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# Job-Lock and Public Policy: Clinton's Second Mandate

## **Abstract**

This study evaluates whether the Health Insurance Portability and Accountability Act (HIPAA), which was signed into law in 1996, succeeded in mitigating job-lock, defined as reduced mobility out of jobs that offer health insurance. An analysis that uses quarterly data from the 1996 Survey of Income and Program Participation and exploits state variation in regulatory environment prior to the federal legislation shows no evidence that HIPAA significantly reduced job-lock.

## **Keywords**

Job-Lock and Public Policy, Health Insurance Portability and Accountability Act

## JOB-LOCK AND PUBLIC POLICY: CLINTON'S SECOND MANDATE

ANNA SANZ-DE-GALDEANO\*

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This study evaluates whether the Health Insurance Portability and Accountability Act (HIPAA), which was signed into law in 1996, succeeded in mitigating job-lock, defined as reduced mobility out of jobs that offer health insurance. An analysis that uses quarterly data from the 1996 Survey of Income and Program Participation and exploits state variation in regulatory environment prior to the federal legislation shows no evidence that HIPAA significantly reduced job-lock.

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No longer need you hesitate about taking a better job because you're afraid to lose your coverage.

—President Clinton, at the signing of the  
Health Insurance Portability and Accountability Act of 1996

**H**ealth insurance and the labor market are inextricably interlocked in the United States, where the vast majority of insured non-elderly individuals obtain their health insurance through their own or a family member's employment (Employee Benefit Research Institute 2000). A major disadvantage of this system is that it may lead to inefficient reductions in job mobility if workers avoid pursuing higher-productivity positions for fear of losing health

insurance coverage, a phenomenon termed "job-lock." Some conditions under which job-lock might be expected to arise are the prevalence of preexisting health condition exclusions, probationary periods for new coverage, lack of insurance during unemployed job search, and preferences for a particular plan that might not be offered by another employer.

The job-lock phenomenon has motivated a substantial economics literature, which was recently reviewed by Gruber and Madrian (2002). Although there is some disagreement, most authors find that health insurance plays an important role in job

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Data and computer programs are available from the author. Address correspondence to: Anna Sanz-de-Galdeano, Departament d'Economia, Facultat de Ciències Econòmiques i Empresariales, Campus de Montilivi, Universitat de Girona, 17071, Girona, Spain. E-mail: anna.sanzdegaldeano@udg.es. Fax: 00-34-972418032,

mobility decisions and that reported job-lock magnitudes generally range between 25% and 50%, depending on the data and methodology employed and the demographic group analyzed. Concerns about job-lock have also caught the public's attention and played a central role in the national health insurance reform planning process. In 1985, the federal government, as part of its Consolidated Omnibus Budget Reconciliation Act (COBRA), required employers to continue providing health insurance coverage to workers who leave the firm for a specified period of time, and after 1990 there was an expansion of eligibility for COBRA coverage. Using state-wide variation in continuation of coverage laws, Gruber and Madrian (1994) found that twelve months of continuation coverage increased turnover by about 10%, a sizeable effect relative to Madrian's (1994) 25% estimate of job-lock.

The goal of this study is to investigate whether a more recent piece of legislation, the Health Insurance Portability and Accountability Act, succeeded in mitigating insurance-induced mobility reductions. With Bill Clinton's ascension to the White House, major initiatives regarding health care reform were expected, and job-lock was an important issue on the new administration's agenda. Universal coverage was the most notable feature of the Health Security Act (HSA), which was unsuccessful. However, in 1996 President Clinton signed into law the Health Insurance Portability and Accountability Act (HIPAA). Although HIPAA was much less ambitious than the HSA, one of its several goals was to reduce job-lock and increase labor market mobility. HIPAA included several reforms concerning access and portability in the employer group insurance market and also excluded health status as a factor in setting premiums. However, in practice HIPAA did not impose many new requirements in the group market, and several states already had some form of legislation that met or even surpassed HIPAA standards. The use of the 1996 panel of the Survey of Income and Program Participation (SIPP), a longitudinal data

set that interviewed respondents up to twelve times at four-month intervals starting in 1996, allows me to evaluate the impact of HIPAA on job-lock.

### **The Health Insurance Portability and Accountability Act of 1996**

HIPAA was enacted on August 21, 1996. Interim final rules implementing the HIPAA provisions were first made available to the public on April 1, 1997, and the HIPAA provisions generally applied for plan years beginning after June 30, 1997. The key reform provisions of HIPAA regarding the employer group insurance market can be briefly summarized:<sup>1</sup>

1. *Increased portability through limits on preexisting condition exclusions and crediting for periods of previous coverage.* No firm can exclude from coverage for more than 12 months (or 18 months in the case of a late enrollee) any condition (regardless of its cause) for which medical advice, diagnosis, care, or treatment was recommended or received within the 6-month period prior to enrollment in the insurance plan. Furthermore, the period of any such preexisting condition exclusion is reduced by the aggregate of the periods of creditable coverage (if any) applicable to the participant or beneficiary as of the enrollment date.<sup>2</sup>

2. *Guaranteed issue in the small group market.* Health insurance issuers in the small group market must offer insurance (that is, they must offer all actively marketed products in the small group market) to all small firms (defined as firms with 2–50 employees) wishing to buy it and must accept all eligible individuals without regard to health status-related factors.

<sup>1</sup>Individuals can get private health insurance through their employer or by purchasing it in the individual or non-group market. Small firms and big firms are often termed the small and big group insurance market, respectively.

<sup>2</sup>Most health coverage is creditable coverage. A period of creditable coverage is not counted if, after such period and before the enrollment date, there has been a 63-day period during all of which the individual was not covered under any creditable coverage. A waiting period is not considered a break in coverage.

Table 1. State Regulations Prior to HIPAA.

Regulations Prior to HIPAA	State Groups				
	Group A	Group B	Group C	Group D	Group E
Limits on Preexisting Conditions	No	Yes	Yes	Yes	Yes
Group to Group Portability	No	Yes	Yes	Yes	Yes
Guaranteed Renewal	No	Yes	Yes	Yes	Yes
Guaranteed Issue	No	No	Some Products	Yes	Yes
Health Allowed as Rating Factor?	Yes	Yes	Yes	Yes	No

*Notes:* Information is based on the database collected by the Institute for Health Policy Solutions. GROUP A: Alabama. GROUP B: Illinois, Georgia, Indiana, Louisiana, Nevada, New Mexico, West Virginia. GROUP C: Alaska, Arizona, Colorado, Delaware, Idaho, Iowa, Kansas, Mississippi, Missouri, Montana, Nebraska, North Carolina, North Dakota, South Dakota, Wyoming, Ohio, Oklahoma, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Wisconsin. GROUP D: California, Minnesota, Texas. GROUP E: Arkansas, Connecticut, DC, Florida, Hawaii, Kentucky, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Oregon, Pennsylvania, Washington, Maine, Vermont.

3. *Guaranteed renewability in the small and large group market.* Once an insurer sells health insurance coverage in the small or large group market, the insurer must renew coverage regardless of the health status of any member of a group.

4. Individuals cannot be discriminated against on the basis of health status–related factors, either in terms of eligibility (including continued eligibility) or in terms of premium contributions.

Before considering the expected effects of these provisions, it is important to note that states differed in their regulations prior to HIPAA. Table 1 identifies groups of states according to their regulatory environment prior to the federal legislation.<sup>3</sup> Alabama (shown as Group A) is the only state that lacked all of the HIPAA requirements in the pre-HIPAA period. Both Group B and Group C include states that allowed the use of health as a rating factor and lacked guaranteed issue, although in

the case of Group C, the lack of guaranteed issue was only for certain insurance products. Group D includes states that met all the HIPAA access provisions but did not exclude health status as a factor in setting premiums. Finally, several states (Group E) met or even surpassed all the HIPAA standards.

It might seem obvious that HIPAA should indeed have contributed to alleviating job-lock in the states that did not previously conform to all its requirements. Reductions of job-lock from provisions 1 and 4 might be expected to occur, in particular, among workers with preexisting medical conditions or in poor health. Regarding provisions 2 and 3, they may reduce job-lock by increasing the number of firms that offer health insurance coverage. However, given that HIPAA did not guarantee affordability, these provisions may also lead to premium increases, which would in turn exacerbate job-lock by reducing the fraction of firms offering health insurance coverage. According to the view of Cutler and Gruber (2001), what HIPAA did was to codify the states' regulations, "making them uniform and expanding them in a minor way" (p. 42). Therefore, the extent to which the HIPAA regulatory expansions succeeded in reducing job-lock is ultimately an empirical question.

<sup>3</sup>Table 1 is based on the database collected by the Institute for Health Policy Solutions, which has been described and analyzed by Long et al. (1998) and Curtis et al. (1999). This database reviewed detailed information on the small-group health insurance reform statutes and regulations adopted by each state prior to HIPAA, thereby providing a comprehensive picture of each state's regulatory environment prior to the federal legislation.

### Data

The data for this study are from the 1996 panel of the SIPP. The people followed in each SIPP panel come from a nationally representative sample of individuals, 15 years of age and older, selected from households in the civilian non-institutionalized U.S. population. These individuals, along with others who subsequently lived with them, were divided into four rotation groups and interviewed once every four months over the life of the panel, and up to twelve times in the case of the 1996 panel. Hence, the 1996 SIPP panel has twelve waves and covers 4 years, with the first interview taking place in April 1996 and the last in March 2000.<sup>4</sup>

Following previous studies (see, for instance, Madrian 1994 and Buchmueller and Valletta 1996), I use a number of sample selection criteria. First, the sample is restricted to employed individuals between the ages of 25 and 55 who were not enrolled at school. Second, the self-employed are excluded. Third, military personnel, agricultural workers, and construction workers are also excluded. Finally, I exclude all job transitions that took place between March 1997 and May 1998. This is to ensure that the estimation uses a post-HIPAA period in which the legislation had had time to play out its effects, given that the HIPAA protections generally became effective with new plan years (that is, the renewal date of the plan) beginning on or after July 1, 1997. The final sample consists of 168,493 observations at four-month intervals for 34,939 employees, spanning the period from March 1996 to February 2000.

Job separations are identified from the across-wave employer identification codes

reported in the public-use SIPP files, and turnover is defined as voluntarily changing employers, becoming self-employed, or becoming unemployed during the next four months.<sup>5</sup> Each interview included several questions on health insurance coverage. Respondents were asked whether they had private health insurance, and those answering yes were asked whether it was in their own name, in someone else's name, or both. Respondents with insurance in their own name were then asked whether the source of their insurance was their current employer or union.

The core SIPP questionnaire also provides additional information on a wide set of individual and job characteristics that affect mobility decisions, such as age, sex, race, education, state of residence, family size, family non-wage income, industry, occupation, firm size, class of worker, wages, and union membership.<sup>6</sup> I also control for local labor market conditions by including state unemployment rates over the estimation period as explanatory variables. This accounts not only for their direct effect on mobility, but also for the likely correlation between business cycle conditions and the employers' incentives to provide health

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<sup>5</sup>One shortcoming of the coding process for the reason-for-separation variable in the 1996 SIPP panel is that it is coded only for workers who separate within waves. For workers who separate at the seams of the waves—that is, between the last and first months of consecutive waves—no information is collected. Therefore, my turnover variable may somewhat understate the degree of voluntary mobility. However, it is worth noting that my results are basically unchanged when turnover identifies *any* job change, voluntary or involuntary. Madrian (1994) found the same result when using data from the National Medical Expenditure Survey.

<sup>6</sup>Unfortunately, pension coverage information is not available on a four-month basis, but only for the seventh wave of the panel. Some previous studies have also included tenure as a control variable because employees are often required to complete a probationary period before they become eligible for health benefits. Since tenure is the result of a sequential set of quit decisions, it is likely to be endogenous, and therefore I have not included it in the analyses reported here. However, my conclusions do not change when I include tenure as a control variable.

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<sup>4</sup>An important issue that must be addressed when using the SIPP data is "seam bias": respondents tend to propagate their status at the point of the interview (the seam month) backwards through the preceding months. I only use information corresponding to the fourth month of each reference period (the closest one to the interview date) so that seam bias is not a concern.

Table 2. Sample Means of Key Variables.

Variable	Mean	Standard Deviation
Leave Job	10.18	(0.30)
EPHI	68.01	(0.46)
Other Insurance	0.26	(0.44)
GroupA-D	0.65	(0.47)
Post-HIPAA	0.66	(0.47)
ln (Hourly Wage)	2.49	(0.59)
Small Firm	0.16	(0.37)
Medium Firm	0.12	(0.32)
Big Firm	0.70	(0.45)
Union Member	0.17	(0.37)
Age	39.44	(8.34)
Male	0.50	(0.50)
Married	0.65	(0.47)
Non-White	0.16	(0.36)
ln (Family Non-Wage Income)	2.89	(2.65)
No. Children < 18	0.90	(1.12)

Notes: All statistics are weighted. The sample consists of 168,493 quarterly observations on 34,939 individuals.

insurance and to defray a larger or smaller share of its cost.

Table 2 presents summary statistics for the main variables used in the analysis. The quarterly turnover rate is 10%, which is not out of line with SIPP quarterly mobility rates reported elsewhere.<sup>7</sup> In my sample, 50% are male, 16% are non-white, and 65% are married. Sixty-eight percent hold EPHI, and 26% are covered by another source of health insurance. Sixty-six percent of the observations correspond to the post-HIPAA period, while 65% belong to state groups A, B, C, or D.

### Estimation and Results

I now evaluate the extent to which HIPAA succeeded in mitigating insurance-induced mobility reductions. For this purpose, one could simply compare the magnitude of

<sup>7</sup>Since job separations are identified from the SIPP employer identification codes, job-to-job transitions are actually employer-to-employer transitions. My use of the term job-to-job transition does not include any changes of task (or "job") while staying with the same employer.

job-lock before and after the HIPAA provisions became effective in states that had to adopt legislation to conform to the HIPAA requirements (Groups A, B, C, and D in Table 1), which yields the following double difference:

$$(1) \quad DD^{GroupsA-D} = (M_{EPHI=1, Post-HIPAA}^{GroupsA-D} - M_{EPHI=0, Post-HIPAA}^{GroupsA-D}) - (M_{EPHI=1, Pre-HIPAA}^{GroupsA-D} - M_{EPHI=0, Pre-HIPAA}^{GroupsA-D})$$

where  $M_{EPHI=1,t}^{GroupsA-D}$  represents the probability of leaving one's job for employees holding EPHI in states belonging to groups A, B, C, or D at time  $t$  (before or after HIPAA provisions became effective) and  $M_{EPHI=0,t}^{GroupsA-D}$  is the analog to the previous expression for employees without EPHI. Since job-lock measures the impact of holding EPHI on the turnover probability, equation (1) can also be written as

$$(2) \quad DD^{GroupsA-D} = (JL_{Post-HIPAA}^{GroupsA-D} - JL_{Pre-HIPAA}^{GroupsA-D}),$$

where  $JL$  denotes job-lock at time  $t$  in states belonging to groups A, B, C, or D.<sup>8</sup>

However, this simple comparison of pre-HIPAA and post-HIPAA job-lock magnitudes is likely to be contaminated by temporal trends in job-lock or by the effect of events, other than the legislation, that occurred between both periods. The ideal counterfactual exercise would be to compare the changes that are observed in states in which the HIPAA provisions led to new group reforms to what would have happened over time in these same states had these reforms not taken place. It is not possible to observe the latter. However, several states that had already met all the HIPAA requirements in the pre-HIPAA period (those belonging to Group E in Table 1) can be used to identify temporal

<sup>8</sup>Note that in empirical practice the magnitude of job-lock is assessed by considering the percent variation in job mobility due to EPHI. Sanz-de-Galdeano (2004), which also used quarterly data from the 1996 SIPP panel, found substantial job-lock effects that ranged between 31% and 58% mobility reductions due to EPHI, depending on the demographic group analyzed.

variation in job-lock that is not due to HIPAA. The difference-in-difference-in-difference (triple difference, or DDD) estimator is based on this idea. I exploit the variation across states in the non-redundancy of the HIPAA requirements to compare the change in job-lock in the pre-HIPAA and post-HIPAA periods in states that had to adopt legislation to conform to the HIPAA requirements (Groups A, B, C, and D) with the change in states that did not need to do so (Group E). The resulting DDD estimator is

$$(3) \quad DDD = DD^{GroupsA-D} - DD^{GroupE},$$

where  $DD^{GroupE}$  is the Group E counterpart of equation (2). The DDD estimator requires that in the absence of the legislation, the average job-lock magnitude for all states would have followed parallel paths over time. This assumption might be implausible if characteristics that are thought to be associated with the dynamics of job-lock are unbalanced between the states belonging to groups A, B, C, or D and the states belonging to group E. Therefore, it is also necessary to control for a wide set of covariates,  $X$ . Within a regression framework, I pool observations from the pre-HIPAA and post-HIPAA periods and estimate the model

$$(4) \quad M_i = \beta_0 + \beta_1 EPHI_i + \beta_2 GroupsA-D_i + \beta_3 Post-HIPAA_i + \beta_4 (EPHI_i * GroupsA-D_i * Post-HIPAA_i) + \beta_5 (EPHI_i * GroupsA-D_i) + \beta_6 (EPHI_i * Post-HIPAA_i) + \beta_7 (GroupsA-D_i * Post-HIPAA_i) + \beta_8 X_i + v_i,$$

where  $M_i$  equals 1 if employee  $i$  leaves his or her job in the next four months and 0 otherwise,  $GroupsA-D$  is an indicator variable identifying employees working in a state belonging to Group A, B, C, or D,  $Post-HIPAA$  is an indicator variable marking observations during the period after HIPAA became effective, and  $EPHI * GroupsA-D * Post-HIPAA$  is an interaction term between  $EPHI$ ,  $GroupsA-D$ , and  $Post-HIPAA$ . The pairwise interaction terms among these three variables are  $EPHI * GroupsA-D$ ,  $EPHI$

$* Post-HIPAA$ , and  $GroupsA-D * Post-HIPAA$ . The DDD test is based on the effect of the interaction  $EPHI * GroupsA-D * Post-HIPAA$ .

Table 3 reports the results of estimating equation (4) using a logit model. Panel A displays logit coefficient estimates, while Panel B reports the marginal effects associated with the triple interaction  $EPHI * GroupsA-D * Post-HIPAA$ . In order to assess the magnitude of the impact of HIPAA on job-lock, Panels C and D report the percent variation in job-lock in states belonging to  $GroupsA-D$  and  $GroupE$ , respectively.<sup>9</sup> Finally, Panel E reports the resulting triple difference estimate of the percent variation in job-lock due to HIPAA.

Unexpectedly, given that HIPAA aimed at reducing job-lock, the logit coefficient on the  $EPHI * GroupsA-D * Post-HIPAA$  interaction variable and its corresponding marginal effect is negative for single men. However, the magnitude of this effect is very small and indicates that HIPAA actually only increased job-lock by 3.6% for single men. The results for the other demographic groups display the expected signs but are also very small in magnitude, translating into job-lock reductions due to HIPAA that range between 2.7% for single women and only 6.6% for married women. Moreover, all my estimates of the impact of HIPAA on job-lock are very far from being statistically significant at conventional levels. In sum, the evidence presented suggests that HIPAA did not succeed in significantly mitigating job-lock.

The classification of states displayed in Table 1 also allows one to separately evaluate the effect of some of the HIPAA provisions. The impact of guaranteed issue in the small group market is investigated by comparing Groups B and D, while a comparison of Groups D and E allows us to evaluate the effect of prohibiting discrimination on the basis of any health status-related factor. The results of these analyses

<sup>9</sup>That is, the estimates displayed in Panels C and D correspond to the double differences  $DD^{GroupsA-D}$  and  $DD^{GroupE}$  expressed in percent variations.

Table 3. The Impact of HIPAA on Job-Lock.  
(Dependent Variable: Job Turnover)

Description	Married Employees		Single Employees	
	(1) Men	(2) Women	(3) Men	(4) Women
<b>A. Parameter Estimates</b>				
EPHI	-0.981*** (0.109)	-0.897*** (0.177)	-0.864*** (0.119)	-1.151*** (0.209)
Group A-D	0.029 (0.093)	0.117 (0.063)	0.050 (0.112)	0.029 (0.094)
Post-HIPAA	-0.223** (0.100)	-0.164** (0.068)	-0.271** (0.128)	-0.341*** (0.102)
EPHI * GroupA-D * Post-HIPAA	0.084 (0.150)	0.124 (0.130)	-0.024 (0.195)	0.056 (0.166)
<b>B. Marginal Effect</b>				
EPHI * GroupA-D * Post-HIPAA	0.007 (0.015)	0.016 (0.012)	-0.006 (0.025)	0.004 (0.021)
<b>C. Percent Variation in Job-Lock in GroupA-D</b>				
	-15.65	-9.11	-7.52	-12.19
<b>D. Percent Variation in Job-Lock in GroupE</b>				
	-10.01	-2.50	-11.17	-9.44
<b>E. Percent Variation in Job-Lock Due to HIPAA (C-D)</b>				
	-5.64	-6.61	3.65	-2.75
No. Obs.	57,477	54,354	24,296	32,366
Log-Likelihood	-15,312.2	-17,484.7	-8,611.2	-10,929.8

Notes: The dependent variable takes the value of 1 if the employee leaves his or her job in the next four months and 0 otherwise. Additional control variables are *EPHI \* GroupA-D*, *EPHI \* Post-HIPAA*, *GroupA-D \* Post-HIPAA*,  $\ln(\text{hourly wage})$ , union membership, age,  $\text{age}^2/100$ , non-white dummy,  $\ln(\text{family non-wage income})$ , no. children < 18 years old, state unemployment rates, firm size, education, industry, occupation, class of worker, and quarter dummies (for the quarter in which the four-month period begins). Standard errors, adjusted for individual clustering, are reported in parentheses.

\*\*Statistically significant at the .05 level; \*\*\*at the .01 level.

(not shown) indicate that neither of these two provisions had a statistically significant impact on job-lock. Finally, when all the previous analyses were replicated with the sample restricted to workers aged over 45, very similar results were obtained.<sup>10</sup>

### Conclusions

I have analyzed data from the 1996 panel of the SIPP to evaluate whether the 1996 HIPAA succeeded in alleviating job-lock. Exploiting the variation across states in

terms of their regulatory environments prior to the federal legislation, I have found that the impact of HIPAA on job-lock has been very small and statistically insignificant.

These results are consistent with Kapur's (2003) conclusion that, as a package, small group health insurance reforms are unlikely to have a large effect on job mobility. The main reason HIPAA had no impact on job-lock is likely to be that it did not address the cost of health insurance—the most frequently cited cause of job-lock, according to the Employee Benefit Research Institute's 2004 Health Confidence Survey (Employee Benefit Research Institute 2004). HIPAA contained provisions designed to improve

<sup>10</sup>These results are available from the author upon request.

portability and intended to assure availability and renewability of health insurance coverage, but it did not specify the price at which insurance must be offered, and therefore did not ensure health insurance affordability. Detailed data for a nationally representative sample on the nature of and

reasons for job-lock, combined with rich information on employment and fringe benefits characteristics and on health and medical care expenditures, would be particularly useful when considering alternative policy designs to alleviate this labor market distortion.

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