KEEPING COVERAGE: A public-private health insurance model for low-wage workers

By Richard Winsten and Michael Hirsch

In the early years of the twentieth century, New York City's garment workers were among the first workers in the U.S. to win employer-paid health insurance. Today they are leading the effort to maintain this coverage in the face of skyrocketing health care costs that many of their employers simply cannot afford. UNITE HERE[1]—the union that represents garment workers-developed a model that sustains employer-paid health insurance by using a public subsidy to lower premiums. This report describes that model and makes policy recommendations to help expand this innovative approach to keeping New York's low-wage workers covered.

Why support employer-sponsored health insurance?

Although employer-sponsored health insurance is eroding, it remains the primary way that people in America (60% nationwide) get their coverage. UNITE HERE actively supports the creation of a universal health care system in the U.S., but such a system clearly is not a political possibility anytime in the foreseeable future**.** The failure of President Clinton's comprehensive health care proposal in 1993 contributed to a political boomerang that swept anti-government politicians into the federal and state governments.[2] While comprehensive proposals have recently been introduced in Congress, the most powerful elected officials rarely promote such plans.[3] Even Senator Hillary Rodham Clinton, who took the lead on the Clinton comprehensive proposal in the early nineties, has focused on incremental reform of the system.[4] Thus, the union is working to maintain employer-paid health care and to extend its reach. Whether this or other incremental approaches help or hinder comprehensive reform is a debate beyond this article's scope. With comprehensive reform unlikely today, the union has felt obliged to seek currently viable alternatives for workers and their families.

UNITE HERE and its members are facing the same challenge that is coursing through the wider population of insured low-wage workers: As health care costs continue their steady rise, insured low-wage workers are particularly vulnerable to losing their coverage. Low-wage workers are less likely than other workers to have employer-sponsored health insurance, and, if covered, they are more likely to lose it.[5] Today's pressing health care policy questions, then, center on how to insure the uninsured and also on how to keep those with coverage covered. Between 2000 and 2003, the ranks of the uninsured grew by five million, mostly due to the decline in employer-sponsored coverage. Today 60% of the 46 million uninsured in America are in families with at least one full-time worker.[6] And the most likely to be uninsured are those working in small firms. Just 44% of workers in firms with fewer than 25 employees have health insurance through their jobs.[7] Half of New York State's nearly two million uninsured workers are in firms with fewer than 25 employees; two-thirds work in companies with fewer than 100 employees.[8]

The problem: Maintaining low-wage workers' health coverage

Given the increasingly fragile nature of employer-sponsored health coverage, particularly among low-wage workers and their families, it is remarkable that UNITE HERE members in the garment industry were able to sustain their coverage throughout most of the twentieth century. For decades, steady, employer-paid health insurance among union members in the garment industry defied the odds: They are low-wage workers;

employment is seasonal; and garment shops are small. Through unionization, workers won and maintained a benefit that otherwise would have been out of their reach. And collective bargaining agreements gave workers the ability to compel their employers to pay for the health coverage they had committed to provide. Today the equation is changing and, without help, many employers genuinely cannot afford the payments.

Strengthening the employer-based health care delivery system makes strategic and political sense for working people and their unions, UNITE HERE and its members among them, particularly as state governments experiment with subsidizing employer-sponsored health care as a way to maximize the coverage that public dollars can provide. Subsidies present low-wage workers with a viable means of filling the funding gap between the cost of health care and the payments that employers can make.

Case study: Chinatown's garment industry

In recent years, Chinatown's unionized garment employers have been struggling to meet their contractual obligation to pay for their employees' health insurance. Fierce international competition and the sourcing and pricing practices of retail giants like Wal-Mart leave small sewing shops with the responsibility of covering benefit costs that they can not afford.[9]

Early in 2001, UNITE HERE and the UNITE HERE National Health Fund-which is a jointly controlled labor-management, multi-employer fund-began developing a model to maintain the hard-fought coverage that unionized garment workers depend upon by taking advantage of a New York State public subsidy to lower employers' premiums. Before the union and health fund could formally present the model to the governor's office and the New York State Department of Insurance, the September 11 attack on the World Trade Center, which abutted on Chinatown, worsened the serious health coverage problem that the model was intended to address. For several weeks after 9/11, half of the 250 sewing factories in Chinatown, which at the time employed close to 12,000 garment workers, were closed. Thousands were out of work and employers stopped making contributions to the UNITE HERE National Health Fund. "It was time to take a new approach to maintaining employer-paid health insurance," remembers May Chen, UNITE HERE vice president and manager of the union's affiliate (Local 23-25) that represents Chinatown's garment workers. "Developing a model that used public support to help small employers was just the kind of creative solution that we needed."

Today Chinatown's unionized garment industry is functioning once again. And New York City's garment industry still employs thousands of people. Most factories are small, averaging 15 employees.[10] Yet without a public subsidy to lower premiums, responsible employers would still be unable to meet their contractual obligation to provide workers with health insurance.

Putting public dollars toward maintaining low-wage workers' employer-provided health insurance—be they in Chinatown's garment industry or in other areas and industrial sectors—makes the most of the private and public resources available to cover the working poor and their families. The experience in Chinatown illustrates this point. Because of the relatively low wages in the garment industry and the seasonal nature of the work, many garment workers would qualify for, and rely upon, public benefits were it not for the union contract that requires their employers to provide them with coverage.

Subsidizing employer-paid insurance costs the state far less than does providing fully publicly funded insurance. In 2003, New York State spent about $44 per month for each worker participating in a Healthy New York plan (the New York State program that lowers small employers' premiums and which the UNITE HERE model is a part of). By contrast, the state spent about $240 per month for each person enrolled in Medicaid.[11] Although many garment workers would qualify for Medicaid if they did not have employer-sponsored coverage, others would fall into that impossible space where low-wage workers earn too much to participate in public programs and too little to pay for anything else. The public health and human consequences of this are, of course, tragic and well documented.

The Solution

State governments are experimenting with ways to get health coverage for greater numbers of their residents. Across the country, many are concluding that "state-funded premium assistance is a way to extend the reach-or leverage-of public dollars."[12] And they are concluding that public dollars to expand health care coverage are best spent supporting and expanding employer-sponsored health insurance, particularly among low-wage workers. "As a practical budgetary matter, government is unlikely to have the wherewithal to replace employers' current contributions toward health coverage for their low-income workers," note researchers Ed Neuschler and Rick Curtis. "It therefore makes sense to examine approaches that would help to maximize net coverage gains by allowing public subsidies to be applied in ways that complement existing employment-based coverage instead of crowding it out."[13] In a recent study for The Commonwealth Fund, Harvard professor Katherine Swartz notes that "policy makers are increasingly drawn to" state-funded reinsurance—essentially insurance for insurance providers that covers the cost of expensive claims—as a way to lower premiums and thereby make health insurance more accessible.[14] As Sara Collins, Karen Davis and Alice Ho point out in another Commonwealth Fund study, reinsurance and other forms of state subsidies "help stem the rising tide of uninsured Americans and spread the costs of coverage more equitably across workers, employers and government."[15]

Healthy New York

To date, New York is one of only two states (the other being Arizona) that has implemented a reinsurance program to lower premiums as a means to expand employer-sponsored health coverage.[16] Launched in 2001, the Healthy New York program is designed specifically to encourage small employers with low- to moderately-paid employees to offer health coverage. Small employers (which the state defines as those with fewer than 50 full-time employees) can participate in Healthy New York if at least 30% of their employees make less than the state-defined maximum annual income (currently set at $35,000 a year), if they agree to pay at least half of the premium for each participating employee and if at least half of their eligible employees sign up for coverage. Each year employers must certify that they are still eligible to participate in a Healthy New York plan.

Healthy New York lowers employers' premiums in two ways. First, under the program, the state pays for 90% of the cost of expensive health claims (currently set as those between $5,000 and $75,000). This eliminates the need to build reserves into the price of premiums. New York's legislature dedicated over $200 million from its tobacco settlement to cover these claims. Second, New York requires all insurance carriers in the state to offer a Healthy New York HMO plan, and it exempts these plans from covering otherwise statutorily required benefits like mental health services and substance abuse treatment.[17] Together, Healthy New York's reinsurance provision and streamlined benefits have lowered small employers' premiums by as much as 40%. Take-up rates, which were slow initially, nearly doubled in 2004.[18] Today—thanks to the innovative approach of the New York State legislature, Department of Insurance and the governor—Healthy New York is the most successful experiment in the nation that uses public subsidy to expand employer-sponsored health coverage.[19] Partly as a result of this, between 2003 and 2004, the ranks of uninsured New Yorkers declined from 15.4% to 14.7% of the state's population.[20] Massachusetts, Rhode Island and Vermont currently are giving serious consideration to including reinsurance in their approaches to solving the uninsurance crisis.[21]

Developing a union, multi-employer model

When first announced in 2000, as part of New York State's Health Care Reform Act, UNITE HERE recognized Healthy New York's potential for protecting employer-paid health insurance among low-wage, unionized workers. Although designed to persuade employers who had not been providing coverage to begin doing so, the union and the UNITE HERE National Health Fund saw that with relatively minor modifications, Healthy New York was just the tool to help unionized employers continue to meet their health care obligations.

Today the UNITE HERE model extends Healthy New York's reach to preserve the employer-sponsored health insurance of thousands of unionized, low-wage workers in Chinatown's garment industry. In order to create this pilot project, the union and its partners had to overcome several obstacles. This took time, and perseverance.

The project did not fit within Healthy New York's initial limits. For example, multi employer health benefit funds are normally exempt from state regulation under the broad preemption clause in ERISA, while the states retain the right to regulate the provision of" insurance."[22] The Benefit Fund had to decide that winning a State subsidy would justify submitting to some regulation by the New York State Department of Insurance with respect to the use of the State subsidy**.** Thus, the first step toward creating a unionized, multi-employer version of Healthy New York was to win support in Albany for the union's proposed program. Both Governor George Pataki and the New York State Department of Insurance, which was led by Superintendent Gregory Serio at the time, quickly backed the project. In 2002, Serio issued an emergency regulation, under Section 202 of the State Administrative Procedure Act, which allowed the Department of Insurance to make significant changes to Healthy New York so that the UNITE HERE model, and possibly other models, could become part of its rubric. Ultimately, Serio made adjustments to Healthy New York in four areas—the definition of small employer, the terms of the "look back provision" (which says that employers who have provided health insurance in the 12 months prior to applying to participate in Healthy New York are not eligible to do so), the rules limiting the benefits that a Healthy New York plan can offer and the cost of the claims that the state's reinsurance, or stop loss, program absorbs.

First, the Department of Insurance fine-tuned the definition of small employer (50 employees or fewer) to include those who have 50 full-time equivalent employees. Rather than being limited to a simple head count, this enables employers with many part-time or seasonal workers (as is the case in the garment industry) to count their employees on the basis of how much each person works in a year.

Second, as a way to waive the look-back provision, which was intended to prevent employers from eliminating benefits, the state made an exception for unionized employers who were actually seeking to maintain benefits that they otherwise could not afford. The Department of Insurance concluded that employer contributions to their employees' health insurance of less than $75 per employee per month downstate and $50 per employee per month upstate were de minimus, meaning that such contributions were small enough not to count at all. With this change, Chinatown's unionized garment employers overcame the greatest hurdle to participating in Healthy New York.

Third, Superintendent Serio used his discretion under the Healthy New York law to approve an alternative health benefit for the UNITE HERE program. Rather than an HMO plan (which is what the state mandates), the union wanted to design a PPO benefit plan that reflects the particular needs and experience of its members.[23] The state permitted this. It also allowed the program to provide prescription drug and eyeglass coverage with separate funds and outside of Healthy New York's jurisdiction, without otherwise compromising the program's participation in Healthy New York. This enabled the union and its partners to create a benefit package that best meets UNITE HERE members' health needs and closely reflects the coverage that they had in the past.

Finally, the Department of Insurance reevaluated the reinsurance provision and set new parameters on the claims that New York State covers under Healthy New York. The state now pays 90% of the cost of claims between $5,000 and $75,000, rather than of those claims between $30,000 and $100,000, which were the initial terms of the regulation. This change allowed subsidy for claims at much lower limits and thus increased the Benefit Fund's eligibility for subsidy for more claims. This change enhanced the overall value of the subsidy to the Benefit Fund. The Insurance Department's promulgation of the regulation must have been premised on a

finding that current insurer and HMO claim reserves could accommodate this change, and there is no evidence to the contrary.

While the changes in Healthy New York were essential to creating the UNITE HERE program, by themselves they were not sufficient; the union needed an insurance carrier with which to partner because the state only allows insurance companies to offer Healthy New York plans. Finding a partner turned out to be a protracted affair, but ultimately under the leadership of Frank Branchini, GHI president and CEO, GHI— which has a labor mission and is one of the few remaining non-profit insurance companies in New York State—agreed to work with the union and health fund. Under the UNITE HERE-GHI-Healthy New York program, covered union members have access to GHI's network of 80,000 providers, including all of New York's hospitals. The plan includes significant incentives to encourage workers to use the UNITE HERE Health Center, which is a state-of-the-art, fully equipped and accredited primary and specialty care facility that primarily treats UNITE HERE members and retirees. The health center provides the best care at the least expense to members and the health fund, managed care in the true sense of the term.

The UNITE HERE National Health Fund bears responsibility for the cost and financial risk of insuring Chinatown's UNITE HERE members, but Healthy New York does not allow multi-employer benefit funds to participate in its program. Thus creating the UNITE HERE-Healthy New York model required taking a final, complex step-putting a series of reinsurance agreements into place among GHI, the UNITE HERE National Health Fund and the Amalgamated Life Insurance Company (ALICO), which provides administrative services to the UNITE HERE National Health Fund. Under these agreements, ALICO has the formal relationship with GHI and Healthy New York, but ultimately the cost of the insurance resides with the health fund, just as it did before and just as it does for covered union members who are not part of the UNITE HERE-Healthy New York program. "We're hoping that Healthy New York will be expanded to allow multi-employer funds to participate in the program directly," notes Ronald Minikes, ALICO's president and CEO. "But in the meantime, as a labor insurance company, we were eager to help get the UNITE HERE model launched. It is a milestone in insuring workers."

Under the reinsurance agreements, ultimately it is the UNITE HERE National Health Fund that pays for the full cost of claims under $5,000, 10% of the cost of claims between $5,000 and $75,000 and everything above $75,000-these being the terms for insurance companies participating in a Healthy New York plan. Finally, without bearing any of the cost or risk of the insurance, GHI is the insurance company that provides participants in the UNITE HERE-Healthy New York program with access to its network of health care providers.

Of course none of this would have been possible without the approval of the New York State Department of Insurance, pursuant to the Healthy New York law. The above provisions, as well as the duties and responsibilities of all parties involved in the UNITE HERE program, are spelled out in a memorandum of agreement, signed by the union, ALICO, the UNITE HERE National Health Fund, GHI and the New York State Insurance Department. New York State Comptroller Alan Hevesi and Attorney General Elliot Spitzer each approved the memorandum, as required.

Thus, after a process that took nearly four years, the UNITE HERE-Healthy New York program launched in February 2005; it already covers 2,000 garment workers and their families. Employer contributions pay for 90% (just as before) of premiums.

The workers' perspective

"Union benefits have always been very important to me, because if you have to buy [coverage] from outside, it's very expensive," says Wai Chee Tang, a seamstress and union member for almost 35 years. With garment shops struggling to survive after 9/11, Tang worried about keeping her family's health insurance, particularly because of her husband's serious health condition. "When we switched to the GHI program," Tang recalls, "my husband was able to use the same doctors as before. Today he is much better."

Yan Hong Liang and Bonny Leung, both seamstresses with 25 years experience, see the UNITE HERE Health Center as an important part of their health care. "I go to the health center when I need a check-up and to a doctor in the network if it's an emergency and I can't wait," says Liang. "As we get older, we get sick more easily, so maintaining health insurance is very important."

"I come to the health center regularly to get my eyes checked," says Bonny Leung. "Even though I am healthy right now, we all need insurance in case we get sick. I'm glad we were able to keep our coverage."

Implementing the program

Although crucial, arranging the funding for the UNITE HERE-Healthy New York program does not ensure the program's success; that depends upon the active involvement of the union, the health fund and GHI-each playing a pivotal role in implementing the program. Collective bargaining agreements give UNITE HERE and the UNITE HERE National Health Fund the power to collect the financial contributions that employers are obligated to make for their employees' health insurance. This may sound mundane, but the funding to cover benefits is, of course, essential to their very existence. And collecting funds from small employers, particularly those operating with narrow profit margins under fiercely competitive conditions, often is an arduous task. It is safe to say that the vast majority of garment workers in Chinatown would not have employer-paid health insurance were it not for their union contract and the vigilant collection efforts of the union and health fund.

The union and health fund do much more than make collections; they also help employers master the complex paperwork required to verify that their employees are eligible to participate in the program. And they help to enroll workers and their families in the program. Because of the contractual obligation to provide health benefits, the collective bargaining agreement provides a ready pool of employers and workers to participate in the program, thus there is no need to dedicate resources to marketing. And registering many small employers at once creates economies of scale that saves the program precious resources.

The future: Expansion possibilities

The UNITE HERE-Healthy New York model can and should be expanded to provide health insurance coverage to thousands of working New Yorkers and their families. The administrative changes that support the UNITE HERE pilot project in Chinatown (such as those waiving the look back provision) are, in fact, not specific to UNITE HERE; they could be applied to other unionized employers and workers. As many as 210,000 low-wage workers in New York are unionized yet earn less than Healthy New York's current $35,000 annual income restriction. These include many industrial laundry workers, restaurant and food service workers, jewelry workers, security officers, home health aides, home-based child care workers, construction laborers, retail and grocery store clerks, leather goods workers and theater ushers. Many of these workers currently are covered by union health funds.

Policy recommendations

The experience of developing and implementing a modified version of the Healthy New York program to apply to unionized employers and workers points to several legislative adjustments that would help Healthy New York accomplish its goal of insuring working people through their small employers. Thus, UNITE HERE recommends the following:

- Significantly expand the definition of small employer beyond the current limit of 50 full-time equivalent workers.
- Permit ERISA funds to participate directly in Healthy New York. The current Healthy New York program limits participation to employers of less than fifty full time employees and, therefore is not obviously useful to multi employer funds most of whom have the participation of many employers of much larger numbers of workers. Also, the ERISA exemption for these funds leads to little focus by them on state government policies.
  Benefit funds have the administrative capacity to enroll workers, to confirm their eligibility and to collect financial contributions from employers. They have access to thousands of workers without incurring any marketing costs whatsoever. Their direct participation in Healthy New York would simplify current administrative complexities for all involved-employers, workers, unions and benefit funds alike.
- Waive the "look back" provision for employers who are required to provide health insurance under a collective bargaining agreement. The current "crowd out" provision of Healthy New York can disqualify employers such as post –9/11 garment employers that have tried to maintain health insurance contributions under severe financial pressure. This waiver proposal is critical to stemming the alarming erosion of employer provided health insurance among lower wage workers. If state subsidies are not available, unions may not be able to prevent the erosion of health benefits will continue to erode for these workers.[24] **Further, the workers that lose employer coverage in New York will enter public programs that are far more expensive to the State per capita than Healthy New York.**
- Allow flexibility in designing benefits-on condition that the benefits do not affect the cost of the state's reinsurance pool-so that unions and benefit funds can create benefit plans that best reflect their members' needs and experience.

Conclusion

In the face of steadily rising costs, the challenges of maintaining health care coverage among low-wage workers are profound. The cost of health insurance is rapidly outpacing employers' ability to pay and low-wage workers cannot afford to take up the cost. Public policy, thus, should be helping responsible employers to meet their contractual health care obligations. Continuing to expect employers to pay the full cost of insurance simply pushes them to abandon providing health care altogether. Without employer-provided coverage, where the employers pay for all or at least most of the premium, countless workers will end up either on the fully publicly funded health care rolls or with no health care at all.

The union perspective

"The Healthy New York program helps responsible employers to provide their employees with the kind of health care that should be everyone's right but is not. It makes quality employer-paid health insurance affordable, which is quite an accomplishment given the outrageous cost of health care today. At UNITE HERE, one of our top priorities is maintaining and extending employer-paid health care, and the Healthy New York program is helping to make that happen.

Responsible employers find it harder and harder to keep up with growing health care expenses. This is the predicament that UNITE HERE members and their employers in Chinatown's garment industry were facing, jeopardizing the insurance of thousands. At UNITE HERE, we worked with partners and allies to seize the opportunity that we saw in the Healthy New York program. Together we saved health insurance for garment workers in Chinatown's unionized shops. And we developed a model that could keep thousands more insured. Without help, responsible employers will get increasingly overwhelmed by soaring health care costs. Allowing employer-paid health care to continue declining would just be foolhardy. There simply is no viable alternative to provide workers and their families with health care. That is why I am so pleased with the UNITE HERE-Healthy New York model. By bringing labor, employers and the state together we took an important step toward safeguarding and expanding workers' health care."

-- Bruce Raynor, General President, UNITE HERE

The UNITE HERE-Healthy New York model is the first experiment that links private and public funding to create a sustainable system to insure low-wage workers through their multi-employer benefit funds. "This program begins to point a direction for other groups that are struggling with the cost of health coverage," concludes Ilene Margolin, GHI's vice president for external affairs. "We are showing that a union, an insurer and the state can take a step together to solve a problem."

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NOTES

[1] In 2004, UNITE, which represented garment, textile and laundry workers, merged with HERE, the union representing hotel and restaurant workers, to form UNITE HERE.
[2] For detailed discussion of this boomerang see Theda Skocpol, *Boomerang: Health Care Reform and the Turn Against Government* (New York: W.W. Norton & Company , 1997).
[3] For example, Congressman John Conyers (Dem) has introduced H. R. 676 in the 109th Congress , "An Act to provide for comprehensive health insurance for all United States residents."
[4] Senator Clinton introduced at least 14 separate health care related bills and resolutions in the 109th Congress, including S. 2260 which makes targeted changes to Medicare and Medicaid and S.884 to increase access for pregnancy prevention services.
[5] According to a recent United Health Fund and Urban Institute study of health coverage among New York's working people, "Income is the principal determinant of insurance status. More than half of uninsured workers and their dependents in New York are low-income." Danielle Holahan, Elise Hubert, John Holahan and Linda Blumberg, "Health Insurance Coverage Among Workers and Their Dependents in New York, 2001-2002," United Hospital Fund and Urban Institute, 2004.
[6] Ed Gordon, "Health Care and the Uninsured Middle Class," on *All Things Considered*, National Public Radio, 5 May 2005.
[7] Sara Collins, Karen Davis and Alice Ho, "A Shared Responsibility: U.S. Employers and the Provision of Health Insurance to Employers," The Commonwealth Fund, Inquiry Spring 2005.
[8] Katherine Swartz, "Healthy New York: Making Insurance More Affordable for Low-income Workers," The Commonwealth Fund, November 2001.
[9] Until recent years, garment manufacturers-or jobbers-designed clothes, which they had made when retailers placed an order. Manufacturers-like Liz Claiborne and Nicole Miller-had in-house sample and cutting rooms, but most production was sent out to small contracting shops. Unionized jobbers bore the financial responsibility of garment workers' health insurance, whether workers were employed directly by the jobber or a contracting shop. Today retailers like Wal-Mart, the Gap and countless others increasingly function as manufacturers themselves, essentially eliminating the unionized jobber and pushing the cost of providing benefits onto unionized contracting shops. The profit margins in these shops have always been too small for employers to bear that cost.
[10] Shira Boss-Bicak, "Garment Makers Find the Right Fit," *Crain's New York Business*, 17 May 2004.
[11] New York State Department of Insurance.
[12] Susan Marquis and Kanika Kapur, "Employment Transitions and Continuity of Health Insurance: Implications for Premium Assistance Programs." *Health Affairs*, Vol. 22, No. 5, Sept./Oct. 2003.
[13] Ed Neuschler and Rick Curtis, "Use of Subsidies to Low-Income People for Coverage Through Small Employers," Health Affairs Web exclusive, www.healthaffairs.org, 21 May 2003.
[14] Katherine Swartz, "Reinsurance: How States Can Make Health Coverage More Affordable for Employers and Workers," The Commonwealth Fund, July 2005.
[15] Collins, Davis and Ho.
[16] Swartz, "Reinsurance."

[17] Plans subsidized under Healthy New York cover inpatient and outpatient hospital services, physician services, maternity care, preventative health services, diagnostic and x-ray services and emergency services. They do not cover mental health or substance abuse. Although initially Healthy New York required prescription drug coverage, in 2003, the state made that voluntary.
[18] Swartz, "Reinsurance."
[19] The first efforts to insure the working poor by offering public subsidies to private insurers did not fair well. A 2001 study found that state-funded "buy-in programs" intended to insure children through public subsidy of private insurance failed in Maryland, Massachusetts, Wisconsin and Mississippi. (Academy for Health Services Research and Health Policy. "State Coverage Initiatives-Employer Buy-In Programs: How Four States Subsidize Employer-Sponsored Insurance," March 2001.)
[20] Medicaid participation rose between 2003 and 2004. (United Health Fund, Roundtable on Health Insurance Coverage Options for Low-Income Workers, 25 October 2005).
[21] Katherine Swartz, United Health Fund, Roundtable on Health Insurance Coverage Options for Low-Income Workers, 25 October 25 2005.
[22] A concise clear discussion of ERISA preemption issues is found in the National Academy for State Health Policy, "State Coverage Initiatives Issue Brief, August 2004."
[23] A PPO plan allows covered individuals to see a specialist without getting a referral from their primary care physician. UNITE HERE members were accustomed to this type of coverage.
[24] **S**ee Dube and Jacobs, "Declining Job Based Health Coverage in the United States and California: A Crisis for Working Families," UC Berkeley Center for Labor Research and Education, January, 2006