



After a Parent Left Employment, One in Five Children Lost Private Insurance

Kristin Smith

Parental job loss is an important trigger for a child's loss of private health insurance.¹ For example, research shows that parental loss of full-time employment doubles the odds that a child will lose private health insurance.² Until the 1990s, substantial numbers of children lacked health insurance, but with the enactment of the Children's Health Insurance Program (CHIP) in 1997, followed by changes to Medicaid and CHIP's 2009 reauthorization, children's health insurance coverage was expanded through broader eligibility, enrollment simplifications, and outreach efforts.³ From 1997 to 2012, the share of children without insurance fell from 14 percent to 7 percent.⁴

The growth of public coverage for children notwithstanding, private coverage is still the primary form of children's health insurance. In 2014, 59 percent of children received coverage from private health insurance.⁵ But coverage has become less consistent for some children, due to an overall decline in employer-provided private-sector coverage, an increase in switching between public and private sources, and low public health insurance renewal rates.⁶ Even brief gaps in health insurance produce adverse consequences for children, including fewer medical provider visits over the course of a year, the loss of a primary health care provider, difficulty getting preventive and specialized medical care, and the increased use of emergency department and inpatient hospital visits.⁷ Loss of employer-based coverage leads to instability in health insurance, gaps in coverage, and more unmet health care needs.⁸

This brief focuses on children's loss of private health insurance after a parent left his or her job voluntarily or involuntarily between May 2008 and the end of 2012 (see Box 1 for definitions). The number of uninsured children declined steadily throughout this period,⁹

KEY FINDINGS

1 in 4

More than one in four privately insured children had a parent leave employment voluntarily or involuntarily between 2008 and 2012.

19%

Within eighteen months after a parent transitioned out of employment, 19 percent of privately insured children lost their private health insurance; of this 19 percent, 11 percent moved to public health insurance and 8 percent became uninsured.



Children living in the highest income quintile more often transitioned to no insurance, while children living in the lowest income quintile more often transitioned to public health insurance.



Hispanic children were more likely to transition to public health insurance than to become uninsured.



Children in rural and urban areas were equally likely to have a parent leave employment; they were also equally likely either to become uninsured or to gain public health insurance.

and experts project that some of the provisions of the Patient Protection and Affordable Care Act (ACA) of 2010 will foster a continued decline in the percentages of children without health insurance over the long term.¹⁰ For most of the period under study, many ACA provisions that have likely served to expand coverage—the mandate that persons obtain health insurance, the state option to expand Medicaid to reach more families, the provision of federal subsidies to purchase coverage, and the ACA requirement for states to transition coverage of children up to 138

Box 1: Defining Employment and Health Insurance Transition Measures

Parent left employment: A parent left employment, or experienced a job exit, if he or she held a paid job in one month and did not in the subsequent month. Parents may leave employment due to voluntary reasons (for example, quitting or retiring) or involuntary reasons (like being laid off or fired). These analyses consider employment exits of either parent within married-couple households and of the residential parent in single-parent households.

Loss of private health insurance, or a private health insurance transition, occurs when children have private health insurance in one month and do not have private health insurance in the subsequent month. This brief presents month-to-month transitions using four-and-a-half years of the Survey of Income and Program Participation (SIPP) panel that commenced in 2008. Transitions from one private insurance plan to another are not included.

percent of the federal poverty line from CHIP to Medicaid—had not yet gone into effect. But since most children are still covered under private health insurance plans, the majority of which are linked to the parents' employment, understanding the relationship and the characteristics of children who are unlikely to remain covered after a parent leaves his or her job may help identify ways to preserve consistency in coverage. For example, health care providers, administrators, and policy makers can keep watch to ensure that eligible children are quickly connected with public sources of coverage.

The analysis presented here is based on the U.S. Census Bureau's Survey of Income and Program Participation (SIPP), a longitudinal survey representative of U.S. households, and it examines variations by family income, race and ethnicity, and place of residence. Income quintile and rural-urban residence were measured at the start of the SIPP panel in 2008. This brief uses the 2008 SIPP panel data beginning in May 2008 through

the end of 2012, coinciding with the Great Recession, which began in December 2007 and officially ended in June 2009, representing a time of massive job loss.

Because health insurance coverage is dynamic over time, children may transition repeatedly between having and lacking coverage over the four-and-a-half years studied here. This brief focuses on one such transition—the initial loss of private health insurance and the repercussion in terms of coverage—after a parent voluntarily or involuntarily left his or her job, an event that is closely associated with the loss of private health insurance. It is beyond the scope of this brief to examine the length of time children spent uninsured or on public health insurance, whether children transitioned back to private health insurance coverage, whether children switched to another parent's private health insurance, or whether or when parents resumed employment after the initial job exit.

Box 2: Defining Race and Ethnicity

The SIPP allows respondents to select one racial category and additionally asks respondents whether they are of Hispanic ethnicity. In this brief, white refers to those who are non-Hispanic white, black refers to those who are non-Hispanic black, and other race refers to those who are Asian, Native American, Aleut, or Eskimo but not Hispanic. Hispanics may be of any race. Multiracial children are not identified in the SIPP.

Private Health Insurance Coverage Varies By Race, Ethnicity, Income, and Place

Across four-and-a-half years of the SIPP panel (2008–2012), 77 percent of children were covered by private health insurance for one or more months (see Table 1).¹¹ Coverage varied significantly by race (see Box 2 for definitions). While a very large majority of white children (88 percent) were covered by private health insurance, substantially fewer black (62 percent) and Hispanic children (56 percent) were. Coverage among children of other races was lower than, but closest to, whites (83 percent). Children living in urban areas were more likely than rural children to have private health insurance for one or more months. Coverage varied as well by income: the percent of children that had private health insurance coverage for at least one month rose as family income increased (see Figure 1).

Only 45 percent of children in the lowest income quintile¹² were covered by private health insurance for one or more months between 2008 and 2012 compared with 98 percent of children in the highest income quintile.

White, Privately Insured Children Were Less Likely to Have a Parent Leave Employment Than Black and Hispanic Children

While the proportion of children living in a family in which a parent exited a job varied by race, ethnicity, and income, for all groups the proportion of parental job exits was high. Overall, 27 percent of privately insured children experienced a parental job exit during the four-and-a-half years of the 2008–2012 SIPP panel. White, privately insured children were less likely to have a parent leave his or her job compared with black and Hispanic children (25 percent, 31 percent, and 33 percent, respectively; see Table 1). The shares were roughly the same for children in urban and rural locations (see Table 1). In terms of income, roughly one-third of privately insured children in the lowest three quintiles had a parent leave his or her job, compared to about one in five in the highest two quintiles (Figure 1).

The remainder of this brief considers health insurance transitions among privately insured children with a parent who left employment.

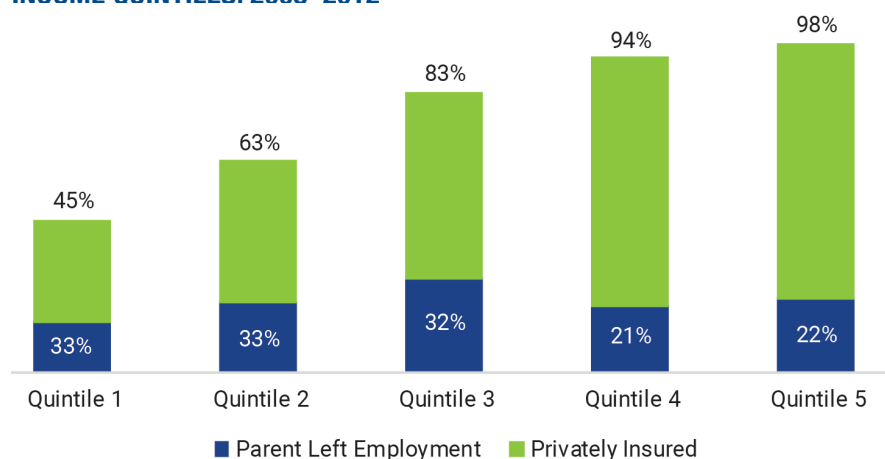
TABLE 1. PERCENT OF PRIVATELY INSURED CHILDREN AND PERCENT OF THOSE CHILDREN WITH A PARENT WHO LEFT EMPLOYMENT, 2008–2012

	All Children	Race and Ethnicity				Place of Residence	
		White	Black	Hispanic	Other	Urban	Rural
Children with private insurance at least one month	77%	88%	62% ^{a,b}	56% ^{a,b,c}	83% ^a	78% ^d	72%
With parent who left employment	27%	25%	31% ^a	33% ^{a,b}	27%	27%	29%

Source: Survey of Income and Program Participation 2008 panel.

Notes: ^a Statistically significantly different from white at $p < .05$; ^b Statistically significantly different from other at $p < .05$; ^c Statistically significantly different from black at $p < .05$; ^d Statistically significantly different from rural at $p < .05$.

FIGURE 1. PERCENT OF PRIVATELY INSURED CHILDREN AND PERCENT OF THOSE CHILDREN WITH A PARENT WHO LEFT EMPLOYMENT BY FAMILY INCOME QUINTILES, 2008–2012



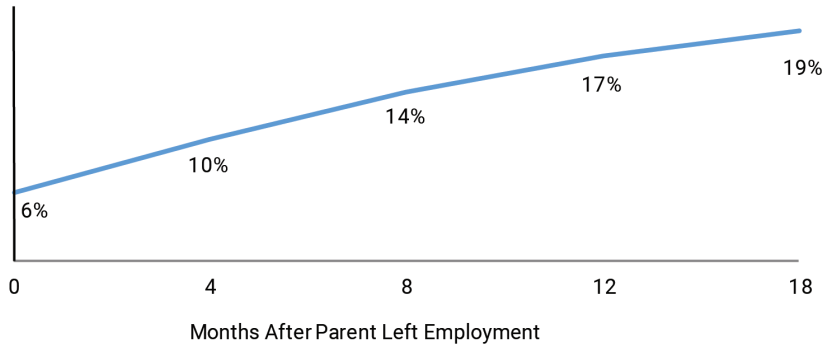
Source: Survey of Income and Program Participation, 2008 panel.

One in Five Children Lost Private Health Insurance After a Parent Left Employment

The majority of children remained privately insured eighteen months after a parent left employment. However, 6 percent lost their private health insurance the same month of their parent's employment transition, and another 4 percent lost their private health insurance during the first four months afterwards (see Figure 2). By eighteen months, nearly one-fifth (3 million children) had lost their private health insurance.¹³

This brief explores health insurance transitions in two separate periods following parental job exits in order to analyze the immediate ramifications of the job exit on health insurance coverage and to consider the potential role of COBRA in these insurance transitions. COBRA—the Consolidated Omnibus Budget Reconciliation Act—allows employees and their families to retain the coverage they had under their employer, even after leaving that job, by paying the cost out of pocket.¹⁴ The American Recovery and Reinvestment Act of 2009 substantially reduced the premium costs of COBRA for employees who lost their jobs between

FIGURE 2. PERCENT OF PRIVATELY INSURED CHILDREN WHO LOST THEIR PRIVATE HEALTH INSURANCE AFTER A PARENT LEFT EMPLOYMENT, BY MONTH SINCE PARENT LEFT EMPLOYMENT, 2008–2012



Source: Survey of Income and Program Participation, 2008 panel.

September 2008 and May 2010,¹⁵ and so families with children had an increased incentive to rely on COBRA coverage to keep their children covered up to the (typical) maximum of 18 months before transitioning to public insurance or losing coverage altogether.¹⁶ Examining insurance coverage in the first four months following job loss allows a determination of the short-term relationship with private coverage,¹⁷ and examining it after 18 months may allow insight into the longer-term impact of the COBRA benefit.¹⁸

Hispanic Children Transition to Public Health Insurance Rather Than Become Uninsured

Public health insurance can serve as a safety net for children during times when families are stressed due to parental transitions out of employment. While a majority of children (80 percent) retain private coverage when a parent moves out of employment, policy makers need to understand

whether children who lose private insurance access public health insurance or become uninsured. Ten percent of privately insured children with a parent who left employment lost their private health insurance within four months of their parent leaving his or her job; 6 percent transitioned to public health insurance, and 4 percent became uninsured (Figure 3). Five to eighteen months after a job transition, another 9 percent of privately insured children had lost their private health insurance; 5 percent moved to public insurance, and 4 percent became uninsured.¹⁹ In total, 8 percent of privately insured children became uninsured in the eighteen months following a parent's job exit.

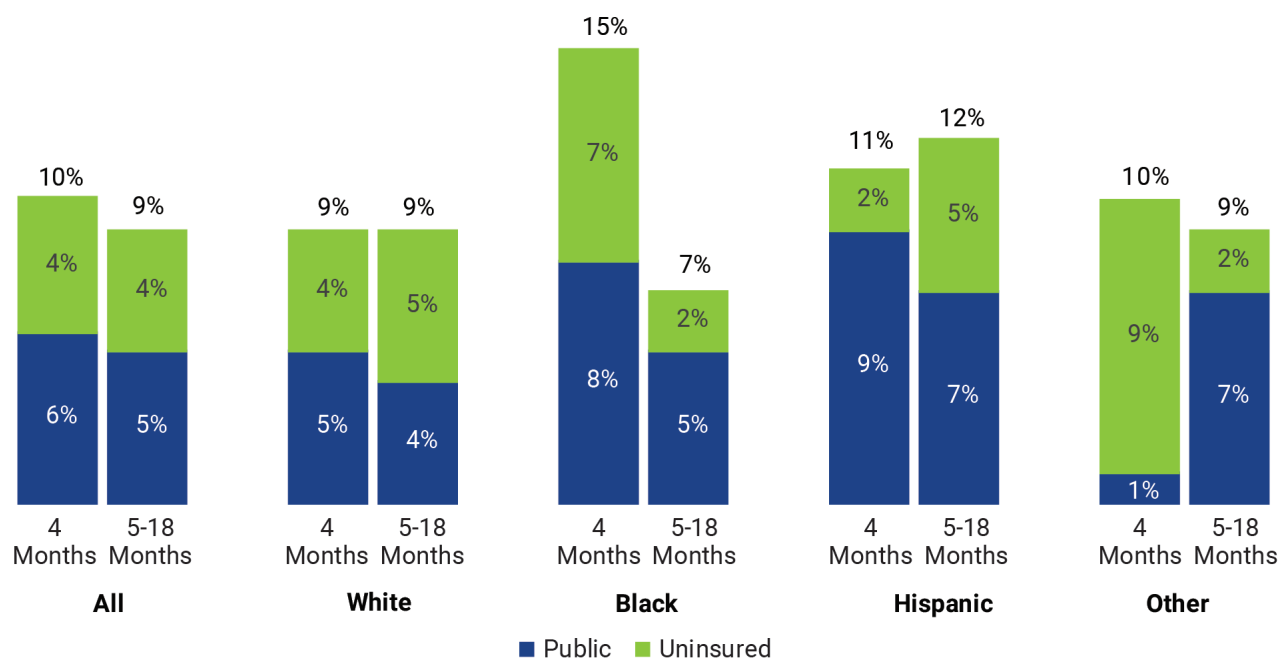
Differences by race and ethnicity in the percentage of children losing private health insurance are not statistically significant (see Figure 3). For example, 15 percent of black children lost private health insurance within four months after their parent left employment, similar to the percentage of white, Hispanic, and children of other races (9 percent, 11 percent, and 10 percent, respectively).

However, the type of health insurance coverage children transitioned to varied within each race and ethnic group in the short term after a parent left employment. Hispanic children were more likely to transition to public health insurance than to become uninsured. In contrast, children of other races (Asian, Native American, Aleut, or Eskimo) were more likely to become uninsured than transition to public health insurance. Black children and white children were both equally likely to transition to public insurance or no insurance.

Looking at differences in loss of health insurance coverage over time since a parent left employment, more black children lost health insurance coverage in the short term than in the longer term. In contrast, white, Hispanic, and children of other races lost private health insurance at equal rates regardless of the time since the parent left employment. This greater loss of private health insurance among black children in the immediate months following a parent leaving employment suggests that the shock of the job exit among black families may be felt acutely and instantly. This implies that black children are more at risk than other children for an immediate loss of private insurance coverage, perhaps because black children's parents have fewer resources to purchase coverage out of pocket, or are less likely to be married and able to switch coverage between parents.

Also noteworthy, a larger proportion of children of other races became uninsured in the short term than in the longer term following a parent leaving employment. This difference is not found within the other race or ethnic groups.

FIGURE 3. PERCENT OF PRIVATELY INSURED CHILDREN WHO TRANSITIONED TO PUBLIC HEALTH INSURANCE OR BECAME UNINSURED WITHIN 4 OR 5–18 MONTHS AFTER A PARENT LEFT EMPLOYMENT, BY RACE AND ETHNICITY, 2008–2012



Source: Survey of Income and Program Participation, 2008 panel.

Note: Differences in the percentage of children losing private health insurance coverage between race and ethnic groups are not statistically significant.

In the short and long term, children living in the lowest income quintile were more likely to lose their private health insurance after a parent left employment than children living in the highest income quintile.

Public Insurance Safety Net Working For Children in Lowest Income Quintiles

In the short and long term, children living in the lowest income quintile were more likely to lose their private health insurance after a parent left employment than children living in the highest income quintile.

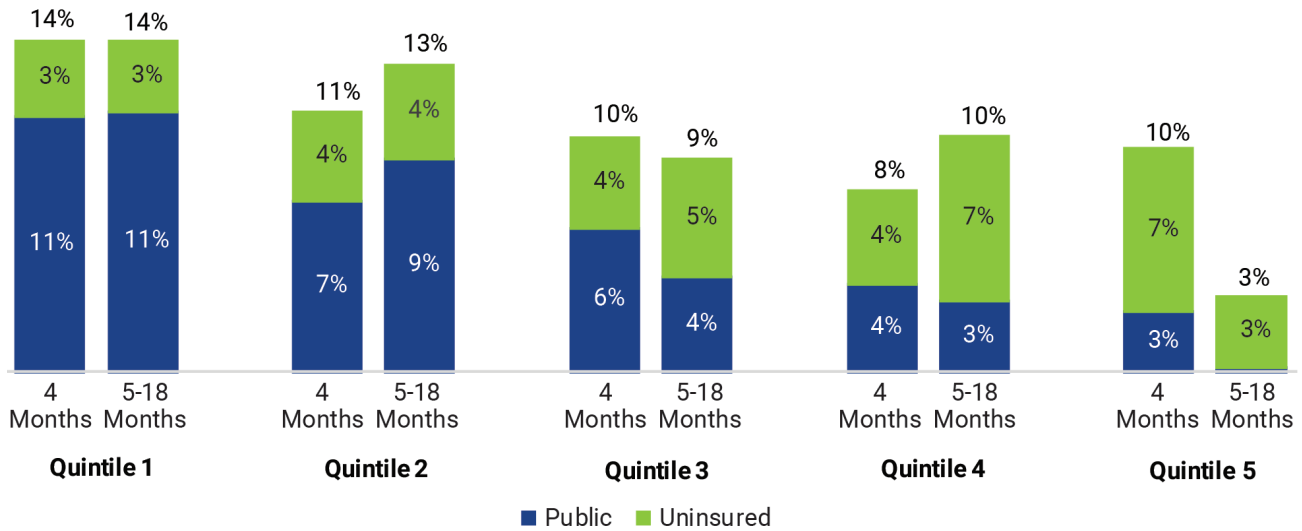
Compared to 14 percent in the lowest quintile, only 3 percent of children living at the highest income quintile lost their health insurance between five and eighteen months after a parent left employment (see Figure 4).

Not only is the loss of private health insurance patterned by family income; there are differences in children's health insurance coverage type after losing private coverage. Children living in the lowest income quintile were more likely to transition to public health insurance than become uninsured after a parent left employment (11 percent compared with 3 percent for both time periods; see Figure 4).²⁰ The reverse is true for children in the highest income quintile: at four months only 3 percent had transitioned to public health insurance while 7 percent became

uninsured. This is understandable, as many of the children in the highest income quintile were not eligible for public health insurance despite a parent's job exit, and parents may have been able to pay for routine health care out of pocket. However, the relatively high proportion that became uninsured is troublesome, as health insurance instability can have negative consequences for children's health and for family finances and overall well-being.

Regardless of whether loss of children's health insurance occurred in the short or long term after the parent left employment, health insurance transition patterns by income quintile are mostly similar. There is, however, one exception: 10 percent of children living in the highest income quintile

FIGURE 4. PERCENT OF PRIVATELY INSURED CHILDREN WHO TRANSITIONED TO PUBLIC HEALTH INSURANCE OR BECAME UNINSURED WITHIN 4 OR 5–18 MONTHS AFTER A PARENT LEFT EMPLOYMENT, BY FAMILY INCOME QUINTILE, 2008–2012

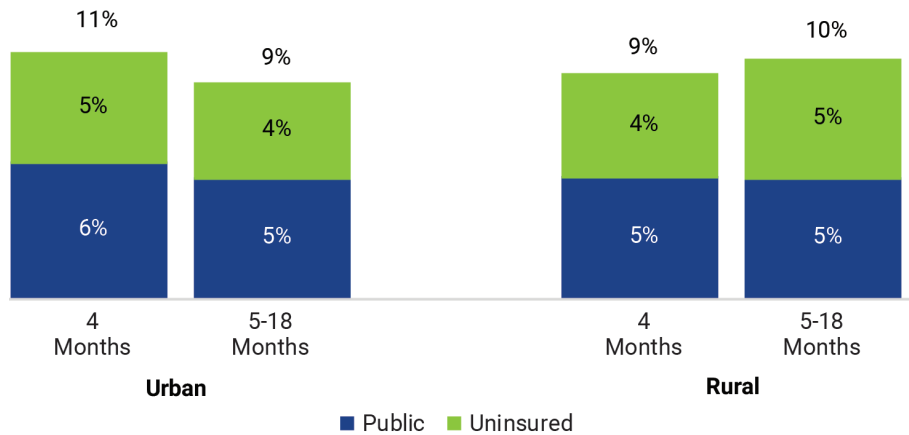


Source: Survey of Income and Program Participation, 2008 panel.

lost their private health insurance within four months of a parental job exit, whereas only 3 percent did so between five and eighteen months. This suggests that higher-income children are less at risk than lower-income children for a delayed loss of insurance coverage, whether because higher-income children’s parents are more readily re-employed, the parents are more likely to be married and thus able to switch coverage between parents, or these families are better equipped than their lower-income counterparts to purchase consistent coverage out of pocket, such as COBRA.

Similar proportions of privately insured rural and urban children lost their private health insurance within four months after their parent left employment and five to eighteen months later (Figure 5). They were also equally likely to transition to public health insurance or become uninsured.

FIGURE 5. PERCENT OF PRIVATELY INSURED CHILDREN WHO TRANSITIONED TO PUBLIC HEALTH INSURANCE OR BECAME UNINSURED WITHIN 4 OR 5–18 MONTHS AFTER A PARENT LEFT EMPLOYMENT, BY PLACE OF RESIDENCE



Source: Survey of Income and Program Participation, 2008 panel.

Conclusion

This brief seeks to shed light on what happens to children's health insurance after a shift in parental employment status. Most children—four out of five—who had private insurance were able to retain it, perhaps because the family purchased COBRA coverage or toggled coverage from the unemployed parent to the employed one. Nevertheless, approximately 3 million children lost private health insurance within 18 months of a parent's job exit. Eleven percent of children whose parent exited a job lost their private health insurance and transitioned to coverage under a public health insurance program, and 8 percent became uninsured.

Children in low-income families and black children are particularly at risk. They are less likely to have private health insurance to begin with, and when they do, they are more likely to lose access to private health insurance after a parent's job exit. While Hispanic children also are less likely to have private health insurance, they are more likely to transfer to public insurance than to become uninsured. By contrast, 9 percent of children in Asian, Native American, Aleut, and Eskimo families became uninsured within four months of a parent's job exit, while only 1 percent transitioned to public health insurance.

This brief shows where potential gaps in CHIP and Medicaid outreach exist, but only for those children who are income-eligible. Under the ACA, outreach and enrollment investments should focus on educating parents at the time of a job exit about public health insurance, marketplace options on the exchange, and COBRA, particularly for families who live in a state with a low public insurance income

limit and thus earn too much to qualify for public health insurance. These efforts could be leveraged through employers, and the result would be beneficial to children to avoid a lapse in health insurance and an interruption in medical care.

That 7 percent of children living in the highest income quintile became uninsured within four months of a parent's job exit is concerning. Losing health insurance can deter families from seeking preventive health care, and the loss of preventive care negatively impacts children's health.

That 7 percent of children living in the highest income quintile became uninsured within four months of a parent's job exit is concerning. Losing health insurance can deter families from seeking preventive health care, and the loss of preventive care negatively impacts children's health. However, since the average family income at the start of the SIPP for families in the highest income quintile was \$89,314, some of these families may have savings or have been able to pay out of pocket for their children's health care if a job exit resulted in a loss of insurance. Even for high-income families, the high cost of COBRA may deter uptake. Although beyond the scope of this brief, future research could consider whether the take-up rate of COBRA increased while the ARRA subsidy was in effect, as the high cost of COBRA is one barrier to enrollment often cited by families.²¹

Though the ability to switch coverage from the newly unemployed spouse to the still-working spouse is

an option for many two-earner couples, these families may nevertheless experience short periods without insurance. The same is true for parents who manage to find other jobs relatively quickly. Both examples highlight the strong link between private insurance—the primary form of coverage for American families—and employment.

Given the importance of stability in insurance coverage for children's health, policy makers need to understand the implications of parental job loss for children's health care and the policy approaches that can protect children's access to care. Although the ACA provisions target adults (many of whom are parents), it is likely that children's health insurance coverage will expand under ACA, particularly among lower-income families who are eligible for and living in states that expanded Medicaid. The introduction of the marketplaces in 2014 does not appear to have affected children's uninsured rates during the first year, despite the decline in uninsured rates among nonelderly adults,²² but experts expect upticks in children's health insurance rates in the future, for several reasons. These include the Medicaid expansion post-ACA, the introduction of the individual mandate, the expansion of coverage to parents under ACA, increased efforts at outreach, and increased affordability as children in families with incomes between 100 and 138 percent of the family poverty line transition from CHIP to Medicaid (which has no premiums).²³ Outreach and enrollment strategies targeted to parents at the time of a job exit would potentially reach children particularly vulnerable to becoming uninsured.

Data

These analyses are based on Survey of Income and Program Participation (SIPP) 2008 panel data collected by the U.S. Census Bureau. The SIPP is a nationally representative longitudinal survey of 52,031 households. Each panel features a nationally representative sample interviewed over a period of approximately four years. The survey selects a nationally representative sample by clustering addresses within cities and counties based on population counts from the most recent decennial census. Interviews are conducted every four months to gather data on demographics, income sources, welfare, household and family structure, jobs and work history, and health insurance for each individual in the household for each intervening month. Wave 1 of the 2008 SIPP panel was implemented in May–August 2008, with one quarter of households interviewed in each of the four rotation months.

Because the SIPP collects health insurance coverage data every month over the entire SIPP panel, this analysis is able to go beyond measures of health insurance coverage based on one point in time and examine the dynamic nature of coverage. The analyses presented here identify associations between child and family characteristics and the loss of insurance. These analyses are not intended to draw conclusive causal inference between any one characteristic and a change in parental employment and a loss of insurance. There are many aspects of family life that are not controlled for in these bivariate relationships. Because estimates are based on survey data, caution must be used when comparing data, as the margin of error may indicate that

seemingly disparate numbers fall within sampling error. The Census Bureau uses imputation techniques in the SIPP, thus it is possible that some coverage transitions found in the data are imputed. Seam bias has been documented as an issue in the SIPP (and in other longitudinal panel data), with respondents clustering transitions at the interview month. This is likely not an issue in the present analysis, as the analysis covers 18 months and thus seam bias likely averages out. All analyses are weighted using SIPP panel weights that control for attrition. Standard errors are adjusted to take into account the complex sampling design of the SIPP using the primary sampling unit (PSU) stratification variables. Differences highlighted in this brief are statistically significant ($p < 0.05$).

Endnotes

1. Gerry Fairbrother et al., “The Impact of Parental Job Loss on Children’s Health Insurance Coverage,” *Health Affairs* 29, no. 7 (2015): 1343–49; J. Czajka and C. Olsen, “The Effects of Trigger Events on Changes in Children’s Health Insurance Coverage” (Washington, DC: Mathematica Policy Research, 2000); J. Holahan and A. Garrett, “Rising Unemployment, Medicaid, and the Uninsured” (Washington, DC: Kaiser Family Foundation, 2009).

2. Other reasons children lose private health insurance include divorce, an increase in the employee share of the cost of health insurance rendering it unaffordable, or an employer decision to stop offering private health insurance. See Heather Hill and Luke Shaefer, “Covered Today, Sick Tomorrow? Trends and Correlates of Children’s Health Insurance Instability,” *Medical Care Research and Review* 68, no. 5 (2011): 523–36.

3. Robin Rudowitz, Samantha Artiga, and Rachel Arguello, “Children’s Health Coverage: Medicaid, CHIP and the ACA” (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, Henry J. Kaiser Family Foundation, 2014).

4. Rudowitz et al., 2014.

5. Michael Staley, “After Years of Decline, Private Health Insurance Rates Among Children Grew in 2014” (Durham, NH: Carsey School of Public Policy at UNH, 2016).

6. Hill and Shaefer, 2011.

7. Lindsey Jeanne Leininger, “Partial-Year Insurance Coverage and the Health Care Utilization of Children,” *Medical Care Research and Review* 66, no. 1 (2009): 49–67; Thomas Buchmueller, Sean Orzol, and Lara Shore-Sheppard, “Stability of Children’s Insurance Coverage and Implications for Access to Care: Evidence From the Survey of Income and Program Participation,” *International Journal of Health Care Finance and Economics*, no. 14 (2014): 109–26; Lindsey Leininger and Helen Levy, “Child Health and Access to Medical Care,” in *Policies to Promote Children’s Health, The Future of Children* 25, no. 1 (2015): 65–90; A. Cassidy, G. Fairbrother, and P.W. Newcheck, “The Impact of Insurance Instability on Children’s Access, Utilization, and Satisfaction With Health Care,” *Ambulatory Pediatrics* 8, no. 5 (2008): 321–28; L. Olson, S.F. Tang, and P.W. Newcheck, “Children in the United States With Discontinuous Health Insurance Coverage,” *New England Journal of Medicine* 353, no. 4 (2005): 382–91.

8. Hill and Shaefer, 2011; Czajka and Olsen, 2000; L. Summer and C. Mann, “Instability of Public Health Insurance Coverage for Children and Their Families: Causes, Consequences, and Remedies” (New York, NY: Commonwealth Fund, 2006), <http://www.commonwealthfund.org/publications/fund-reports/2006/jun/instability-of-public-health-insurance-coverage-for-children-and-their-families-causes--consequence>.

9. Legislation enacted during the period of study includes the American Recovery and Reinvestment Act of 2009 (ARRA) and the State Children's Health Insurance Program (SCHIP) renewal in 2011.

10. Rudowitz et al., 2014; Genevieve Kenney et al., "A First Look at Children's Health Insurance Coverage Under the ACA in 2014" (Washington DC: Urban Institute, 2014).

11. Due to the instability in health insurance coverage, this percentage is larger than the percent of children who have private health insurance at a given point in time (that is, the start of the SIPP panel or an estimate derived from a cross-sectional survey), or who have continual private health insurance coverage for a given length of time (that is, one year).

12. Income quintile and rural-urban residence are measured at the start of the panel. We acknowledge that family income fluctuates over time due to changes in parental employment, divorce or remarriage, or other life events such that family income at the time that the parent leaves employment may be lower or higher than family income at the beginning of the survey.

13. These results differ from the Fairbrother et al. 2015 results for several reasons. This brief examines transitions in children's private health insurance up to eighteen months following a parents' voluntary or involuntary job exit over a four-year time period during the Great Recession and the immediate aftermath (2008–2012). The Fairbrother et al. study examined transitions up to three months following an involuntary parental job loss over two years from 2000 to 2004.

14. COBRA gives employees and their families the right to continue with their group health insurance benefits plan for limited periods (typically eighteen months) if the employee loses his or her job (voluntary or involuntary), reduces hours worked, transitions between jobs, or experiences divorce or some other life events. Because of high premiums (the individual is responsible for the employer portion as well as the

individual portion of the premium cost), only 9 percent of eligible unemployed workers had COBRA coverage during 2008. Additionally, many COBRA-eligible individuals did not use the full eighteen months; the average duration of COBRA coverage was 10.3 months. See U.S. Department of Labor, "Health Plans and Benefits" (2015), <http://www.dol.gov/dol/topic/health-plans/cobra.htm>; Michelle Doty et al., "Maintaining Health Insurance During a Recession: Likely COBRA Eligibility" (New York, NY: Commonwealth Fund, 2009); Brigitte Madrian, "Health Insurance Portability: The Consequences of Cobra" (1998); and David Zimmer, "Does Cobra's Retroactive Coverage Feature Encourage Delayed Enrollment?" *Contemporary Economic Policy* 31, no. 1 (2013): 135–44.

15. Under the ARRA of 2009, the premium cost of COBRA was temporarily reduced in order to make health insurance more affordable for individuals and their families who lost jobs due to the recession. Workers who were involuntarily terminated from their jobs between September 2008 and May 2010 were eligible to continue their health insurance coverage for only a third of the cost, with the employer being reimbursed for the rest of the cost by a tax credit. See also Department of Defense, "Department of Defense Act, 2010—COBRA Subsidy Extension: Questions and Answers. Updated 3/8/10," http://benefithelpssolutions.com/pdfs/cobra_dod_sub_ext_qa.pdf.

16. Depending on the employee circumstances, some individuals are eligible for up to 36 months of COBRA coverage. For details, see <http://www.dol.gov/ebsa/faqs/faq-consumer-cobra.html>.

17. Leininger (2009) finds that the typical length of an uninsured spell for children is four months.

18. This brief does not seek to specify causality between the factors studied, nor does it consider or control for other factors related to health insurance transitions such as divorce or changes in

the cost or access to employer-provided or private health insurance. Rather, it examines correlations between a parent leaving employment and children's loss of private health insurance.

19. Because health insurance coverage is dynamic over time, some of these children who lost private health insurance after a parental job exit may have regained private health insurance coverage or moved to public health insurance.

20. Recall that income quintile is measured at the beginning of the panel when the parent was employed, that is, prior to the parental job exit.

21. Zimmer, 2013.

22. Kenney et al., 2014.

23. Kenney et al., 2014; Georgetown University Health Policy Institute, "Medicaid Expansion: Good for Parents and Children" (Washington DC: Georgetown University, 2014), <http://ccf.georgetown.edu/wp-content/uploads/2013/12/Expanding-Coverage-for-Parents-Helps-Children-2013.pdf>.

About the Author

Kristin Smith is a family demographer at the Carsey School of Public Policy and research associate professor of sociology at the University of New Hampshire (kristin.smith@unh.edu).

Acknowledgments

This work was supported by the Annie E. Casey Foundation and anonymous donors. The author especially thanks Andrew Schaefer for research assistance and Jessica Carson, Michael Staley, Michael Ettlinger, Marybeth Mattingly, Michele Dillon, Amy Sterndale, Laurel Lloyd, and Bianca Nicolosi at the Carsey School of Public Policy; Luke Schaefer at the University of Michigan; and Patrick Watson for substantive comments and editorial contributions.



University of New Hampshire
Carsey School of Public Policy

The Carsey School of Public Policy at the University of New Hampshire is nationally recognized for its research, policy education, and engagement. The school takes on the pressing issues of the twenty-first century, striving for innovative, responsive, and equitable solutions.

Huddleston Hall • 73 Main Street • Durham, NH 03824
(603) 862-2821
TTY USERS: DIAL 7-1-1 OR 1-800-735-2964 (RELAY N.H.)

carsey.unh.edu