Moral Hazard and Benefits Consumption
Capital in Program Overlap: The Case of Workers’ Compensation
Moral Hazard and Benefits Consumption Capital in Program Overlap: The Case of Workers’ Compensation

Richard J. Butler
Brigham Young University
USA
richard_butler@byu.edu

Harold H. Gardner
HCMS Group
USA
hgardner@hcmsgroup.com

now
the essence of knowledge
Boston – Delft
Editorial Scope

Foundations and Trends® in Microeconomics will publish survey and tutorial articles in the following topics:

- Environmental Economics
- Contingent Valuation
- Environmental Health Risks
- Climate Change
- Endangered Species
- Market-based Policy Instruments
- Health Economics
- Moral Hazard
- Medical Care Markets
- Medical Malpractice
- Insurance economics
- Industrial Organization
- Theory of the Firm
- Regulatory Economics
- Market Structure
- Auctions
- Monopolies and Antitrust
- Transaction Cost Economics
- Labor Economics
- Labor Supply
- Labor Demand
- Labor Market Institutions
- Search Theory
- Wage Structure
- Income Distribution
- Race and Gender
- Law and Economics
- Models of Litigation
- Crime
- Torts, Contracts and Property
- Constitutional Law
- Public Economics
- Public Goods
- Environmental Taxation
- Social Insurance
- Public Finance
- International Taxation

Information for Librarians
Foundations and Trends® in Microeconomics, 2009, Volume 5, 8 issues. ISSN paper version 1547-9846. ISSN online version 1547-9854. Also available as a combined paper and online subscription.
Moral Hazard and Benefits Consumption Capital in Program Overlap: The Case of Workers’ Compensation

Richard J. Butler\textsuperscript{1} and Harold H. Gardner\textsuperscript{2}

\textsuperscript{1} Brigham Young University, USA, richard.butler@byu.edu
\textsuperscript{2} HCMS Group, USA, hgardner@hcmsgroup.com

Abstract

In this paper we review and extend the analysis of moral hazard response in two relatively unexamined empirical directions: (1) how insurance changes in one program affects employee participation in other programs at a point in time (inter-program moral hazard), and (2) how the consumption of program benefits now tends to affect employees behavior over time (benefits consumption capital). We develop a formal model of inter-program moral hazard based on workers’ compensation with programs overlapping it (including sick leave, health insurance, and unemployment insurance), and review evidence concerning this overlap response. We also provide new evidence on benefits consumption capital concerning workers’ compensation using data from one large private employer in the US.
# Contents

1 Introduction

2 Worker’s Compensation/Sick Leave as Prototypes for Program Overlap

2.1 U.S. WC and Sick Leave — Institutional Details

2.2 Incentives Under the Overlapping WC/Sick Leave Programs

2.3 Incentives Under the Overlapping WC/Sick Leave Programs

3 Evidence of Inter-program Moral Hazard

3.1 Empirical Evidence of WC/Sick Leave Overlap

3.2 WC and Unemployment Insurance Overlap

4 Benefits Consumption Capital: “Inter-temporal Moral Hazard”

4.1 Multivariate Tests: Controlling for Heterogeneity Across Workers

5 Moral Hazard and the Concentration of Non-wage Benefits
“Moral hazard” occurs when people change behavior as insurance coverage changes. For example, employees tend to take more days off work when sick leave benefits are expanded (made more generous) at their firms. A lot of economic research considers the effects of such *intra-program* moral hazard responses, where the change in benefits coverage affects the use of benefits in that program: as expected workers’ compensation (WC) benefits increase, moral hazard response occurs if workers file more claims or tend to stay out longer on a claim. Disability/health insurance changes (including the institution of such programs where they did not exist before) generate moral hazard potential because such insurance expansion raises the benefits of participating directly, but shifts the cost of program participation to the entire risk pool of the insured. Ruser and Butler (2010) find, for example, increases in WC benefits affect workplace safety, increase reported claims, and increase the claim duration of any given type of injury.

The intra-program moral hazard research is extensive. As other examples, researchers have examined how specific changes in health care coverage affects the concomitant use of the health system, how a specific increase in sick leave benefits changes sick leave absence claims, how unemployment insurance benefits affects unemployment insurance...
claims, etc. In this paper we review and extend the analysis of moral
time (inter-program moral hazard), and (2) how
the consumption of program benefits now tends to affect employees
behavior over time (benefits consumption capital).

Moral hazard across programs: inter-program moral hazard. While a
lot has been written about intra-program moral hazard, moral hazard
affects likely operate between programs as well. Changes in insurance
coverage in one program, say a change in compensable health condi-
tions covered by WC, may affect use of other program benefits, such as
the consumption of medical care expenditures, sick leave benefits, or
employer-provided short- and long-term disability benefits. We call this
inter-program moral hazard to distinguish it from the intra-program
moral hazard normally analyzed.

Though inter-program responses are potentially large, they have
received considerably less attention in the theoretical and empirical
labor economics, disability, and health literature — primarily because
research has focused on particular programs rather than take an
integrated look at individual employees and all the insurance/benefit
programs they use (Gardner, 2006; Gardner et al., 1999). Instead
of focusing on how the moral hazard effects of higher WC benefits
increases WC claim frequency (an intra-program moral hazard), moral
hazard associated with inter-program overlap would typically consider
the following questions:

How do changes in health and disability health care insurance design
affect the incentives of firms and workers to classify health conditions
as work related, and hence, compensable under WC?

How do changes in sick leave policy affect the cost-sharing effects of
waiting periods for WC and employer-provided disability, and hence,
the costs of these programs?

How do changes in compensable state WC claims (say, mental stress
ceases to be compensable as a workplace injury under state law) affect
the propensity to file health plan and disability claims (including social
security), or mental health counseling under a health care insurance
plan?
Analysis of how employee health plan, health care and disability benefits program overlap helps explain why cost sharing in one program (say, waiting periods and partial wage replacement in WC) may not be effective in reducing moral hazard when another program compensates for the first program’s cost-sharing features. For example, paid sick leave frequency replaces wages lost during the waiting period for WC, or tops off WC benefits to 100% wage replacement, mitigating cost sharing in WC that is aimed at limiting moral hazard.

**Moral hazard over time: benefits consumption capital.** Program participation increases knowledge about the scope of benefits and what it takes to qualify for benefits (lowering the cost of future participation). It also increases knowledge about how to best to present a given health condition as program qualifying and knowledge of relatively more sympathetic health service providers (doctors, etc.) or administrative personnel (company or third party). In an extended period of benefits use while away from work, work-related human capital may decrease even as benefits consumption capital, including perhaps a greater sense of entitlement, increases. Hence, program participation now may lower the real and psychic costs of program participation in the future, increasing the likelihood of future participation. This is a sort of inter-temporal moral hazard relating the program participation per se rather than just a change in the scope of the insurance coverage. The insurance margin that induces benefits consumption capital is the extensive margin: that WC exists now and one participates in it, which participation lowers future costs of participation and hence affects subsequent non-work spells.

We examine both neglected margins of moral hazard response in the rest of this paper: after reviewing the theoretical and empirical effects of inter-program moral hazard, we analyze the effects of benefits consumption capital. We will focus principally in this article on WC and programs that overlap with potential WC coverage to keep institutional issues to a manageable level. This will not only include employer-provided sick-leave/health care insurance, short- and long-term disability insurance, and Federal benefits under the social security disability program, but also Federal benefits paid under unemployment insurance.
References


References


