

Studies Examining the Effects of Parental Coverage on Children’s Health Insurance Coverage(C), Access (A), and Health Status Through Appropriate Health Care Use (H)

Study	Year	Issues	Summary
<p>1. Ku, L., and M. Broaddus. 2000. <i>The Importance of Family-Based Insurance Expansions: New Research Findings About State Health Reforms</i>. (Center on Budget and Policy Priorities. Washington, DC.):</p>	<p>2000</p>	<p>C, A, H</p>	<p>Assessment of expansion implementation in 3 states in 1994, which produced the following results:</p> <ul style="list-style-type: none"> • A 16 percentage point increase in Medicaid participation rates among low income children under age six compared to a 3 percentage point increase among young children in states that did not enact similar expansions. • Improved use of health care among both parents and children in expansion states, showing greater use of preventive services, more continuity of care, and fewer unmet health needs.
<p>2. Lambrew, J.M. 2001. <i>Health Insurance: A Family Affair</i>. (The Commonwealth Fund, New York).</p>	<p>2001</p>	<p>C</p>	<p>Examination of the relationship between health insurance coverage of children and parents, showing the following:</p> <ul style="list-style-type: none"> • 90% of low-income children with insured parents are covered through some form of health insurance, compared to 48% of children whose parents are uninsured. • Despite Medicaid/SCHIP eligibility, 95% of uninsured children with family incomes below 200% FPL remain unenrolled. Nearly 75% of uninsured children have at least one uninsured parent. • States that expand Medicaid to parents show uninsured rates among low income children that are over 40% lower.

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<p>3. Aizer, A., and J. Grogger. 2003. <i>Parental Medicaid Expansions and Health Insurance Coverage</i>. (NBER Working Paper 9907).</p>	<p>2003</p>	<p>C</p>	<p>Using data from the March annual demographic supplement of the Current Population Survey to examine Medicaid eligibility expansions for parents from 1996-2001, the authors analyze the effects of expansion on insurance status and find the following:</p> <ul style="list-style-type: none"> • Parental eligibility expansions did not expand eligibility for children, because the expansions reached a group of parents with family income levels below those already established for children expansions. • However, parental eligibility expansions increased the <i>likelihood of Medicaid coverage</i> for both minority parents and children (Hispanic: 4.8% for mothers and 6.7% for children; Black: 7% for mothers and 8% for children) • Parental eligibility expansions increased the <i>likelihood of any kind of coverage for minority parents and children</i> (Hispanic: 4.2% for mothers and 3% for children; Black: 4.4% for mothers and 6.3% for children) • Among White non-Hispanic parents and children, parental eligibility expansions slightly decreased the likelihood of coverage among parents while slightly increasing coverage of children.
<p>Davidoff, A., L. Dubey, G. Kenney, A. Yemane. 2003. <i>The Effect of Parents Insurance Coverage on Access to Care for</i></p>	<p>2003</p>	<p>C, A, H</p>	<p>Using data from the 1999 National Survey of America's Families, the authors examined the correlation between uninsured parents and children's coverage and access to health care and found the following:</p> <ul style="list-style-type: none"> • In 1999, almost 90% of uninsured, low-income (family income below 200% FPL), children had an uninsured parent.

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<p>Low-Income Children. Inquiry 40, (254-268)</p>			<ul style="list-style-type: none"> • Low income children with uninsured parents are 6.7% less likely to have well child visits and 6.5% less likely to have any physician visit. Low income uninsured children are 9.6% less likely to have a usual source of care (compared to children covered by Medicaid). Uninsured children are 22.3% less likely to have any physician visits and 28.3% less likely to have well child care when compared to insured children. • Low income insured children, with an uninsured parent are 4.1 % less likely to have any physician visit and 4.2% less likely to have a well child visit. • There is only a marginal effect of parental insurance on the rates of care for children. • If a parent is uninsured, then there is an effect on the child's use of health care and a positive spillover effect on children in general. • Expanding care to parents has a small but meaningful gain in access for children who are already insured.
<p>4. Dubay, L., G. M. Kenney. 2003. "Expanding Public Health Insurance to Parents: Effects on Children's Coverage Under Medicaid". <i>Health Services Research</i>. 38(5).</p>	<p>2003</p>	<p>C</p>	<p>Using data from the 1997 and 1999 National Survey of America's Families, the authors examined whether public health insurance coverage expansions for parents increase child Medicaid participation rates and found as follows:</p> <ul style="list-style-type: none"> • Extending coverage to parents increases participation in Medicaid among children and leads to lower overall uninsured rates among children. • Substitution effects (i.e., exchange of private for public coverage) are present but low because of the limited availability of private

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			<p>coverage for low income adults.</p> <ul style="list-style-type: none"> Expanding coverage for parents increases children’s participation and utilization rates, even among children who are already insured. States that do not provide family coverage have a lower percentage of poverty-related children participating in the Medicaid program (57.1%) when compared to states that do provide publicly financed family coverage plans (78.5%) as well as those that provide family coverage through Medicaid expansions (80.8%). In a specific example, after its Medicaid expansion, Massachusetts: saw a 21.3% increase in children’s coverage compared to a 3.6% increase in other states. Overall uninsured rates among children declined at an 11% greater rate than in other states.
<p>5. Guendelman, S., and M. Pearl. 2004. “Children’s Ability to Access and Use Health Care” <i>Health Affairs</i>. 23(2), 235-244.</p>	<p>2004</p>	<p>C, A, H</p>	<p>The authors examine data from the National Health Interview Survey and found the following:</p> <ul style="list-style-type: none"> There exists a strong relationship between parents’ and children’s insurance status and type of coverage. Specifically, 84% of uninsured children have parents without insurance, 13% had parents with private insurance and 3% had a parent with public coverage. Conversely, 53% of publicly insured children have parents with public insurance, 16% have at least one privately insured parent and only 32% had parents who themselves had no health insurance. Similarly, 95% of privately insured children have at least one parent with private insurance, 1% have a publicly insured parent and 4% have uninsured parents. Among families with child-only health insurance, the probability of breaks in coverage is 4% higher, while the probability of having a

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			<p>regular source of health care is 8% lower.</p> <ul style="list-style-type: none"> • Extending coverage to parents is associated with continuous coverage and a greater likelihood of regular use of health care among children. • Although the benefits to children that flow from parental coverage expansion are non-significant, parental coverage does appear to have some effect on reducing breaks in coverage and promoting continuity of care.
<p>6. Gifford, E.J., R. Weech-Maldano, P. Farley-Short. 2005. Low-Income Children's Preventive Services Use: Implications of Parents' Medicaid Status. Health Care Financing Review. 26(4), 81-94</p>	<p>2005</p>	<p>C, A, H</p>	<p>Using data from the 1996 Medical Expenditure Panel Survey (MEPS), the authors examine the effect of parents' Medicaid status on health care utilization among young children and find as follows:</p> <ul style="list-style-type: none"> • Children's use of health services is related to their parents' use of health services, an important correlation in a health insurance context, since uninsured adults use 60% less ambulatory health care than insured adults. • Extending Medicaid or SCHIP coverage to parents has a spillover benefit for children. While providing Medicaid to uninsured children results in a 14% increase in well-child visits, extending coverage to both children and parents increases well child visits by 24%. • Having an uninsured parent reduces the probability of a well child visit by 3.5% among publicly insured children and by 11.8 % among privately insured children.
<p>7. Guendelman, L., M. Wier, V. Angulo,</p>	<p>2006</p>	<p>C, A, H</p>	<p>Using secondary data from the 2001 California Health Interview Survey (CHIS), the authors compared child-only coverage to family coverage with</p>

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<p>D. Omen. 2006. "The Effects of Child-Only Insurance Coverage and Family Coverage on Health Care Access and Use: Recent Findings Among Low-Income Children," <i>California Health Services Research</i>. 41 (1), 125-147.</p>			<p>respect to health care access and utilization among low income children and find as follows:</p> <ul style="list-style-type: none"> • As in national estimates, there is an association between the insurance status of children and parents. 72% of uninsured children had uninsured parents, 20% had privately insured parents and 8 % had publicly insured parents. Conversely, 66% of publicly insured children had publicly insured parents, 14% of parents were privately insured and 20% had uninsured parents. • The absence of family coverage had a significant effect on access and utilization. Parents who lacked family coverage showed 6 times the odds of lacking consistent care, an increase in the rate at which they felt affected by discrimination, and had a lower probability of care in a timely fashion. Child-only coverage also increased the odds of breaks in insurance coverage, the likelihood of no usual source of care, the likelihood of seeking public care, and feelings of discrimination. • Providing insurance to both children and parents would be associated with a decrease in health disparities and a reduced incidence of breaks in health insurance coverage. Coverage of parents would also increase the likelihood of a regular source of care and would reduce feelings of discrimination.
<p>8. Ku, L., M. Broaddus. 2006. Coverage of Parents Helps Children, Too. Policy Priorities. Center on Budget</p>	2006	C, A, H	<p>The authors summarize earlier research into parental coverage and conclude as follows:</p> <ul style="list-style-type: none"> • Covering both parents and children creates an incentive for parents to obtain and keep coverage for their children and families. Covering parents also increases their knowledge of the system and thus informs

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and Policy Priorities. Washington, D.C.			<p>them of their options for their children.</p> <ul style="list-style-type: none"> Covering parents affects children's access and utilization, improves child health, and improves the health of parents. Research suggests that increasing coverage to low-income parents will have a direct effect on coverage of children
9. Sommers, B.D. 2006. "Insuring Children or Insuring Families: Do Parental and Sibling Coverage Lead to Improved Retention of Children in Medicaid and CHIP" <i>Journal of Health Economics</i> . 25, 1154-1169.	2006	C	<p>Using the Current Population Survey, March Supplement (1999-2004), the author studied the drop out rates among children in Medicaid and SCHIP, comparing children with and without parental coverage.</p> <ul style="list-style-type: none"> Approx. 30% of children in Medicaid/SCHIP will not be enrolled in 12 months, and drop-out accounts for almost 50% of this figure. Previous research suggests that covering parents with Medicaid increases children's Medicaid enrollment by 3-14%. Parental (mostly maternal) coverage is a predictor of (and protector against) child drop-out. At the same time, States that administer SCHIP as a separate program from Medicaid show a 45% increased risk of drop-out, a result potentially associated with the greater complexities families encounter in navigating separate programs.