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of LEADERSHIP and PUBLIC POLICY

CONGRESSMAN
CHRIS PAPPAS
NEW HAMPSHIRE'S 1st CONGRESSIONAL DISTRICT

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Reducing Health Coverage Costs for Small Businesses

Prepared By
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Disclaimer :

The author conducted this study as part of the program of professional education at the Frank Batten School of Leadership and Public Policy, University of Virginia. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the author, and are not necessarily endorsed by the Batten School, by the University of Virginia, or by any other agency.

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Finally to my family and friends, I would not be the person I am without you all. You all motivate me to be the best student, teacher, and person I can be. It truly does take a village, and I am so thankful for my team.

Honor Statement :

On my honor as a student, I have neither given nor received unauthorized aid on this assignment.

A handwritten signature in black ink that reads "Savannah Rogers". The signature is written in a cursive, flowing style.

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Executive Summary

As of 2016, there were roughly 7 million individuals working for a small business with 50 or fewer employees who were uninsured (The Affordable Care Act's Impact on Small Business, 2018). The primary reason noted by business owners for the lack of insurance provided to employees was its cost. In the United States, small businesses with 50 or less employees across the country are saddled annually with \$567 billion in health coverage premium costs (Tolbert, Nov 06, et al., 2020)(Small Business Administration, 2019b). Adding indirect costs such as loss of productivity to businesses from employee turnover due to a lack of employer provided coverage, these costs get into the trillions every year for small businesses.

The following report is a synthesis of existing information on this issue followed by analysis of potential policy options for Congressman Chris Pappas to pursue. This memo briefly explains the history of the Affordable Care Act and the impact it had on small businesses providing healthcare. It covers who within small businesses are most affected by the lack of coverage as well. Trends on employer provided coverage are also established, looking both at times before the ACA, and after its establishment and then later changes. Policy options are then evaluated based on the criteria of cost effectiveness, political feasibility, administrative feasibility, and equity. Alternatives include expansion of existing tax credits to businesses with between 25 and 49 employees, premium caps on coverage specific to small businesses, and allowing for self-employed individuals to fully deduct the cost of coverage.

It is recommended that Congressman Pappas sponsor a bill alongside fellow co-chair of the Small Business Caucus, Congressman Hern (R-OK-1), to reduce the tax rate on self-employed individuals. On average, business owners would see a direct decrease in the cost of health coverage through annual savings of \$837.22. Across all impacted individuals, savings exceed \$18 billion annually. Overall, this option has the highest likely chance for success of both reducing the cost of coverage for small businesses while also being administratively feasible and bipartisan.

Introduction

Problem Statement | Client Orientation & Goals

Problem Statement

Currently, half of small businesses in the U.S. with fewer than 10 employees offer health insurance to their employees. For businesses with 10-24 employees and 25-49 employees, this number decreases drastically to 29% and 15% of businesses offering employer provided coverage respectively (What Can Small Business Owners Do for Health Insurance?, 2021). In comparison, 99% of large firms (200+ employees) offer health coverage (Small Business Administration, 2012). Yet, the take-up rate by employees for this coverage when offered is similar across companies of all sizes, thus alluding to the greater contributing factor preventing coverage – high coverage costs for small business owners (What Can Small Business Owners Do for Health Insurance?, 2021). In fact, high health care costs are the number one issue with which small business owners contact their elected officials and is one of the largest proportions of cost for small business owners (“New Survey on Politics of Small Business,” 2018). High health coverage costs are also the top ranked challenge faced by small business owners by their own account (Buttle et al., 2019).

Client Orientation & Goals

Congressman Pappas represents New Hampshire’s First District which covers counties stretching from rural communities such as Carroll County, to representing the largest city in New Hampshire – Manchester. It’s important to note that within Congressman Pappas’ home state of New Hampshire, 99% of businesses are listed as small businesses (Small Business Administration, 2019a). That totals 134,760 small businesses throughout the state employing 295,895 employees in 2019. This SBA report also noted that the largest gains in employment in the state came about in small businesses with 20 or fewer employees, with the smallest gains in businesses employing 100+ employees. The cost to New Hampshire businesses also equates out to roughly \$3,100 a year, per employee if they were to provide health coverage (How Much Does Health Insurance Cost a Small Business?, 2020).

Furthermore, Congressman Pappas from the beginning has campaigned on the importance of small businesses. He himself comes from a family owning a small business. With this emphasis in his first and now second term, Congressman Pappas was recognized by his colleagues in the Small Business Caucus to now chair it alongside Congressman Hern.

In my discussions with Congressman Pappas' office, the main priority for him is providing a bipartisan solution through the House Small Business Caucus which will lower the cost of health insurance for small business owners. While Congressman Pappas is concerned about the lack of coverage many American workers face, his office believes that by reducing the cost of coverage for business owners, those who do not currently provide it will be more inclined to do so. His office believes cost is the largest barrier to entry for employer-provided health insurance based on conversations with employers and data from existing research.

As briefly noted earlier, Congressman Pappas is also very interested in a bipartisan legislation. His office's goal is to have the recommended policy option be one that fellow co-Chair Hern would introduce jointly. This makes political feasibility a noteworthy criterion to consider. Likewise, equity is an important criterion based on Congressman Pappas' goals. His office made clear to me that any policy option which would either reduce coverage for employees or the quality of coverage was not on the table. Overall, the root issue is the cost to employers, but to address this concern bipartisanship and equity cannot be sacrificed.

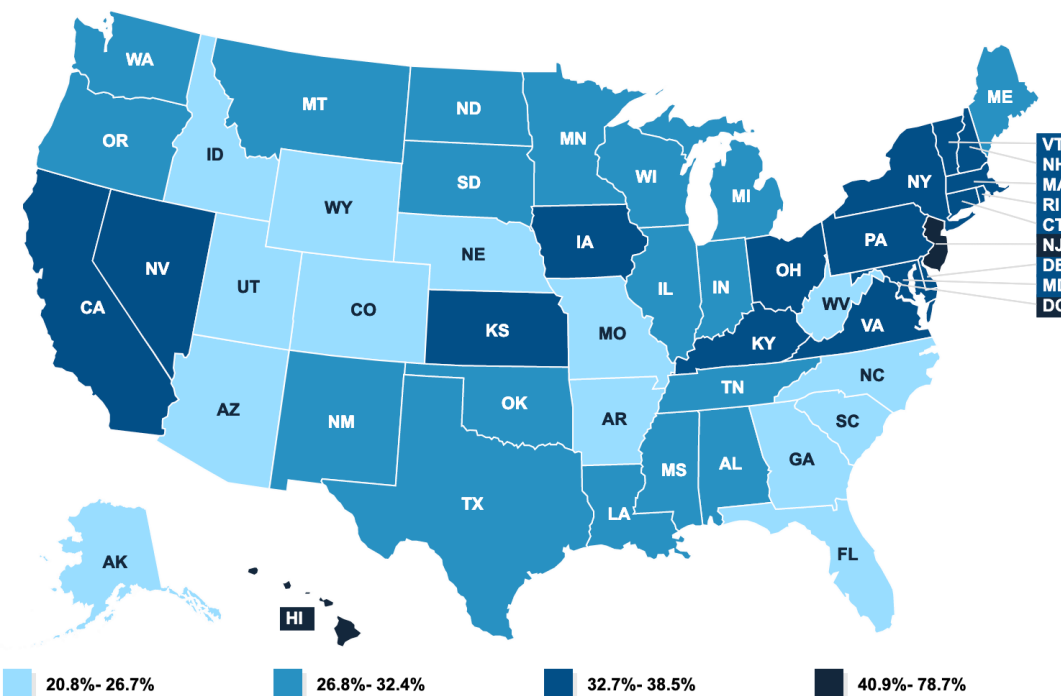
Since 2010, and likely due to the passage of the ACA, there has been a steady decline in uninsured individuals. However, beginning in 2018, there were slight increases in uninsured individuals aged 0-64. Depending on if there are policy changes to the ACA, this trend could change drastically in either direction. Now that the House of Representatives, Senate, and Executive Branch are all controlled by Democrats, policy to 'repeal and replace' the ACA are less so on the agenda. However, with most of the government focusing on the COVID-19 pandemic recovery, health coverage and the ACA is on the back-burner. Health care is a topic of conversation due to the pandemic, and coverage may become a more prominent topic as the nation's health and economic security returns.

Background

Small Businesses and Health Coverage

In the United States 28.9 million non-elderly adults lack healthcare. Of those in this proportion who are employed, 72.5% worked for an employer who did not provide coverage (Tolbert, Orgera, et al., 2020). Only 31% of small businesses with less than 50 employees provided health coverage of some form to their employees as of 2020 (Kaiser Family Foundation, 2021). Looking to New Hampshire specifically, Congressman Pappas' home state, 37.4% of small businesses offer their employees coverage. Though this is above average for small businesses, it is well below the average for businesses over 50 employees both in New Hampshire, 98.9%, and nationally, 96.7% (Kaiser Family Foundation, 2021). While more Americans work for large employers, the vast majority of employers are small businesses (Jost, 2012).

Percent of Small Businesses (>50) that Offer Health Coverage



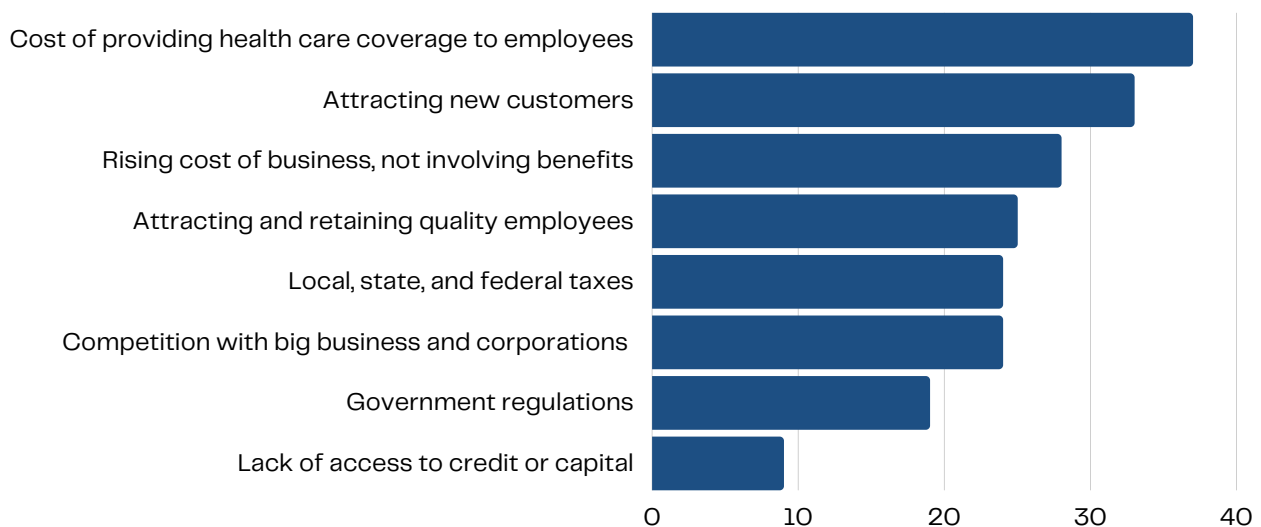
Source: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey Insurance Component, 2012–2020. Medical Expenditure Panel Survey Private Sector Insurance Component, Table II.A.2.

High Health Coverage Cost are of Paramount Concern

Small business owners have repeatedly noted that high insurance premium costs are the greatest challenge to them as owners. In 2019, 37% of small business owners listed it as the greatest challenge facing their business according to survey by The Commonwealth Fund (Buttle et al., 2019). Likewise, in a survey from the National Small Business Association in 2018 small business owners noted it is one of their paramount concerns ("New Survey on Politics of Small Business," 2018). Small businesses struggle with high health care coverage costs due to factors outside of solely high premium costs. Large firms also face high premium costs, however they also have advantages such as a larger pool of insured employees, the potential for full-time human resources employees to overcome administrative burden, and more bargaining power with providers (Buttle et al., 2019).

For small businesses, the average annual premium cost is \$7,813. Of that, small firms paid on average 83% or \$6,485. Firms with 50 or fewer employees are not legally required to provide coverage while larger firms are through the Affordable Care Act. Prior to the repeal of the individual mandate through the Tax Cuts and Jobs Act, all individuals younger than 65 were required to have coverage or pay a penalty. Thus, if an individual works for a small firm that does not provide insurance, there is the potential for them to be uninsured. While they could purchase individual insurance, the average cost is \$5,472 (Porretta, 2022). If they chose to be uninsured, the average cost in medical bills is \$1,719 (Garfield et al., 2019). However, if an employee receives coverage through their employer, the cost is on average \$1,328 (Jayakumar, 2022).

Which one of these do you consider the biggest challenge facing your business?



Source: Rhett Buttle, Katie Vlietstra Wonnemberg, and Angela Simaan, *Small-Business Owners' Views on Health Coverage and Costs* (Commonwealth Fund, Sept. 2019).

It is understandable that employers seek to provide insurance to incentivize potential employees, however as seen through surveys of owners, some clearly struggle to provide this coverage due to its cost.

Health Coverage Prevents Employee Turnover

There are benefits to employers who provide insurance to their employees. If employers are able to afford coverage, they may see higher retention rates of their employees (Cowan, 2004). Employer retention prevents many of the negative impacts employee turnover can have on businesses. These include loss of productivity, low morale, as well as the direct costs of hiring and rehiring employees (Smith, 2021). One study showed that loss of employee productivity costs businesses \$1.8 trillion dollars annually (Cox, 2021). It is however important to note that this monetary figure is attributable to all businesses, not just small businesses. It is very likely this number decreases substantially for small businesses, however it is likely still a substantial cost to employers.

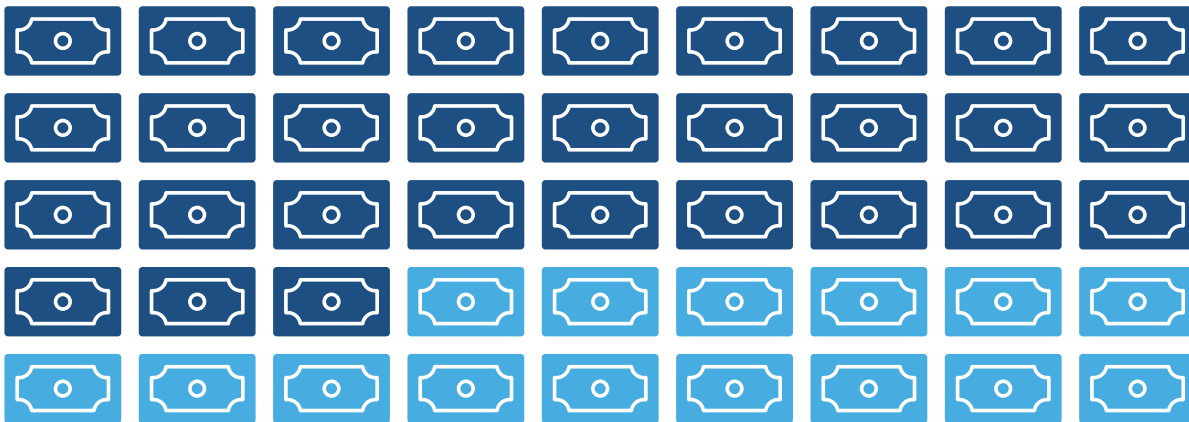
The cost of employee turnover however varies by business. Estimates for these costs include between six and nine months' salary for salaried employees (USI Insurance Services, 2019). It's estimated that the cost of hourly employees leaving their business is about \$1,500 per employee (Kate Heinz, 2020). While there is limited data on the number of small business employees working hourly versus salaried, using assumptions a projected total cost for small business owners can be calculated. The average salary for an employee of a business with between 2 and 99 employees is \$38,664.50 (Elaine Pofeldt, 2015). Using estimates for cost of employee turnover for salaried employees, the average cost is between \$19,332.25 and \$28,998.38. With 20% average turnover rates in businesses and an estimated 9.1 million individuals working for small businesses with 2-49 employees, the average cost is projected at \$2.7 billion annually conservatively and \$52.8 billion annually at maximum.

Small Business Health Options Program

The Affordable Care Act (ACA) created the Small Business Health Options Program (SHOP) in order to provide small businesses with a way to pool their risk, reduce administrative burden, and increase buying power (Gaudette, 2015). Risk pooling offsets the higher cost of less healthy individuals in a group by increasing the size of the group and the overall percentage of healthy, low cost individuals (Services, 2020). Pooling risk does not always reduce the cost of health insurance however as premiums are the average of the healthy and unhealthy individuals within a group. If there are more unhealthy individuals, premiums will be higher. This is called adverse selection (American Academy of Actuaries, 2017). The purpose of the Small Business Health Options Program (SHOP) is to reduce the likelihood of adverse selection and the overall cost of premiums to both employers and employees (Gaudette, 2015). This program does a good job of offering greater choices to

small businesses when it comes to coverage plans, and it also can play the role of human resources that a larger business would have as they are able to aggregate employee premiums and tell businesses what percent of those premiums they must pay. However, it does not inherently lower the cost of premiums for small businesses, with which 67.5% of small businesses have seen increases in since 2003 (Kingsdale, 2012). To try and remedy this, the government offers the Small Business Tax Credit, however this is only for businesses with between 2 and 24 employees (Gaudette, 2015). This leaves out a large population of businesses with between 25 and 49 employees who are not mandated to provide coverage.

67.5% of Small Businesses Experienced Health Coverage Premium Increases between 2003 and 2016



Source: Agency for healthcare Research and Quality, Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey Insurance Component, 2012–2020. Medical Expenditure Panel Survey Private Sector Insurance Component, Table II.A.2.

Criteria

Cost Effectiveness | Political Feasibility | Administrative Feasibility | Equity

Cost Effectiveness

This criterion is defined as the estimated health coverage savings to small business owners with less than 50 employees. Policy options with greater reductions in the amount of money a small business owner puts toward health coverage for their employees after taxes while still providing government-defined quality coverage will be ranked higher in effectiveness. Before and after policy option costs will be defined by the average total cost per full-time employee (FTE).

Political Feasibility

This criterion is defined as the likelihood the policy option is implemented by the government, either through a piece of legislation in congress or executive order from the President. A more politically feasible option will have bipartisan support in both the House and Senate, as well as urgency in its passage to ensure small business owners are supported in a timely fashion. Policy options can still be considered politically feasible if only members of one party support it so long as it still has a strong potential for implementation and employer uptake. It will also be crucial to consider the characteristics of those advocating for a policy in comparison to those opposed. Policy options that have potential for passage but are polarizing enough to reduce uptake will be viewed with lower political feasibility.

Administrative Feasibility

This criterion is defined as the resources, monetary and not, necessary to implement a policy option. A more administratively feasible option will not require as many resources to implement with the most administratively feasible options having the infrastructure already in place. Administrative feasibility is considered for both the government in implementation as well as for small businesses. Policy options requiring more resources of the government than of small businesses will be ranked higher than options requiring more resources of small businesses than the government. Options viewed as most administratively feasible will have existing infrastructure in place to support the policy thereby reducing the amount of money necessary to implement it.

Equity

This criterion is defined as if a policy alternative supports small businesses ranging from 1 to 50 employees equally. As businesses with above 50 employees are mandated by law to provide insurance to their employees, this criterion will only focus on policies which reduce costs and thus incentivize insurance provision for small business (fewer than 50) employers. A policy which supports a subgroup of small business (gig economy workers, fewer than 25, only 25-49 employees) inequitably will be ranked lower. Furthermore, if a demographic group of small business owners receive a greater benefit over another it will be seen as less equitable. Finally, if a policy solution benefits employers at the expense of providing quality coverage to its employees, it will not be viewed as equitable.

How are criteria scored?

Policy options are scored on a scale of 1-9 with 1 being the lowest score and 9 being the highest scores. Medium scores will be given a score of 5 with intermediate scores (medium low, medium high) receiving a 3 and 7 respectively. After all criteria scores are accounted for, an average score will be calculated. The higher the total score, the more likely a policy option is to be seen as effective, feasible, and equitable. Furthermore, the total score is calculated as the average score across all four criteria. The higher the average score, the more likely the option is to be recommended.

Alternatives

Policy Option 1: Expanding the Small Business Tax Credit

The Small Business Tax Credit is currently only offered to employers who utilize the Small Business Health Options Program (SHOP). Furthermore, only businesses with less than 25 employees have the ability to opt-in to this program, leaving out businesses with 25-50 employees (Small Business Health Care Tax Credit, n.d.). This program also requires that the average salary for businesses which apply for this credit cannot be more than \$56,000 and employers must pay at least 50% of premium costs to be eligible for this credit. This is 10 percentage points lower than the mandatory premium cost coverage for large firms. However, with these existing caps, credits can be as low as a few hundred dollars (Health Insurance Marketplace, Affordable Care Act, n.d.).

Furthermore, existing businesses who meet these outlaid qualifications can still lack eligibility. For example, a business with 24 employees that pays the average premium cost employers contribute, \$6,485, and have an average salary for their employees at \$56,000 are not eligible for the credit. Employers can become eligible again, however the average salary would need to be reduced to less than \$30,000. This salary is only \$3,500 over the poverty threshold for a family of four. There is a current lack of transparency on the specific calculations outside of the 'calculator' and a potential for harm in the lack of communication to business owners about their eligibility. Literature has shown through employer surveys that businesses are aware of the tax credit, however they were either not eligible or the credit was low enough that it was not a motivating enough factor to provide coverage (Gaudette, 2015).

Congressman Pappas could consider proposing legislation alongside the Small Business Caucus which would expand the Small Business Tax Credit to small businesses employing between 25 and 50 employees as well as expanding the existing credit amount. Small businesses with 25-50 employees are currently eligible to enroll in SHOP, but the credit itself is unavailable to these employers. Additionally, the credit should not be regressive within its existing constraints. That is to say, the current tax credit decreases in size the more you pay toward your employees' health coverage and also decreases in size if you pay for more employees' coverage. While the intent may be that larger businesses do not need this credit, this thinking should be applied to large businesses with 200 or more

employees as defined as large businesses rather than harming and excluding businesses with fewer than 50 employees. In expanding eligibility to 2-49 employees, this proposed bill should also provide a 50% of premiums credit at a flat rate. If an employer meets the defined boundaries of having 2-49 employees with an average salary of \$56,000 and provides 50% of healthcare premiums, they should receive their full contributions back as a credit. This option directly reduces the cost of healthcare for small businesses with 25-49 employees and potentially increases the credit for employers with 2-24 employees. It also provides a direct incentive for employers to partake in the marketplace if they do not already offer insurance.

Effectiveness: High (9)

Based on the existing small business tax credit calculators, if small businesses with 22 employees pay the average premium for their employees with the median salary nationwide, they'd be ineligible for the credit. The business size of 22 was selected as it is the average size of small businesses according to the Small Business Administration (Small Business Administration, 2020). The maximum credit available to businesses of 22 employees is \$8,590 as seen in Figure 1. This is only 10% of what employers pay toward their employees' healthcare. Additionally, an annual salary of \$25,900 is \$600 below the poverty threshold for a family of 4.

Figure 1: Maximum SHOP Tax Credit Available to Average Small Business Size

Average Premium Cost for Employees	Average Size of Small Businesses	Maximum Salary to Receive Maximum Credit	50% of Average Premium Costs x Number of Employees	Maximum SHOP Tax Credit
\$7,813	22	\$25,900	\$85,943	\$8,590

The Small Business Administration uses a business size of 10 as their public example (Small Business Health Care Tax Credit, n.d.). This example also lists the average salary at \$25,000, \$1,500 below the poverty threshold for a family of 4. However, businesses receive a credit that is 50% of what they pay toward healthcare premiums. This is detailed on the next page in Figure 2.

Figure 2: Example Small Business Administration Credit

Premium Cost for Employers	Size of Small Businesses	Average Salary per Employee	50% of Average Premium Costs x Number of Employees	SHOP Tax Credit
\$7,000	10	\$25,000	\$70,000	\$35,000

Transitioning to what this credit could be with this potential policy option, if the average sized business, paying the median annual salary and 50% of average premium costs were to apply for this credit, they'd receive \$71,335 as noted in Figure 3.

Figure 3: Potential SHOP Tax Credit for Business with 22 Employees

Average Premium Cost for Employers	Average Size of Small Businesses	Median Annual Salary	Premium Costs x Number of Employees	Potential SHOP Tax Credit
\$6,485	22	\$34,248.45	\$142,670	\$71,335

Overall, if this policy option were to be implemented, businesses would have the potential to save between \$6,485 and \$158,882.50 for businesses between 2 and 49 employees based on the average premium costs paid by employers. These savings are 50% of average total premiums paid by employers. \$6,485 could potentially be saved by employers with 2 employees, while \$158,882.50 could potentially be saved by employers with 49 employees paying twice that toward health coverage premiums. For every one employee, an employer saves \$3,242.50.

This option not only has significant financial savings for businesses who already provide insurance, but also may serve as a motivating factor to businesses who do not currently offer coverage. Large firms are required to provide up to 60% of premium costs to the employees in addition to the coverage mandate. While small firms are less likely to provide coverage to their employees as they are not mandated to like large firms, they are

drastically more likely to provide 100% of premiums when offering insurance in comparison to 4% of large firms covering the entirety of premium costs ("Rein In The Small Business Cost of Health Care," 2021). This alternative is likely to be very effective in decreasing coverage costs to businesses with between 25 and 50 employees and currently providing insurance. Businesses most likely to benefit are those who are tax-exempt or have no taxable income as then the credit is given as a refund payment. Finally, expanding this credit is valuable past, present, and future. Businesses are able to back-date the credit to previous years if they so choose, or save it for future years (Internal Revenue Services, 2021). It is important to note that in the short run this policy may not be as effective as it might be in later years as those likely to apply for this credit in the first few years already likely provide coverage. However, its long-term effectiveness outweighs the short-term potential.

Political Feasibility: Medium (5)

Members of Congress have proposed a wide variety of bills related to small business tax credits in the past. These bills have spanned across the aisle such as with H.R.821 - Small Business Tax Fairness and Compliance Simplification Act from Rep. LaHood (R-IL-18) or H.R.885 - Small Business PPE Tax Credit Act from Rep. Lawrence (D-MI-14). Both bills received bipartisan support, with Delegate Norton (D-DC-At Large) and Rep. Moolenaar (R-MI-4) being cosponsors on both. However, both bills were introduced over a year ago and did not make it out of committee. While it may be highly politically feasible for Congressman Pappas to introduce a bipartisan bill with this policy option, potential for passage is minimal currently as many bills with similar proposals such as noted above have stalled and failed to make it out of committee. If Congressman Pappas were to hope for passage, it is imperative he have a strong bipartisan coalition in both the House and Senate. Furthermore, it will be important for him to have this policy on the political agenda to ensure it does not die in committee due to a lack of urgency.

Administrative Feasibility: Medium Low (3)

As there is current infrastructure for providing these tax credits to businesses with fewer than 25 employees, concerns of how this option will get up and running are minimal. Businesses with 25-50 employees will fill out form 8941 like businesses with fewer than 25 employees. There will be no changes to premium coverage minimums nor average salary caps.

Little data exists on how much the US government pays out in this specific tax credit annually as well current revenue streams in funding this credit. However, if every small business with fewer than 50 employees and more than 1 employee were to take advantage of this credit within the same tax year, it is estimated this could cost the US government upwards of \$59 billion. This was calculated in Figures 4 and 5 on the next page.

Figure 4: Calculation of Number of Employees Working for Businesses with between 2-49 Employees

Total Small Business (<500) Employees	Total Small Business (100-499) Employees (14% of Small Businesses)	Total Self-Employed with No Employees	Assumed Number of Small Business (50-99) Employees	Total Small Business Employees (2-49)
59.9 million	8.4 million	31.4 million	11 million	9.1 million

There are 59.9 million Americans working for small businesses with less than 500 employees (Small Business Administration, 2019b). This is approximately 49% of all employees in the United States working for a small business. Of that, 14% are working for a business with between 100 and 500 employees (JP Morgan Chase, n.d.). Additionally, 31.4 million of these employees are sole proprietors or partnerships (Kochhar, 2021). This leaves about 20.1 million Americans working for a business between 2 and 99 employees. Limited data is known on how many employees work for 50-99 employees based on existing subsections in data. However, data is available on the number of small businesses with 50-99 employees. As of October 2021, there were 149,646 businesses with between 50 and 99 employees (NAICS Association, 2021). Assuming these businesses employee on average 74 employees, that is approximately 11 million employees. This means based on assumptions given, there are 9.1 million people working for a small business with 2-49 employees.

Figure 5: Total Cost of Expanded SHOP Tax Credit

Total Small Business Employees (2-49)	Average Premium Cost for Employers	Number of Years Allowed to Claim Credit	Total Cost of Credit over existing business's Lifespan
9.1 million	\$6,485	2	\$118 billion
X	X	=	

It is unlikely every business claims this credit within one year. Additionally, the credit is only available for two years total. Therefore, this option would cost \$118 billion total over its entire lifespan. If we were to assume that business owners take advantage of this credit similar to other business credits in the past though, only 1 in 10 business owners would each year (Schoen, 2019). Furthermore, it can be presumed that the majority of those applying for this credit in the first few years would be business owners currently providing insurance. It can be assumed that due to this, the annual cost of this policy option would be less than 11.8 billion in its first year.

Equity: Medium High (7)

Rather than this credit functioning as those with the fewest employees paying lower salaries receiving the highest credit, employers would be treated equally and based on their premium contributions so long as they met the necessary requirements of salary average maximum and employee size between 2 and 49. This policy option also removes the current inequities in the status quo by allowing all small businesses not mandated to provide insurance to their employees to take part in this credit. However, as self-employed individuals are unable to take advantage of this credit, full equity for all small businesses observed in this existing issue is not met.

Policy Option 2: Healthcare Deduction for Self-Employed

Self-employed individuals are required to pay taxes on their employer-provided health insurance costs, a requirement unique only to self-employed workers. The tax at issue is a 15.3 percent FICA payroll tax comprised of 12.4 percent in Social Security taxes and 2.9 percent for Medicare. This tax must be paid on income which pays for employer-provided health insurance costs which self-employed individuals supply to themselves. In essence, they're taxed twice on what they pay toward healthcare as they're unable to deduct the full cost of their coverage. This policy option suggests Congressman Pappas sponsor a bill that would allow self-employed sole proprietors to deduct the cost of their coverage from their income before they are taxed on it as both an employer and employee.

Effectiveness: Medium High (7)

In eliminating this 'double dip', self-employed save on average \$837.22. This is calculated based on the average annual cost of healthcare for individuals multiplied by the 15.3% as seen on the next page in Figure 6.

Figure 6: Total Savings for Sole Proprietors with Health Coverage

Average Premium Cost for Individuals	Payroll Tax Self-Employed face on Health Insurance	Average Tax paid by Self-Employed on Health Coverage Expenses
\$5,472	15.3%	\$837.22

To calculate the cost of this policy option of the lifespan of existing small businesses that are sole proprietorships, the average annual savings is multiplied by the number of self-employed individuals without insurance and then multiplied again by the average business lifespan. These calculations can be seen below in Figure 7. For existing self-employed individuals with health coverage, they have the potential to save approximately \$35,000 over their business' lifespan, with \$761 billion in savings across all self-employed individuals with health coverage.

Figure 7: Average Tax Paid by Self-Employed on Health Coverage Expenses

Average Savings with Policy Alternative	Number of Self-Employed Individuals with Health insurance	Average Work Life	Total Potential Savings for Self-Employed over existing business' lifespan
\$837.22	21.7 million	42 years	\$761 billion
X	X	=	

While this policy option does not directly mandate self-employed individuals purchase health coverage if they do not already have it, it does reduce the cost of coverage to approximately \$4,634 annually on average. Furthermore, this tax deduction is only available to individuals with coverage, thus potentially incentivizing uninsured individuals to purchase coverage.

Political Feasibility: Medium (5)

The most recent legislation proposed in congress with a tax cut for small businesses is H.R.6658 - Protecting Family and Small Business Tax Cuts Act of 2022, introduced by Rep. Davis (R-IL-13) in early February (Davis, 2022). While there are over 100 cosponsors currently, all are Republicans. While this makes this policy option potentially highly politically feasible with Republicans, existing lack of support for small business tax cuts from Democrats lowers the feasibility of this policy option. However, if this option were to be proposed by Congressman Pappas, it could lead to support from his party. Currently, Congressman Pappas sponsors H.R.7079 - Cut Red Tape For Online Sales Act however features only one cosponsor and is in committee (Pappas, 2021).

It's important to note though that Democrats do support policy options providing tax cuts to small businesses such as with President Biden's Build Back Better Agenda which would provide tax cuts to 3.9 million entrepreneurs and protect 97% of small businesses from income tax rate increases (FACT SHEET, 2021). However, as noted below in the administrative feasibility criteria, as this will cut revenue by approximately \$18 billion annually, there is a potential decrease in political feasibility. Legislators may be less inclined to support a tax cut knowing that other areas of the budget may face ramifications.

Administrative Feasibility: Medium (5)

While this policy option would save self-employed individuals approximately \$18.1 billion annually, it's important to note that this also equates to \$18.1 billion lost in tax revenue. The federal government has consistently relied on this stream of revenue and cutting almost \$20 billion from the budget would take substantial time, staff, and deliberation to determine. It also could be the potential that this difference in revenue is not reconciled promptly leading to an increase in debt. Outside of budget costs, it would be moderately easy for this deduction to occur. Similar to other business expenses, self-employed individuals would fill out Form 1040 Schedule C. This form is already in existence and use and comes with a list of potential deductions for businesses. The IRS would need to list 'health coverage costs' on this list, but then would not need to create a new form for individuals to complete.

Equity: High (9)

Allowing self-employed individuals to fully deduct the cost of their health coverage removes existing inequities from the status quo. While employees only pay taxes once, self-employed individuals must pay payroll taxes twice. While this policy option does not fully remove this 'double dip' tax, it does allow employers to fully deduct their health coverage costs from their payroll to remove taxation on these costs. As this policy option is only bringing up a subsection of the population to the standard faced by others, it does not remove equity from a group. Thus, this policy option ranks very high.

Policy Option 3: Premium Caps Specific to Small Businesses

As noted previously, high premium costs are one of the greatest challenges noted by small business owners. While there are indirect costs to providing health coverage such as the administrative costs to facilitate employer-provided insurance, these do not make up the bulk of the costs for businesses. Congressman Pappas could propose a bill which would mandate insurance companies cap the cost of their coverage premiums specifically for small businesses. Owners would be required to document that they are a business with fewer than 50 employees, but more than two employees. Insurance companies would be required to still provide government defined 'quality care' with these lower premiums, and businesses would be required to provide at least 50% of the premium costs like they currently are with the Small Business Health Options Program.

While this would be the first mandate of its kind for small businesses, there is some precedent for federal mandates related to health coverage. For example, the Biden-Harris administration mandated insurance companies cover the cost of at-home COVID-19 tests (U.S. Department of Health & Human Services, 2022). Furthermore, in the American Rescue Plan, health insurance was capped at 8.5% of income through 2022 with Biden's Build Back Better Plan attempting to do so through 2025 (Norris, 2022).

Effectiveness: High (9)

In 2021, Kaiser Family Foundation reported that the average total cost to small businesses in providing health insurance was \$7,813 for single coverage. Of this cost, employers contributed on average 83% toward the premium for a cost of \$6,485 (Jayakumar, 2022). Many states require employers to cover 50% of premium costs for employees (Fricchione, 2020). A cap of \$5234.50 for insurance coverage would reduce costs for both employers and employees if employers continue to contribute their average 83% toward premiums. This number was calculated by adding the existing average employees pay toward their insurance to 50% of the average total cost of insurance. More details on this calculation can be seen on the next page in Figure 8. It's also important to note that the average cost to individuals if they were to purchase insurance on their own if their employer does not provide insurance is \$5,472 (Porretta, 2022).

Figure 8: Calculation of Insurance Premium Cap Specific to Small Businesses with 50 or Less Employees

Average Premium Cost for Employees	Average Amount Covered by Employer (83%)	Average Amount Covered by Employee	50% of Average Premium Costs	Potential Premium Cap
\$7,813	\$6,485	\$1,328	\$3,906.50	\$5,234.50
A	- B	= C	+ D	= E

Figure 9: Calculation of Savings for Employers with Potential Insurance Premium Cap Specific to Small Businesses with 50 or Less Employees

Potential Premium Cap	Average Amount Covered by Employer (83%)	Average Amount Covered by Employee:	Total Average Savings for Employees	Total Average Savings for Employers
\$5,472	\$4344.64	\$889.86	\$438.14	\$2,140.36
E	x .83= F	E x .17= G	C-G	B-F

With this cap, it is assumed that employers will continue to contribute over the 50% mandated by many states as earlier noted. If employers continue to provide on average 83% of the premium, costs will be reduced for not only employers, but also employees. While costs could increase for employees with a premium cap if businesses choose to reduce the percentage of premiums they provide, this could also happen regardless of if employers choose to reduce their contribution above the mandated minimum. Overall, this policy option would reduce costs for employers on average by \$2,140 per employee with potential savings up to \$104,860 per year for businesses with 49 employees as noted above in Figure 9.

Political Feasibility: Medium Low (3)

Due to COVID-19, health coverage costs were capped at 8.5% of income until the end of 2022 (Norris, 2022). This cap is roughly 15.28% of the median annual salary in the United States, a little below twice the pandemic times cap. While there could be increasingly heavy pushback from insurance companies as this option could reduce revenue for insurance providers, there is precedent from this earlier cap allowing this option potential political

feasibility. Furthermore, other areas of coverage such as insulin are currently being capped. In November of 2021, the House of Representatives passed H.R. 5376 – Build Back Better Act which established a cap on insulin at \$35 (Yarmuth, 2021). This bill passed along party lines and has not since passed in the Senate. Furthermore, eight states have passed insulin co-payment caps (Karena Yam, n.d.). At the federal level, insulin is capped currently with Medicare (Insulin Coverage, n.d.). However, these bills are primarily in Democratic states or passing due to Democrats' support without Republican support.

Administrative Feasibility: Low (1)

While small businesses will have minimal administrative burden for this alternative, there is large burden on the federal government as well as insurance providers. Insurance providers could see revenue losses in the upper billions. This is calculated based on earlier assumptions made on the number of employees working for small businesses with fewer than 50 employees. Based on those assumptions, there are 40.5 million people whose insurance would be capped with this policy options. Based on savings of \$2,140.36 per person with the implemented cap, insurance companies could see revenue losses of approximately \$86 billion annually. These losses could have a ripple effect on the economy as well. Furthermore, the federal government would be burdened with ensuring businesses claiming they are a small business were indeed one. Likely the IRS would be responsible for checking the listed number of employees at a business through the firm's tax fillings. If a business incorrectly claimed this premium cap, the IRS would also be responsible for following up with penalties and fines on said business. For these reasons, administrative feasibility is likely low.

Equity: Medium High (7)

As this policy option equally benefits all businesses with fewer than 50 employees, the policy is ranked high on equity amongst small businesses.¹ Equity is also high as this policy does not require up-take by an employer to see the benefits other than registering that they are still a business with fewer than 50 employees. This intervention occurs prior to an employer purchasing coverage for their employees and places the burden on cost reduction on providers rather than businesses. A potential concern however are small businesses with employees around the cap downsizing their firms in order to take advantage of this cap, reducing the potential equity of this option.

¹ While this option may be seen as inequitable toward larger firms, this does not establish the relative value toward small firms nor is it helpful in comparison amongst policy options.

Outcomes Matrix

	Policy Option 1: Expanding the Small Business Tax Credit	Policy Option 2: Healthcare Deduction for Self-Employed	Policy Option 3: Premium Caps Specific to Small Business
Effectiveness	9 High	7 Medium High	9 High
Political Feasibility	5 Medium	5 Medium	3 Medium Low
Administrative Feasibility	3 Medium Low	5 Medium	1 Low
Equity	7 Medium High	9 High	7 Medium High
Total: (Average)	6	6.5	5

Policy options are scored on a scale of 1-9 with 1 being the lowest score and 9 being the highest scores. The higher the total score, the more likely a policy option is to be seen as effective, feasible, and equitable. Furthermore, the total score is calculated as the average score across all four criteria. The higher the average score, the more likely the option is to be recommended.

Recommendation

I recommend Congressman Pappas introduces a bill allowing self-employed individuals to fully deduct the cost of health coverage from their payroll taxes. While this option ranks medium high in effectiveness in comparison to policy options one and three, both with high effectiveness, it outranks all options in both political and administrative feasibility. With an average score of 6.5, policy option two clearly outscores options one and three with the next highest average score of 6 followed by 5. Under no criteria does this alternative rank low or even medium low. Therefore, it has the highest likely chance for success of both reducing the cost of coverage for small businesses while also being feasible administratively and across the aisle. Additionally, as it is only removing current inequities within the status quo, this option received the highest equity score possible. While mandating premium caps received a score of medium high for equity, it is less feasible due to potential firm downsizing by employers to take advantage of these premium caps. Likewise, expanding the small business credit faces similar concerns by businesses who may downsize to apply for the credit.

Implementation

Congressman Pappas should begin drafting legislation allowing for health coverage deductions for self-employed individuals following the two-week district work period in April. During this district work period, he should meet with gig economy workers throughout New Hampshire. Following the main impact of the pandemic on small businesses in mid-2020, many small businesses contacted Congressman Chis Pappas' office. From this, his office worked one on one with many small businesses including many self-employed individuals. It's likely his office still has contact information for many of these individuals, and members of his staff in the district could reach out to self-employed individuals to see if they'd be interested in sharing their perspective on this policy. Their perspective could be shared either through phone calls with staff, emails, or direct one on one meetings. Moreover, when Congressman Pappas is in the district, it may be most beneficial for his staff to coordinate a round table meeting with multiple, diverse, small business owners. This would allow small business owners to directly share their opinion with the Congressman. It is likely that small business owners would be in support of this policy based on their direct savings with this policy toward their health coverage. A round table conversation may also serve as a positive event to share with press and constituents as a whole in promoting this policy publicly.

After speaking with this key stakeholder within the district, Congressman Pappas' office should draft legislation and begin working with Congressman Kerns' office in partnership. Having this policy be a bi-partisan proposal drastically increases its chances of passage. Rep. Kerns and Pappas could then present this legislation to the House Small Business Caucus in order to garner original co-sponsors and a strong coalition prior to its introduction on the house floor. It may also prove fruitful to work with earlier noted Representatives LaHood, Moolenaar, Lawrence, and Delegate Hood. On the Senate side, Congressman Pappas should work with Senator Shaheen. Not only is she a member of the New Hampshire delegation with a strong existing relationship with Congressman Pappas, but she is also a member of the Senate Small Business Committee.

If this bill does not gain enough traction as a stand-alone bill, there is potential to include it in a larger package. While Biden's Build Back Better bill already passed the House of Representatives, Congressman Pappas could lobby his counterparts in the Senate to add this as an amendment to the Senate version. As previously noted, there is a potential for high Republican support if framed properly as a tax cut. Not only could this amendment

incentivize the Build Back Better agenda as a whole, it could also ensure this policy is passed. If this Senate version were to pass, the bills would need their differences resolved and the amendment could be included in the final version. The two bills would be required to go to conference committee, where Congressman Pappas would need to lobby senior members in the House attending this committee to ensure the amendment's inclusion. If he is successful, this could be a way of ensuring its passage without needing a stand-alone bill for the policy.

If this policy is to pass in any form, allowing self-employed individuals to fully deduct their health coverage should be implemented in accordance with the 2023 tax filing season. This allows for a bill to pass through both chambers as well as be signed into law, with time still available to the federal government before taxes are due in April to adjust for potential revenue losses. However, with this, self-employed individuals should be able to deduct their 2022 health coverage costs fully on Form 1040 Schedule C. There are potential concerns that individuals may register themselves as new businesses in order to take advantage of these savings in health coverage. However, creating a new business is a multi-step process which takes time, energy, and both monetary and non-monetary resources leading this potential scenario to be unlikely.

Conclusion

Small business owners repeatedly list high health coverage costs as their preeminent business challenge. It is also the number one issue small business owners contact their elected officials, like Congressman Pappas, about ("New Survey on Politics of Small Business," 2018). This is not a stagnant issue, with almost two-thirds of all business owners seeing price increases on premiums since 2003 (Agency for Healthcare Research and Quality, 2016). In order to directly reduce the cost of healthcare for small business owners, Congressman Pappas should introduce a policy allowing sole-proprietors to deduct the cost of their health premiums from their taxable income. As self-employed individuals are taxed both on the front and back end of their payroll taxes, they are in essence taxed double what a standard employee would be taxed on their income. Furthermore, as sole proprietors do not have employees, they are unable to take advantage of current policies in existence aiming to reduce health coverage costs such as the Small Business Health Options Program. As that program attempts to risk pool, it aims to reduce premium costs, but directly excludes this sub-population of business owners. By allowing sole proprietors to deduct their coverage, they save on average \$837.22 per year.

This alternative is highly effective at directly saving small business owners money on their health coverage. Furthermore, it ranks highly on the equity criterion as it removes existing inequities in the tax system for small business owners related to their health coverage costs. Finally, though it has medium administrative and political feasibility, it strongly outranks alternative policy options one and two which both rank low to medium low on these feasibility criteria. While this is not the only policy possible to be implemented to save small business owners health coverage costs, it is a direct and expansive way to save sole proprietor business owners money on an annual basis.

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