

EBRI Databook on Employee Benefits

Appendix D: Explanation of Sources

UPDATED JUNE 2009

Current Population Survey (CPS)

March CPS

The March Supplement to the Current Population Survey (CPS), conducted by the Census Bureau (part of the U.S. Department of Commerce) for the Bureau of Labor Statistics (BLS, part of the U.S. Department of Labor) every month for more than 50 years. It is the primary source of data on labor force characteristics of the U.S. civilian non-institutionalized population. It is also the official source of data on unemployment rates, poverty, and income in the United States. Approximately 57,000 households, representing 112,000 individuals, are interviewed each month.

Households are scientifically selected on the basis of geographic region of residence to collect data representative of the nation, individual states, and other specified areas. Eight panels are used to rotate the sample each month. This improves the reliability of estimates of month-to-month and year-to-year changes. A sample unit is interviewed for four consecutive months, and then is interviewed again for the same four months a year later. The unit is not interviewed during the eight months in between.

Theoretically, individuals can be followed over time. For example, approximately 50 percent of the sample interviewed in March of 2005 will have been re-interviewed in March 2006. But in practice, the survey does not re-interview *individuals*: Instead, the survey re-interviews the occupants of the *households* that were selected for inclusion in the sample. If the occupants of a household change over the course of the eight interviews, the new occupants in the household will take the place of the former occupants for the remaining interviews.

The first- and the fifth-month interviews are almost always conducted in person by an interviewer. More than 90 percent of the interviews conducted in months two through four and six through eight are conducted by telephone. Interviewers continue to visit households without telephones, with poor English-language skills, or that decline a telephone interview. Interviewers usually obtain responses from more than 93 percent of their eligible cases. The response rate varies by type of area and the mix of telephone versus personal-visit interviews.

Since 1980, the supplement to the March CPS has included questions on health insurance coverage. Separate questions are asked about employment-based health insurance, health insurance purchased directly from an insurer, insurance from a source outside of the household, Medicare, Medicaid, Tricare, CHAMPVA, Indian Health Service, or other state-specific health programs for low-income uninsured individuals. These questions are asked of the household respondent, and potentially could miss nonrespondents, but the CPS also follows each question with a question about who else in the household is covered by the health plan.

Until recently, a question about being uninsured was never asked. Estimates of the uninsured were calculated as a residual; that is, persons were counted as being uninsured if they did not report having any type of health insurance coverage.

The questions on health insurance refer to the previous calendar year. For example, in March 2005, interviewers asked about health insurance coverage during 2004. Assuming that respondents answered the questions correctly, the uninsured estimate should represent the number of people who were uninsured for the entire previous calendar year. One measurement issue that arises in this structure is that individuals potentially are asked to recall the type of health insurance they had 14 months prior to being interviewed. A second issue is that some individuals do not understand the question and report the type of health insurance they have as of the interview date. Third, the CPS may not be picking up all Medicaid recipients because some states do not call the program Medicaid. In fact, there is strong evidence that the CPS under-reports Medicaid coverage, based on comparisons of these data with enrollment and participation data provided by the Centers for Medicare & Medicaid Services (CMS), the federal agency primarily responsible for administering Medicaid.

Because respondents are asked to provide information about all sources of health insurance coverage during the previous calendar year, some individuals reported having health insurance coverage from more than one source. It is not possible to determine when during the calendar year an individual was covered by multiple sources of health insurance. While these plans may have been held simultaneously, they were more likely held at different points during the year.

The CPS has undergone a number of changes over the years that affect the comparability of data in the time series. The remainder of this section discusses those changes.

In March 1988, the CPS questionnaire was substantially changed. Among the changes that were made, questions were added that inevitably picked up more people with health insurance coverage and reduced the number of uninsured in the survey (Moyer, 1989; and Swartz and Purcell, 1989). Prior to the March 1988 CPS, only employed persons were asked about employment-based health insurance. Starting with the March 1988 CPS, all persons ages 15 and older were asked about employment-based coverage. This change resulted in the identification of coverage for persons (and their families) covered by former employers through either retiree health benefits or COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985).

Another major change in March 1988 affected the health insurance coverage of children. Questions were added about coverage from sources outside the household. Imputation methods for children's coverage were also revised to collect more accurate information about coverage type and policyholder. An additional set of questions was added to get more accurate information about children on Medicaid and those covered by a plan purchased directly from an insurer. Finally, weighting, programming, and processing improvements were made to the survey (Levit et al., 1992).

In March 1995, the CPS questionnaire was revised again. The Census Bureau utilized a more detailed set of health insurance questions designed to take advantage of computer-assisted survey interviewing collection (CASIC) technology. The order of the questions was changed, and the wording in some of the questions was changed. In addition, the sampling frame was changed, potentially complicating comparability of the estimates prior to March 1995 with those starting in or after March 1995. The new questions appear to have affected responses regarding the total number of respondents covered by employment-based health insurance coverage, individually purchased coverage, Tricare, and CHAMPVA. Questions on Medicare and Medicaid were also revised, but because estimates of Medicare and Medicaid from the CPS do not vary much from year to year even when the survey is unchanged, it is difficult to know how much the estimates were affected by changes to the survey and how much represents true changes. The longer-term trends in

coverage are likely to be representative of the true change, because the estimates do not change much from year to year. Swartz (1997) documents these data issues in greater detail.

In March 1998, the Census Bureau made another change in the CPS by modifying its definition of the population with Medicaid coverage. Previously, an individual reporting coverage from the Indian Health Service (IHS) only was counted as part of the Medicaid population. Beginning with the March 1998 CPS, individuals covered solely by IHS are counted as uninsured. This methodological change affected roughly 300,000 individuals. If this change had not taken place, the Medicaid population would have fallen by 0.9 percentage points between 1996 and 1997, instead of by 1.1 percentage points, and the uninsured would have increased to only 18.1 percent instead of 18.3 percent. Overall, this was a minor change to the uninsured estimates in the CPS.

In March 2000, the Census Bureau added a question to the CPS to verify whether or not a person was uninsured. In essence, anyone who did not report any health insurance coverage during 2000 was asked an additional question about whether they were uninsured. Those who reported that they had coverage were then asked about the type of coverage. The verification questions resulted in the Census Bureau providing a “corrected” estimate for the uninsured in 1999. As shown in Appendix D, Table 1, prior to the correction, 17.5 percent of the nonelderly populations, representing 42.1 million individuals, were estimated to be uninsured in 1999. The verification questions resulted in a 7.4 percent decline in the number and percentage of nonelderly individuals without health insurance coverage in 1999. Most of the persons who would have been counted as uninsured under the old methodology are now counted as having either employment-based health insurance or having purchased health insurance directly from an insurer. Hence, the corrected estimate for the uninsured in 1999 is 16.2 percent, or 39 million, down from 17.5 percent, or 42.1 million.ⁱ

The verification questions were not asked prior to the March 2000 CPS. As a result, data prior to 1999 are not directly comparable with data after 1999. In order to provide roughly comparable estimates over time, the estimates of health insurance coverage for 1987–1998 in this report have been recalculated using the one-time percentage change in the 1999 health insurance coverage estimates shown in Appendix D, Table 1.

	Millions of Individuals, by Coverage Type		Percentage of Individuals, by Coverage Type		Change in Estimate Due to New Methodology
	Old methodology	New methodology	Old methodology	New methodology	
Total Population	240.7	240.7	100.0%	100.0%	0.0%
Employment-based coverage	158.4	160.3	65.8	66.6	1.2
Own name	80.3	81.4	33.4	33.8	1.4
Dependent coverage	78.1	78.9	32.4	32.8	1.1
Individually Purchased	15.8	16.6	6.6	6.9	5.2
Public	34.1	34.5	14.2	14.3	1.1
Medicare	4.8	4.9	2.0	2.0	0.4
Medicaid	25.0	25.3	10.4	10.5	1.3
Tricare/CHAMPVA ^a	6.5	6.6	2.7	2.7	0.5
No Health Insurance	42.1	39.0	17.5	16.2	-7.4

In 2001, two changes were made to the CPS. First, the sample was expanded to improve state estimates of S-CHIP enrollees. Overall, this change increased the uninsured estimate from 14 percent of the population to 14.1 percent, which accounted for an increase of nearly 200,000 persons uninsured (Mills, 2002). However, the change in the uninsured percentage varied significantly from state to state, ranging from a 1.8 percentage point increase in Connecticut to a 2 percentage point decline in Vermont. The Census Bureau also introduced Census 2000-based weights starting with the March 2002 CPS and provided new estimates for the March 2000 and March 2001 CPS that are based on the new weights. When using the Census 1990-based weights for the March 2001 CPS, 15.8 percent of the nonelderly population, or 38.4 million people, were uninsured (Appendix D, Table 2). However, when using the Census 2000-based weights, 16.1 percent of the nonelderly population is estimated to be uninsured, representing 39.4 million people. The S-CHIP sample expansion combined with a Hispanic sample expansion each March results in 99,000 households interviewed for the survey, representing 211,000 individuals.

Appendix D, Table 2

Change in the Number and Percentage of Nonelderly Individuals With Selected Sources of Health Insurance Due to Introduction of Census 2000-Based Weights, 2000

	Millions of Individuals, by Coverage Type		Change in Population Estimate Due to New Weights	Percentage of Individuals, by Coverage Type		Change in Insurance Status Estimate Due to New Weights
	Census 1990- based weights	Census 2000- based weights		Census 1990- based weights	Census 2000- based weights	
Total Population	242.8	244.8	0.9%	100.0%	100.0%	0.0%
Employment-based coverage	163.4	164.4	0.6	67.3	67.1	-0.3
Own name	83.7	84.8	1.3	34.5	34.6	0.4
Dependent coverage	79.7	79.6	-0.2	32.8	32.5	-1.0
Individually Purchased	16.1	16.1	-0.1	6.6	6.6	-0.9
Public	34.3	34.6	0.8	14.1	14.1	-0.1
Medicare	5.3	5.3	0.7	2.2	2.2	-0.2
Medicaid	25.3	25.5	0.8	10.4	10.4	0.0
Tricare/CHAMPVA ^a	6.2	6.2	-0.8	2.6	2.5	-1.6
No Health Insurance	38.4	39.4	2.5	15.8	16.1	1.6

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2001 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Departm

In August 2006, the Census Bureau released a revised March 2005 CPS dataset. Its 2004 data were revised to reflect a correction to the weights and the estimates were revised based on improvements to the methodology that assigns health insurance coverage to dependents. As a result, the 2004 data published in previous EBRI reports have been updated.

Finally, in March 2007, the Census Bureau announced that it had revised the March 2005 and March 2006 datasets. The Census Bureau revised its estimates after discovering a coding error that affected a small number of individuals. These individuals were coded as not having health insurance coverage when in fact they did have coverage. Based on the new Census data, the number of individuals under age 65 with health insurance increased by 1.8 million in both 2004 and 2005 (Figure 1). The increase in coverage was mainly due to an increase in the number of people with employment-based health benefits as a dependent. The

1.8 million additional people with health insurance coverage represents 0.7 percent additional individuals with coverage and 0.7 percent fewer individuals counted as uninsured.

Duration of Coverage

Data from the March CPS do not allow researchers to determine the length of time that an individual is insured or uninsured. The Survey of Income and Program Participation (SIPP), another survey conducted by the Census Bureau, allows longitudinal analysis of the uninsured. Copeland (1998) found that 37 percent of the uninsured population was uninsured for one to four months, 22 percent was uninsured for five to eight months, 9 percent was uninsured for nine to 11 months, and 33 percent was uninsured for 12 months or longer. Similarly, Bennefield (1998) found that 29 percent of all uninsured spells lasted 5.3 months or longer. These data would seem to indicate that even though many individuals may lose health insurance during any given month, the majority remain uninsured for a short time, and may even be eligible for coverage under COBRA or various state continuation-of-coverage laws.

Employee Benefit Surveys

Employee Benefit Survey, 1979-1998

Since 1979, the Bureau of Labor Statistics (BLS) has conducted annual surveys of the incidence and characteristics of employee benefit plans. From 1979 to 1998, BLS surveyed three employer groups: medium and large private establishments, small private establishments, and state and local governments.

The data are collected by a BLS field representative who visits a sample establishment. The sample establishments are drawn on a probability basis by industry from state unemployment insurance and supplementary files. The establishments are systematically selected, with the probability of selection proportionate to their relative employment size within the industry. After four years of data collection, the industry sample is replaced in order to reduce the burden on respondents and to keep the sample frame as current as possible. A set of industries is replaced each calendar quarter so that the total sample replacement is gradual. The sample of establishments surveyed for the employee benefit surveys is the same as the sample for the employment cost index.

BLS generally surveys establishments regarding the percentage of employees participating in benefit plans. It defines an establishment, for the purposes of the surveys, as an economic unit that produces goods or services, a central administrative office, or an auxiliary unit providing support services to a company. In manufacturing industries, the establishment is usually a single physical location. In nonmanufacturing industries, all locations of an individual company within a metropolitan statistical area (MSA) or within a nonmetropolitan county are usually considered an establishment.

The survey data generally report the percentage of workers participating in benefit plans. In some cases, survey data report the percentage of workers eligible for a selected benefit. Workers covered by a plan are labeled participants whether or not they used a benefit. All workers are considered participants in wholly employer-financed plans that require a minimum length of service, even if some workers have not met this requirement at the time of the survey. However, where plans such as medical care or life insurance required an employee contribution to the premium, workers were considered participants only if they elected the plan.

With few exceptions, the data report on benefits that are, at least in part, paid for by the employer. However, the survey provides estimates of the availability of postretirement medical care, life insurance, dependent life insurance, supplemental life insurance, and long-term care insurance, even if an employee or retiree must pay for such coverage fully. This is because the guarantee of insurability and availability of coverage at group premium rates can be considered a benefit. In

addition, reimbursement accounts, salary reduction plans, and parental leave plans are tabulated even if the employer bears no cost beyond administrative expenses.

Each year from 1979 to 1986 BLS surveyed medium and large private establishments. These surveys excluded most of the service industries and included establishments that employed at least 50, 100, or 250 workers, depending on the industry (Appendix D, table 3). In 1987, BLS surveyed state and local government establishments of 50 or more workers. In 1988, BLS expanded its survey of medium and large private establishments to include establishments that employed 100 or more workers and most of the service industries. All surveys from 1979 to 1989 covered full-time workers only and excluded establishments in Alaska and Hawaii. Beginning in 1990, BLS surveys cover all full-time and part-time workers in all states and the District of Columbia. In even-numbered years (starting in 1990), BLS collects data on small private establishments (establishments employing 99 or fewer workers) and state and local governments. In odd-numbered years (starting in 1991), BLS collects data on medium and large private establishments (establishments employing 100 or more workers).

Appendix D, Figure 3
Bureau of Labor Statistics, Employee Benefit Surveys Scope

Estimated Number of Workers within the Scope of Survey: Medium and Large Private Establishments, 1980-1986, 1988, 1989, 1991, 1993, 1995, and 1997; State and Local Governments, 1987, 1990, 1992, 1994, and 1998; and Small Private Establishments, 1990, 1992, 1994, and 1996

<u>Medium and Large Private Establishments</u>				
	Total ^a	Professional and Administrative	Technical and Clerical	Production
	(old scope) ^b			
Full Time				
1980	23,474,418	4,392,488	5,313,522	11,646,371
1981	23,746,586	4,881,872	5,351,616	11,297,199
1982	23,322,330	4,998,217	5,365,129	10,679,378
1983	22,431,301	4,979,931	5,229,264	10,057,504
1984	23,533,388	5,324,711	5,243,586	10,444,668
1985	23,120,600	5,513,278	4,904,944	10,071,657
1986	24,110,418	5,906,430	5,369,631	10,026,761
1988	25,199,788	6,075,875	5,368,471	9,971,693
	Total ^a	Professional and Administrative	Technical and Clerical	Service
	(new scope) ^b			
1988	39,516,123	8,747,101	7,411,469	14,900,052
1989	40,530,163	9,030,826	7,950,032	15,446,747
	Total ^a	Professional, Technical, and Related	Clerical and Sales	Production and Service
1991	31,162,656	8,403,844	7,927,915	14,830,897
1993	28,728,207	7,745,345	7,339,191	13,643,670
1995	33,373,969	9,366,025	8,104,860	15,903,083
1997	38,409,120	10,659,842	9,168,433	18,580,845

Part Time				
1991	4,709,970	591,910	1,791,623	2,326,436
1993	5,564,940	726,678	2,221,163	2,617,100
1995	6,828,011	994,502	2,801,317	3,032,192
1997	7,587,840	1,098,473	2,729,738	3,759,628
<hr/> State and Local Governments <hr/>				
	Total	Regular Employees ^c	Teachers	Police and Firefighters
		(old scope) ^d		
Full Time				
1987	12,588,472	6,803,365	2,843,194	674,827
		(new scope) ^d		
1990	12,972,425	8,787,925	3,414,249	770,251
	Total	White Collar Employees, Except Teachers	Teachers	Blue Collar and Service ^e
1992	12,466,062	5,209,377	3,438,131	3,818,544
1994	12,906,955	5,712,953	3,429,146	3,764,856
1998	14,350,773	5,992,894	3,816,292	4,541,587
	Total	Regular Employees ^c	Teachers	Police and Firefighters
Part Time				
1990	1,531,630	1,322,279	166,366	42,985
	Total	White Collar Employees Except Teachers	Teachers	Blue Collar and Service
1992	1,434,107	698,560	129,116	606,431
1994	1,986,071	823,682	431,063	731,326
1998	2,152,325	840,609	477,988	833,729
<hr/> Small Private Establishments <hr/>				
	Total ^a	Professional, Technical, and Related	Clerical and Sales	Production and Service ^f
Full Time				
1990	32,465,564	5,695,930	10,455,187	16,314,448
1992	34,360,241	6,150,853	10,944,882	17,264,505
1994	35,909,558	6,571,919	11,629,051	17,708,589
1996	39,816,173	7,979,698	12,279,707	19,556,767
Part Time				
1990	8,212,775	697,474	3,396,718	4,118,583
1992	9,758,856	816,320	3,663,138	5,279,398

1994	12,716,611	914,998	4,153,849	7,647,764
1996	14,078,841	1,188,306	4,841,526	8,049,009

Small Independent Businesses^g

Full Time

1990	24,614,990	4,129,214	7,205,765	13,280,010
1992	24,417,965	4,156,689	6,812,430	13,448,845
1994	26,538,419	4,871,095	7,771,033	13,896,290

Source: U.S. Department of Labor, Bureau of Labor Statistics, Employee Benefits in Medium and Large Private Firms, 1980-1986, 1988, and 1989 (Washington, DC: U.S. Government Printing Office, 1981, 1987, 1989, 1990, and 1993); Employee Benefits in Medium and Large Private Establishments, 1991, 1993, 1995, 1997 (Washington, DC: U.S. Government Printing Office, 1993, 1994, 1997, 1999); Employee Benefits in State and Local Governments, 1987, 1990, 1992, 1994, and 1998 (Washington, DC: U.S. Government Printing Office, 1988, 1992, 1994, 1996, and 2000); and Employee Benefits in Small Private Establishments, 1990, 1992, 1994, 1996 (Washington, DC: U.S. Government Printing Office, 1992, 1994, 1996, and 1999).

^aFor survey years 1980-1986, 1988, and 1989 this figure includes out-of-scope workers. These workers, executive management, part-time, temporary, seasonal, and operational personnel in constant travel status (e.g., airline pilots) are excluded from the counts of employment by occupational group and are not included in the final count.

^bIn surveys conducted between 1980 and 1986, most of the service industries, such as health and education services, were excluded. Establishments that were included in the survey employed at least 50, 100, or 250 workers, depending on the industry. The surveys excluded Alaska and Hawaii. In 1998, the Bureau of Labor Statistics reported some data based on the old methodology for comparability with previous surveys.

^cIncludes the following occupations: professional, technical, executive, administrative, and managerial occupations; clerical, administrative support, and sales occupations; precision production, craft, and repair occupations; machine operators and inspectors; transportation and moving occupations; handlers, equipment cleaners, helpers, and laborers; and service occupations.

^dThe BLS survey scope was expanded significantly in 1990 to include part-time workers, all governments regardless of size, and Alaska and Hawaii. The former survey coverage, which included only full-time workers in government units employing 50 or more workers in the 48 contiguous states and the District of Columbia, is referred to as old scope. The expanded survey coverage is referred to as new scope.

^eIncludes police and firefighters. Blue collar and service employees were included under the regular employees category in previous surveys.

^fIn the 1992 survey, production employees are labeled as blue collar employees.

^gDefined as having no affiliation with a larger firm. An example of a small independent business is a local grocery store. These data are included in the small private establishment survey.

The data presented in Appendix D, Table 3 show the number of employees included in the scope of the surveys. BLS does not interview all of these employees but selects a representative sampling of establishments and interviews the employers about employee participation in their benefit plans. The data are then analyzed using statistical weights and averages to make the surveys representative of the employer group reported.

The data are reported in the surveys as percentages of full-time and part-time employees participating in various benefit programs or as percentages of full-time and part-time employees eligible to participate in various benefit programs. Since the data are nationally representative, the survey can also be used to determine the number of employees participating in, or eligible to participate in, a given benefit plan. To determine the number of employees who participate in a benefit, multiply the percentage of employees participating in the benefit plan by the number of employees given in table 1. The following example will illustrate how to determine the number of full-time employees participating in an employment-based medical plan in medium and large private establishments in 1991. Refer to table 11.3 to determine the percentage of full-time employees who participated in a medical plan in 1991 (83 percent). To determine the number of full-time employees, multiply 83 percent by 31,162,656, the number of full-time employees reported in 1991 in Appendix D, table 3. The result is 25,865,004 employees who participated in a medical plan.

The survey also reports data on the percentage of employees participating in benefit plans by specific plan features. Determining the number of full-time employees who participate in plans with these specific features is also possible. Continuing the example above, the number of full-time employees who participated in an employment-based medical plan that is self-insured may be calculated based on the percentage reported in table 9.5, 39 percent in 1991. To determine the number of full-time employees in these plans, multiply 39 percent by the number of full-time

employees who participated in a medical plan, 25,865,004, calculated in the above example. The result is 10,087,352 employees who participated in a self-insured medical plan in 1991.

National Compensation Survey, 1999 to the present

Beginning in 1999, the BLS merged the Employee Benefit Survey with the Employment Cost Index creating one sample for all compensation data. Please click here of a description of the [survey methodology](#).

William M. Mercer National Survey of Employer-sponsored Health Plans

In 1986, A. Foster Higgins & Co., Inc., (now merged with Mercer Human Resource Consulting) created the National Survey of Employer-sponsored Health Plans with the intention of collecting and sharing data on employment-based health benefit programs and cost management techniques. The survey includes both private and public employers, of various sizes and industries, in all 50 states and is published each year in a series of reports. While all sizes of employers are included, survey data prior to 1993 are primarily representative of larger size employers.

In 1993, the survey sample design and methodology were changed. The random sample was drawn from several sources: the Dun and Bradstreet database of private firms and the Census of Governments for state and local governments. A weighting scheme was used to combine the results and create one database. A convenience sample, composed of Mercer Human Resource Consulting clients and prospects, is also added to the survey. The weights for the convenience sample were set at zero in calculating projectable results, but the data are available to supplement the random sample for special tabulations.

The survey is conducted by mailed questionnaires to the sample of employers with 200 or more employees with instructions for accessing a web-based version of the survey instrument. Employers with fewer than 200 employees were contacted by phone only because of historically low response rate to mailed questionnaires. Telephone follow-up for the random sample, (Dun and Bradstreet and Census of Government component) began two months after the questionnaires were mailed. A little more than half of the respondents gave telephone interviews, and many of the mail respondents were contacted by phone to clear up inconsistent or incomplete data.

National Health Expenditures

National Health Expenditures (NHE) data are derived from the National Health Accounts (NHA). The NHA attempt to represent the health care sector of the national economy by classifying and defining the sources of health care dollars and also the services purchased with these sources. The relationship between the sources of expenditures and the services purchased allows for cross-checking for purposes of accuracy. Each expenditure estimate must fit into a category of each dimension.

The NHA recognizes several types of spending. Personal health care comprises therapeutic goods or services rendered to treat or prevent a specific disease or condition in a specific person. Government public health activity involves spending to organize and deliver health services and to prevent or control health problems. Program administration covers spending for programs, plus the net cost of private health insurance (the difference between premiums earned by insurers and the claims or losses for which insurers become liable). Finally, research and construction spending includes non-commercial biomedical research and the construction of health care facilities.

The following summaries the sources of data for the various components of the National Health Accounts (NHA) and defines each component of the NHA: [National Health Expenditures Data: Overview](#).

National Income and Product Accounts of the United States

The Bureau of Economic Analysis (BEA) of the U.S. Department of Commerce reports data on the national income and product accounts (NIPA) of the United States. NIPA is a statistical accounting of all economic activity in the United States. NIPA data are reported in two sections: (1) products side, Gross Domestic Product, and (2) income side, gross national income. Data on employer spending for total compensation are found in the income side of NIPA, while data on employee spending on benefits are found in the product side.

The following is a [Guide to the National Income and Product Accounts of the United States](#).

ⁱ See Nelson and Mills (2001) for additional information about the verification questions.