

MARYLAND HEALTHBENEFIT EXCHANGE

Survey of the Landscape and Availability of Health Insurance Among Child Care Providers

2025 Joint Chairmen's Report, Pg. 269

Maryland Health Benefit Exchange
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Executive Summary

House Bill 859 of the 2025 legislative session charged MHBE with promoting access to health insurance for child care professionals, and assessing current levels of health coverage and access to care in this workforce through a statewide survey. HB 350 (the Budget Bill) of the 2025 Session allocated \$250,000 to the MHBE to be used for the purpose of conducting a targeted outreach campaign to help child care workers enroll in health insurance and conducting this survey. Page 269 of the 2025 Joint Chairman's Report requires the MHBE to submit a report on the survey findings to the budget committees by January 1, 2026.

The Maryland Health Benefit Exchange (MHBE), established in 2011 under the Affordable Care Act, operates Maryland Health Connection, the state's health insurance marketplace. MHBE's mission is to improve the health and well-being of Marylanders by connecting them with affordable, high-quality health coverage. While Maryland has made notable progress in stabilizing its individual insurance market and reducing the uninsured rate through multiple affordability initiatives, the state's overall uninsured rate has remained steady at approximately 6%.

MHBE implemented an enhanced and multifaceted child care professional outreach strategy this year in close partnership with the Maryland State Department of Education (MSDE), targeting child care facility owners and employees, including mailed and emailed Open Enrollment communications, partnerships with state child care associations, paid advertising, and the development of new educational materials for employees of child care facilities. These efforts were designed to increase awareness of Maryland Health Connection and available coverage options.

MHBE administered the survey electronically in English and Spanish from September 30 to November 10, 2025. It was distributed statewide to approximately 57,000 licensed child care professionals. A total of 2,541 individuals responded, yielding a 4.5% response rate. **Survey findings** show that nearly 90% of child care facility owners and employees reported having health insurance, and approximately one-third of respondents obtained coverage through Maryland Health Connection or Medicaid. However about 11% of both owners and employees reported being uninsured, which is higher than the state-wide average for working age adults (19-64) of 8.5%.¹. The findings also indicate that while most child care professionals in Maryland are insured, significant coverage gaps remain, along with continued and reported challenges with affordability, and access to timely care. For example almost 40% of employees report skipping or postponing care in the 12 months due to cost. MHBE currently operates a state premium subsidy program which further reduces costs and affordability barriers for eligible consumers who enroll in health plans on Maryland Health Connection.

MHBE has already followed up with nearly 800 survey respondents who requested enrollment assistance and will use the survey results to refine outreach strategies, including leveraging Maryland Health Connection for Small Business and strengthened employer education efforts around coverage options for their employees. MHBE recommends repeating the survey in 2026 with enhanced incentives to improve participation.

MHBE appreciates the additional fiscal year 2026 funding for enhanced outreach and communications to child care professionals, particularly in light of the many impending federal changes to the Marketplace and Medicaid that will impact eligibility and affordability for many Maryland Health Connection consumers over the next few years, including reductions in Marketplace tax credits and other provisions that will increase administrative barriers to enrolling in coverage. Despite anticipated challenges, MHBE will continue to pursue state-led affordability initiatives, and will maintain close collaboration with the General Assembly and child care stakeholders to expand access to quality, affordable health coverage for this essential workforce.

¹ U.S. Census Bureau. (2025, September). Health Insurance Coverage by State: 2023 and 2024. Retrieved from <https://www2.census.gov/library/publications/2025/demo/acsbr-024.pdf>

Introduction

The Maryland Health Benefit Exchange (MHBE) was established in April 2011 in accordance with the Patient Protection and Affordable Care Act of 2010 (ACA). The MHBE is an independent state agency and Maryland's state-designated health insurance marketplace, and is responsible for the administration of the marketplace enrollment platform Maryland Health Connection (MHC) where residents can shop for and enroll in private marketplace health plans, as well as determine eligibility for income-based Maryland Medical Assistance Program (Medicaid or MA) coverage groups and the Maryland's Children's Health Program (MCHP) and enroll in managed care organizations (MCOs). MHBE's mission is to improve the health and well-being of Marylanders by connecting them with high-quality, affordable health coverage through innovative programs, technology and consumer assistance. Over the last several years, Maryland has taken significant steps to stabilize and improve the affordability of the individual market, including the implementation of the State Reinsurance Program (SRP) in 2019 which significantly reduced individual market premiums in the first couple years of the program, with average premiums still more than 17% below 2018 levels. Despite this and other successes, Maryland's overall uninsured rate has held steady at about 6%. In particular, national research shows that few child care programs provide health insurance for their teachers and staff, leaving many child care and early education professionals uninsured.²

House Bill (HB) 859 of the 2025 Maryland Legislative Session requires the Maryland Health Benefit Exchange (MHBE) to promote access to health insurance for child care professionals in partnership with the Maryland State Department of Education (MSDE).³ Additionally, HB 859 requires the MHBE to conduct a survey to assess the current landscape and availability of health insurance and health care access among child care providers. HB 350 (the Budget Bill) of the 2025 Session allocated \$250,000 to the MHBE to be used for the purpose of conducting a targeted outreach campaign to help child care workers enroll in health insurance and conducting this survey,⁴ and page 269 of the 2025 Joint Chairmen's Report requires the MHBE to submit a report on the survey findings to the budget committees by January 1, 2026.⁵ This report fulfills the reporting requirement and includes details on the survey design, key findings, comparisons with national data, and recommendations for next steps.

MHBE Outreach to Child Care Professionals

The State oversees a variety of early education services in cooperation with local governments, local school systems, and private child care providers, but generally child care programs in Maryland may be operated through family child care homes or child care centers. Licensed Child Care Centers are professionally staffed facilities which generally serve large groups of children, and operate for part or all of a day at least twice a week on a regular basis.⁶ Registered Family Child Care Homes are also operated by professional caregivers, but within private residences, usually the primary caregiver's home.^{7,8} Additionally, letter of compliance facilities are issued to religious organizations that otherwise meet the state licensing requirements of child

² Amadon, S., Maxfield, E., Simons Gerson, C., & Keaton, H. (2023, November). *Health Insurance Coverage of the Center-Based Child Care and Early Education Workforce: Findings from the 2019 National Survey of Early Care and Education*. <https://acf.gov/sites/default/files/documents/opre/2023-293%20Health%20Insurance%20Coverage%20Snapshot.pdf>

³ 2025 MD Laws Ch. 679. Available at https://mgaleg.maryland.gov/2025RS/chapters_noln/Ch_679_hb0859T.pdf.

⁴ 2025 MD Laws Ch. 602. Available at https://mgaleg.maryland.gov/2025RS/chapters_noln/Ch_602_hb0350E.pdf.

⁵ 2025 Joint Chairmen's Report. Available at https://dls.maryland.gov/pubs/prod/RecurRpt/Joint-Chairmens-Report_2025.pdf.

⁶ Statutory definition of licensed child care center: MD Code Ann., Educ-Art §9.5-401(c), COMAR 13A. 16.01.02(B)(15).

⁷ Statutory definition of registered family child care home: MD Code Ann., Educ-Art §9.5-301(d); COMAR 13A.15.01.02(B)(14).

⁸ Maryland State Department of Education, Division of Early Childhood. *What are the different kinds of regulated care?* Available at <https://earlychildhood.marylandpublicschools.org/what-are-different-kinds-regulated-care>.

care centers.⁹

In the past few years, MHBE has conducted targeted outreach to the community of childcare facility owners with a mailed oversized postcard (double sided in English and Spanish) informing them about Open Enrollment and encouraging their employees to enroll. MHBE has also emailed this audience (around 6,500 facility owners statewide) with this message. The addresses and emails were provided by our partners at the Maryland Department of Labor. Additionally, in 2023-2025, MHBE sponsored, exhibited, and presented at the annual conferences of the Maryland State Child Care Association, the MD Head Start Association of Maryland and the Maryland Family Child Care Association, providing outreach materials for both individual coverage and MHC for Small Business. Attendees included home-based providers seeking individual insurance and facility directors interested in coverage for their staff.

In 2025, with the support provided in order to fulfill the requirements of HB 859, MHBE again sent a postcard to the child care facility list (provided by MSDE) and emailed this audience at the start of Open Enrollment asking facility owners to inform their staff. The additional funds from HB 859 allowed MHBE to:

- Create an onboarding document for facility owners to provide to new hires with information about Maryland Health Connection. This document and links to the Maryland Health Connection website are posted on MSDE's Division of Early Childhood website.
- Launch an advertising campaign that includes paid social, search, display and print ads that target those in the childcare industry.
- Direct outreach to those survey takers (~800) that wanted more information about getting a health plan and provided their contact information. This list of names was sent to Maryland's top brokers and they have conducted outreach to these individuals.
- Include information in the Maryland Department of Education biweekly e-newsletters (Tuesday Tidbits) that are distributed to nearly 100,000 child care professionals in Maryland. In this newsletter, we included information about Open Enrollment.
- Cultivate partnerships and develop new relationships with partners that work within this community including: Maryland State Child Care Association (MSCCA), Maryland State Family Child Care Association (MSFCCA), Latino Child Care Association of Maryland, HeadStart Association of Maryland and the YMCA of Maryland. This fall, the MHBE team presented to hundreds of child care providers at MSDE's monthly child care information sessions in October and November, at the MSFCCA and MSCCA fall conferences, and the Latino Child Care Association's Annual Thanksgiving breakfast. The bill provided additional funds which MHBE used to sponsor and attend childcare conferences.

Survey Design

The MHBE developed a survey in collaboration with the Maryland State Department of Education (MSDE) and statewide child care professional stakeholders, using the 2019 *National Survey of Early Care and Education (NSECE)* as a model.¹⁰ The MHBE's survey collected information about:

- Participant demographics,
- Facility acceptance of child care scholarships,
- Employment status (employee or owner),
- Length of job experience,
- Health insurance status and source of coverage,
- Reasons for lacking insurance,

⁹ MD Code Ann., Educ-Art §9.5-401(d)

¹⁰ <https://acf.gov/opre/project/national-survey-early-care-and-education-2019-2017-2022>.

- Barriers to accessing care,
- Awareness of Maryland Health Connection (MHC), and
- Interest in receiving information from MHC.

See Appendix A for the full list of survey questions. The survey was administered electronically via Survey Monkey in English and Spanish between September 30th and November 10th, 2025. The target survey population included all licensed employees and facility owners/operators of licensed child care centers and letter of compliance facilities (40,561 individuals) and registered family child care homes (16,178 individuals) in Maryland, totaling 56,739 individuals. The MSDE distributed the survey by email to this population through their biweekly newsletter (Tuesday Tidbits) that goes to nearly 100,000 people in the childcare community, which included a description and a link to the survey. This was included in the newsletter at least four times. MHBE sent the survey via email to the child care facility list provided by MSDE (~6,500 owners/operators), and distributed flyers encouraging participation in the survey at events in the fall including at the MSFCCA and MSCCA conferences and the Latino Child Care Association's Annual Thanksgiving breakfast. MHBE also presented to several hundred child care professionals during two webinars hosted by MSDE where they outlined the benefits of health coverage and encouraged participation in the survey. To encourage participation, respondents could enter a raffle for an Amazon gift card.

Of the 56,739 individuals in the target population, 2,541 completed the survey, resulting in a response rate of 4.5%. Data on the county in which the target population facilities were located as well as the type of facility were available to compare against survey responses. However other demographic data or other characteristics of the target population were not, so representativeness of the respondent sample could only be assessed to a limited degree—specifically, whether respondents differed systematically from nonrespondents—while calculation of survey weights would have also required additional data. Because the survey was not based on a random sample, the precision of reported estimates may be affected by nonresponse bias if respondents were more or less likely to be insured than nonrespondents, or if certain provider types were disproportionately represented among respondents.

Analysis and Findings

Survey Demographics

Table 1 presents the demographic characteristics of survey respondents. Respondents were predominantly female, accounting for 94.5% of the total sample. Regarding ethnicity, 10.9% identified as Hispanic or Latino/a, while 76.4% reported not being Hispanic or Latino/a and 5.7% preferred not to answer. The largest racial group among respondents was White (51.0%), followed by Black or African American (29.2%). Asian respondents comprised 6.2%, and multiracial individuals 2.2%. Additionally, 6.3% preferred not to provide their race.

Table 1. Demographic Characteristics of Survey Respondents

Gender	#	%
Female	2,402	94.5%
Male	66	2.6%
Non-Binary/Other	11	0.5%
Prefer not to say	18	0.7%
No Response	44	1.7%
Total	2,541	100%

	#	%
Ethnicity		
Hispanic or Latino/a	277	10.9%
Not Hispanic or Latino/a	1,942	76.4%
Prefer not to answer	146	5.7%
Other	70	2.8%
No Response	106	4.2%
Total	2,541	100%
Race		
American Indian or Alaska Native	*	*
Asian	157	6.2%
Black or African American	741	29.2%
Middle Eastern or North African	*	*
Native Hawaiian or Other Pacific Islander	*	*
White	1,295	51.0%
Multiracial	57	2.2%
Prefer not to answer	160	6.3%
Other	47	1.8%
No Response	62	2.4%
Total	2,541	100%
Highest Level of Education		
Less than high school	16	0.6%
High school diploma or GED	417	16.4%
Some college, no degree	547	21.5%
Associate's degree	424	16.7%
Bachelor's degree	674	26.5%
Graduate or professional degree	375	14.8%
Prefer not to answer	36	1.4%
No response	52	2.0%
Total	2,541	100%

*: Values ≤10 and corresponding percentages are suppressed.

Table 2 presents the languages spoken fluently by survey respondents. English was the most commonly spoken language (93.4%), with Spanish as the next most prevalent (10.5%). Nearly 5% selected “Other”.

Table 2. Language Spoken Fluently by Survey Respondents**

Languages Spoken Fluently	#	%
English	2,374	93.4%
Spanish	268	10.5%
French	30	1.2%
Amharic	14	0.6%
Korean	*	*%
Chinese (Mandarin or Cantonese)	14	0.6%
Vietnamese	*	*%

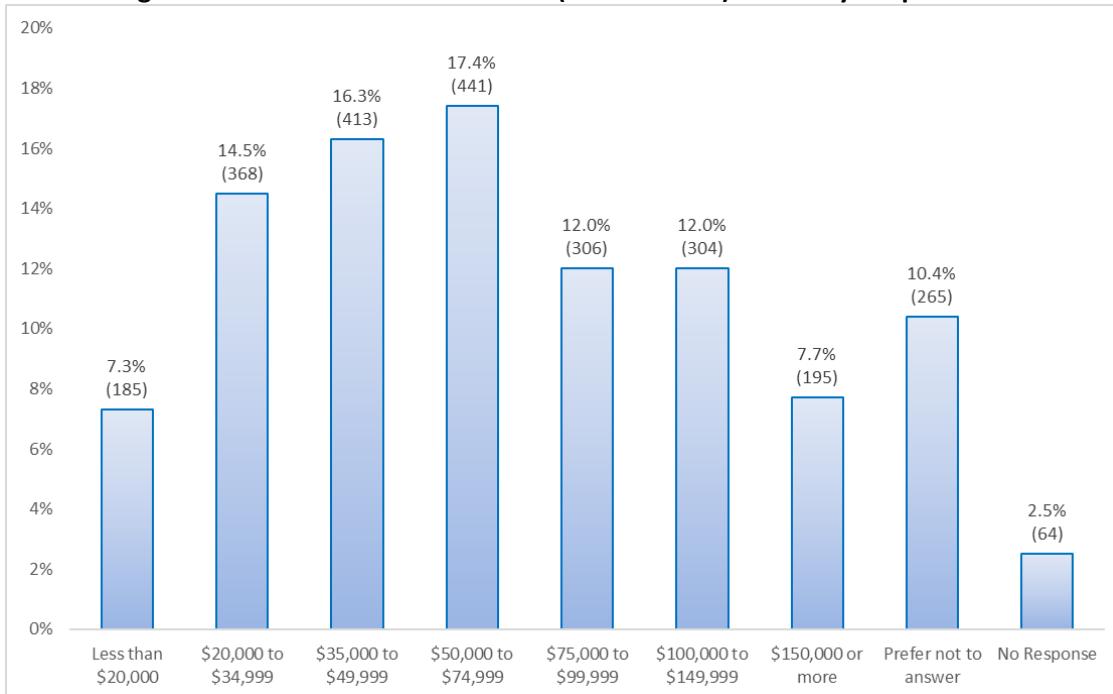
Arabic	18	0.7%
Prefer not to answer	14	0.6%
Other	123	4.8%
Total	2,541	100%

*: Values ≤10 and corresponding percentages are suppressed.

**: Multiple responses were allowed. The count of unduplicated respondents was used as the denominator when calculating percentages.

Figure 1 presents annual household income, which was presented on the survey in ranges. Household income levels varied among respondents. The largest groups reported incomes of \$50,000 to \$74,999 (17.4%) and \$35,000 to \$49,999 (16.3%). Additionally, 10.4% preferred not to answer, and 2.5% did not respond. As income was reported by respondents in these ranges, more detailed measures of income such as the percentage of income relative to the federal poverty line could not be used.

Figure 1. Annual Household Income (before Taxes) of Survey Respondents



Facility Information

Table 3 presents whether each respondents' facility accepts child care scholarships, one of the legislative requirements for this survey. The Child Care Scholarship Program provides a subsidy for child care costs to families who meet the eligibility requirements.¹¹ Families are able to take the scholarship to child care providers that participate in the Maryland EXCELS program.¹² Nearly 60% of survey respondents indicated that their facility accepts child care scholarships. About 16.6% reported not accepting scholarships, while 18.7% did not know. This is relatively representative of the approximately 53% of active licensed child care providers that currently participate in the Maryland EXCELS program and accept child care scholarships.¹³

¹¹ MD Code Ann., Educ-Art §9.5–113.

¹² Maryland EXCELS, available at <https://marylandexcels.org/>.

¹³ Data provided by MSDE as of 12/08/2025: 6,656 active licensed child care providers in Maryland, of which 3,536 (53.13%) were caring for children receiving child care scholarships.

Table 3. Facility Acceptance of Child Care Scholarships

Accepts Child Care Scholarships?	#	%
Yes	1,509	59.4%
No	421	16.6%
Don't know	474	18.7%
No response	137	5.4%
Total	2,541	100%

Figure 2 presents the role (owner vs. employee) of survey respondents within their respective child care facilities. The majority of respondents were facility employees (67.9%), while roughly one-quarter (23.6%) were facility owners.

Figure 2. Role of Survey Respondents within Child Care Facility

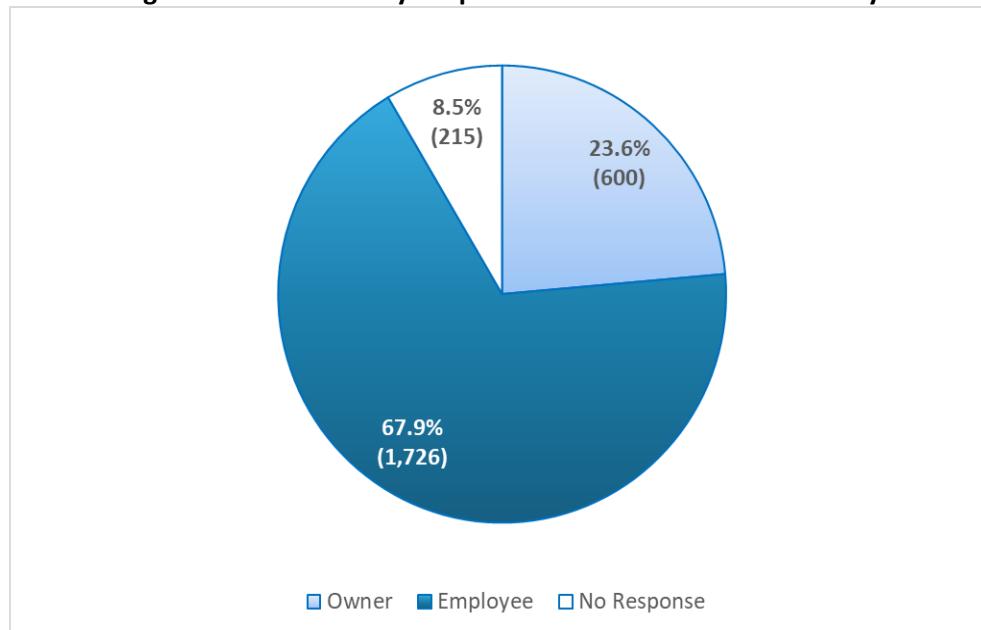


Table 4 presents the facility types in which respondents who self-identified as employees work, compared to the locations of facilities provided in a statewide database of licensed or regulated child care providers. The majority worked in licensed child care centers (68.4%), while only 4.2% of employees worked in registered family child care homes. Additionally, 15.9% worked in school-based programs, and 8.8% worked in Public Pre-K or Head Start programs. According to the database of licensed or regulated child care providers, 60.9% of all facilities in Maryland are classified as registered family child care homes, a much higher proportion than this survey sample. In the statewide database, the licensed child care center category also includes Public Pre-K or Head Start and school-based programs, and collectively they account for 36.2% of all Maryland facilities. However, nearly all (93.1%) respondents reported working in one of these three facility types.

Table 4. Setting in which Employee Survey Respondents Work

Facility Type	Survey Respondents		Licensed/Regulated Child Care Provider Database Facility Locations	
	#	%	#	%
Licensed Child Care Center	1,181	68.4%		
Public Pre-K or Head Start Program	152	8.8%	2,406	36.2%
School-Based Program	274	15.9%		
Registered Family Child Care Home	73	4.2%	4,044	60.9%
Other	*	*%	194	2.9%
No Response	*	*%	--	--
Total	1,726	100%	6,644	100%

Table 5 compares the counties in which survey respondents work to the counties in which licensed or regulated facilities are located. The majority of both survey respondents and facilities are located in six counties: Anne Arundel, Baltimore City, Baltimore County, Howard, Montgomery, and Prince George's, though the proportion is higher among facilities appearing in the child care provider database (69.2%) compared to survey respondents (56.9%). *These differences suggest the survey sample may not be representative of Maryland's larger child care provider population*, though it is also possible that some facility types and counties are over- or underrepresented in this sample since the survey was conducted at the person level, while the statewide database is maintained at the facility level.

Table 5. Comparison of County in which Owner/Employee Survey Respondents Work and County Locations of Licensed and Regulated Child Care Providers in Maryland

County	Survey Respondents		Licensed/Regulated Child Care Provider Database Facility Locations	
	#	%	#	%
Allegany	24	0.9%	50	0.8%
Anne Arundel	178	7.0%	541	8.1%
Baltimore**	474	18.7%	1,545	23.3%
Calvert	42	1.7%	114	1.7%
Caroline	16	0.6%	56	0.8%
Carroll	87	3.4%	167	2.5%
Cecil	19	0.7%	83	1.2%
Charles	80	3.1%	216	3.3%
Dorchester	12	0.5%	50	0.8%
Frederick	102	4.0%	384	5.8%
Garrett	18	0.7%	22	0.3%
Harford	91	3.6%	280	4.2%
Howard	175	6.9%	425	6.4%
Kent	*	*%	18	0.3%
Montgomery	442	17.4%	1,194	18.0%
Prince George's	178	7.0%	895	13.5%

County	Survey Respondents		Licensed/Regulated Child Care Provider Database Facility Locations	
	#	%	#	%
Queen Anne's	12	0.5%	74	1.1%
St. Mary's	18	0.7%	141	2.1%
Somerset	*	*%	25	0.4%
Talbot	20	0.8%	47	0.7%
Washington	94	3.7%	166	2.5%
Wicomico	61	2.4%	114	1.7%
Worcester	25	1.0%	37	0.6%
Unknown	353	13.9%	0	0.0%
Total	2,541	100%	6,644	100%

*: Values ≤10 and corresponding percentages are suppressed.

**: Due to ambiguity in some responses, Baltimore City and Baltimore County were combined.

Health Insurance Coverage

Respondents were asked a variety of questions regarding their current health coverage status, including their source of coverage and any barriers to enrolling in coverage. When asked whether they currently have health insurance, 10.7% of owners and 10.8% of employees indicated they are currently uninsured. This is higher than the Maryland uninsured rate among working age adults (aged 19-64 years) of 8.5%. Figure 3 also compares these statewide percentages to those reported by respondents from a 2019 National Survey of Early Care and Education (NSECE), as well as by the nationwide uninsured rate among working age adults). Among private center-based (i.e., those who do not work in a home-based setting) child care and early education (CCEE) professionals who responded to the NSECE, 18% were uninsured,¹⁴ compared to the U.S. uninsured rate among working age adults of 11.3%. The Maryland uninsured rate reported in this survey was slightly lower than the national uninsured rate among working-age adults of 11.3%, but higher than the statewide rate of 8.5%. Another national study of home-based care providers in the NSECE found that 8.9% of listed home-based child care providers were uninsured.¹⁵ See Appendix B for additional demographic characteristics of child care facility professionals by insurance status.

¹⁴ Amadon et al. (2023, November). *Health Insurance Coverage of the CenterBased Child Care and Early Education Workforce: Findings from the 2019 National Survey of Early Care and Education*. Retrieved from <https://acf.gov/sites/default/files/documents/opre/2023-293%20Health%20Insurance%20Coverage%20Snapshot.pdf>

¹⁵ Schochet, O., Li, A., Del Grosso ,P., Aikens, N., Atkins-Burnett, S., Porter, T., & Bromer, J. (2022, December). *A National Portrait of Unlisted Home-Based Child Care Providers*. Retrieved from https://acf.gov/sites/default/files/documents/opre/hbccsg_secondary_analyses_fs1_jan2023.pdf

Figure 3. Health Insurance Status of Child Care Professionals (compared to 2019 national survey, and U.S. and Maryland uninsured rates)

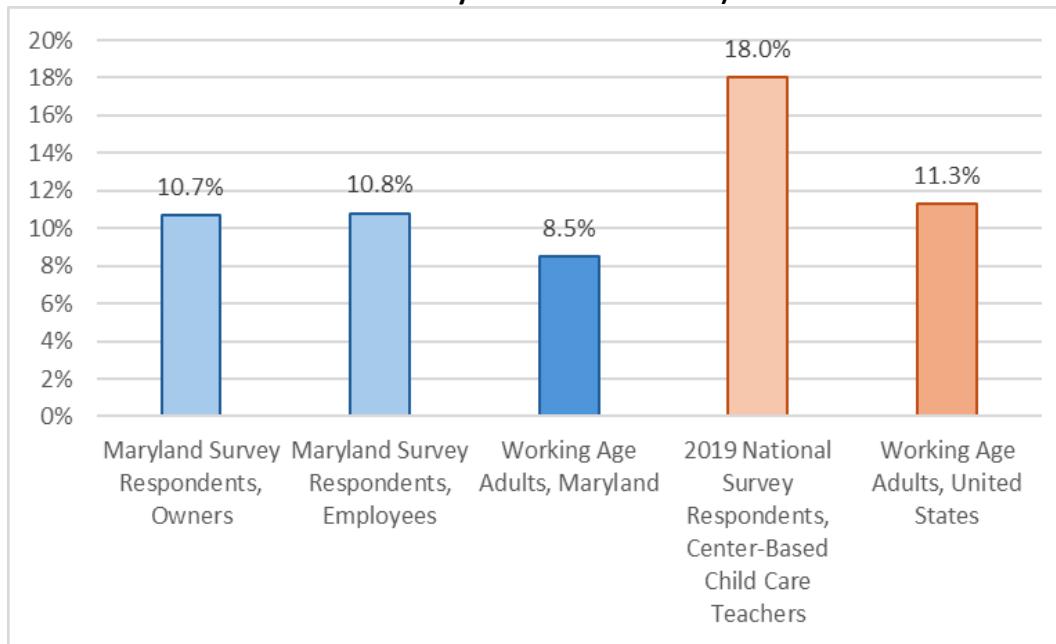


Table 6 presents insurance status among respondents whose facilities accept child care scholarships and among the total body of respondents. Facilities accepting child care scholarships had a slightly higher uninsured rate compared with facilities overall.

Table 6. Health Insurance Status by Child Care Scholarship Acceptance

Insurance Status	Facilities Accepting Child Care Scholarships	%	All Facilities	%
Insured	1,297	87.5%	2,021	86.9%
Uninsured	170	11.5%	251	10.8%
No Response	15	1.0%	54	2.3%
Total	1,482	100%	2,326	100%

A greater proportion of females were uninsured than males, while an even greater proportion (30.0%) of those who indicated a gender of “non-binary” or “other” were uninsured. None of the respondents who chose “prefer not to say” or gave no response regarding their gender reported being uninsured.

Figure 4. Uninsured Rate by Gender

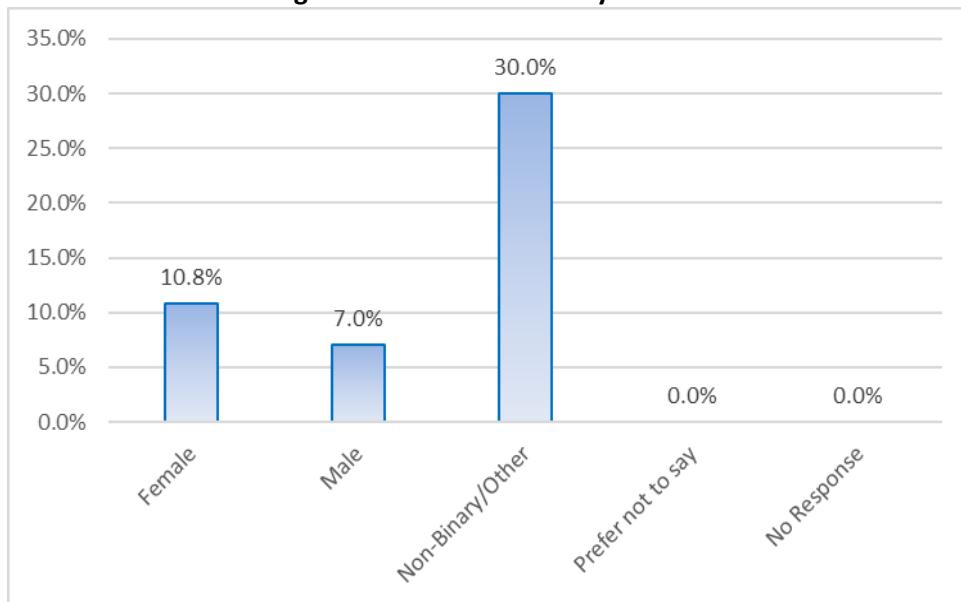
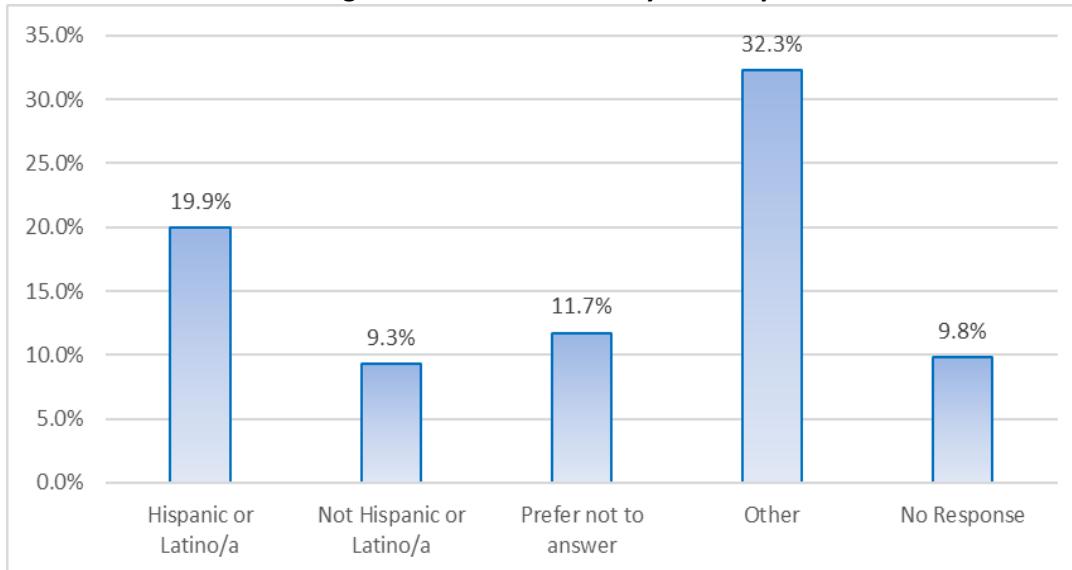


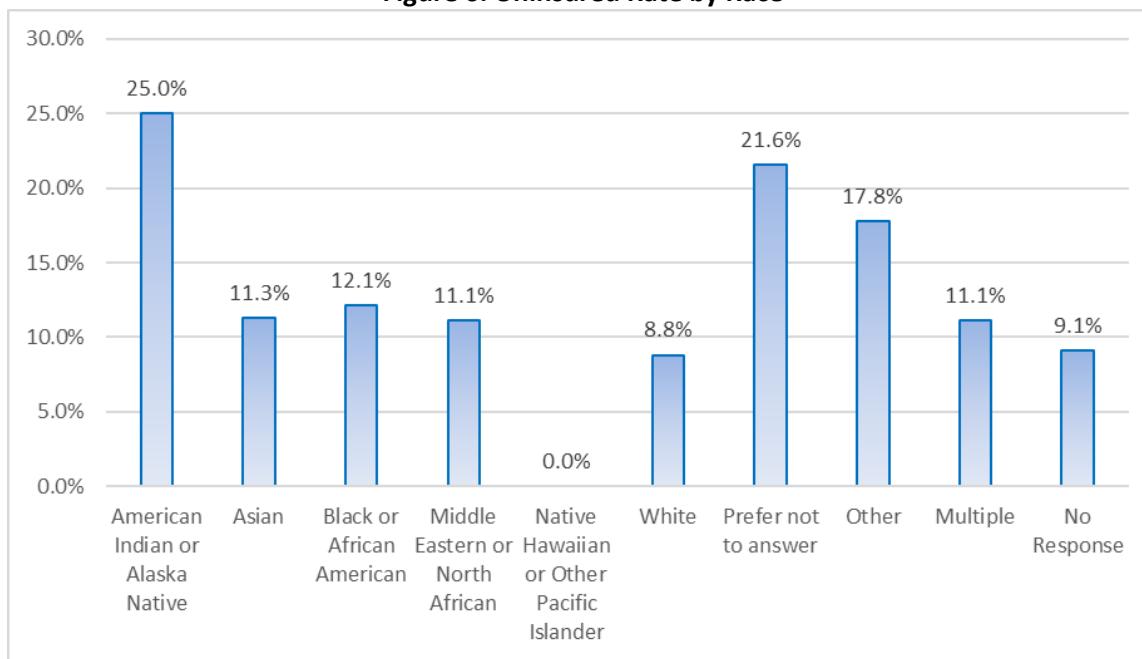
Figure 5 shows that the rate of uninsured individuals among Hispanic or Latino/a respondents (19.9%) was more than double the corresponding rate for those who are not Hispanic or Latino/a (9.3%). An even larger proportion of those who indicated an ethnicity of “Other” were uninsured.

Figure 5. Uninsured Rate by Ethnicity



White respondents had the lowest nonzero uninsured rate (no Native Hawaiians or other Pacific Islanders indicated they were uninsured), while American Indians and Alaska Natives were the most likely to report being uninsured, followed by those who selected “prefer not to answer” regarding their racial identity.

Figure 6. Uninsured Rate by Race



The survey also asked respondents about their type of health insurance. Child care facility professionals obtain health insurance from a variety of sources, with notable differences between owners and employees. Among owners, the most common source is coverage through a spouse or domestic partner, reported by 34.0%. For employees, the leading source is coverage through their job or child care facility, cited by 26.5%. In the national NSECE survey, 14% of center-based child care and early education professionals have public insurance; 18% have direct private insurance; and 23% have employer-based private insurance.¹⁶ Notably, 32.2% of owners and 24.5% of employees reported getting coverage through either Maryland Health Connection or Medicaid. Since the majority of Medicaid recipients are enrolled through Maryland Health Connection the state, almost one third of survey respondents enroll in coverage through the Maryland Health Connection platform.

Table 7. Type of Health Insurance Reported by Child Care Professionals

Source of Insurance	Owners	%	Employees	%
Job/Child Care Facility	*	*%	458	26.5%
Spouse or Domestic Partner	204	34.0%	397	23.0%
Parent	*	*%	51	3.0%
Medicaid	61	10.2%	155	9.0%
Medicare	69	11.5%	103	6.0%
Maryland Health Connection	132	22.0%	267	15.5%
Veterans Benefits	*	*%	*	*%
I Don't Know	*	*%	*	*%
Other	42	7.0%	36	2.1%
No Response	71	11.8%	245	14.2%
Total	600	100%	1,726	100%

*: Values ≤10 and corresponding percentages are suppressed.

¹⁶ Amadon et al, 2019.

Table 8 shows the sources of health insurance reported by those whose facilities accept child care scholarships, as compared with respondents overall. Respondents whose facilities accept child care scholarships were more likely than the average respondent to report their job or child care facility, Medicaid, Medicare, and Maryland Health Connection as their source of health insurance.

Table 8. Type of Health Insurance by Child Care Scholarship Acceptance

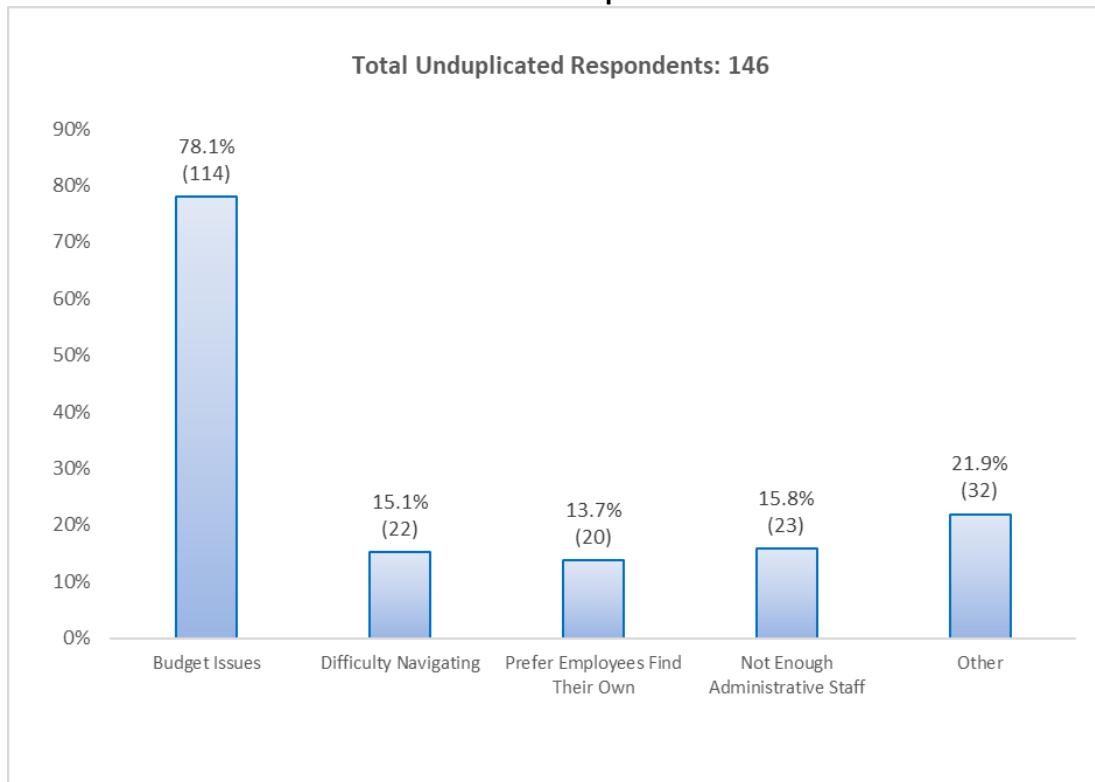
Source of Insurance	Facilities Accepting Child Care Scholarships	%	All Facilities	%
Job/Child Care Facility	275	18.6%	467	20.1%
Spouse or Domestic Partner	381	25.7%	601	25.8%
Parent	22	1.5%	52	2.2%
Medicaid	151	10.2%	216	9.3%
Medicare	122	8.2%	172	7.4%
Maryland Health Connection	270	18.2%	399	17.2%
Veterans Benefits	*	*%	*	*%
I don't Know	*	*%	*	*%
Other	51	3.4%	78	3.4%
No Response	192	13.0%	316	13.6%
Total	1,482	100%	2,326	100%

The survey also asked child care facility owners whether they offer health insurance to employees. Table 9 shows the distributions of facility owners offering health insurance among those whose facilities accept child care scholarships, compared with all facility owners. Overall, out of 600 child care facility owners, 3.7% reported offering health coverage to their employees. A much larger number of owners, 146 (24.3%), do not provide health insurance benefits. Over two-thirds of owners did not respond to this question. Among owners whose facilities accept child care scholarships, the percentages responding "yes" and responding "no" were higher than among all owners, and the rate of nonresponse was lower. Among the 146 owners who do not offer health insurance, the most common reason was budget constraints, cited by 78.1% (114 owners) (Figure 7). Please note that employers could select multiple reasons for not offering coverage.

Table 9. Facility Owners Who Offer Health Insurance, Among Owners Who Accept Child Care Scholarships and Among All Owners

Offer Health Insurance?	Facilities Accepting Child Care Scholarships	%	All Facilities	%
Yes	20	4.3%	22	3.7%
No	134	28.8%	146	24.3%
No Response	312	67.0%	432	72.0%
Total	466	100%	600	100%

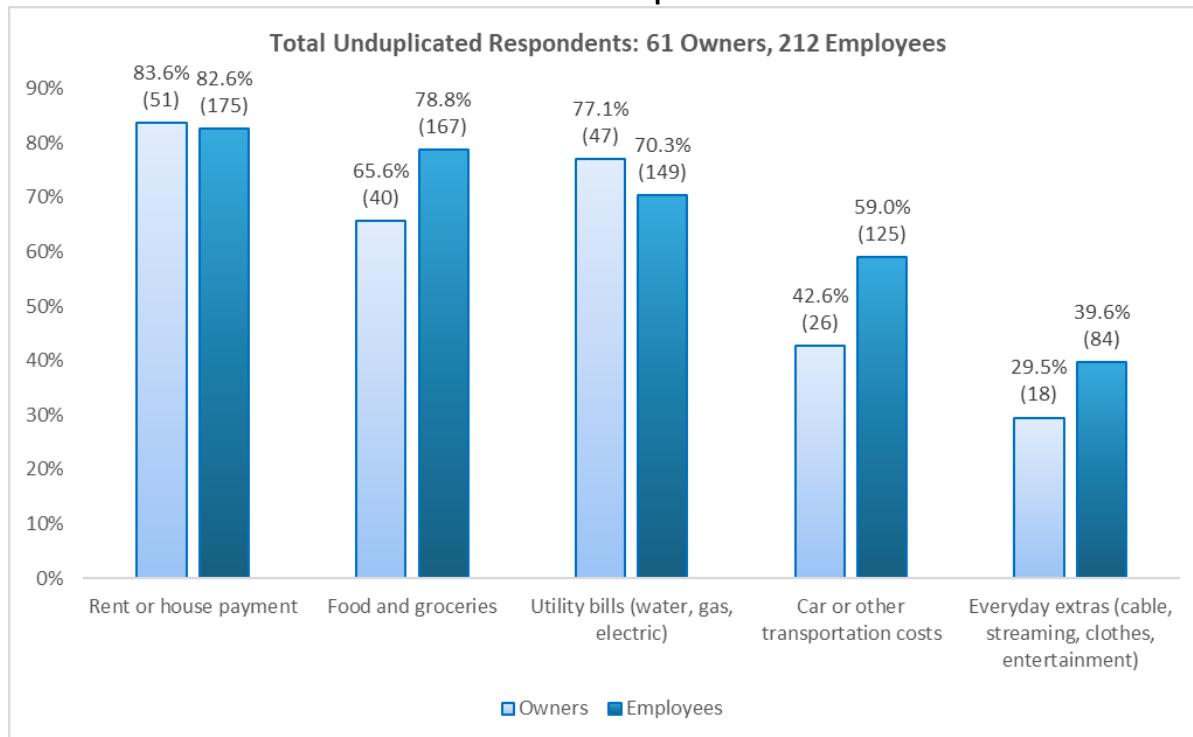
Figure 7. Reasons that Child Care Facility Owners do not Offer Health Insurance to Employees, of those who Provided a Response*



*: Multiple responses were allowed. The count of unduplicated respondents was used as the denominator when calculating percentages.

The survey also asked about monthly costs that make it hard for respondents to purchase health insurance. Among both facility owners and employees, the most significant monthly expense impacting their ability to purchase health insurance was rent or house payments (Figure 8). Majorities of both groups also reported food and groceries and utility bills as barriers to affording health insurance, while more employees than owners indicated transportation and everyday extras were also barriers.

Figure 8. Monthly Costs that make it Difficult for Respondents to Buy Health Insurance, of those who Provided a Response*

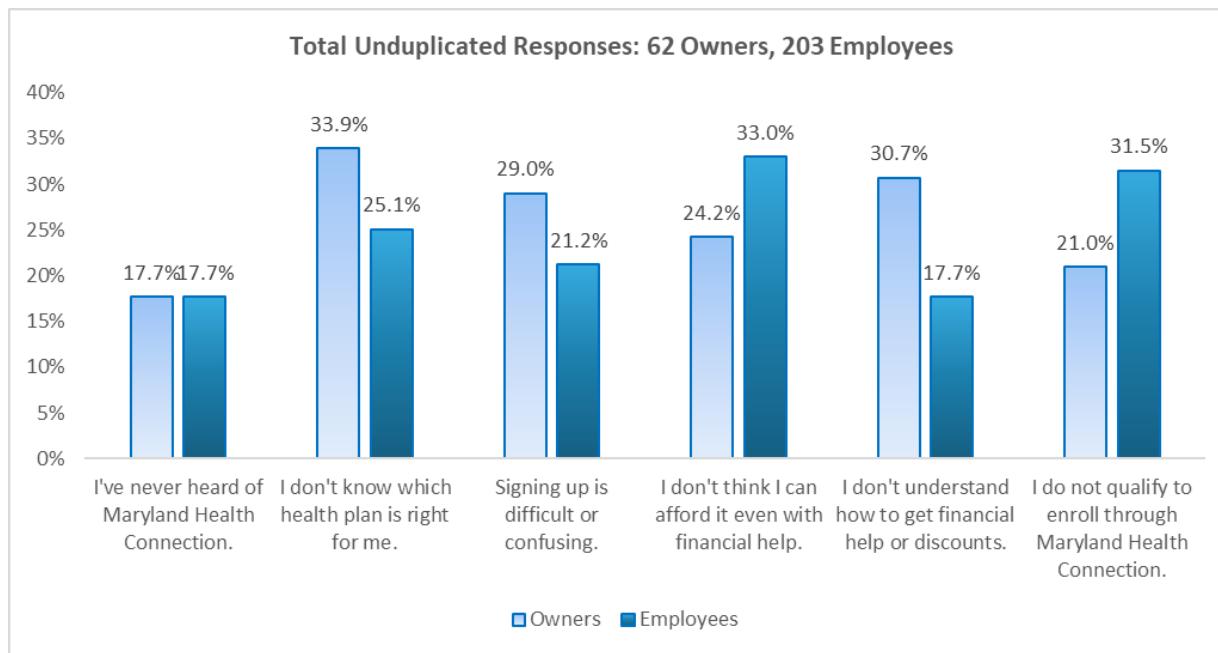


*: Multiple responses were allowed. The count of unduplicated respondents was used as the denominator for percentages.

Respondents also reported barriers to signing up for health insurance through Maryland Health Connection (MHC) specifically (Figure 9). For owners, the top barrier was understanding which health plan is right for them. For employees, the top barrier was concern about affordability. When asked what their main sources of health insurance information were (table 10), owners most frequently cited the Internet (37.6%) followed closely by doctors (33.7%) and family (27.8%). Employees most frequently turned to family (33.5%) and the Internet (33.4%), followed by doctors (30.8%). The survey also asked owners where they go for key information that they share with employees (table 11). Child care facility owners reported a variety of channels as sources of important information they share with their employees. Among the 92 responses provided by 21 respondents, the most frequently cited sources were two units of MSDE: the Division of Early Childhood and the Child Care Licensing Division.

MHBE plans to use the information from these questions and survey responses to better inform and strengthen our outreach to Child Care Professionals, as well as integrate these outreach efforts into other MHBE initiatives. For example Maryland Health Connection for Small Business (MHC-SB) launched a new and improved website earlier this year, to simplify health insurance enrollment for small businesses. Alongside the new website, MHBE also launched an easy employer education program that employers can participate in to earn the MHC for Small Business seal, so everyone knows they help connect their employees to health insurance. Through these programs small businesses can gain access to dedicated consumer support to help navigate the health insurance landscape and connect their employees to enrollment assistance. Collectively, these initiatives highlight the essential role of health benefits in safeguarding employee well-being while strengthening the ability of small businesses to recruit and retain a competitive workforce.

Figure 9. Barriers to Signing Up for Health Insurance Through Maryland Health Connection, of those who Provided a Response**



*: Multiple responses were allowed. The count of unduplicated respondents was used as the denominator for percentages.

Table 10. Main Sources of Health Insurance Information for Child Care Professionals, of those who Provided a Response**

	Owners	%	Employees	%
Employer	N/A	0.0%	395	24.1%
Doctor	193	33.7%	504	30.8%
Clinic or Federally Qualified Health Center	56	9.8%	128	7.8%
MSDE	35	6.1%	75	4.6%
Family	157	27.8%	548	33.5%
Friends	77	13.5%	251	15.3%
Community or Religious Leader	*	*	25	1.5%
Internet	215	37.6%	546	33.4%
Social Media	*	*	56	3.4%
Other	81	14.2%	118	7.2%
Total Responses	856	--	2,646	--
Total Unduplicated Respondents	572	100%	1,636	100%

*: Values ≤10 and corresponding percentages are suppressed.

**: Multiple responses were allowed. The count of unduplicated respondents was the denominator for percentages.

Table 11. Main Sources of Key Information Shared with Employees by Child Care Facility Owners, of those who Provided a Response**

	#	%
A child care membership association or organization (e.g. Latino Child Care Association of Maryland, Family Child Care Association, etc.)	11	52.4%
A website or App	*	*
Child Care Conferences	12	57.1%
Child Care Events	13	61.9%
Head Start Association of Maryland	*	*
Maryland Child Care Resource Centers	12	57.1%
MSDE, Child Care Licensing	15	71.4%
MSDE, Division of Early Childhood	18	85.7%
Other	*	*
Total Responses	92	--
Total Unduplicated Respondents	21	100%

*: Values ≤10 and corresponding percentages are suppressed.

**: Multiple responses were allowed. The count of unduplicated respondents was the denominator percentages.

Access to Care

In addition to collecting information about health insurance coverage, the survey asked a few questions regarding other barriers respondents face to accessing healthcare. Survey responses from figure 10 below show that the majority of respondents have a primary care provider that they use as their primary source of healthcare when they become sick or injured (69.9% of owners, and 64.7% of employees). However a significant number of individuals also responded that they either go without professional care or use urgent care or emergency room care (81.9% of owners, 94.1% of employees), indicating there may be a lack of adequate access to preventative and primary care among child care professionals in the state. And when asked further about social and financial barriers to accessing healthcare, table 12 shows that concern about the out-of-pocket cost of health care visits was the most frequently mentioned barrier (52.5% of owners and 56.9% of employees). This data highlight that affordability and access to care remains an issue even for those with health coverage. The state has established multiple affordability programs and coverage initiatives that seek to address these barriers. Since 2022 MHBE has operated a State Premium Subsidy for the individual Marketplace, which provides state subsidies that pair with federal premium tax credits to further reduce costs of monthly premiums for eligible consumers enrolling in private Marketplace plans. The state subsidy has promoted affordability by reducing monthly premium costs, which has also allowed more individuals to purchase more generous plans that reduce consumers' out of pocket costs like copays, when they access care. Maryland is also investing in primary care delivery under the state's Achieving Healthcare Efficiency through Accountable Design (AHEAD), which is voluntary state-based total cost of care (TCOC) alternative payment and service delivery model designed by the Centers for Medicare and Medicaid Services (CMS) to curb health care cost growth, improve population health, and promote healthier living. Maryland has prioritized setting targets for primary care spending state-wide under the AHEAD, which would likely enhance access to care.¹⁷

A significant number of respondents in table 12 also cited they can't afford to take time off as a major barrier to accessing healthcare in table 16 (45.8% of owners, 39.3% of employees). Maryland recently passed a bill in 2022, the Time to Care Act, to establish a paid Family and Medical Leave Insurance (FAMLI) program.¹⁸ Beginning 2028 the program will provide up to 12 weeks of protected paid leave to eligible employees to

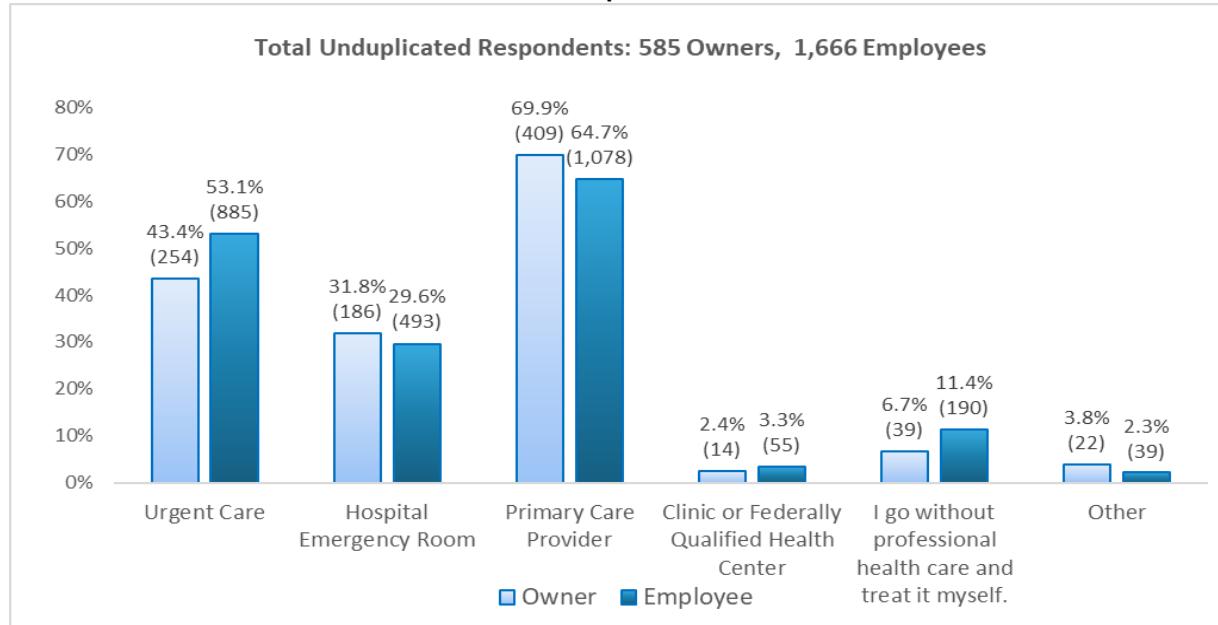
¹⁷ HSCRC AHEAD Model: <https://hscrc.maryland.gov/Pages/ahead-model.aspx>

¹⁸ Maryland Department Of Labor, Family and Medical Leave Insurance (FAMLI): <https://paidleave.maryland.gov/>

cover life events such as managing serious health conditions, which combined with other affordability efforts in the state will hopefully serve to significantly reduce barriers to accessing healthcare.

The survey also asked respondents if they skipped or postponed care in the past 12 months due to costs (figure 11). Among facility owners, 27.5% reported skipping or postponing care due to cost concerns. Employees reported even higher rates of delayed care, with 37.3% indicating they postponed or skipped care because of cost..

Figure 10. Primary Sources of Care for Illness, Injury, and Mental Health Crises, of those who Provided a Response



*: Multiple responses were allowed. The count of unduplicated respondents was used as the denominator percentages.

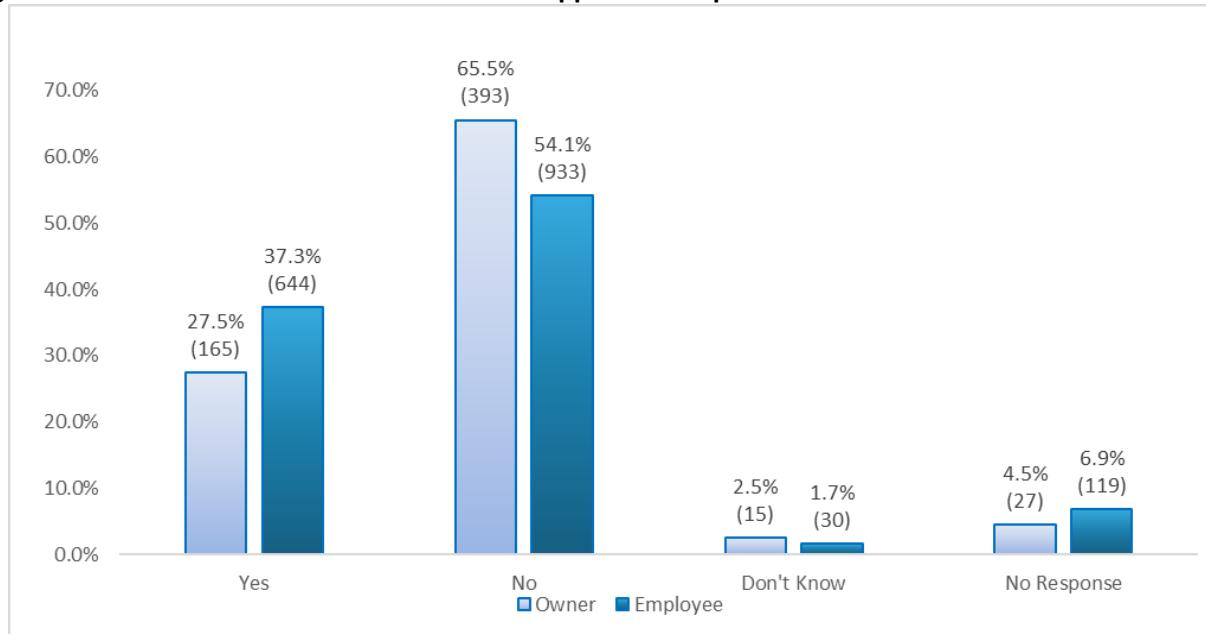
Table 12. Barriers to Accessing Healthcare, of those who Provided a Response**

Care Access Barriers	Owners	%	Employees	%
I can't afford to take time off	27	45.8%	83	39.3%
Providers are too far away	*	*	*	*
I don't have transportation	*	*	20	9.5%
Providers aren't taking new patients	*	*	26	12.3%
The next available appointment is a long wait	12	20.3%	48	22.8%
Visits are expensive or I never know how much I'll get charged for the visits or the tests	31	52.5%	120	56.9%
None of the above, I have not experienced barriers to accessing health care	*	*	43	20.4%
Other	*	*	*	*
Total Responses	95	--	359	--
Total Unduplicated Respondents	59	100%	211	100%

*: Values ≤10 and corresponding percentages are suppressed.

**: Multiple responses were allowed. The count of unduplicated respondents was the denominator for percentages.

Figure 11. Child Care Professionals who Have Skipped or Postponed Care due to Cost in the last 12 Months



Conclusion

This report was developed in response to the legislative charge to examine health coverage access among child care professionals in Maryland. The MHBE, in consultation with MSDE and other stakeholders, administered a survey to all 56,739 licensed child care professionals in the state. A total of 2,541 individuals completed the survey, resulting in a response rate of 4.5%. Because the survey was not based on a random sample, the precision of reported estimates may be affected by nonresponse bias if respondents were more or less likely to be insured than nonrespondents, or if certain provider types were disproportionately represented among respondents. Nonetheless, the data in this report provide valuable information about the health insurance status and barriers to access for the child care sector workforce.

Key survey findings:

- **Insured Rates:** Nearly 90% of child care facility owners and employees reported having health insurance. Approximately one-third of respondents obtained coverage through Maryland Health Connection or Medicaid.
- **Uninsured Rates:** About 11% of both owners and employees reported being uninsured, which is higher than the state-wide average for working adults of around 8.5%.
- **Employer-Sponsored Coverage:** Only 3.7% of facility owners affirmatively responded that they offer health insurance benefits to employees. Budget constraints were the most frequently cited reason for not offering coverage.
- **Enrollment Challenges:** Respondents generally cited understanding how to choose the right health plan, and affordability as barriers to enrolling in coverage. MHBE plans to use the information from these questions and survey responses to better inform and strengthen our outreach to Child Care Professionals, as well as integrate these outreach efforts into other MHBE initiatives.
- **Affordability Challenges:** Among employees, 37.3% reported skipping or postponing care in the past year due to cost, compared to 27.5% of owners. Monthly expenses such as rent or housing, and utilities were frequently cited as the primary competing monthly expenses that make enrolling in

health coverage cost prohibitive.

- Access to Care: While many survey respondents have a primary care provider, a substantial share rely on urgent care, emergency rooms, or forego professional care altogether. Cost, uncertainty about medical bills, and inability to take time off work were major barriers to accessing care. These survey findings generally highlight that it's not just access to affordable monthly premiums that matter, but also whether consumers' out of pocket are affordable when seeking and accessing care. MHBE currently operates a state premium subsidy program which further reduces costs and affordability barriers for eligible consumers who enroll in health plans on Maryland Health Connection.

The MHBE followed up with all 791 survey respondents who requested free help from MHC about enrolling in coverage. Because this survey was conducted prior to the completion of the 2026 open enrollment, the MHBE recommends conducting the survey again in 2026. If conducted again, the MHBE will also explore options to increase the response rate, such as increasing the amount of the raffle gift card.

Additional Discussion

There are many changes coming to the Marketplace and Medicaid program under the federal reconciliation bill (H.R. 1, or the One Big Beautiful Bill Act (OBBA)), signed into law on July 4, that will impact eligibility and affordability for many Maryland Health Connection consumers over the next few years. These federal changes will have major impacts on Medicaid eligibility and coverage, as well as impacts to Marylanders who buy their own health insurance through the Marketplace by both restricting access to tax credits for health insurance premiums and adding more consumer administrative barriers, making it substantially more difficult to enroll in health insurance. These Marketplace challenges are exacerbated by the upcoming expiration of the enhanced premium tax credits in 2026, which were introduced in 2021 through the American Rescue Plan Act (ARPA) and made health insurance more affordable and accessible over the last few years. Their expiration is projected to increase net premiums by an average of 95% in Maryland.¹⁹

In response, Maryland will continue to lead the country in affordability initiatives, including through the continued operation of the State Reinsurance Program, which has stabilized the individual market, significantly reduced premiums, and increased enrollment since its establishment in 2019, and continues to keep premiums well below the national average. Additionally, MHBE's state-based subsidy program will partially replace lost enhanced federal tax credits in 2026, to mitigate enrollment losses and further stabilize the individual market.

While there are many affordability challenges ahead, MHBE will continue to work closely with the Maryland General Assembly and stakeholders to drive state-level innovation to improve affordability and streamline enrollment. We look forward to our continued engagement and partnership with the Child Care Professional community, to ensure all Marylanders have access to quality and affordable healthcare.

¹⁹ Maryland ARPA Fact Sheet (2025, September). <https://www.marylandhbe.com/wp-content/uploads/2025/10/Congressional-Statewide-Fact-Sheet-Maryland-Health-Benefit-Exchange-1.pdf>

Appendix A: Survey Questions



Survey for Child Care Professionals - Maryland Health Connection

Demographic information

A bill passed in Maryland this year requires the Maryland State Department of Education to collaborate with Maryland Health Connection to promote health insurance access for child care professionals (reference Md. Code, Insurance § 31-125). This survey and your insight will help us determine the best way to provide access to affordable coverage. Thank you for your feedback.

1. If you would like to be entered to win a \$100 Amazon gift card, provide your email. This information is confidential and will only be used to contact the winners and distribute the gift card.

****Completion of the survey is not required to enter the gift card raffle. All that is needed is your email address so we can contact you if your name is drawn.****

2. What is your age (in years)?

Please enter a number (e.g., 26):

3. What is your gender?

- Female
- Male
- Non-binary
- Prefer not to say

Prefer to self-describe/Other (please specify):

4. What is your ethnicity?

- Hispanic or Latino/a
- Not Hispanic or Latino/a
- Prefer not to answer

Other (please specify):

5. What is your race?

(Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

Other (please specify):

6. What is the highest level of school you have completed?

- Less than high school
- High school diploma or GED
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree
- Prefer not to answer

7. What languages do you speak fluently?

(check all that apply)

- English
- Spanish
- French
- Amharic
- Korean
- Chinese (Mandarin or Cantonese)
- Vietnamese
- Arabic
- Prefer not to answer

Other (please specify)

8. What is your total household income before taxes for the past year?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- Prefer not to answer

9. How many people live in your household, including yourself? (Generally, your household includes the people you put on your tax form)

1	3	6+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What county do you live in?



Survey for Child Care Professionals - Maryland Health Connection

Your workplace.

11. What county do you work in?

12. Does your facility accept child care scholarships (CCS)?

- Yes
- No
- Don't know

13. Are you currently employed by a licensed child care provider or do you currently own a licensed child care facility?

- Employee
- Owner



Survey for Child Care Professionals - Maryland Health Connection

Work environment.

14. What type of licensed child care setting do you work in?

(If you work in more than one, select the one in which you work the most hours per week)

- Licensed child care center
- Registered family child care home (in someone's or your own home)
- Public Pre-K or Head Start program
- School-based program (private or public)

Other (please specify):

15. Approximately how many hours per week do you usually work at this facility?

- 0-9
- 10-19
- 20-29
- 30-39
- 40 or more hours

16. How long have you worked at this facility?

- Less than 6 months
- 6 months - 1 year
- 2 - 4 years
- 5 - 10 years
- More than 10 years

17. How many years of experience do you have as a licensed Child Care Professional?

- Less than 6 months
- 6 months - 1 year
- 2 - 4 years
- 5 - 10 years
- More than 10 years

18. Do you currently have health insurance?

- Yes
- No



Survey for Child Care Professionals - Maryland Health Connection

Currently covered.

19. How do you get your health insurance coverage?

- Job
- Spouse or domestic partner
- Parent
- Medicaid
- Medicare
- Maryland Health Connection
- Veterans benefits
- I don't know

Other (please specify)



Survey for Child Care Professionals - Maryland Health Connection

Currently not covered.

20. What has made it hard for you to sign up for health insurance? (Check all that apply)

- It is too expensive
- Sign up is confusing
- I don't think I qualify for financial help
- I am healthy and don't need it
- I don't want to spend money on insurance
- I can't get an appointment or health care providers are not easily accessible

21. Do any of these monthly costs make it hard for you to buy health insurance?

(Check all that apply)

- Rent or house payment
- Food and groceries
- Utility bills (water, gas, electric)
- Car or other transportation costs
- Child care
- Everyday extras (cable, streaming, clothes, entertainment)
- None of the above, cost is not the issue

22. Which of these sentences describe any barriers you have experienced accessing health care? (Check all that apply)

- I can't afford to take time off.
- Providers are too far away.
- I don't have transportation.
- Providers aren't taking new patients.
- The next available appointment is a long wait.
- Visits are expensive or I never know how much I'll get charged for the visit or the tests.
- None of the above, I have not experienced barriers to accessing health care.

Other (please specify)

23. What's making it hard for you to sign up for health insurance through Maryland Health Connection (the state's health insurance marketplace)? (Check all that apply)

- I've never heard of Maryland Health Connection.
- I don't know which health plan is right for me.
- Signing up is difficult or confusing.
- I don't think I can afford it even with financial help.
- I don't understand how to get financial help or discounts.
- I'm not interested in getting health insurance.
- I do not qualify to enroll through Maryland Health Connection.

Other (please specify)



Survey for Child Care Professionals - Maryland Health Connection

Using Health Care

24. If you become sick or injured, or are experiencing a mental health crisis where do you go for help? (Check all that apply)

- Urgent Care
- Hospital Emergency Room
- Primary Care Provider
- Clinic or federally qualified health center
- I go without professional health care and treat it myself
- Other (please specify)

25. In the past 12 months have you skipped or postponed getting health care you needed because of the cost?

- Yes
- No
- Don't know

26. Where (or who) do you go for health insurance information? (Check all that apply)

- Family
- Friends
- Doctor
- Clinic or federally qualified health center
- Community or religious leader
- Internet
- Social Media
- Employer
- Maryland State Department of Education (MSDE)
- Other (please specify)

27. Did you know that Maryland Health Connection offers savings to help make insurance more affordable?

- Yes
- No

28. Would you like free help and more information from Maryland Health Connection about your health coverage options?

- Yes, I'd like to know more about my health coverage options.
- No, I'm not interested.



Survey for Child Care Professionals - Maryland Health Connection

Child Care Facility Owner

29. **Do you currently have health insurance?**

- Yes
- No



Survey for Child Care Professionals - Maryland Health Connection

Owner currently having coverage

30. **How do you get your health insurance coverage?**

- My child care facility offers health coverage
- Spouse or domestic partner
- Parent
- Medicaid
- Medicare
- Maryland Health Connection
- Veterans benefits
- I don't know
- Other (please specify)



Survey for Child Care Professionals - Maryland Health Connection

Owner currently doesn't have health coverage

31. What has made it hard for you to sign up for health insurance *(Check all that apply)*

- It is too expensive
- Sign up is confusing
- I don't think I qualify for financial help
- I am healthy and don't need it
- I don't want to spend money on insurance
- I can't get an appointment or health care providers are not easily accessible
- Other (please specify)

32. Do any of these monthly costs make it hard for you to buy health insurance? *(Check all that apply)*

- Rent or house payment
- Food and groceries
- Utility bills (water, gas, electric)
- Car or other transportation costs
- Child care
- Everyday extras (cable, streaming, clothes, entertainment)
- None of the above, cost is not the issue
- Other (please specify)

33. Which of these sentences describe any barriers you have experienced accessing health care? *(Check all that apply)*

- I can't afford to take time off.
- Providers are too far away.
- I don't have transportation.
- Providers aren't taking new patients
- The next available appointment is a long wait.
- Visits are expensive or I never know how much I'll get charged for the visit or the tests.
- None of the above, I have not experienced barriers to accessing health care
- Other (please specify)

34. What's making it hard for you to sign up for health insurance through Maryland Health Connection? (Check all that apply)

- I've never heard of Maryland Health Connection.
- I don't know which health plan is right for me.
- Signing up is difficult or confusing.
- I don't think I can afford it even with financial help.
- I don't understand how to get financial help or discounts.
- I'm not interested in getting health insurance.
- I do not qualify to enroll through Maryland Health Connection

Other (please specify)



Survey for Child Care Professionals - Maryland Health Connection

Using Health Care

35. If you become sick or injured, or are experiencing a mental health crisis, where do you go for help? (Check all that apply)

- Urgent Care
- Hospital Emergency Room
- Primary Care Provider
- Clinic or federally qualified health center
- I go without professional health care and treat it myself
- Other (please specify)

36. In the past 12 months have you skipped or postponed getting health care you needed because of the cost?

- Yes
- No
- Don't know

37. Where (or who) do you go for health insurance information? (Check all that apply)

- Family
- Friends
- Doctor
- Clinic or federally qualified health center
- Community or religious leader
- Internet
- Social Media
- Maryland State Department of Education (MSDE)
- Other (please specify)



Survey for Child Care Professionals - Maryland Health Connection

Facility

38. Which type of facility do you operate?

- Licensed Child Care Center
- LOC (Letter of Compliance) Facility
- Registered Family Child Care (Max 8)
- Registered Large Family Child Care (Max 12)

39. Is your facility independently owned and operated, a franchise, or part of a chain?

- Independently owned and operated
- Franchise
- Chain

40. Is your facility for profit, not for profit, or is it run by a government agency?

- For profit
- Not for profit
- Run by a government agency
- Other (please specify)

41. Is your facility independent or is it sponsored by another organization (a sponsoring organization may provide funding, administrative oversight, or have reporting requirements).

- Independent
- Sponsored



Survey for Child Care Professionals - Maryland Health Connection

Sponsored Facility

42. If your facility is sponsored, what type of organization sponsors your program?

- Social services organization or agency
- Church or religious group
- Public school/Board of education
- Private school, religious
- Private school, nonreligious
- College or university
- Private company or individual employer
- Non-government community organization
- State government
- Local government not including school district
- Federal government or military
- Hospital
- Unspecified Head Start grantee
- Unspecified public pre-k sponsor
- Other (please specify)



Survey for Child Care Professionals - Maryland Health Connection

Facility details

43. What languages are spoken by you or staff when working directly with children?
(check all that apply)

- English
- Spanish
- Other (please specify)

44. How many individuals do you employ?

- None, I am a sole proprietor
- 1-5
- 6-10
- 11-20
- 21 or more



Survey for Child Care Professionals - Maryland Health Connection

Coverage for Employees

45. As an employer, do you offer health coverage to your employees?

- Yes
- No



Survey for Child Care Professionals - Maryland Health Connection

Coverage for your employees when offering health care.

46. What insurance companies do you offer?

47. Do you use a broker?

Yes
 No



Survey for Child Care Professionals - Maryland Health Connection

Maryland Health Connection offers plans for businesses

48. As the owner of a child care business, where do you go for key information that you share with your staff and employees? (Check all that apply)

Child Care Events
 Child Care Conferences
 A website or app
 Maryland State Department of Education, Division of Early Childhood
 Maryland State Department of Education, Child Care Licensing
 Maryland Child Care Resource Centers
 A child care membership association or organization (e.g. Latino Child Care Association of Maryland, Family Child Care Association, etc.)
 Head Start Association of Maryland

Other child care focused state agencies or non-profit organizations, please specify



Survey for Child Care Professionals - Maryland Health Connection

Currently do not offer employees coverage

49. What is the reason you don't offer health insurance to your employees? (Check all that apply)

- Company does not have the budget to offer health insurance
- Company would prefer employees find their own
- Navigating insurance is too complicated
- I don't have administrative staff to help manage employee benefits
- Other (please specify)

50. Would you be interested in getting free help to learn more about how Maryland Health Connection could help you or your employees find affordable health insurance?

- Yes, I'd like to know more about my health coverage options
- No, I'm not interested



Survey for Child Care Professionals - Maryland Health Connection

Get free help.

51. For free help from Maryland Health Connection about enrolling - provide your name and either an email address or phone number.



Survey for Child Care Professionals - Maryland Health Connection

Thank you for completing the survey.

Thank you very much for your input and feedback. For more information or to enroll in health care in Maryland, visit MarylandHealthConnection.gov.

Appendix B: Additional Respondent Characteristics by Insurance Status

Table B1. Health Insurance Status Among Facility Owners by Facility Type

Health Insurance Status	Facility Type							
	Licensed Child Care Center		LOC (Letter of Compliance) Facility		Registered Family Child Care (Max 8)		Registered Large Family Child Care (Max 12)	
	#	%	#	%	#	%	#	%
Insured	88	89%	*	75%	392	90%	*	90%
Uninsured	11	11%	*	25%	42	10%	*	11%
Total	99	100%	*	100%	434	100%	*	100%

Table B2. Health Insurance Status Among Employees by Facility Type

Health Insurance Status	Facility Type							
	Licensed Child Care Center		Registered Family Child Care Home		Public Pre-K or Head Start program		School-based program (private or public)	
	#	%	#	%	#	%	#	%
Insured	1023	88%	54	82%	*	97%	242	93%
Uninsured	146	13%	12	18%	*	3%	18	7%
Total	1169	100%	66	100%	*	100%	260	100%

Table B3. Health Insurance Status Among Facility Owners by Race and Ethnicity

Race	Health Insurance Status			
	Insured		Uninsured	
	#	%	#	%
Hispanic				
American Indian or Alaska Native	*	100%	0	0%
Asian	*	100%	0	0%
Black or African American	*	67%	*	33%
Middle Eastern or North African	0	-	0	-
Native Hawaiian or Other Pacific Islander	0	-	0	-
White	*	71%	*	29%
Other	*	70%	*	30%
Multiple	*	100%	0	0%
Total	36	72%	14	28%
Non-Hispanic				
American Indian or Alaska Native	*	100%	0	0%
Asian	*	89%	*	11%
Black or African American	158	86%	26	14%
Middle Eastern or North African	*	100%	0	0%
Native Hawaiian or Other Pacific Islander	0	-	0	-

Race	Health Insurance Status			
	Insured		Uninsured	
	#	%	#	%
White	205	95%	12	6%
Other	*	100%	0	0%
Multiple	*	77%	*	23%
Total	409	90%	45	10%
Other				
American Indian or Alaska Native	0	-	0	-
Asian	32	89%	*	11%
Black or African American	*	67%	*	33%
Middle Eastern or North African	0	-	0	-
Native Hawaiian or Other Pacific Islander	0	-	0	-
White	*	100%	0	0%
Other	*	100%	0	0%
Multiple	*	100%	0	0%
Total	*	89%	*	11%

Table B4. Health Insurance Status Among Employees by Race and Ethnicity

Race	Health Insurance Status			
	Insured		Uninsured	
	#	%	#	%
Hispanic				
American Indian or Alaska Native	*	50%	*	50%
Asian	*	100%	0	0%
Black or African American	*	85%	*	15%
Middle Eastern or North African	0	-	0	-
Native Hawaiian or Other Pacific Islander	*	100%	0	0%
White	88	82%	20	19%
Other	*	82%	*	18%
Multiple	*	100%	0	0%
Total	120	82%	26	18%
Non-Hispanic				
American Indian or Alaska Native	*	67%	*	33%
Asian	*	89%	*	11%
Black or African American	340	88%	46	12%
Middle Eastern or North African	*	100%	0	0%
Native Hawaiian or Other Pacific Islander	0	-	0	-
White	729	92%	60	8%
Other	*	83%	*	17%
Multiple	*	90%	*	10%

Race	Health Insurance Status			
	Insured		Uninsured	
	#	%	#	%
Total	1171	91%	119	9%
Other				
American Indian or Alaska Native	0	-	0	-
Asian	*	100%	0	0%
Black or African American	*	85%	*	15%
Middle Eastern or North African	0	0%	*	100%
Native Hawaiian or Other Pacific Islander	0	-	0	-
White	*	80%	*	20%
Other	*	83%	*	17%
Multiple	*	100%	0	0%
Total	37	84%	*	16%

Appendix C: Examples of 2025 MHBE Marketing Materials to Child Care Professionals

Child Care Professional Survey flyer:

How do you get your health insurance? 

We want to hear from you.

You will be entered to win a \$100 gift card.
One gift card will be awarded every week for 12 weeks!

If you are a child care professional, please [take this survey](#) to  share more about how you get health care. This is part of an initiative in Maryland to better support child care professionals with access to health care. 

The [Maryland State Department of Education](#) has partnered with [Maryland Health Connection](#) to implement a new [bill](#) that passed in Maryland this year. Your input is important!

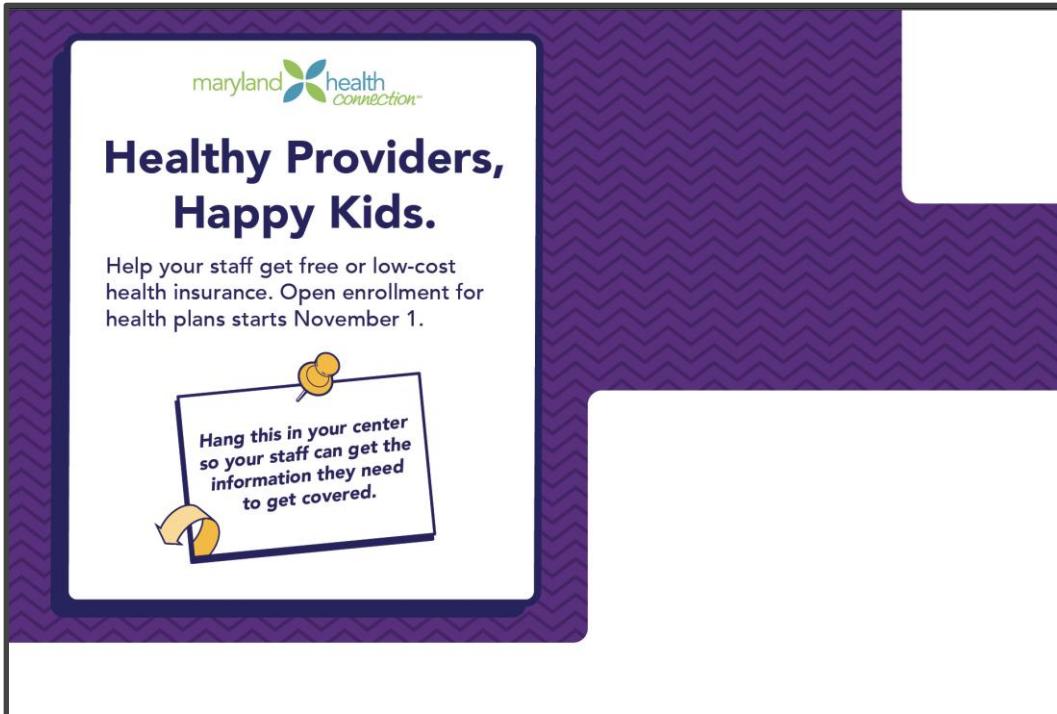
Need coverage now? Maryland Health Connection offers free help with choosing a plan and getting enrolled. Open enrollment starts November 1. You can enroll in Medicaid any time of the year.

Visit MarylandHealthConnection.gov/help for more information or to enroll.

Completion of the survey is not required to enter the gift card raffle. All that is needed is your email address so we can contact you if your name is drawn.

Front of Open Enrollment postcard mailed to Child Care Center Facility Operators:



Back of Open Enrollment postcard mailed to Child Care Center Facility Operators with English and Spanish:

