**Introduction & Purpose**

Over six million insured children belong to families where the parents in their household lack health insurance. Studies have indicated insured low-income children with uninsured parents are less likely to have physician visits and well-child visits than their counterparts with insured parents. However, self-selection may be responsible for the relationship found between parental insurance and well-child visits. It remains unclear whether a lack of parental insurance is detrimental to insured children's receipt of recommended care. The relationship between parental insurance and children's health care utilization can be explained using Social Cognitive Theory.

Objective: Estimate the effect of health insurance for the primary parent on insured children's well-child visits.

**Experimental Design**

This study uses a cross-sectional design. The data source is the 2007 Medical Expenditure Panel Survey-Household Component. The sample consists of children 17 years or less who were insured through the same source(s) for the entire year and had a primary parent who was either insured or uninsured the entire year. The dependent variable is whether or not the child had at least one well-child visit during the year. The independent variables include parent, child, and household variables. Probit and bivariate probit models were estimated.

**Results**

Parent insurance was unrelated to whether a child had a well-child visit during the year.

**Conclusions**

Insured children with insured parents are no more likely to have a well-child visit during the year than insured children with uninsured parents. Based on the results of this study, gains in parental coverage under health care reform are not expected to increase the proportion of insured children receiving a well-child visit.