Research Statement: **Silviya Nikolova**

My dissertation research explores the impact of premium on disenrollment from the State's Children Health Insurance Program (SCHIP). The overall goal of the study is to increase the knowledge about the extent to which SCHIP efforts designed to provide uninsured children with health coverage are hampered by the requirement some states impose on beneficiaries to pay premiums. I evaluate the effect of premium changes using a sample of income-eligible children from a data set that combines the Medical Expenditure Panel Survey (MEPS) with information on premium and eligibility levels for all states in 2003. This dissertation consists of three papers.

- ***Disenrollment Effects of SCHIP Premium Variation: A Regression-Discontinuity Approach***
  Using a unique characteristic of the program involving lower premiums for those children whose family income is below a state-specific income cutoff, I study the effect of premium variation on enrollment in the public health insurance program. My main regression-discontinuity finding is that higher premiums reduce the probability of enrollment with the magnitude of the decrease being different by age group of the child. The RD estimates are robust to model misspecification and asymptotically consistent.

- ***The Cross-Section of SCHIP Enrollment and Premium Variations***
  The second paper extends the scope of the individual state analysis to a broader national evaluation and incorporates information on eligibility rules and premium levels for all states. The across-state variability in the difference between low-income and high-income group premiums allows for evaluating the effect of premium variation above the income cutoff on enrollment of children whose family income is slightly higher than the cutoff value. The cross-sectional estimates confirm the individual state findings that premium increases lead to declines in enrollment. In magnitude, these effects are below or around the low end of point estimate values for the individual states. The cross-sectional results support the notion that there are differences by age group in the enrollment response to premium.

- ***A Longitudinal Analysis of SCHIP Enrollment and Premium Increases***
  The final paper examines the impact of premium changes over time on enrollment in the SCHIP as eleven states increased their premium levels in 2003. I compare the enrollment outcomes of children using a Difference-in-Differences method. The longitudinal findings reinforce the regression-discontinuity and cross-sectional results that premium-induced disenrollment differs with the age of the child. These are significant effects associated with important declines in SCHIP enrollment.

The supportive response I have received from senior scholars in the field, and especially the interest shown in my work by the SCHIP researchers alongside who I presented my work at the AcademyHealth's Annual Research Meeting in Orlando, encourages me to think that my study will make a valuable contribution.

Research Goals

The data set that I have developed for the dissertation is unique and will be a vital asset to my future research. In addition, I have constructed a data set with premium information for 2004 and exactly the same structure. I plan to use these data to explore the following questions:

- ***Do public premiums prevent the substitution of public health insurance coverage for private coverage?***
  Using fuzzy Regression-Discontinuity Design to evaluate public-premium-induced effects on enrollment in private insurance is one obvious application of the method.

- ***How does expanded SCHIP eligibility affect insurance coverage of children based on their family income, age, or the marital status of the mother?***
  One of the conclusions that I reach in my dissertation research is that we need to go beyond the aggregate effects in order to better understand the consequences of and better target a policy change.

- ***How does expanded SCHIP eligibility affect private coverage of the above subpopulations of children?***

In a related stream of research, I will explore the relationship between public health insurance availability and the labor force behavior of single mothers.

- ***Do single mothers with incomes just below the Medicaid cutoff respond to increases in Medicaid eligibility limits by working more?***
  To answer this question I have obtained 1996–2002 results of the KIDSIM eligibility model from the AHRQ Agency. The KIDSIM model supplements MEPS with data on Medicaid and SCHIP coverage.

- A third area of research interest concerns the evaluation of the ***impact of medical and non-medical choices on child's health***, a question I started working on for my field exam.