

# **Maryland Children's Health Program Assessment of the Impact of Premiums**

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Development and Management

For the  
Maryland Department of  
Health and Mental Hygiene

## **Executive Summary**

### **Maryland Children's Health Program (MCHP) Assessment of the Impact of Premiums**

Faced with mounting budget constraints, the Maryland General Assembly passed budget language during the 2003 Session to make several changes to the Maryland Children's Health Program (MCHP). One of the changes required MCHP families with incomes between 185 and 200 percent of the federal poverty level (FPL) to pay a monthly premium of \$37 per family for the first time, effective July 1, 2003. The new premium caused concern among policy-makers and stakeholders due to the potential for children to lose MCHP coverage if their families did not pay the premium. In response to these concerns, the Department of Health and Mental Hygiene (DHMH) studied the effect of the premium on program enrollment and health coverage.

With funding from Maryland's federal Health Resources and Services Administration (HRSA) State Planning Grant, DHMH and the Center for Health Program Development and Management at the University of Maryland, Baltimore County contracted with the Schaefer Center at the University of Baltimore to survey a random sample of parents/guardians of disenrolled children. The goal of the survey was to determine the impact of the premium on disenrollment, and determine whether families had obtained other health coverage since their children disenrolled. Three-hundred and sixty parents/guardians were surveyed in February 2003.

In addition to the survey, the Department carefully examined enrollment trends and monitored requests to waive the premium requirement due to family hardship. The Department also made comparisons between children who remained in the program and those who disenrolled to determine whether there were any notable differences between the populations.

#### **Key Findings:**

##### **1. The premium's impact on enrollment was immediate and temporary.**

- 6,400 MCHP children were subject to the new premium requirement. The first premium payments were due by October 31, 2003.
- Approximately 1,800 children were disenrolled from MCHP in November and December 2003. The Department had records indicating that premiums had not been paid for 1,600 of the 1,800 children, but there was no way to be certain that the premium requirement was truly the reason for disenrollment.
- Since December 2003, enrollment has been steadily growing.

**2. The majority of disenrolled children maintain health coverage.**

- 55% of disenrolled children have since been covered by new insurance.
- The most common reason given as the primary reason for disenrollment was gaining other insurance (41%).

**3. Affordability of the premium was not the main reason for the decline in participation.**

- 63% of respondents said the \$37 premium was an affordable amount to pay.
- Fewer than 20% of respondents indicated that the new premium was the reason their child disenrolled from MCHP.

**4. Comparisons between children that disenrolled and children that remain enrolled do not yield clear patterns or conclusions.**

- Children in families with one child were more likely to disenroll. 78% of disenrollees were in families with one child, whereas 55% of children that remain enrolled are in families with one child.
- During the period they were still enrolled, fewer disenrolled children received services than those who remain enrolled. Among children who received services, those who later disenrolled used fewer services. However, differences were slight.
- There were very few differences in race, region, and age distribution between children that disenrolled and children who remain enrolled.

**5. Since October 2003, there have been 35 requests to waive the premium requirement due to family hardship.**

- Unemployment/job loss, financial difficulties, and changes in income were cited most frequently as reasons for requesting waivers.

## **Maryland Children's Health Program (MCHP)**

### **Assessment of the Impact of Premiums**

#### ***Introduction***

The State Children's Health Insurance Program (SCHIP) (Title XXI of the Social Security Act) was created as a part of the Balanced Budget Act of 1997. SCHIP was intended to allow states greater flexibility to provide insurance coverage for low-income children while providing a higher federal match rate than with Medicaid.

Maryland's SCHIP, the Maryland Children's Health Program (MCHP), was implemented in July 1998. MCHP uses federal and state funds to provide health care coverage to low-income children up to age 19 who meet the income guidelines (originally up to 200 percent of the federal poverty level [FPL]). MCHP enrollees obtain care from a variety of managed care organizations (MCOs) through the Maryland HealthChoice Program. In July 2001, Maryland implemented a MCHP expansion (MCHP Premium) that increased income eligibility levels (up to 300 percent FPL) and introduced enrollee cost-sharing through monthly premiums for the new expansion population. By 2003, enrollment in MCHP and MCHP Premium exceeded 100,000 children.

Faced with mounting budget constraints, the Maryland General Assembly passed budget language during the 2003 Legislative Session to make several programmatic changes to MCHP and MCHP Premium, effective July 1, 2003. These changes affected the higher income families enrolled in traditional MCHP, as well as all families enrolled in MCHP Premium.

The upper income limit for MCHP was reduced to 185 percent FPL and the income standard for MCHP Premium was lowered to 185 percent FPL. As a result, some children who had previously received free health care coverage were required to pay a premium beginning in the fall of 2003. Regardless of the number of children in the family, the premiums were set at \$37 per family per month (two percent of the annual income of a family of two at 185 percent of the FPL).

The imposition of this new premium caused concern among policy-makers and stakeholders due to the potential for children to lose MCHP coverage if their families did not pay the premium. The Department, therefore, studied the effect of the premium on program enrollment and health coverage.

## **Section One**

### **Program Enrollment**

In July 2003, over 14,000 children were enrolled in the coverage group affected by the new premium requirement - families with incomes between 185 percent and 200 percent of the FPL. In August 2003, the Department performed a mass review of MCHP eligibility, which shifted some children from MCHP to Medicaid coverage groups and disenrolled children with employer-sponsored insurance. As a result, the number of children in families with incomes between 185 percent and 200 percent of the FPL was reduced to 6,400.

In September 2003, invoices were sent to the parents/guardians of the 6,400 MCHP children informing them that the new \$37 premium was due by October 31, 2003. Approximately 1,800 children, over one-quarter of those affected by the new premium, were disenrolled from MCHP Premium in the months subsequent to premium imposition. Records indicated that premiums had not been paid for about 1,600 of those children, however there was no way to be certain that the premium was truly the reason for their disenrollment.

Approximately two-thirds (62 percent) of the disenrollments were effective November 1, 2003 while about one-third (30 percent) took effect December 1, 2003. Very few of the disenrollments occurred after December 1, 2003 (three percent). Although total enrollment in the new MCHP Premium category declined by ten percent between October and November 2003, enrollment in the program has been steadily increasing in the months since – growing by ten percent between November 2003 and January 2004. During the comparable period last year, enrollment growth was relatively static, increasing by less than one percent between November and December 2002 and declining by less than one percent between December 2002 and January 2003. These data indicate that the premium's impact on disenrollment was immediate; almost exclusively occurring in the month after the first payment was due, and temporary, as enrollment has been

increasing since November 2003. But the question remains: to what extent can the premium be linked to the 1,800 children who disenrolled?

## **Section Two**

### **MCHP Disenrollee Survey**

In February 2003, the Department of Health and Mental Hygiene and the Center for Health Program Development and Management at the University of Maryland, Baltimore County, through the University of Baltimore's Schaefer Center, conducted a survey of the parents/guardians of 1,800 disenrolled children with family incomes between 185 percent and 200 percent of the FPL. The goal of the survey was to determine the extent to which the new premium impacted families' decision to disenroll their children from MCHP as well as the effect disenrollment may have had on children's access to health care. The survey was funded by Maryland's federal Health Resources and Services Administration (HRSA) State Planning Grant.

#### **Methodology**

The survey population was culled from a database of children with family incomes between 185 percent and 200 percent of the FPL who disenrolled from MCHP between November 2003 and January 2004. The database contained 1,836 records of disenrolled children. Approximately 1,600 of the 1,836 records indicated that the child's parent/guardian had failed to pay the new premium. The records for an additional 200 children provided no clear indication as to why they had disenrolled. Since the State could not determine why these children left MCHP, they were included in the sample selection. The database was then refined so that only one child per household could be selected for the purpose of surveying the adult listed as primarily responsible for the child's health care. SPSS (Statistical Package for the Social Sciences) was used to generate random numbers, which created a database containing only one randomly selected record per household. These records were then randomly selected for calling in order to achieve 360 fully completed interviews. Telephone interviews were conducted



between February 3 and February 17, 2004. The findings contained in this report have a sampling error of +/-4.5 percent and a confidence interval of 95 percent<sup>1</sup>.

### **Summary of Findings**

A majority of parents/guardians interviewed for this survey indicated that the \$37 per family premium was not the reason their child disenrolled from MCHP. Sixty-three percent of survey respondents indicated that a \$37 premium was an affordable amount to pay for enrollment in MCHP. Findings also show that over half of all children who disenrolled have since been covered by other insurance – with over forty percent of respondents indicating that the acquisition of other insurance was the primary reason they disenrolled their child from MCHP. One surprising finding was that nearly half of all respondents reported that they had never received notice of the new \$37 premium requirement. Even with that finding, however, less than one-fifth of respondents indicated that their child’s disenrollment was linked to the new premium.

#### *Specific findings include:*

- Fifty-five percent of respondents reported never receiving written notice from the State regarding the changes to the MCHP program.
- Regardless of whether they had received a letter from the State, sixty-four percent of respondents were aware of the new \$37 premium requirement<sup>2</sup>.
- Nearly two-thirds (63.4 percent) of respondents stated that \$37 was an affordable amount to pay for MCHP coverage.
- Fifty-five percent said that they have obtained new insurance for their child since leaving the program, five percent intend to purchase other insurance and fifteen percent intend to reapply for MCHP.
- When asked why their child was no longer in the program:
  - Forty-one percent said that it was because they had obtained other insurance for the child;

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<sup>1</sup> If the same survey were to be conducted 100 times, in 95 out of those 100 surveys, the results would vary by only +/-4.5%. In only five of those surveys would one expect the results to vary beyond that range due to chance error.

<sup>2</sup> This excluded those respondents who indicated that their child had “aged out” of the program as this population would not have been notified of program changes.

- Nearly twenty percent indicated that the new premium was the reason for their child's disenrollment. Specific reasons included being unaware of the premium, failure to pay the premium on time, and an inability to afford the premium.
- Eight percent indicated that their child was too old to remain in the program;
- Of those parents/guardians who have yet to find other insurance (45 percent of the total), fifty-two percent indicated that their child would have to forego health care services as a result, thirty-eight percent said their child would not forego health care and eight percent were unsure.
  - When the respondents who indicated that their uninsured child would not forego health care were asked how their child would access care<sup>3</sup>:
    - Two-thirds said that they would reapply for MCHP;
    - Sixty percent stated that they would seek care in emergency rooms;
    - Forty percent said that they would take their child to a community clinic;
    - One-third said they would pay for care out-of-pocket; and
    - One-quarter indicated that they would obtain other health insurance.
- Ninety percent of respondents indicated that their child had received at least one health care service during a given year.
- Only twenty-three percent of children were taking medications
  - Over two-thirds of those children were able to continue taking their medications after leaving the program.
  - Of those children who were no longer taking their medication, cost was the most frequently cited reason

Detailed results are presented in the following section.

## Findings

(\* Indicates that results are outside of the +/-4.5 percent margin of error)

### Question One:

In the past few months, did you receive any letters from the State of Maryland's Department of Health and Mental Hygiene about changes in the Maryland Children's Health Program?

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<sup>3</sup> Responses to this question also include those who said that they were "Unsure" if their child would have to forego health care.

Yes 45.2%\*  
No 54.8%

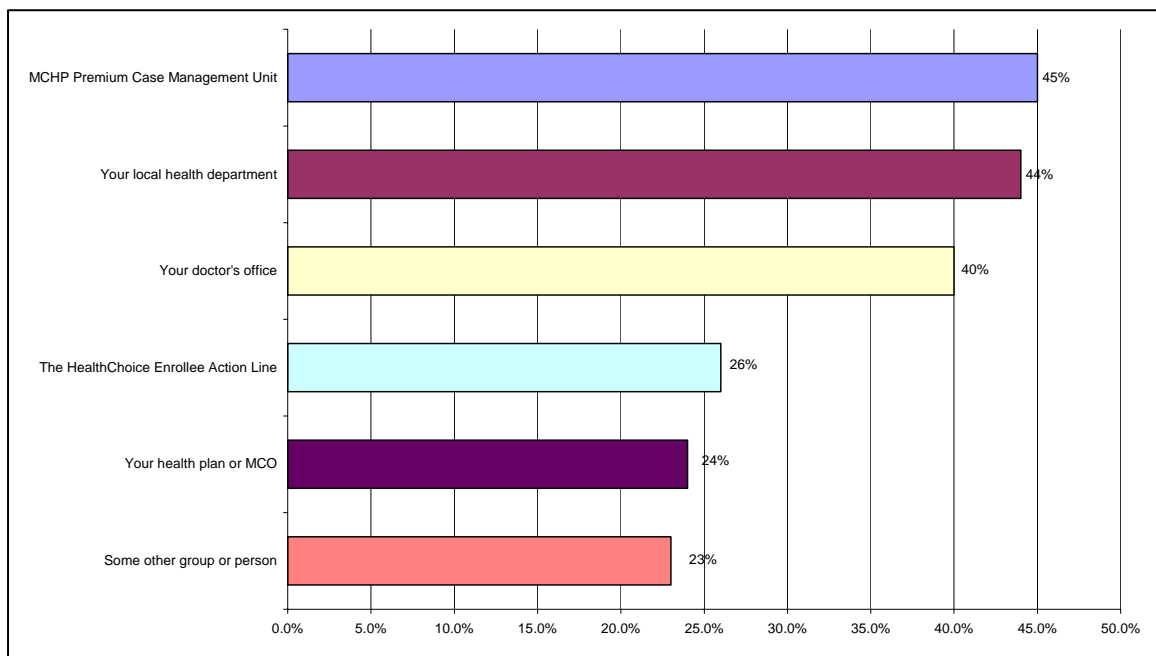
**Question Two (from those answering Yes to Question One):**

Was the letter you received clear and written in a way that was easy to understand?

Yes 89%\*  
No 11%

**Question Three:**

In the past few months, did you contact any of the following about the changes in MCHP or about an MCHP bill you received? (More than one response can be accepted).



**Question Four (from those answering Yes to Question Three):**

Were you satisfied with the help you received from the individual or agency that you contacted?

Yes 67.5%\*  
No 28.1%

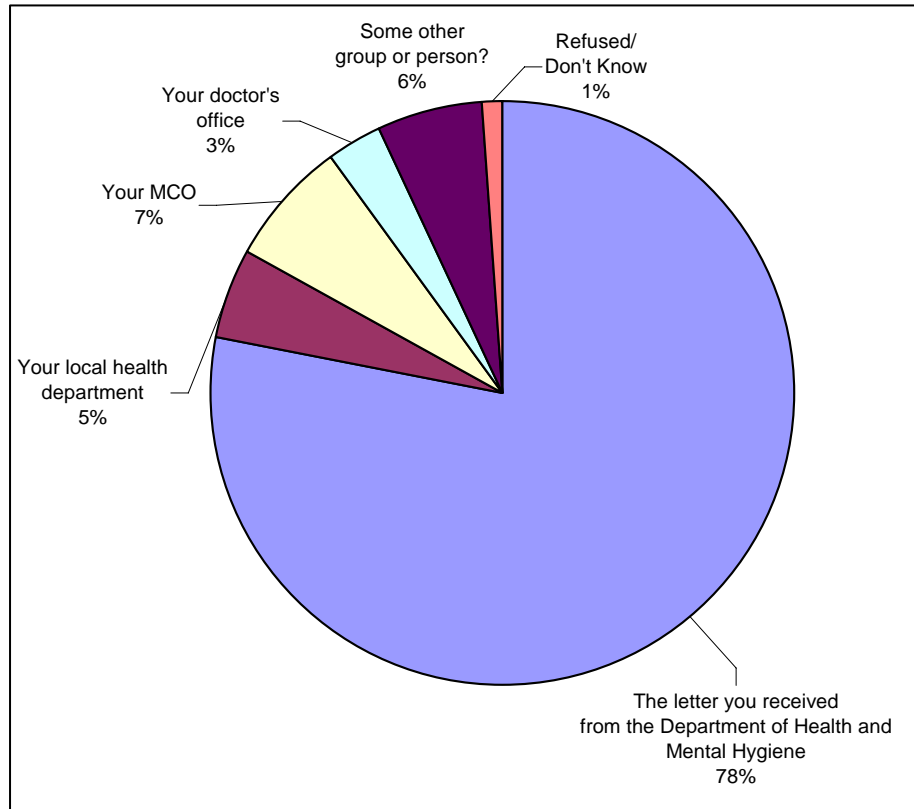
**Question Five:**

Were you aware that, beginning last September, it would cost \$37 per month for one or more children in a family to be in MCHP?

Yes 64.3%<sup>4\*</sup>  
No 35.7%

**Question Six (from those answering Yes to Question Five):**

How did you first learn about the \$37 monthly cost?

**Question Seven:**

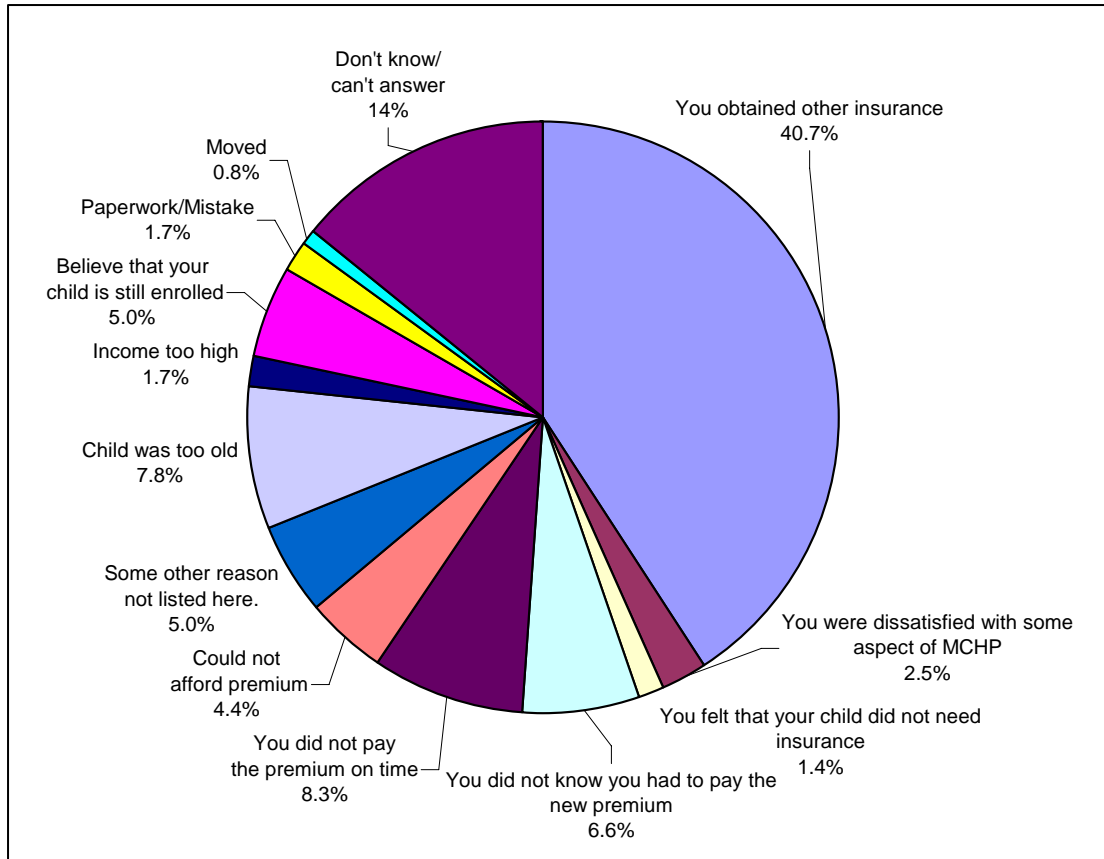
Do you feel that \$37 is an affordable amount to pay each month to participate in MCHP?

Yes 63.4%\*  
No 34.9%

<sup>4</sup> This excluded those respondents who indicated that their child had "aged out" of the program, as this population would not have been notified of program changes. If these responses were included, the distribution would be Yes 51.5% and No 47.9%.

**Question Eight:**

Which of the following best describes why your child is no longer in MCHP?

**Question Nine:**

Have you gotten any other health insurance for your child? (Includes those who said their child disenrolled because they had obtained insurance as well as those who obtained insurance after disenrolling)

Yes 54.8%\*  
No 45.2%

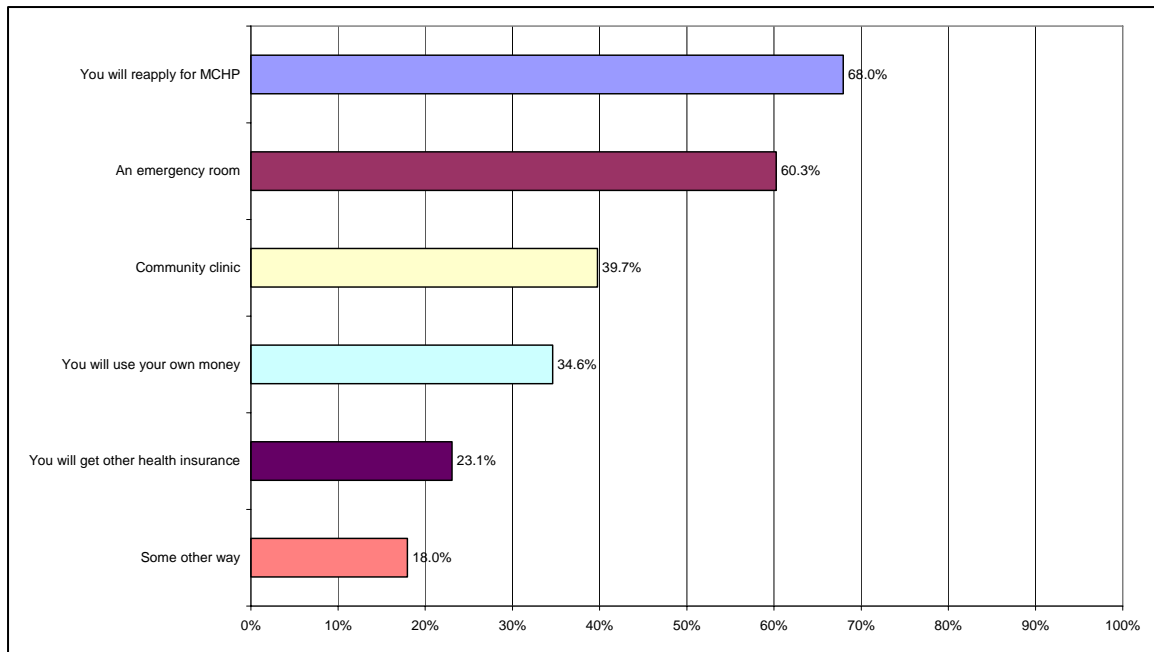
**Question Ten (from those answering No to Question Nine):**

Will your child have to go without health services because you cannot afford to pay for them?

Yes 52.4%\*  
No 38.4%  
Maybe 8.4%

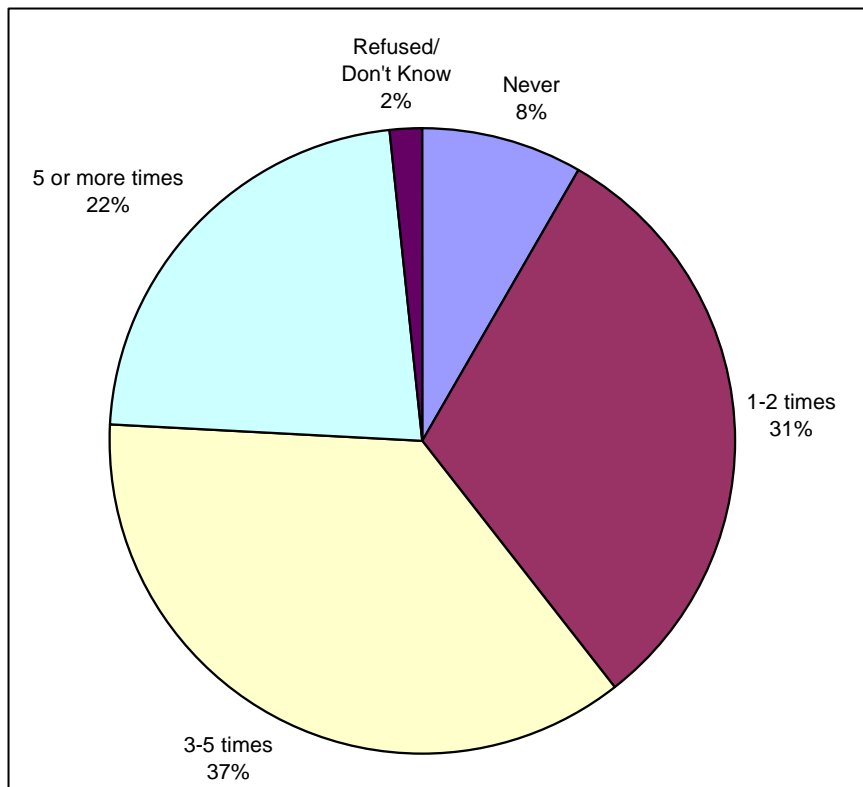
**Question 11 (from those answering No/Maybe to question 10):**

Which of the following describe how you plan to get health services for your child?



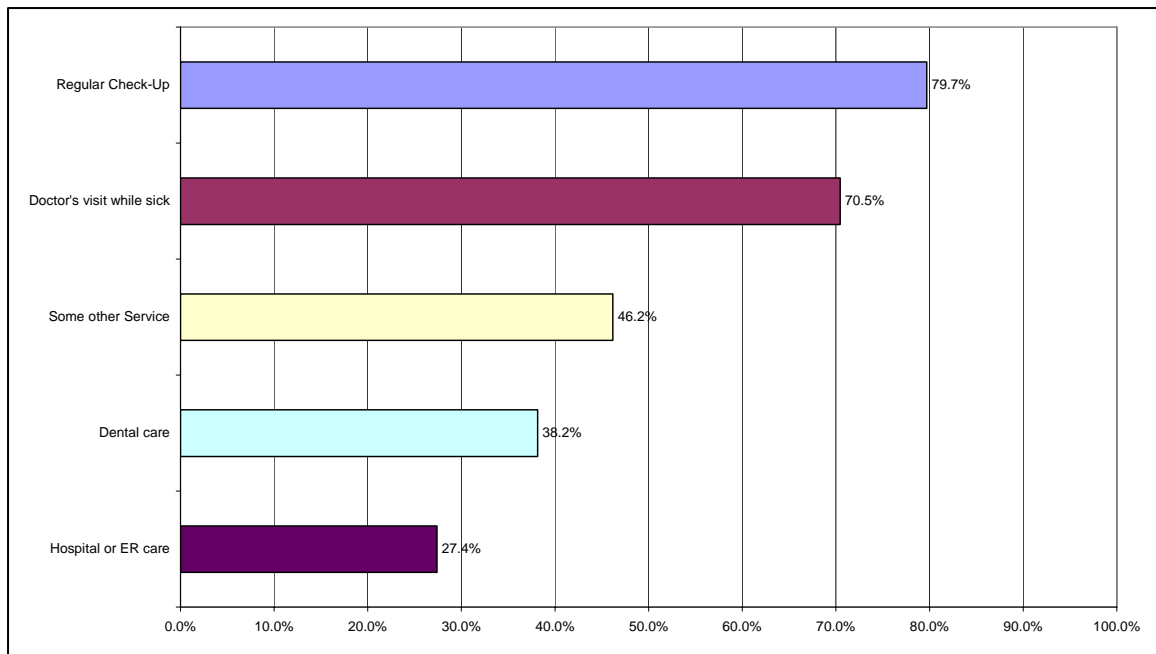
**Question 12:**

When your child was in MCHP, how many times did he/she see a doctor, nurse, or dentist during the year?



**Question 13:**

Which of the following services did your child receive? (Check all that apply)



**Question 14:**

Was your child taking any medicine(s) on a regular basis while in MCHP?

Yes 23%\*

No 76.5%

**Question 15 (from those answering Yes to question 14):**

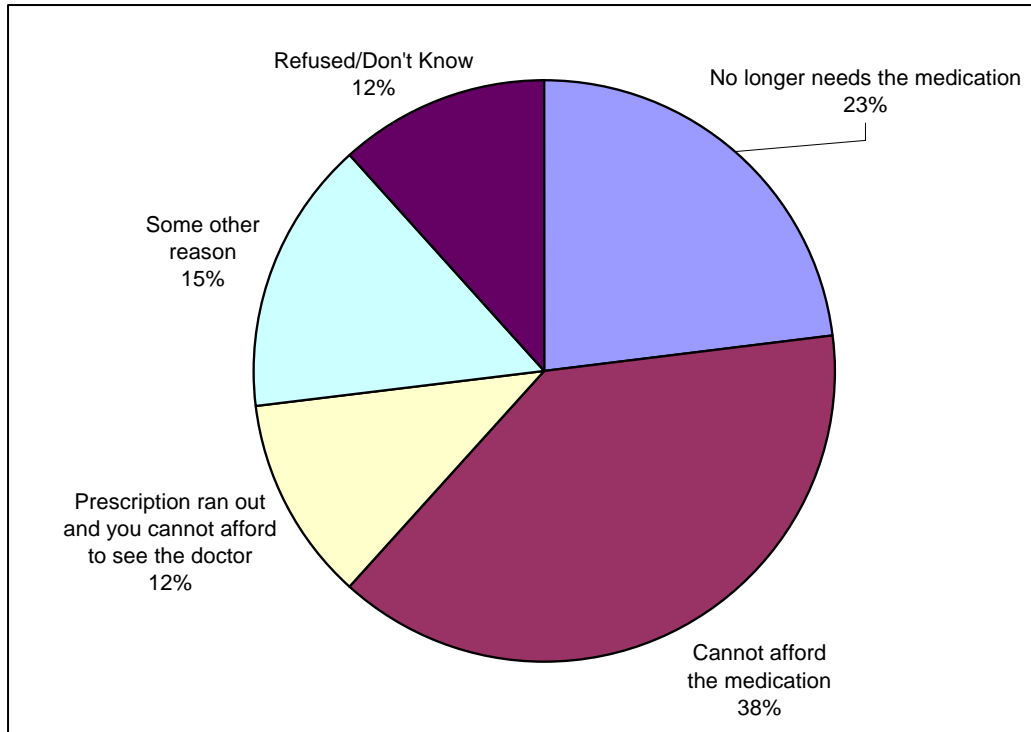
Has your child been able to continue taking the medicine(s)?

Yes 68.7%\*

No 30.1%

**Question 16 (from those answering No to Question 15):**

Please describe the reason why your child is no longer taking the medication:



**Question 17:**

Were you aware that you could reapply for MCHP at any time?

Yes 51.9%

No 48.1%

All respondents were given contact numbers for questions and for re-applying for MCHP.

**Summary of Survey Findings**

In the months immediately following the implementation of the \$37 premium requirement, approximately 1,800 children exited from the new MCHP Premium program. Although State records indicated that the vast majority of the 1,800 had not paid the new premium, the findings from this survey suggest that the premium was not the reason most of these children disenrolled. Slightly fewer than twenty percent of survey respondents indicated that their child's disenrollment was related to the new premium. When applied to the 1,800 disenrolled children, that would translate into approximately 340 who left as a result of the premium. When considered in the context



of the 6,400 children who were enrolled in September just prior to the new premium requirement, the 340 would equal about five percent of that population. By comparison, forty-one percent of children disenrolled specifically because they had obtained other insurance. That equals 740 children from the 1,800 disenrollees and about twelve percent of the 6,400 enrolled in September. These findings suggest that the imposition of the premium has not caused major disenrollment from the program. The fact that over half of the population of disenrollees is now covered by other insurance may indicate that when given the choice between paying for MCHP and paying for other private coverage, parents/guardians prefer to pay for other private coverage.

### **SECTION THREE**

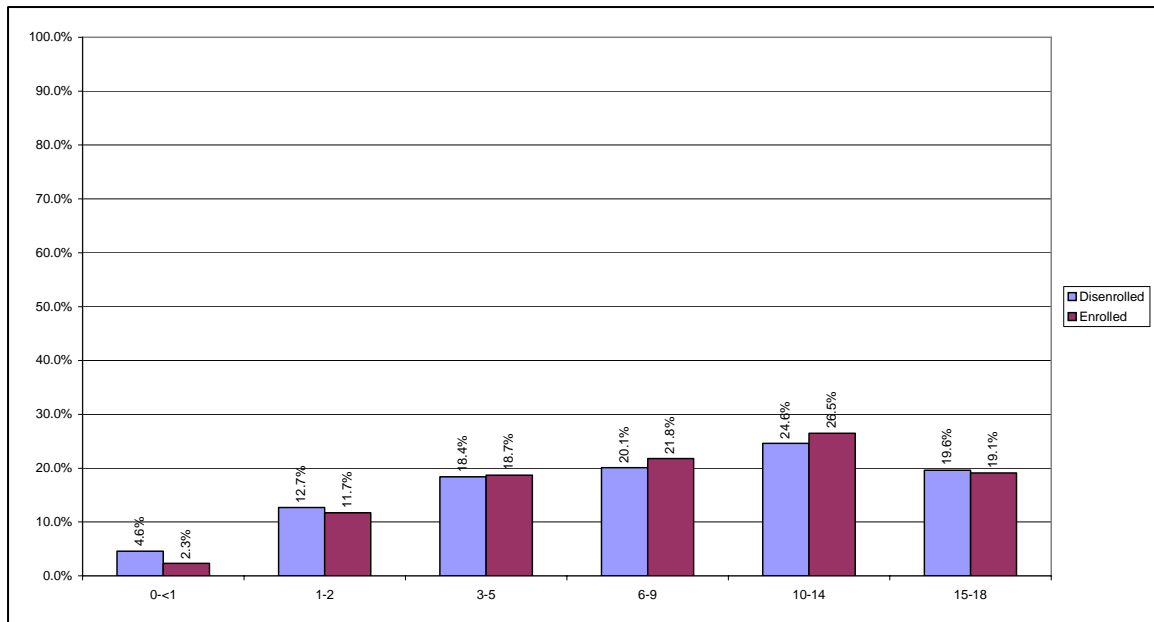
#### **Comparing Children who Disenrolled with Those Who Remained Enrolled**

In this section, comparisons will be made between those children who disenrolled from the new MCHP Premium coverage group subsequent to the premium imposition with those children that remained in the program. If the new premium did have an impact on a parent/guardian's decision to disenroll a child from MCHP then it would be reasonable to theorize that the children who disenrolled were in some ways different from the children who remained in the program. One might expect to find that disenrolled children used fewer services or were, on average, older than the children who remained because older children are generally less likely to access care. Such an assumption would be based on the theory that parents/guardians of children who frequently received health services would place a greater value on MCHP and therefore be more likely to pay the \$37 premium in order to maintain enrollment. Disenrolled children may also be in families with fewer children. Given that the \$37 premium is assessed per family and not per child, parents/guardians with multiple enrolled children may find the per child cost of the premium to be more affordable. If, on the other hand, there were few observed differences between the populations, one could theorize that the reason for the child's disenrollment had less to do with the new premium and was instead influenced by other factors.

#### *Age Distribution*

The data shown in Figure One indicate that there was very little difference with regard to age distribution between children who exit the program and children who remained. It does not appear that the age of children affected parents/guardians decisions to disenroll their children.

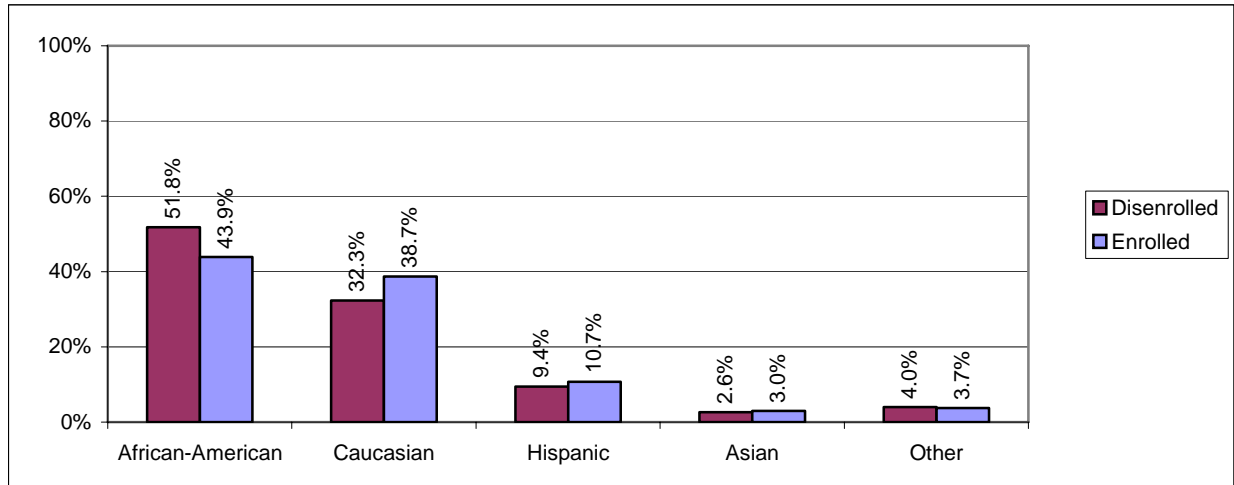
**Figure One: Age Distribution of P14 Children who Disenrolled from MCHP Subsequent to Premium Imposition as Compared to Children who Remained Enrolled**



### *Racial Composition*

The data in Figure Two suggest that there were not major differences in the racial/ethnic distribution when the population of children who disenrolled is compared to the population of children who remained enrolled. The proportion of African-Americans in the disenrollee population (52%) was slightly larger than the proportion of African-Americans in the population who remained enrolled (44%). There was a corresponding decrease in the proportion of Caucasians in the disenrollee population (32%) compared to the proportion of Caucasians who remained enrolled (39%).

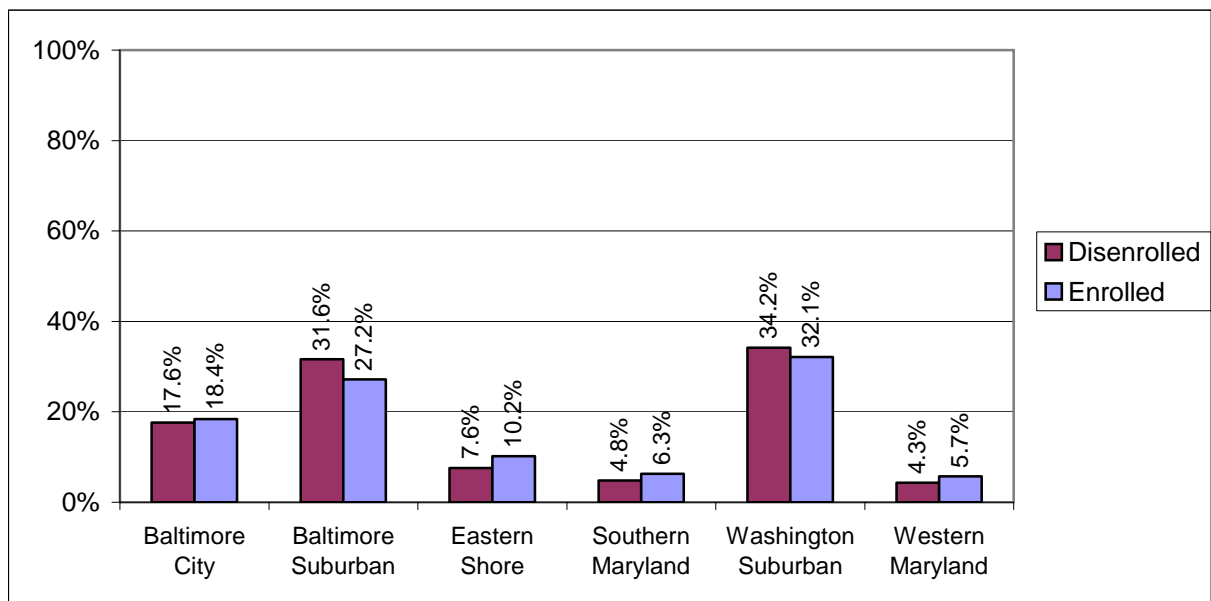
**Figure Two: Racial/Ethnic Distribution of P14 Children who Disenrolled from MCHP Subsequent to Premium Imposition Compared to Children who Remained Enrolled**



### *Geographic Distribution*

As shown in Figure Three, there was little difference in the regional distribution between the population of children who disenrolled and the population of children who remained enrolled.

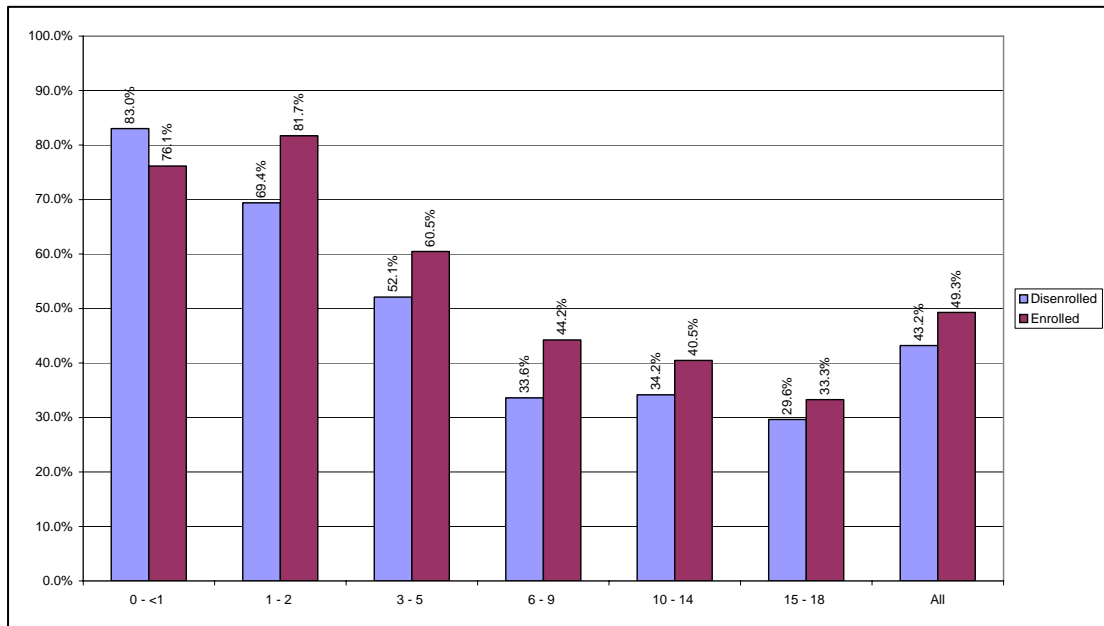
**Figure Three: Regional Distribution of P14 Children who Disenrolled from MCHP Subsequent to Premium Imposition Compared to Children who Remained Enrolled**



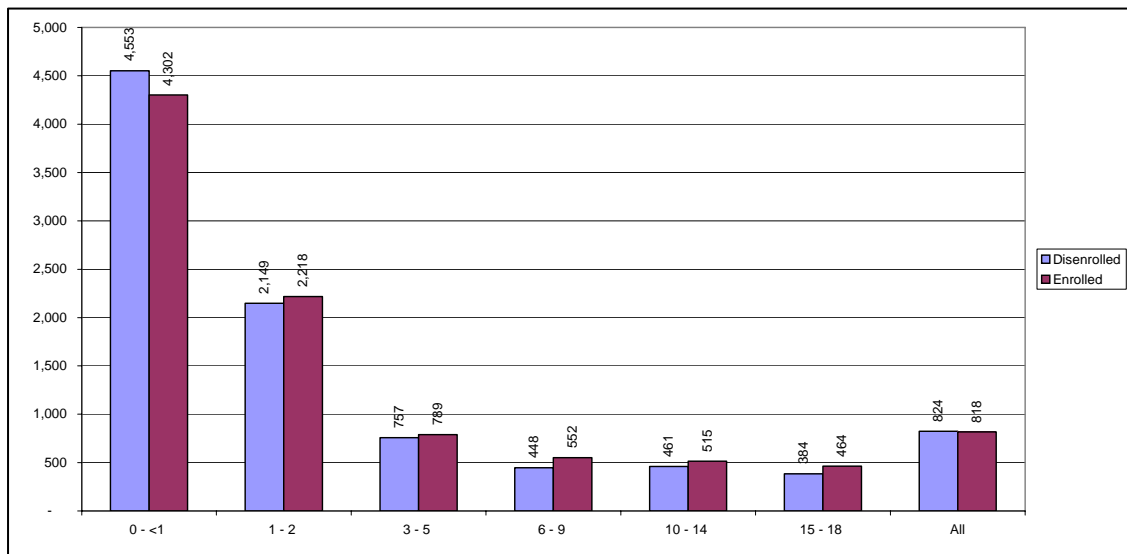
### Service Utilization

The well child utilization data presented in Figures Four and Five show that disenrolled children, on average, were less likely to receive a well child service, but among those who did they received roughly the same volume of services.

**Figure Four: Comparison of Well Child Access Rates for P14 Children who Exited MCHP Subsequent to Premium Imposition as Compared to Children who Remained Enrolled**

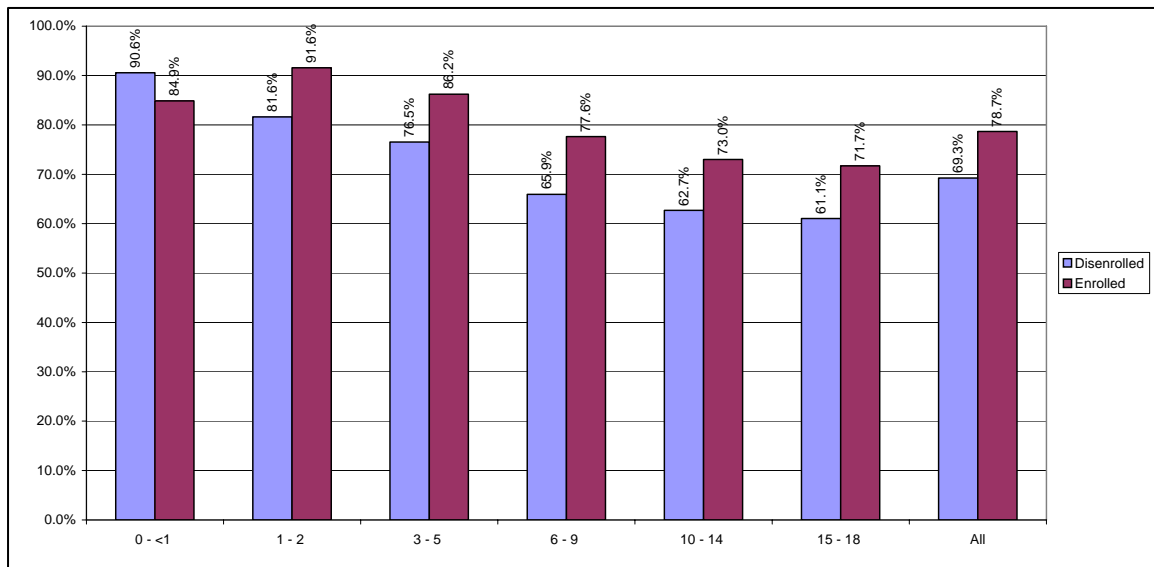


**Figure Five: Comparison of Well Child Utilization Rates for P14 Children who Exited MCHP Subsequent to Premium Imposition (Visits/Thousand Member Months Annualized) as Compared to Children who Remained Enrolled**

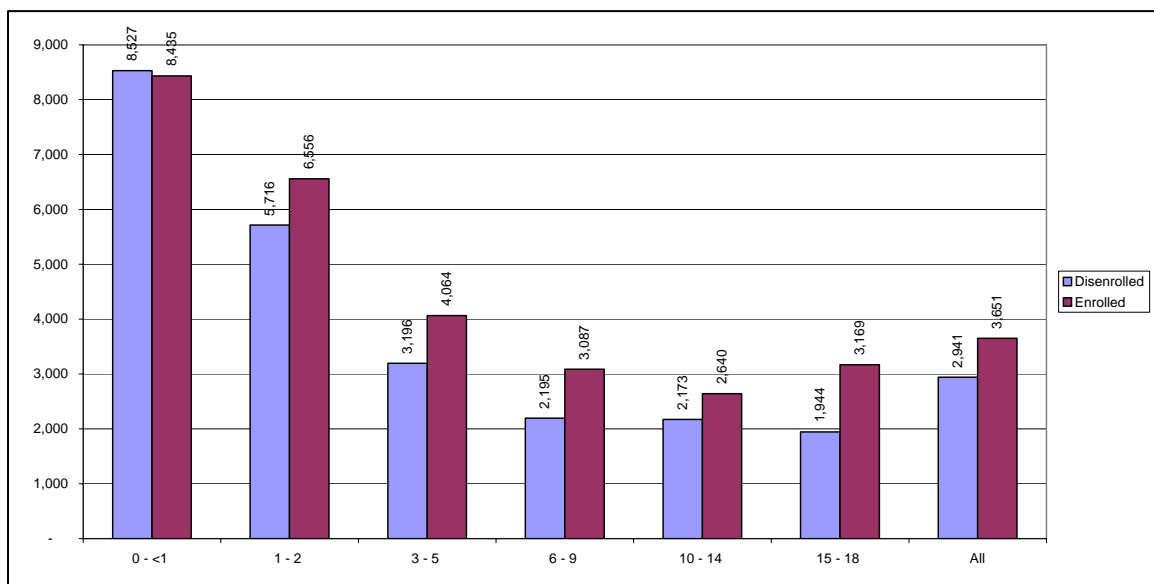


When comparing utilization of ambulatory services, differences between the populations are more evident. As shown in Figure Six, children who remained enrolled were more likely to have received an ambulatory visit in nearly every age group. Figure Seven shows that these children also received a larger volume of services as compared to the children who exited the program. It appears that parents/guardians of children who frequently received health services were more likely to maintain enrollment

**Figure Six: Comparison of Ambulatory Access Rates for P14 Children who Exited MCHP Subsequent to Premium Imposition as Compared to Children who Remained Enrolled**



**Figure Seven: Comparison of Ambulatory Utilization Rates for P14 Children who Exited MCHP Subsequent to Premium Imposition (Visits/Thousand Member Months Annualized) as Compared to Children who Remained Enrolled**



### *Family Size*

If the premium did have an effect on a parent/guardian's decision to remove their child from MCHP, then one might expect that families with only one enrolled child would be more likely to exit to program. The \$37 monthly premium is assessed on a per family basis so a family with one enrolled child would pay the same amount as a family with three enrolled children. As such, the per child cost of participation in MCHP Premium declines as the number of enrolled children increases. Parents/guardians with more than one enrolled child may consider the premium on a per child basis and therefore conclude that it is a more affordable or reasonable cost than a parent /guardian with only one child. If this is occurring, enrollment and disenrollment data should show that children with no other enrolled siblings were more likely to leave the program following premium imposition. The data in Figure Eight show that this is what appears to have happened.

In September 2003, prior to the imposition of the premium, 63 percent of children in families with incomes between 185 percent and 200 percent of the FPL were in families with only one enrolled child and 37 percent were in families with two or more children. In January 2004, after the premium had been implemented, the percentage of children in a family with only one enrollee had declined to 54 percent. When looking only at the population of children who disenrolled immediately following the premium imposition (October 2003 to January 2004), over three-quarters of the children were in families with only one enrolled child.

**Figure Eight: Distribution of Family Size for Children in Families with Incomes of 185-200% FPL**

Time Period	Number of Children Enrolled per Family				
	One	Two	Three	Four	Five
<b>Prior to Premium</b>	63.3%	27.0%	7.7%	1.7%	0.2%
<b>After Premium</b>	54.3%	34.0%	9.5%	1.9%	0.3%
<b>Disenrolled Population</b>	78.5%	16.2%	3.9%	1.3%	0.1%
<b>Survey Sample</b>	84.2%	13.9%	1.7%	0.3%	0.0%

The data presented in Figure Eight indicate that the number of enrolled children in a family did have an impact on a parent/guardian's decision to continue participation in the

program with the new premium. Parents/guardians with only one child were far more likely to exit from the program.

Given the differences shown in Figure Eight, it would be reasonable to hypothesize that the survey responses of parents/guardians with one child would differ from those with two or more children. An examination of the survey results, however, shows little difference between the responses of the two populations. On the key question of whether \$37 per family was an affordable amount to pay for coverage under MCHP, two-thirds of both groups said that “Yes,” it was an affordable amount.

Among the few questions where there were any statistically significant differences between families with one child and those with more than one, parents/guardians with only one enrolled child were much less likely to say that they were aware of the new \$37 premium and were less likely to say that they would reapply for MCHP. Respondents with one child were also more likely to say that their child’s age was the primary reason for leaving MCHP. None of the respondents with two or more enrolled children cited age as the reason for disenrollment, as compared to just over 8 percent for those with one enrolled child. The database of disenrollees used to draw the survey sample had been compared to State records prior to the survey. Those individuals whose eligibility had been terminated due to age were removed from the survey sample. However, this process did not capture all children aging out of the program. A subsequent review of the birthdates for children in the survey shows that some children may have been too old to maintain eligibility.

When the children who may have been too old were removed from the sample, the differences that had existed between families with one child and those with more than one were reduced to insignificance. Families with one child were more likely to have since obtained other insurance but this difference was not significant. With regard to the average number of children per family, the family size distribution in the birth date adjusted sample more closely matches the overall disenrollee population (Figure Nine).



Figure Nine: Adjusted Distribution of Family Size for Children in 185-200% FPL Families

Time Period	Number of Children Enrolled per Family				
	One	Two	Three	Four	Five
Prior to Premium	63.3%	27.0%	7.7%	1.7%	0.2%
After Premium	54.3%	34.0%	9.5%	1.9%	0.3%
Disenrolled Population	78.5%	16.2%	3.9%	1.3%	0.1%
Survey Sample	84.2%	13.9%	1.7%	0.3%	0.0%
<b>Adjusted Sample</b>	<b>78.8%</b>	<b>18.6%</b>	<b>2.2%</b>	<b>4.0%</b>	<b>0.0%</b>

### *Hardship Claims*

In assessing the impact of the premium, the Department also evaluated whether a significant number of claims of hardship had been filed during the months immediately following the imposition of the premium. Claims of hardship are defined in MCHP Premium regulations as “unreasonable financial adversity or misfortune.” In order to maintain MCHP coverage, a family is required to pay the monthly premium within 30 days of a request for payment unless the family claims that payment will cause “hardship.” In order to make a hardship claim, a family must submit a claim of hardship in writing within 10 days of the Department’s request for payment. The Department must evaluate the hardship claim and notify the family of the Department’s decision on the claim within 30 days.

In the months preceding the imposition of the premium, all notices sent to families explaining the new premium requirement included a statement about hardship adjustments. The notices included a phone number to call to get information about payment help and hardship adjustments if families could not pay the premium.

Between October 2003 and February 2004, the Department received 35 claims of hardship from families with incomes between 185% and 200% of the FPL. In the same time period, the Department received 66 claims from families with incomes between 200% and 250% of the FPL, and 18 claims from families with incomes between 250% and 300% of the FPL. The most frequently cited reasons for filing hardship claims were unemployment/job loss, financial difficulties, and changes in income.

There does not appear to have been a sudden increase in hardship claims among families with incomes between 185% and 200% of the FPL. Less than 1 percent of families subject to the new premium requirement have filed hardship claims since October 2003. In the same time period, approximately 2% of families with incomes between 200% and 300% of the FPL have filed hardship claims.

### **Summary**

Comparisons between the two populations yield several conflicting patterns. Although there was little difference with regard to age distribution, racial/ethnic composition, and regional distribution, while enrolled the disenrolled population did access and use slightly fewer services when compared to those who remained in the program. Nearly 70 percent of disenrolled children received an ambulatory visit and averaged nearly three such visits per year. For children who remained enrolled, 79 percent received an ambulatory visit and averaged 3.6 visits per year. This difference in service utilization could indicate that parents/guardians of children who used fewer services were less inclined to pay a premium to maintain coverage. The differences between the populations are dramatic enough to clearly support that argument. However, findings from the survey indicated that over 50 percent of the children who disenrolled had since been covered by new insurance. This finding indicated that most parents/guardians wished to maintain some form of insurance coverage and the majority of parents/guardians did not feel as though their child's service utilization was too low to justify the expense of insurance. Furthermore, survey data further indicated that less than 20 percent of respondents indicated that the new premium had caused them to discontinue their child's participation in MCHP.

Data also show that disenrolled children were much more likely to be in families with only one enrolled child. This finding suggests that parents/guardians were more willing to pay the premium when the per-child cost was lower. There were no real differences, however, between the survey responses of parents/guardians with one child and those with multiple enrolled children. It is possible that respondents with one child were more

willing to risk the potential out-of-pocket expenses related to health care for one child than were respondents with multiple children.