



The Value of **HEALTH INSURANCE** FOR STUDENTS in Higher Education

The Midwestern Higher Education Compact (MHEC) will launch a student health insurance plan, MHECare, in fall 2012. MHECare was developed to help MHEC members contain health-related costs and to provide students with adequate coverage.¹ This brief presents the value of health insurance coverage, a profile of coverage patterns for higher education students, reviews options for students to obtain coverage, and discusses recommended benefit design considerations.

Acknowledgments



This report was produced by the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, authored by Karen Soderberg with assistance from Lynn A. Blewett, Ph.D. Please direct any comments about the report or requests for additional information to Jennifer Dahlquist, Assistant Vice President for Cost Savings and Chief Financial Officer for the Midwestern Higher Education Compact at jenniferd@mhec.org. Editorial assistance and publication design was provided by Carr Creatives.

MHECare, developed by the MHEC Student Health Benefits Advisory Committee (SHBAC), is supported by generous funding from Lumina Foundation for Education, an Indianapolis-based private foundation dedicated to expanding access to and success in education beyond high school.

ABOUT THE MIDWESTERN HIGHER EDUCATION COMPACT

The Midwestern Higher Education Compact (MHEC) is a nonprofit regional organization established by compact statute to assist Midwestern states in advancing higher education through interstate cooperation and resource sharing. Member states are Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

MHEC seeks to fulfill its interstate mission through programs which:

- enhance productivity through reductions in administrative costs
- encourage student access, completion, and affordability
- facilitate public policy analysis and information exchange
- facilitate regional cooperation
- encourage quality higher education programs and services
- encourage innovation in the delivery of educational services

MHEC LEADERSHIP

Chair: Jeff Haverly, Chair, Government Operations and Audit, South Dakota State Senate
Vice Chair: Randy Ferlic, Regent—University of Nebraska System
Treasurer: Ed Maloney, Chair, Higher Education Committee, Illinois State Senate
President: Larry A. Isaak

From the MHEC President

Dear Colleague,

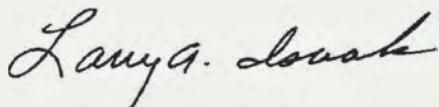
Health insurance coverage is a prominent issue in the United States, with the number of uninsured growing as cost of coverage increases. Post-secondary students are not immune to problems of uninsurance, leaving many vulnerable to the health and financial consequences of being uninsured or having inadequate coverage. In 2010, the Patient Protection and Affordable Care Act enacted significant measures to address problems in accessing health insurance coverage. Despite these measures, many students will still face challenges in obtaining reasonable health insurance coverage.

Poor health insurance coverage—or none at all—is an impediment to student health and well-being, and a potential barrier to achieving a successful post-secondary education. To address the problem of uninsured and underinsured students, the Student Health Benefits Advisory Committee of the Midwestern Higher Education Compact (MHEC), with the support of Lumina Foundation, developed MHECare to provide its colleges and universities a health insurance product for their students with cost-savings that could only be achieved by working collaboratively. MHECare offers vetted and comprehensive health insurance options for students, as well as administrative efficiencies for colleges and universities.

Lumina Foundation, an Indianapolis-based private foundation, is committed to enrolling and graduating more students from college—especially 21st century students: low-income students, students of color, first-generation students and adult learners. Lumina's goal is to increase the percentage of Americans who hold high-quality degrees and credentials to 60% by 2025. Lumina pursues this goal in three ways: by identifying and supporting effective practice, through public policy advocacy, and by using our communications and convening power to build public will for change.

This brief presents existing research and current thinking about the value of health insurance for the students in higher education. Access to health insurance is a public health issue. Health and wellness are key elements in maintaining student productivity and success, and students need access to high quality health coverage at a reasonable price. Colleges and universities need to be accountable to this issue for the sake of their students, and also for their communities that bear the burden of caring for the uninsured. It is also important for our member institutions to take the charge to address these issues, leading our nation toward a future of good health and productivity.

Sincerely,



Larry A. Isaak, President
Midwestern Higher Education Compact



Why Health Insurance Matters

Health insurance coverage is an important aspect of individual well-being, in that it supports access to health care services and offers protection from the risk of excessive medical expenses. In the United States, health insurance coverage is typically provided as a benefit for employees and, often, their dependent family members. However, many workers do not have this benefit, are unable to purchase or afford individual coverage, or earn too much income to qualify for public programs. Young adults often fall into ranks of the uninsured. Those aged 18–25 have the highest rate of uninsurance (29.7%) compared to any other age group.² This is due in large part to the transition from dependent coverage or childhood eligibility for public programs, to adulthood and independent living. Young adults are more likely to obtain jobs that don't offer coverage. In many cases they have not yet developed the skills to qualify for higher-level jobs that have this benefit, or opt out of the coverage benefit because they don't see the financial value of insurance.

Healthy students are more productive, have less absenteeism, and can better poise themselves to enter the workforce in good physical and financial health.

Students are not immune to difficulties in obtaining coverage, nor the sense that coverage is a lower budget priority than other daily expenses. However, student health and well-being is an important component of campus life. Healthy students are more productive, have less absenteeism, and can better poise themselves to enter the workforce in good physical and financial health. Research has found that students who report poor health and those with chronic health conditions have lower grade point averages.³ However, many students do not have access to affordable or adequate health insurance coverage, which can counteract their ability to manage their health and their potential for well-being.

The health consequences of being uninsured are well documented in the literature. Uninsured people suffer worse health and die sooner, forego needed care, and lose productivity.^{4,5} Young adults, while generally in better health than the overall population due simply to their young age, are not immune to the problems of uninsurance. Often characterized as “young invincibles,” young adults (including the student population) have lower prevalence of chronic health problems and have had less experience with major health events. However, this does not protect them from fluke medical events such as an accident or unexpected condition that may incur large medical expenses. Such unexpected medical events can result in large medical debt for students and potential uncompensated medical care for medical providers. More than one in four (28%) young adults—including non-students—have been found to have unpaid medical bills.⁶



Nearly one in five post-secondary students do not have health insurance coverage

Students are also at risk of incurring medical events because of their propensity for poor health behaviors and health decision making. Research has found that college students are more likely to develop weight-related behaviors and participate in substance abuse such as alcohol binge drinking.⁷ While health insurance coverage alone is not likely to abate these behaviors, the improved access to health care is likely to result in improved health behaviors. In addition, the risk protection is important for students who make poor behavioral decisions that may result in an accident, such as binge drinking.

Trends in Student Health Insurance Coverage

Nationally and within the 12 MHEC states most students have health insurance coverage. However, coverage rates are lower for students than for the population as a whole. Nearly one in five post-secondary students (18.5%) do not have health insurance coverage, compared to 15.5% for all ages in the United States. Exhibit 1 provides a profile of types of coverage for the total population compared to students attending college in the United States, as well as a subset of the 12 MHEC member states.

Exhibit 1: Health Insurance Coverage for Students, U.S. and MHEC States, 2010

TYPE OF COVERAGE	UNITED STATES		MHEC MEMBER STATES	
	Total Population	Post-Secondary Students	Total Population	Post-Secondary Students
Any Coverage	84.5%	81.5%	87.7%	84.7%
Private Coverage	66.0%	73.2%	70.5%	76.1%
Group Coverage	54.9%	58.9%	59.5%	62.8%
Individual Coverage	12.7%	15.2%	13.5%	15.3%
Public Coverage	29.6%	10.9%	29.5%	11.1%
No Coverage	15.5%	18.5%	12.3%	15.3%

Source: 2010 American Community Survey⁸
 Note: Estimates may add to more than 100% because people can have more than one source of coverage.



The demographic profile of uninsured students versus all uninsured in the population is shown in Exhibit 2. Uninsured students are more likely to be female, under 25 years of age, and non-White. Disparities in coverage are also evident by type of institution. Students enrolled in two-year schools are more likely to be non-White.⁹ The higher prevalence of uninsurance among many minority groups suggests that two-year schools are facing a higher prevalence of uninsured students.

Exhibit 2: Demographic Characteristics of the Uninsured, United States, 2010

	UNITED STATES	
	Total Population	Post-Secondary Students
Sex		
Male	54.1%	45.1%
Female	45.9%	54.9%
Age		
<25 years	31.4%	53.5%
25 years or older	68.6%	46.5%
Race/Ethnicity		
White alone	44.9%	45.7%
Black alone	14.1%	18.9%
Asian alone	4.9%	8.3%
Multiple/other Non-Hispanic	3.2%	4.0%
Hispanic	32.9%	23.1%
Poverty		
<200% FPL	59.0%	57.6%
200%+ FPL	41.0%	42.4%

Source: 2010 American Community Survey⁶

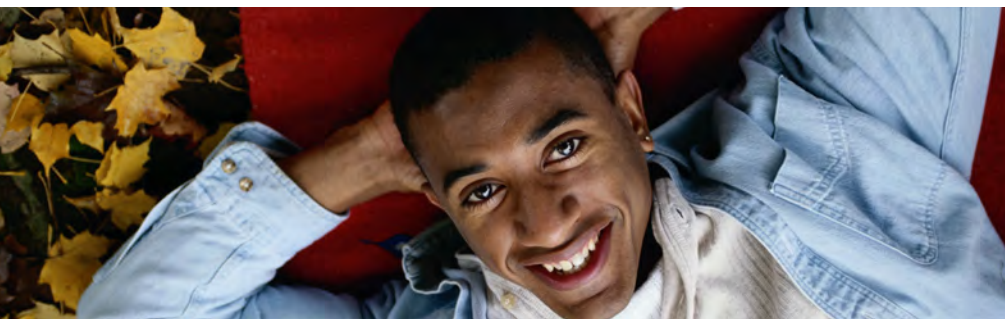
Options for College Student Coverage

Many students have viable options for obtaining health insurance coverage, particularly for those following a traditional path of attending college soon after high school and/or those whose parents can provide coverage. However, non-traditional students and those on tighter budgets face more difficulty with both access to and affordability of health insurance coverage. This section describes the prominent sources of coverage available to students. A summary of the advantages and limitations of each source is presented in Exhibit 3.



Exhibit 3: Summary of Health Insurance Coverage Options for College Students

TYPE OF COVERAGE	ADVANTAGES	LIMITATIONS
<p>Dependent coverage on a parent or guardian's plan</p>	<ul style="list-style-type: none"> • Many students have this option available • Dependent coverage expansions extended to age 26 for unmarried adults as of fall 2010 	<ul style="list-style-type: none"> • Rates of employer-sponsored coverage are declining and employee costs are increasing • Co-pay expenses may be high for students attending colleges that are not within the geographic network of the insurance plan • Tracking utilization and expenses for health savings accounts is complicated for students attending college out of town
<p>Individual coverage</p>	<ul style="list-style-type: none"> • Many insurance companies are developing products that appeal to young healthy adults • Many insurers offer several benefit/cost options 	<ul style="list-style-type: none"> • Premiums may be prohibitively high for applicants with pre-existing conditions, or coverage may be denied • Young adults may be subsidizing a risk pool that includes less healthy members of the general population
<p>High-risk pool plans</p>	<ul style="list-style-type: none"> • Available to students who are denied coverage due to pre-existing conditions • Available in all states either through a state-run plan or through the new federal Pre-existing Condition Insurance Plan 	<ul style="list-style-type: none"> • Premiums may be prohibitively expensive • Must not have access to other health insurance including parents' plans • Some states require waiting periods
<p>Public programs</p>	<ul style="list-style-type: none"> • Affordable Care Act will include Medicaid coverage expansions to include childless adults 	<ul style="list-style-type: none"> • Many students won't qualify based on family income
<p>Student health insurance</p>	<ul style="list-style-type: none"> • Available to enrolled students • Guaranteed issuance to enrolled students • Can efficiently connect service delivery to campus health centers 	<ul style="list-style-type: none"> • Potential lapse in coverage due to term-by-term coverage • Plans may not have adequate balance of benefits and risk protection



DEPENDENT COVERAGE

The most common coverage for students is dependent coverage on a parent's plan. Nationally, three in five people (54.9%) are covered by employer-sponsored insurance (ESI) coverage and slightly more (58.9%) of post-secondary students are covered under ESI. Young adult dependent coverage expansions are included in the Affordable Care Act of 2010 (ACA) and have been implemented in states effective for plan or policy years beginning in September 2010. These provisions allow for unmarried dependents to remain as dependents on a parent's plan until age 26. Prior to this federal legislation 38 states had implemented similar reform initiatives, with variation in the age and qualifications for coverage. Research on the effectiveness of those initiatives has shown a small increase in coverage among young adults.¹¹ However, recent estimates from the National Center for Health Statistics, reflecting first quarter 2011, show a dramatic increase in coverage for young adults.¹²

Dependent coverage options are somewhat tenuous. Trends in recent years have shown a decline in the prevalence of ESI and increases in costs of dependent coverage.¹³ Despite recent reform initiatives the practical effect of dependent coverage expansions has yet to be determined. Dependent coverage options may not be viable for students attending school in a state or region that is outside of the provider network offered by the parent's plan, resulting in excessive out-of-network fees. For families with health savings accounts, tracking health expenditures may be complicated for a student attending college out of town.

INDIVIDUAL COVERAGE

Purchasing individual coverage is also an option for students. Nationally, 12.7% of people are covered under individual plans, while 15.2% of post-secondary students have individual coverage.¹⁴ One major limitation of individual plans is that applicants are subject to underwriting that can lead to denial of coverage, coverage exclusions, and/or high premiums. Premiums can be cost-prohibitive for plans that have better benefits and lower cost-sharing. High-deductible plans have more affordable premiums but these catastrophic risk protection plans may inhibit enrollees from utilizing preventive care services. The ACA calls for catastrophic risk protection plans—targeted specifically toward young adults—that offer a minimum benefit set and very high deductible to be available through the exchanges. The ACA will also offer tax credits and cost-sharing subsidies targeted to help low- and moderate-income families and individuals save on health insurance purchased through the exchanges.

HIGH RISK POOLS

Some states offer high-risk pool coverage for those with pre-existing health conditions; for example, diabetes or asthma. These plans are intended to provide coverage for individuals who do not have access to affordable ESI, do not have access to public programs, or cannot purchase insurance in



the individual market due to health status. Many states operate high-risk pools, and a provision of the ACA established a temporary federal program—the Pre-existing Condition Insurance Plan (PCIP)—until 2014 when guaranteed coverage will apply in the private market. These plans may not be a reliable option for students because premiums can still be expensive. Furthermore, eligibility criteria—which tend to vary by state—may require periods of uninsurance as long as six months, although the federal PCIP does not require a waiting period.¹⁵

PUBLIC COVERAGE

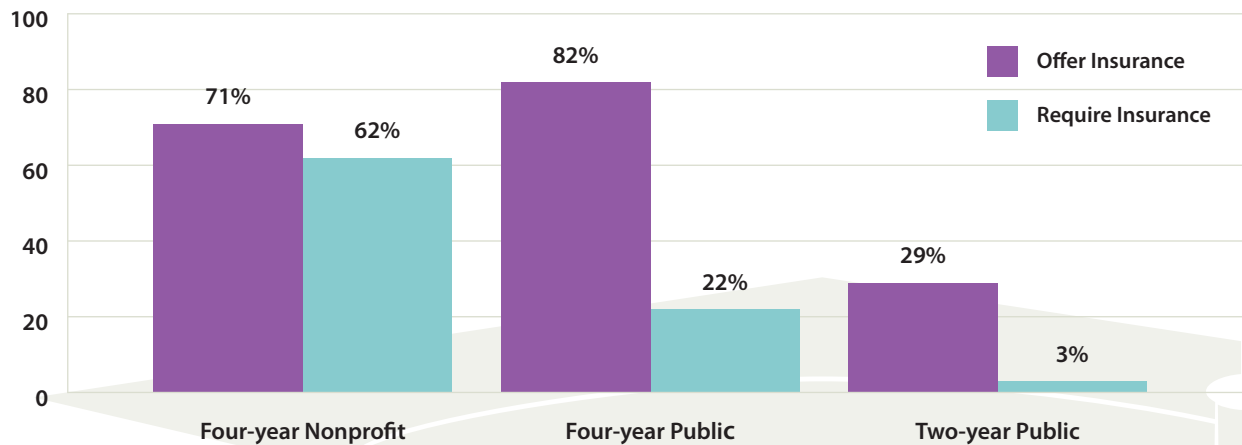
Public health insurance programs such as Medicaid may also be an option for some students. Nationally, nearly one in three people (29.6%) have insurance through a public program, compared to just 10.9% of post-secondary students. The ACA will expand eligibility to include childless adults up to 138% of federal poverty guidelines; however, these are available only to low-income populations (\$15,038 for an individual or \$30,843 for a family of four¹⁶). Low-income students living on their own may qualify, but this will not be a reliable option for all uninsured students. Some states also offer alternative Medicaid expansions and/or alternative public health insurance options such as MinnesotaCare¹⁷. Many of these programs are limited to low-income families and individuals, or to people with specific medical conditions such as HIV/AIDS or pregnancy.

STUDENT HEALTH INSURANCE

Student health insurance plans can be an appealing source of coverage for otherwise uninsured students. The Government Accountability Office found that over half (57%) of colleges and universities offer student health insurance plans. This prevalence is much higher for four-year schools, with 71% of private nonprofit and 54% of public four-year schools offering coverage. This same survey found that 30% of colleges and universities require full-time students to carry health insurance. This prevalence varies dramatically by type of institution, with 62% of four-year private schools, 22% of four-year public schools, and just 3% of two-year public schools requiring insurance.¹⁸ Exhibit 4 summarizes these results.



Exhibit 4: Post-secondary Health Insurance Offer and Mandate Rates by Type of Institution, 2008



Source: United States Government Accountability Office.¹⁹

Limitations of student health insurance plans are that they cover students only for the term of enrollment (i.e., semester by semester) and there may not be a minimum set of essential benefits to ensure that students are protected in the event of a major health incident. In addition, unless mandated these plans may not be considered affordable for low-income students; therefore, such “voluntary” plans may not be purchased. Furthermore, without a mandate the risk pool is reduced and potentially overloaded with students in poorer health (who are more likely to opt for coverage). As such, the overall cost and risk of the pool increases.

Despite these various options for insurance coverage many students remain uninsured. Provisions of the ACA will help improve access to affordable coverage, but do not meet insurance coverage needs for all students.

Provisions of the Affordable Care Act will help improve access to affordable coverage, but do not meet insurance coverage needs for all students.



Adequacy of Benefit Plans

Not all health insurance plans are equal and the typical trade-off is between cost of premiums and co-pays versus the benefit package. Students need health insurance coverage that is affordable but also has adequate benefits. Insufficient coverage can lead to personal medical debt and can also impact university-based student health centers that may not receive compensation for provided care. Local communities are also impacted by the uncompensated care burden, particularly in rural areas. These community health centers, funded by local tax dollars with diminishing support from their state, must absorb the cost of care provided to the uninsured who cannot afford to pay medical expenses out of pocket.

Several guidelines are now available for essential health benefits. For the population as a whole, the Institute of Medicine has published recommendations to guide the U.S. Department of Health and Human Services (HHS) in developing essential health benefits that will apply to health insurance exchanges established as part of the ACA. However, essential benefits for college students may not be the same as for the general population. The American College Health Association (ACHA) published standards for student health insurance and benefits programs in 2008 that call for: mandates for coverage, and benefits that include preventive health services, catastrophic illness or injury, prescription medications including psychotropic medications and the minimization or elimination of pre-existing condition exclusions/waiting periods. Several additional standards relate to oversight and regular review of the plans to ensure they are meeting the needs of students and the institution.²⁰

Comparatively, the ACA describes essential health benefits as including at least these ten categories of services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental/behavioral health and substance use disorder services; prescription drugs; rehabilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.²¹ The law also lifts lifetime dollar limit spending for services and includes a mandate for coverage; however, many students may potentially qualify for a mandate exemption if their out-of-pocket costs still exceed 9% of their income.

The ACHA standards do not specifically address dollar limit spending, but do generally address the need for “cost-effective” care.²² Evidence suggests that many young adults are already burdened with excessive medical debt; it therefore stands to reason that student insurance plans should provide adequate risk protection.²³

Affordability of coverage is a significant issue for college students who are already bearing costs of tuition, housing, books, and incidental expenses at a time when they have limited opportunity for income. Discussion about essential health benefits emphasizes the need to keep premiums affordable and cost sharing provisions within reasonable limits.²⁴ But affordability cannot come at the expense of risk protection, as many young adults already face high levels of medical debt.²⁵



Another consideration for student health insurance plans is eligibility requirements. Many schools require a minimum-credit requirement, and in some cases enrollment in a degree-seeking program, to participate in school-sponsored health insurance coverage.²⁶ Minimum enrollment requirements are likely to impact public schools that have a higher proportion of part-time students.²⁷ Furthermore, schools face an issue in determining eligibility for online-only students. Many schools do not allow the online-only student base to participate in health insurance plans, while at the same time the prevalence of online courses is on the rise.²⁸

*Essential health benefits need to keep premiums affordable
and cost sharing provisions within reasonable limits*

Conclusions

Health insurance coverage is a valuable product and critical to help students achieve success in school and throughout life. In an era of increasing student debt and a difficult employment market, students need to complete their educations with the best tools and financial stability to enter the job market and/or pursue further education. Access to a well-designed health insurance plan will help to maintain health and well-being as they complete school and avoid added debt from health care expenses.

Student insurance plans must be affordable and also offer benefits that promote well-being and prevent excessive medical debt. It must be practical in design to allow students to easily utilize care at or near their campus, and it needs to coordinate with services available through campus-based health centers.

The health insurance marketplace is approaching a period of change with impending provisions of the Affordable Care Act implemented in the next two years. Some of these provisions will help provide coverage to otherwise uninsured students, notably the extension of dependent coverage, expansion of public programs, and required offering of a catastrophic risk protection plan in the exchanges. Yet these provisions will fall short of covering the health access and risk management needs of students. Dependent coverage options will still incur out-of-pocket medical expenses for students who attend school out of town. Public programs are limited to the poor, and catastrophic plans may not offer adequate risk protection nor meet the needs of students managing chronic conditions. A viable student health insurance option that provides affordable access to care and protection from medical debt must be available to students through their institution of higher education.

- ¹ Information on MHECare is available at: <http://www.mhec.org/mhecare>.
- ² American Community Survey 2010; estimates calculated by SHADAC using Ruggles, R., J.T. Alexander, K. Genadek, R. Goeken, M. B. Schroeder, and M. Sobek. 2011. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota.
- ³ Boynton Health Service. 2008. "Health and Academic Performance: Minnesota Undergraduate Student." Minneapolis, MN: University of Minnesota. Available at: <http://www.bhs.umn.edu/surveys/index.htm>.
- ⁴ Institute of Medicine. 2011. "Essential Health Benefits: Balancing Coverage and Cost." Consensus Report of the Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans, Board on Health Care Services. Available at: <http://www.iom.edu/Reports/2011/Essential-Health-Benefits-Balancing-Coverage-and-Cost.aspx>.
- ⁵ Collins, S.R. and J. L. Nicholson. 2010. "Rite of Passage: Young Adults and the Affordable Care Act of 2010." The Commonwealth Fund, May 2010.
- ⁶ Greenberg Quinlan Rosner Research. 2008. "Young People: Living on the Edge." Publication prepared for Qvisory, July 22, 2008. Available at: http://www.greenbergresearch.com/articles/2217/4503_qvisory08m3_PublicRelease_final.pdf.
- ⁷ Nelson, M.C., M. Story, N.I. Larson, D. Neumark-Sztainer, and L.A. Lytle. 2008. "Emerging Adulthood and College-aged Youth: An Overlooked Age for Weight-related Behavior Change." *Obesity* 15(10): 2205-11.
- ⁸ American Community Survey 2010; estimates calculated by SHADAC using Ruggles et al. 2011.
- ⁹ United States Government Accountability Office. 2008. "Health Insurance. Most College Students are Covered through Employer-sponsored Plans, and Some Colleges and States Are Taking Steps to Increase Coverage." Report to the Committee on Health, Education, Labor, and Pensions, U.S. Senate. GAO-08-389. Available at: <http://www.gao.gov/new.items/d08389.pdf>.
- ¹⁰ According to the National Conference of State Legislatures, all MHEC states except Michigan and Ohio currently run their own high-risk pool. Information is available at: <http://www.ncsl.org/default.aspx?tabid=14329>.
- ¹¹ Monheit A.C., J.C. Cantor, D. DeLia, and D. Belloff D. 2011. "How have state policies to expand dependent coverage affected the health insurance status of young adults?" *Health Services Research* 46(1 Pt 2):251-67.
- ¹² Cohen R.A. and Martinez M.E. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–March 2011. National Center for Health Statistics. September 2011. Available from: <http://www.cdc.gov/nchs/nhis/releases.htm>.
- ¹³ State Health Access Data Assistance Center. 2011. "State-Level Trends in Employer-Sponsored Health Insurance: A State-by-State Analysis." Minneapolis, MN: University of Minnesota. Available at: http://www.shadac.org/files/shadac/publications/ESI_Trends_Jun2011.pdf.
- ¹⁴ American Community Survey 2010; estimates calculated by SHADAC using Ruggles et al. 2011.
- ¹⁵ Information on the Pre-existing Condition Insurance Plan is available at: <http://www.healthcare.gov/law/features/choices/pre-existing-condition-insurance-plan/>.
- ¹⁶ These are 2011 Federal Poverty Guidelines published by the Department of Health and Human Services. Full guidelines with breakouts by family size are available at: <http://aspe.hhs.gov/poverty/11poverty.shtml>.
- ¹⁷ MinnesotaCare is a publicly subsidized program for Minnesota residents who do not have access to affordable health care coverage. Most people are not eligible if their employer offers health insurance and pays at least half of the monthly cost. Most enrollees pay a monthly premium, determined by a sliding-fee scale based on family size and income. More information is at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_006255.
- ¹⁸ United States Government Accountability Office. 2008.
- ¹⁹ United States Government Accountability Office. 2008.

- ²⁰ The full list of recommendations is available at: http://www.acha.org/Publications/docs/Standards%20for%20Student%20Health%20Insurance_Benefits%20Programs_Mar2008.pdf.
- ²¹ HealthCare.gov Glossary web page for "Essential health benefits." Available at: <http://www.healthcare.gov/glossary/e/essential.html>.
- ²² American College Health Association. 2008. "Standards for Student Health Insurance/Benefits Programs." Available at: http://www.acha.org/Publications/docs/Standards%20for%20Student%20Health%20Insurance_Benefits%20Programs_Mar2008.pdf.
- ²³ Zeldin, C. and M. Rukavina. 2007. "Borrowing to Stay Healthy: How Credit Card Debt Is Related to Medical Expenses." Available at: http://www.demos.org/pubs/healthy_web.pdf.
- ²⁴ Rukavina, M., C. Pryor, S. D'Amato, and S. Beberman. 2007. "Not Making the Grade: Lessons Learned from the Massachusetts Student Health Insurance Mandate." The Access Project. Available at: http://www.accessproject.org/adobe/not_making_the_grade.pdf.
- ²⁵ Zeldin and Rukavina. 2007.
- ²⁶ United States Government Accountability Office. 2008.
- ²⁷ National Center for Education Statistics. 2011. Available at: http://nces.ed.gov/programs/digest/d10/tables/dt10_205.asp (accessed November 11, 2011).
- ²⁸ Taylor, P., K. Parker, A. Lenhart, and E. Patten. 2011. "The Digital Revolution and Higher Education." Washington DC: Pew Research Center. Available at: <http://www.pewsocialtrends.org/files/2011/08/online-learning.pdf>.

Contact Us



Midwestern Higher Education Compact

1300 South Second Street
Suite 130
Minneapolis, MN 55454-1079
Phone: 612-626-8288
Fax: 612-626-8290
E-mail: mhec@mhec.org

Visit MHEC's website at: www.mhec.org