Chapter Four

The Economic Effects of the Managed Competition Act

Like the current system, the Managed Competition Act of 1993 would not require that employers purchase insurance for their employees, nor would it mandate that individuals purchase insurance on their own. Nevertheless, the proposal would affect the economy because of the changes it would make to the cost-effectiveness and affordability of the nation's health insurance system. Since most people currently receive insurance through their employer, changes in the financing of that insurance would inevitably affect the nation's job market.

The Effect of Insurance Reforms on the Labor Market

The proposal would significantly alter the nation's insurance markets in several ways that would affect the functioning of labor markets. Health insurance considerations would be less likely to lock workers into their current jobs. As a result, workers would be more likely to choose the jobs in which they would be the most productive and from which they would derive the most satisfaction.

People Would No Longer Have to Work Just for the Insurance

Given the high cost of care in the current system, timely and complete access to modern medicine depends in large part on having insurance. People without insurance typically receive roughly one-third less health care than fully insured people who are otherwise similar.[1] Moreover, many families can afford insurance only by having someone in the family work at a company that offers it. Over the past decade, soaring premiums have made individual policies for nonworkers prohibitively expensive, especially for those with significant health problems or risk factors.[2] As a result, some people have had to work just because they need insurance.

The proposal would change this situation by guaranteeing universal access to insurance coverage. Because fear of becoming uninsured would no longer be a significant factor in decisions about work, some people would stop working. Some older workers, for instance, might seek an early retirement; others might choose to devote more of their energies to raising their families.

Fewer People Would Be Locked into Their Jobs

The proposal would also reduce a related problem with the current system: job lock. Currently, some people may be reluctant to leave the safety of a large corporation to work in a small company, start a small business, or even change jobs because they

1. Congressional Budget Office, "Behavioral Assumptions for Estimating the Effects of Health Care Proposals," CBO Memorandum (November 1993).

2. The majority of the uninsured work full time at firms that do not offer insurance; see Congressional Budget Office, *Economic Implications of Rising Health Care Costs* (October 1992).

fear losing their health insurance or being denied coverage for a preexisting health condition.

The proposal would reduce these concerns. Insurance would always be available at a reasonable price because all workers would be able to purchase coverage at no more than the reference premium--that is, the cost of the least expensive plan in their area with more than a minimum number of enrollees. Moreover, the proposal would prohibit insurers from denying insurance to people with preexisting conditions, although health plans would be permitted to exclude coverage (except for services to newborns and pregnant women) of most preexisting conditions for six months after enrollment. Those features of the proposal would reduce distortions created by the current health system in the decisions of workers about where to work.

The quantitative importance of job lock, however, in reducing economic efficiency in the current system is unclear. Public opinion surveys suggest that 10 percent to 30 percent of people feel locked into their current jobs because they fear losing health insurance.[3] But statistical studies of the extent to which this fear actually reduces job mobility have reached mixed conclusions.[4] Overall, the evidence suggests that job lock probably hinders the operation of the labor market to some degree, but the magnitude of that effect is uncertain.

Table 4-1.
Projected Poverty Guidelines, U.S. Average, by Family Type, 1995 (In dollars)

Number of Family Members[a]	100 Percent of Poverty	200 Percent of Poverty
1	7,520	15,040
2	10,080	20,160
3	12,640	25,280
4	15,200	30,400
5	17,760	35,520
6	20,320	40,640
7	22,880	45,760
8[b]	25,440	50,880

SOURCE: Congressional Budget Office.

NOTE: The U.S. average excludes Hawaii and Alaska.

a. Includes adults.

b. For families with more than eight members, the poverty level increases by $2,560 for each additional member.

Benefits of Subsidies to Low-Income People

The proposal would significantly improve the well-being of the poor and near-poor by subsidizing their purchase of health insurance. It would significantly reduce the number of poor people who were uninsured and could slightly reduce the tendency of the current system to lock people into welfare.

Factors That Would Reduce the Average Cost of Insurance for Low-Income People

The proposal would provide free insurance to everyone whose family income was below the poverty level and who chose a health plan that cost no more than the reference plan.[5] Subsidies would also be available to people under 65 with family incomes between 100 percent and 200 percent of poverty, although they would be phased out over this income range (see Table 4-1 for poverty levels). In addition, families with incomes less than 200 percent of the poverty level would receive assistance in paying the cost-sharing requirements of their health plan.

3. Erik Eckholm, "Health Benefits Found to Deter Switches in Jobs," *The New York Times*, September 26, 1991, p. 1; Christopher Conte, "Labor Letter," *The Wall Street Journal*, June 15, 1993, p. A1.

4. Douglas Holtz-Eakin, "Job-Lock: An Impediment to Labor Mobility?" *Jerome Levy Economics Institute of Bard College Public Policy Brief*, vol. 10 (1993); Brigitte Madrian, "Employment-Based Health Insurance and Job Mobility: Is There Evidence of Job Lock?" Working Paper 4476 (National Bureau of Economic Research, Cambridge, Mass., September 1993).

5. In addition, those with incomes below 200 percent of poverty would be able to purchase plans that were more expensive than the reference plan for only a fraction of the additional cost.

Those with incomes below poverty would also receive help in purchasing certain services and items that were not covered by the standard benefit package--the so-called wraparound benefits.

A considerable fraction of the population would be eligible for some subsidy. For example, in 1993 roughly 46 million people under 65 had family incomes below poverty, and 84 million people--almost 40 percent of the nonaged population--had incomes below 200 percent of poverty.

The proposal could make insurance somewhat more affordable in other ways--and not just for people with low incomes. The health plan purchasing cooperatives (HPPCs) would reduce administrative costs of insurance available to small employers and individuals by creating large insurance pools, and several features of the plan would strengthen competition in the health care sector and reduce the growth of premiums. For the poorest families, however, the subsidies would be the most important factor in reducing the cost of their insurance.

Effect on Insurance Coverage

Combined with other cost-saving features of the proposal, the subsidies for low-income families would significantly reduce the number of uninsured poor people (see Table 4-2). The Congressional Budget Office (CBO) estimates that, if the proposal were enacted, the total number of uninsured at all income levels would decline by 15 million--or almost 40 percent--by 1996. Most of the reduction would be among uninsured people with incomes below the poverty line: their number would drop by 11 million.

Table 4-2.
The Effect of the Managed Competition Act on the Number of Uninsured, by Income Category, 1996 (In millions of people)

Income Category (As a percentage of the poverty level)	Under Current Policy	Under MCA	Decrease in the Number of Uninsured
Under 100 Percent	15	4	11
100 Percent to 150 Percent	7	6	2
150 Percent to 200 Percent	5	4	a
200 Percent to 300 Percent	6	6	1
300 Percent to 400 Percent	3	2	a
400 Percent to 500 Percent	1	1	a
500 Percent and Above	2	1	1
Total	39	24	15

SOURCE: Congressional Budget Office.

NOTE: MCA = Managed Competition Act of 1993.

a. Less than 500,000.

By contrast, the number of uninsured between 100 percent and 200 percent of poverty would decline much less because the cost of insurance for many of these people, even after subsidies, would still amount to a significant expenditure. (For example, the premium costs, net of subsidies and tax benefits, for the comprehensive benefit package would be about $2,100, or about 9 percent of income, for a four-person family with income equal to 150 percent of the poverty threshold.) In total, the proposal would leave some 24 million without insurance in 1996. Reducing the generosity of the benefit package, as discussed in Chapter 3, would have little effect on the number--and distribution--of uninsured people.

Effect on Welfare Beneficiaries

The subsidies in the proposal would also reduce an incentive in the current system for beneficiaries of Aid to Families with Dependent Children (AFDC) to remain on welfare. Under current rules, when a welfare beneficiary goes to work and earns income above certain thresholds, the beneficiary loses eligibility both for cash assistance and for Medicaid.[6] (Children of working mothers, however, remain eligible for Medicaid coverage in families with higher incomes, even if the mother loses eligibility for her own coverage.) Unless such workers find employment at a firm that offers insurance, they lose some access to affordable health benefits. Moreover, even if their firm offers insurance, employers pass the cost of that insurance to workers in the form of lower wages. In both cases, welfare beneficiaries lose the value of free insurance if they take a job.

Under the proposal, by contrast, welfare beneficiaries would not risk losing insurance coverage if they worked. They would be able to earn up to 100 percent of the poverty level--considerably higher than the income thresholds for AFDC beneficiaries--and still have free insurance with nominal cost sharing.

Empirical evidence suggests that, under current rules, AFDC and Medicaid have discouraged participation in the labor force, but the evidence is not directly applicable to the proposal. Nevertheless, the responses found in the literature suggest that the Managed Competition Act could slightly increase the participation of AFDC beneficiaries in the labor force.

Incentives Inherent in the Subsidy System

The subsidy scheme in the Managed Competition Act is designed to encourage low-income people to obtain health insurance. However, it would create certain other incentives and disincentives that could affect employers' willingness to pay for their employees' insurance and the work effort of certain low-income people.

The Subsidy System and Employers' Health Insurance Contributions

Under the proposal, employer-paid health insurance for low-income workers would be costly to firms, but would have little or no value to poor workers. This situation would occur because the subsidies for premiums for low-income workers would be reduced dollar for dollar by the amount that their employers contributed to the workers' health insurance.

Thus, excluding other considerations, neither the employer nor its low-income employees would see any advantage in having the employer pay for the health insurance of its low-income workers. If the employer paid none of the premium, the insurance would be free for workers whose incomes were at or below the poverty level. By contrast, if the employer paid some or all of the premium, the costs would be shifted back onto the workers in the form of reduced wages. The loss of the subsidy could cost each poor worker thousands of dollars. Because of this, AFDC beneficiaries and other low-income workers eligible for subsidies would have a strong incentive to work for employers that did not

6. Different thresholds apply for AFDC eligibility and Medicaid eligibility. Medicaid coverage may be maintained for a transition period of up to 12 months after starting work. Pregnant women can retain Medicaid coverage at higher income levels.

contribute to insurance and instead paid higher wages.

This incentive could create a number of responses among low-income workers and firms. First, firms could "outsource" or contract out their low-income jobs. By outsourcing these jobs to companies that did not pay for insurance, firms could reduce their labor costs and the affected workers would become eligible to receive full subsidies. Second, companies that currently pay for insurance could stop paying for it, thereby allowing low-income workers to claim federal subsidies. The net cost of insurance for higher-income workers in these firms would increase, however, because their insurance premiums would no longer be excluded from the payroll tax. Thus, some high-income workers might seek employment elsewhere.

Both of these responses would be costly and disruptive to employers and employees. Some workers would have to find new employers, and some firms would have to reorganize their production. This reshuffling would reduce the efficiency of the economy because labor would be allocated partly with regard to the availability of subsidies, and not solely with regard to efficiency and productivity.

A third response is that companies could expand their use of certain types of "cafeteria" plans. In cafeteria plans, each employee chooses the desired mix of cash wages and certain fringe benefits (such as health insurance, life insurance, and dependent care assistance programs), subject to some restrictions. If a low-income worker did not want the employer to pay for insurance, the worker could receive higher wages or a more generous package of other benefits instead. High-income workers would still have the option of having the employer pay for their insurance.

Under the proposal, every firm--even those that did not pay any of the premium--would have to offer insurance to its workers and would be required to set up a payroll deduction scheme for them. Given this requirement, the additional administrative cost of establishing a cafeteria plan could be small relative to those in the current system.

However, three factors would limit the interest of some employers in establishing a cafeteria plan. First and foremost, companies with more than 100 employees could face adverse selection if some of their healthiest employees decided not to take the insurance. As some healthy workers dropped out of the insurance pool, the company's insurance premiums would rise, causing more people to withdraw from the pool.[7] Second, some companies might face resistance to establishing a cafeteria plan if it caused a redistribution of wage income among single and family workers. (Such a redistribution could occur, for instance, if firms currently reduce each worker's wages by the average cost of insurance for both single workers and those with families, instead of reducing each worker's wages by the actual cost of insurance.) Third, some firms might be concerned that their cafeteria plans would not meet certain legal provisions that prohibit discrimination in favor of highly compensated and certain "key" employees, such as officers of the company. For example, cafeteria plans cannot provide more than 25 percent of their qualified benefits to key employees. Although these provisions might not influence decisions in a large number of firms, they could affect some firms' decisions about setting up cafeteria plans.

All of those behavioral responses would increase the cost of the subsidy program to the federal government because they would expand the pool of people who would receive subsidies. But the use of cafeteria plans would probably be the least costly to economic efficiency. Cafeteria plans would allow workers and firms to adjust to the proposal without inducing an inefficient reshuffling of workers among firms in an effort to find employers that provided a better mix of benefits.

Work Disincentives of the Subsidy Scheme

Although the subsidies would reduce the average cost of insurance for low-income people and im-

7. Adverse selection would not affect decisions to establish a cafeteria plan for firms with 100 or fewer employees. These companies would purchase insurance through the HPPC at community-rated premiums, which would be unaffected by their employees' decisions to take insurance as a fringe benefit.

prove their circumstances as a result, the subsidy system would also discourage certain low-income people from working more hours or, in some cases, from working at all. This work disincentive would arise from phasing out the subsidies as family income rose between 100 percent and 200 percent of the poverty guidelines. Workers who earned more money within this income range would have to pay more for health insurance, thereby cutting into the increase in their take-home wage. In essence, phasing out the subsidies would implicitly tax their income from work.

Once a family's income (net of premium) reached 200 percent or more of poverty, the proposal would not affect decisions about work. And lower-income families--with incomes below the poverty level--would not be affected by the phaseout either. But for families with incomes between 100 percent and 200 percent of poverty, the impact could be rather large.

Families in this income range already pay--and will continue to pay under current law--relatively high marginal tax rates on their earnings. For example, in 1995, some workers in this range will have to give up more than 45 cents in federal taxes for each additional dollar of compensation. This large bite reflects the 15 percent federal income tax rate, the 15.3 percent federal payroll tax, and the phaseout of the earned income tax credit (EITC).[8] For a husband and wife with two children, the phaseout of the EITC will impose about a 20 percent tax on 1995 earned incomes between $11,290 and $26,691. In addition, many of these workers pay state and local income taxes and some receive food stamp benefits that are phased out as income rises. Both of these factors increase their marginal tax rates even more.

The proposal would further increase the implicit marginal tax on the incomes of those families earning between 100 percent and 200 percent of poverty. Although estimating the precise effects requires detailed information that is not available, a simple example can illustrate the economic effects of the proposal in broad brush. Consider a hypothetical two-parent family with two children, with one member of the family working 35 hours per week for total annual compensation of $24,000 (see Table 4-3). For such a family, the least expensive health plan would cost about $6,650 in 1995, assuming the comprehensive benefit package described in Chapter 3.

If the worker worked an additional five hours per week, his or her total annual compensation would increase by $3,429. But federal payroll tax would take an additional $487, and federal income taxes (before the EITC) would claim another $332. The family would lose $644 of benefits from the earned income tax credit and $968 in low-income subsidies for health insurance. (The example assumes that the employer does not pay for insurance).

The net increase in the family's income from five hours more work per week would be only $996 per year assuming the premiums associated with the comprehensive benefit package; federal taxes and increased insurance premiums would claim about 70 percent of the worker's added compensation. In other words, the marginal return from working the additional hours would be only about 30 percent of the increase in gross compensation--an estimate that does not even include the additional costs of state and local income taxes.

The marginal tax on work would be smaller if the premiums used in the example were those associated with the limited benefit package described in Chapter 3 (see Table 4-4). In that case, the value of the full subsidy would be lower and the phaseout rate would be smaller. Nevertheless, the marginal tax on work would still be high--about 67 percent.

Phaseout rates would vary among workers in different types of families because the maximum subsidy and poverty level would depend on family size (see Figures 4-1 and 4-2). Nevertheless, the phaseout of these subsidies would impose hefty marginal levies on workers from all types of families over certain income ranges. The Managed Competition Act would increase the implicit mar-

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8. Although the employer legally pays half of the federal payroll tax, economic analysis indicates that employers shift these costs to workers in the form of lower wages. For this reason, the employer's share is counted as a tax on the employee. See Congressional Budget Office, *Economic Implications of Rising Health Care Costs*.

ginal tax as much as 20 percentage points on the incomes of single workers, 25 percentage points on heads of households, and 30 percentage points on married workers if the premiums were those associated with the comprehensive benefit package. Under the premiums of the limited benefit package, the marginal levies would increase from about 15 percentage points to 25 percentage points.

Besides the phaseout of subsidies for premiums, the loss of assistance for cost sharing would occur abruptly when a family's income hit 200 percent of poverty and it became ineligible for this assistance. For example, in 1995 a married couple with two children would lose cost-sharing subsidies worth about $1,400 under the comprehensive benefit package when its income rose from $30,399 to $30,400, which would be 200 percent of the poverty guideline for a family of four.

Another "cliff" would occur at 100 percent of poverty, where workers would lose subsidies for the wraparound benefits. Assuming the comprehensive benefit package, the loss of wraparound benefits would cost such a family $600 in 1995 at this cliff. Under the limited benefit package, CBO assumes that workers would not only lose the wraparound benefits at poverty, but also assistance for cost sharing. Under this less generous package, the combined loss of both benefits would be huge--amounting to $2,900 for such a family in 1995. (As discussed in Chapter 3, the wraparound benefits would be worth much more under the limited benefit package than under the comprehensive one.) These estimates reflect the average amount of assistance for cost sharing and wraparound benefits. But high health costs are extremely concentrated among certain families. As a result, the majority of eligible families would receive levels of assistance that were less than average. Still, even for the median family, the loss of assistance for cost sharing and wraparound benefits would probably result in a significant cliff at certain income levels.

Faced with these incentives, some low-income workers could decide that earning additional income by working longer hours was not worth the trouble. These incentives could also discourage them from moonlighting at a second job or working harder at their existing job in order to secure a raise or a promotion.

Workers could respond in ways that would reduce these high marginal levies on work: they could become uninsured, for instance. (The proposal would not mandate insurance.) Certainly, becoming uninsured would increase take-home pay and might reduce the disincentive to work, but it would not eliminate it. As long as workers value health insurance, they would lose a valued benefit (insurance) if they earned more than the poverty level and took this option. Thus, the subsidies would improve the well-being of the poor by expanding insurance coverage, but the phaseout of the subsidies would reduce the marginal return from working and thereby discourage additional work effort.

The incentives created by the subsidy system would also lead some workers to drop out of the labor force or not enter in the first place. Although most workers' decisions about participating in the labor force are generally not sensitive to changes in net returns, one group is relatively responsive: second workers in households in which one person is already employed. These so-called secondary workers are more responsive to changes in net returns from work because they can rely on their spouse's income. They will participate in the labor market when the net returns from work exceed their costs of working, including the value of the time that would otherwise be available for leisure or other activities.

The proposal would reduce the willingness of secondary workers in some low-income households to take a job. If the family's income was between 100 percent and 200 percent of the poverty level and the second worker's income did not raise the family's income beyond the 200 percent level, the reward from the second worker's efforts would be only about 30 percent of the gross compensation if the premiums were those for the comprehensive benefit package, and only slightly higher if the lower premiums for the limited benefit package were charged. (Again, this assumes that the

Table 4-3.
Take-Home Pay for Additional Hours of Work:
A Comprehensive Standard Benefit Package Under the Managed Competition Act

	35-Hour Work Week	40-Hour Work Week	Change
	In Dollars		
Compensation	24,000	27,429	3,429
minus			
Employer's Share of Payroll Tax	1,706	1,949	244
equals			
Base Wage	22,294	25,479	3,185
minus			
Net Insurance Cost (After subsidy)[a]	2,157	3,126	968
equals			
Adjusted Gross Income	20,137	22,354	2,217
minus			
Personal Exemptions and Standard Deduction	16,550	16,550	0
equals			
Taxable Income	3,587	5,804	2,217
Federal Tax Before Credit	538	871	332
minus			
Earned Income Tax Credit	889	245	-644
equals			
Net Federal Income Tax	-351	626	976
plus			
Employee's Share of Payroll Tax	1,706	1,949	244
equals			
Total Federal Tax Paid Directly by Employee	1,355	2,575	1,220
Net Income After Tax and Insurance	18,783	19,779	996
	As a Percentage of Additional Wages		
Net Income from Working Five Additional Hours	n.a.	n.a.	29
Marginal Levy on Wages from Working Five Additional Hours	n.a.	n.a.	71

SOURCE: Congressional Budget Office.

NOTE: Table assumes a hypothetical two-parent, two-child family in 1995; n.a. = not applicable.

a. Assumes that employers pay nothing for insurance and that the family chooses the least expensive health plan, which would cost $6,641 before subsidies.

Table 4-4.
Take-Home Pay for Additional Hours of Work:
A Limited Standard Benefit Package Under the Managed Competition Act

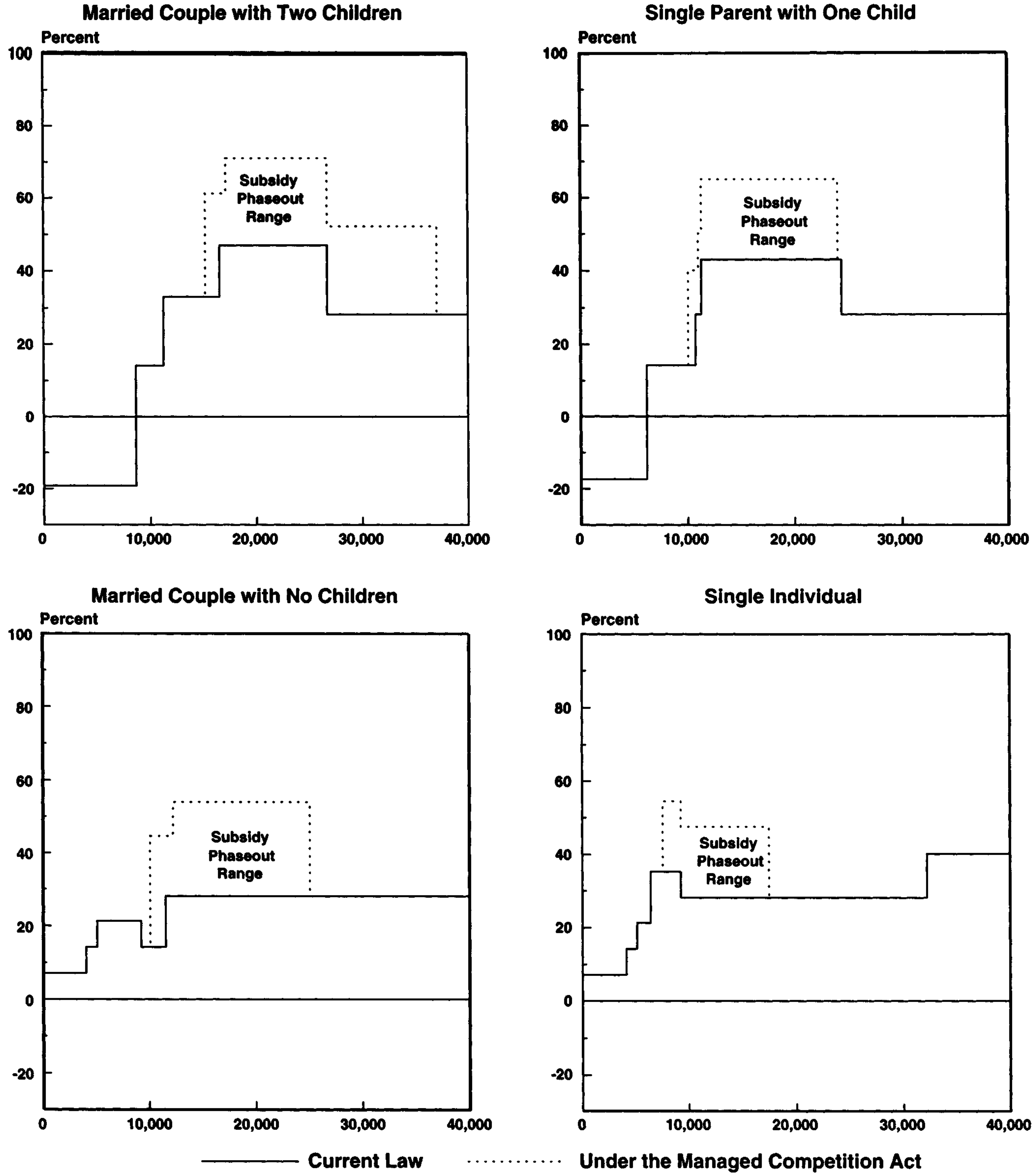
	35-Hour Work Week	40-Hour Work Week	Change
	In Dollars		
Compensation	24,000	27,429	3,429
minus			
Employer's Share of Payroll Tax	1,706	1,949	244
equals			
Base Wage	22,294	25,479	3,185
minus			
Net Insurance Cost (After subsidy)[a]	1,838	2,662	825
equals			
Adjusted Gross Income	20,457	22,817	2,360
minus			
Personal Exemptions and Standard Deduction	16,550	16,550	0
equals			
Taxable Income	3,907	6,267	2,360
Federal Tax Before Credit	586	940	354
minus			
Earned Income Tax Credit	889	245	-644
equals			
Net Federal Income Tax	-303	695	998
plus			
Employee's Share of Payroll Tax	1,706	1,949	244
equals			
Total Federal Tax Paid Directly by Employee	1,403	2,644	1,242
Net Income After Tax and Insurance	19,054	20,173	1,118
	As a Percentage of Additional Wages		
Net Income from Working Five Additional Hours	n.a.	n.a.	33
Marginal Levy on Wages from Working Five Additional Hours	n.a.	n.a.	67

SOURCE: Congressional Budget Office.

NOTE: Table assumes a hypothetical two-parent, two-child family in 1995; n.a. = not applicable.

a. Assumes that employers pay nothing for insurance and that the family chooses the least expensive health plan, which would cost $5,313 before subsidies.

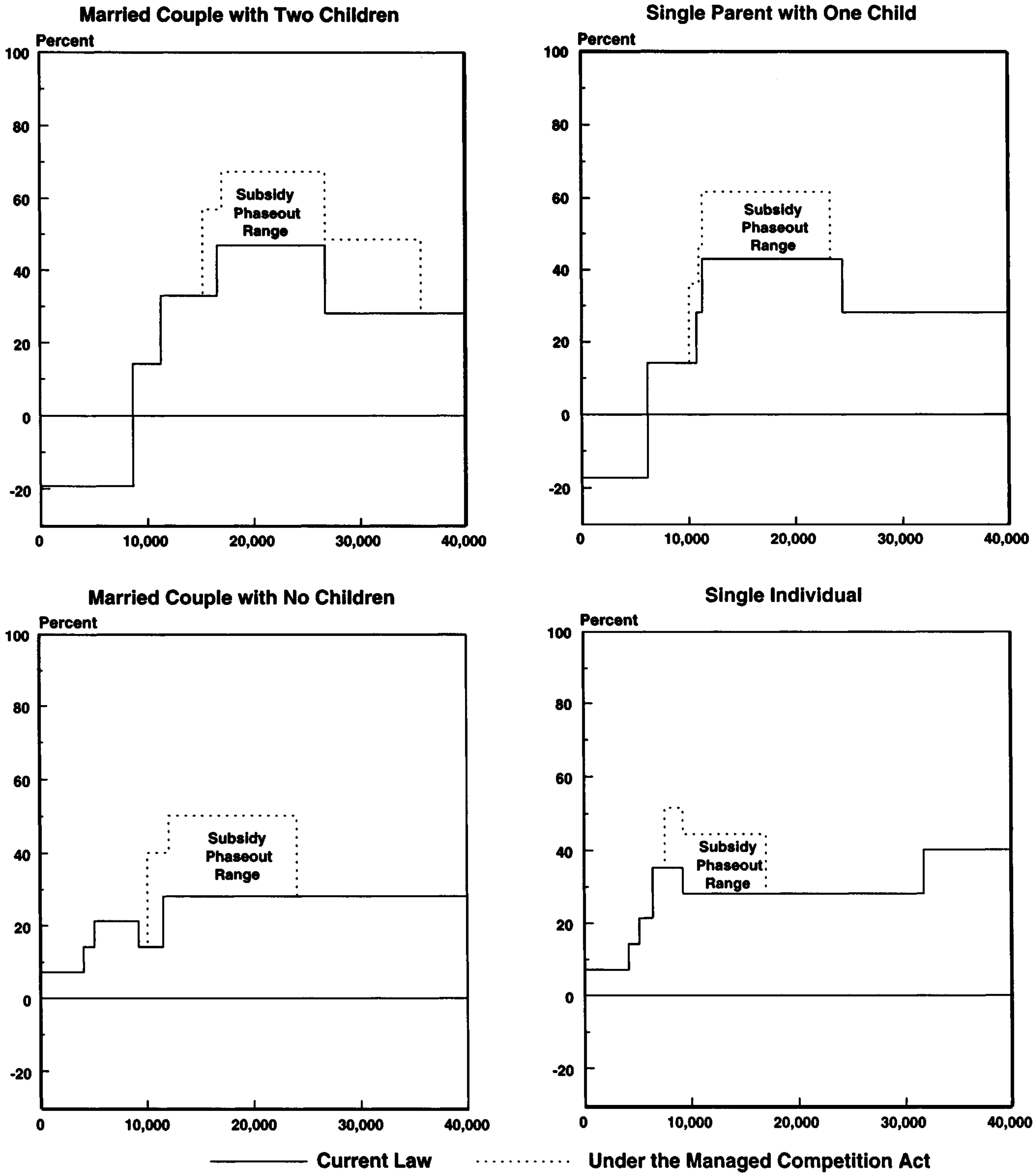
Figure 4-1.
Effective Marginal Tax Rates on Compensation in 1995: A Comprehensive Standard Benefit Package Under the Managed Competition Act



SOURCE: Congressional Budget Office.

NOTE: The effective marginal tax rate includes the individual income tax, the earned income credit, both the employee's and the employer's share of the payroll tax, and the phaseout of the premium subsidy in H.R. 3222. It does not include the loss of cost-sharing subsidies or wraparound benefits.

Figure 4-2.
Effective Marginal Tax Rates on Compensation in 1995: A Limited Standard Benefit Package Under the Managed Competition Act



SOURCE: Congressional Budget Office.

NOTE: The effective marginal tax rate includes the individual income tax, the earned income credit, both the employee's and the employer's share of the payroll tax, and the phaseout of the premium subsidy in H.R. 3222. It does not include the loss of cost-sharing subsidies or wraparound benefits.

worker's employer does not pay for insurance.) In either case, the returns from work would be low, and the second earner's net income might not be enough even to cover the costs of transportation and child care. Moreover, by going to work, the second earner would lose time that could be spent on homemaking, childrearing, or other pursuits.

Of course, the work disincentive would be smaller if the second worker's income increased the family's income well above 200 percent of poverty. Moreover, if the primary worker earned 200 percent or more of the poverty level, the phaseout of the subsidies would have no effect on the second earner's decision to take a job.

Inherent Trade-Offs in Designing Subsidies

The work disincentives under the Managed Competition Act are an inherent element in all health plans that target subsidies toward low-income people because those benefits must be phased out as income rises. Although changing the design of the subsidy system could reduce the marginal levy on the income of low-income people, doing so would introduce other problems.

One way to reduce the subsidy phaseout rate would be to provide a smaller subsidy to people earning income at (or below) the poverty level. With a smaller subsidy to start--something less than 100 percent of the premium--less of it would have to be taken away as income rose. But this change would make it more difficult for low-income people to afford insurance and would undercut one of the major goals of the proposal. In addition, such a change would do less to reduce Medicaid "lock." As long as Medicaid offered free care--but people who worked had to pay for a significant fraction of their care--welfare beneficiaries would face some incentive to stay out of the job market.

A second way to reduce the marginal levy would be to phase out the subsidies over a broader income range--in other words, to raise the income threshold at which subsidies were terminated to, say, two and one-half or three times the poverty level. This approach, however, would dramatically raise the overall cost of the subsidies, since it would greatly increase the number of eligible families.

Moreover, these additional subsidies would have to be financed--and that financing could also distort decisions about work. Inevitably, such a policy would spread the work disincentives to a larger fraction of the population than would be true under the proposal. Thus, although a slower phaseout would significantly improve the work incentives for people earning between 100 and 200 percent of poverty, it would increase the work disincentives for others. The net effect of these changes on economic efficiency is uncertain.