

Study Snapshot:

Insurance Transitions Undermine Children's Access to Care

November 2014

key findings

- Stability in insurance coverage improves access to care.
- Visiting a doctor at least once per year is more likely for children with full-year coverage than for children with part-year coverage or for uninsured children. Visiting a doctor at least once per year is more likely for children with part-year coverage than for uninsured children.
- Study results were comparable for children who were publicly insured and privately insured.

The Question

Do transitions in the type of insurance and coverage disrupt a child's ability to access medical care?

While the United States has made great progress in reducing the number of uninsured children, coverage remains fluid for the many children who transition between public and private insurance. In a HCFO-funded study,¹ Thomas Buchmueller, Sean Orzol, and Lara Shore-Sheppard analyzed the relationship between a child's health insurance stability and a child's access to medical care. To address data and methodological limitations associated with past studies, the researchers used a fixed-effects framework and data from the Survey of Income and Program Participation to examine whether coverage gaps and churning between public and private insurance affect the likelihood of at least one doctor visit in a year. The full results of the study are available in the *International Journal of Health Care Finance and Economics*.

The Implications

The results showed that children with full-year health insurance coverage are more likely to have an annual visit to a doctor than children who have part-year coverage or who are uninsured. Moreover, transitions between public and private insurance coverage affect a child's ability to access care, even if the child does not experience a gap in insurance coverage. The results also indicated that private and public insurance have similar effects on whether a child has at least one doctor visit. While the Affordable Care Act creates new opportunities for public and private coverage for children, the resulting active market could increase the level of churning. Without policies to minimize transitions and shield children from unintended consequences, children's access to care will remain at risk.

Contact Us

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¹ The Robert Wood Johnson Foundation Changes in Health Care Financing and Organization (HCFO) Initiative supports timely and policy relevant health services research on health care policy, financing, and organizational issues.

If you would like to learn more about other HCFO-funded work, please contact: Bonnie J. Austin, HCFO Deputy Director | bonnie.austin@academyhealth.org