)(f).
ted leaves of absence, the median length of leave they support was 8.6 weeks. Ten percent said the leave should be less than 4 weeks, 43 percent said it should be between 4 weeks and 10 weeks, 20 percent said it should be between 10 weeks and 14 weeks, and 24 percent said the leave should be more than 14 weeks.

Two-thirds of Americans (66 percent) said employers should play a role in providing child care assistance, which remained unchanged from 1991 to 1992. And, of those who support employer involvement, the percentage who said they support such assistance even if it led to a reduction elsewhere in the wage or benefit package for all employees also remained virtually the same—58 percent (38 percent of all respondents) in 1992 and 56 percent (37 percent of all respondents) in 1991. In 1990, 71 percent of all respondents supported employer involvement in child care, and of those, 64 percent (46 percent of all respondents) supported this involvement even if it meant a reduction in other wages and benefits.

In 1992, given the choice between a job that offered free child care and an identical one that did not, respondents said they would require a median amount of $2,400 in order to accept a job without child care, the same amount indicated in 1991 and 1990. The percentage of respondents who said they had ever accepted, quit, or changed jobs based on an employer’s child care policies has remained virtually the same since 1990—3 percent in 1992 and 1991, and 4 percent in 1990.

In addition, the percentage of respondents who said the government should have some role in providing child care assistance for families has remained about the same since 1990—60 percent in 1992, 62 percent in 1991, and 64 percent in 1990.

Among four possible options for government assistance in child care, 83 percent of respondents said they favor the government setting minimum standards for health and safety. Sixty-one percent said they favor additional tax credits to families with children in which both parents work, 59 percent said they favor the government giving direct subsidies to child care facilities, and 58 percent said they favor tax credits to all parents of children under age 13, whether or not both parents work.

When respondents were asked how much they would be willing to pay in additional taxes to fund government child care assistance, only slightly more than one-third (38 percent) indicated any amount, and the average amount was $90. However, 40 percent of respondents said they would not be willing to pay any additional taxes, and 21 percent said they didn’t know how much they would be willing to pay. In 1991, the average amount was $100 and in 1990 it was $86.

Respondents who support both government and employer involvement in child care assistance were equally divided on who they think should play the primary role in child care assistance—44 percent said employers and 42 percent said the government.

The 1992 child care and family leave survey was conducted in October 1992 and is the forty-first in a series of national public opinion surveys EBRI is conducting on public attitudes toward work force and economic security issues. The surveys, conducted monthly for EBRI by The Gallup Organization, Inc., question 1,000 Americans by telephone. The maximum expected error range at the 95 percent level is ±3.1 percent.

Copies of the survey report Public Attitudes on Child Care and Family Leave, 1992 (G-41), the 1991 survey (G-29), and the 1990 survey (G-17) may be ordered from Kim Thorpe, (202) 775-6315, for the following prices: summary—$75 each; full report—$275 each; EBRI member prices: summary—$25 each; full report—$75 each.

—Carolyn Piucci, EBRI
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Arthur Andersen & Company, Enterprise Group, 69 West Washington St., Chicago, IL 60602-3002, (312) 507-1295.


Blue Cross and Blue Shield Association. Making Sense of the Health Care Dollar: Environmental Analysis 1992. $75 nonprofit organizations, $100 others. Blue Cross and Blue Shield Association, 676 N. St. Clair St., Chicago, IL 60611, (312) 938-6000.

Boden, Leslie I. The AMA Guides in Maryland: An Assessment. $25. (Written requests only.) Publications Department, Workers’ Compensation Research Institute, 101 Main St., Cambridge, MA 02142, (617) 494-1240.


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Dallas Salisbury was recently installed in the National Academy of Human Resources inaugural class of Fellows. The 12 Fellows, who were deemed to be leaders in the development of the human resources profession, represent a range of business and academic institutions, including: Robert Berra, Monsanto Company; Bruce Carswell, GTE; Frank Doyle, General Electric Co.; Fred Foulkes, Boston University; Madelyn Pulver Jennings, Gannett Co.; Howard Knicely, TRW, Inc.; Edward Lawler III, University of Southern California; David Lipsky, Cornell University; James Perkins, Federal Express; Felice Schwartz, Catalyst; and Christopher Wheeler, Minnesota Mining and Manufacturing (posthumously).
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