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Patient Cost-Sharing, Socioeconomic Status, and Children's Health Care Utilization*

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Abstract

This paper estimates the effect of cost-sharing on the demand for children's and adolescents' use of medical care. We use a large population-wide registry dataset including detailed information on contacts with the health care system as well as family income. Two different estimation strategies are used: regression discontinuity design exploiting age thresholds above which fees are charged, and difference-in-differences models exploiting policy changes. We also estimate combined regression discontinuity difference-in-differences models that take into account discontinuities around age thresholds caused by factors other than cost-sharing. We find that when care is free of charge, individuals increase their number of doctor visits by 5-10 percent. Effects are similar in middle childhood and adolescence, and are driven by those from low-income families. The differences across income groups cannot be explained by other factors that correlate with income, such as maternal education.

Keywords: Cost-sharing, Health care utilization, Children, Income-health gradient, Difference-in-differences, Regression discontinuity

JEL Classification: I13, I14, I18

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