Affordable Care Act (ACA) Highlights for Young Children

Excerpts from the Zero to Three Federal Policy Baby Blog
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Here are some of the provisions that benefit babies, toddlers, and older children now and in the future.

Young Children Already Benefit from Health Care Reform:

- **No exclusions for preexisting conditions**: This provision is already in effect for children and will be in effect for everyone else in 2014. It means an insurance company can’t deny coverage because of a health condition that exists when the family applies for coverage.

- **No lifetime limits or being dropped from coverage**: Insurance companies can’t set limits on the total amount they will pay over a lifetime or drop someone from coverage if they get sick. There are restrictions on annual limits for some plans now. These restrictions will apply to all plans in 2014.

- **No copays for prevention and wellness benefits**: Well-child health visits and other preventive care now are not subject to copays or deductibles. No out-of-pocket expenses for parents means more children will get those all-important routine checkups.

- **Children’s Health Insurance Program (CHIP) funded through September 30, 2015**: ACA extended CHIP funding and placed conditions around its coverage being absorbed into the state Exchanges after that. It also gave states more resources for outreach and enrollment grants to reach more children.

- **Access to affordable, child-only policies**: Parents can provide health coverage to their children, regardless of their own job situation.

- **More home visits to support healthy development**: ACA established the Maternal, Infant, and Early Childhood Home Visiting Program to help improve early childhood development. The program is underway in states, so that babies, young children, and their moms are getting comprehensive support to help their development start out on the right track.
More Benefits Take Place in 2014:

- **Coverage of basic pediatric services, including oral and vision care:** ACA will require that all new health plans cover basic pediatric services, including oral and vision needs. Many health plans don’t cover these important services that help ensure babies, toddlers, and older children grow up healthy.

- **More parents will have access to Medicaid coverage:** States will be required to cover most adults up to 133% of the Federal Poverty Line (FPL). Currently the median threshold for parents is 63% of FPL. The Georgetown Center for Children and Families estimates that 4.9 million uninsured parents will now qualify for Medicaid. Improving parents’ health can promote better health for their children. Problems such as maternal depression may be identified and treated, with positive impacts on babies’ development. Insured parents also are more likely to make sure that their children are enrolled in coverage as well. (Read the full analysis [here.](#)) NOTE: This was the section limited by the Court’s decision: states can choose not to expand coverage and be penalized by the federal government, but today’s decision limited that penalty to new money. The federal government can no longer use loss of a state’s entire Medicaid allocation as leverage to get states to participate in this expansion. This decision creates worries about whether low-income adults, including many parents, will not gain access to health care.

- **More access to health insurance for families and greater affordability when Exchanges go into effect:** When the core of health care reform kicks in, families who don’t have insurance through their jobs will have more affordable health insurance choices through the state health insurance Exchanges. They’ll be able to receive tax credits if they can’t afford policies. They will have better and more understandable information on which to base their choices.
The ACA expands health care coverage to more children.

Today, Medicaid is the largest source of health care coverage for children in America, and starting in 2014, the ACA will expand Medicaid to include more families in need. (Due in large part to Medicaid, the national rate of uninsured low-income children of all ages fell from 28% in 1998 to 10.4% in 2010; and the ACA will lower that number further.) Medicaid is critical to ensuring that the youngest children have access to high quality, affordable, and consistent health care. And research demonstrates that Medicaid’s impact on the health outcomes of very young children is especially pronounced. Here are a few things you should know about babies, Medicaid, and the ACA:

• Medicaid currently pays for 40% of births in America.

• Medicaid is the largest source of health care coverage for children with special health care needs, and starting in 2014, the ACA will expand Medicaid to include more families in need.

• Children make up more than half of all Medicaid beneficiaries but only 20% of Medicaid costs.

• Because of the ACA, 17 million kids with pre-existing conditions can no longer be denied health coverage.

The ACA provides preventive care that is critical to healthy development.

In the past two years, an additional 14 million children have already benefitted from preventive services without their families having to pay a co-pay or premiums under their insurance plans. That means access to well-child visits, immunizations, regular screenings, and other services as laid out by the U.S. Preventive Services Task Force. These services are critical to young children’s healthy development, and all too often babies grow up without them. In 2010, 25% of two-year-olds in the U.S. have not received crucial immunizations, and in 2009 more than 10% of children age four and younger had not received a well-child visit in the past year. (That number jumps to almost 60% for uninsured children.) These unacceptable numbers are and will continue to be addressed by the preventive care provisions of the ACA.

• Every dollar spent on vaccinations for children saves $16 down the line.

• Childhood conditions like obesity, asthma, developmental delays, and mental health disorders can be successfully prevented or treated when identified early. Left untreated, however, they necessitate costly medical treatment in the future.
The ACA provides preventive care to women and mothers.

Section 1302 of the ACA includes maternity and newborn care in its list of Essential Health Benefits – services to be covered by Medicaid and other plans by 2014. In addition, Section 2713 requires that all non-grandfathered health plans cover preventive health care services – including preconception care, well woman visits, and perinatal care – with no cost-sharing. That means that, as the law is implemented, millions of women will gain access to these preventive health care services for themselves and their babies.

- Mothers’ physical and mental health – as well as their lifestyle choices and environmental exposures – are central to babies’ pre- and postnatal development.

The ACA provides new federal funds for home visiting services.

The ACA’s home visiting services will give at-risk parents and children improved access to family preservation services that seek to decrease child maltreatment and families’ child welfare involvement.

- By helping parents to understand and address their children’s physical, social-emotional, and cognitive development needs, home visiting cultivates families’ protective factors, nurtures parent-child attachment, and helps to ensure that parents have the resources necessary to caring for their children.

- Home visiting is a particularly critical tool in serving infants and toddlers, who are difficult or impossible to reach through other programs.