



The Affordable Care Act: What's At Stake for Children and Families?

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Since the Affordable Care Act (ACA) was enacted in 2010, 20 million people previously uninsured have gained health coverage. Under the ACA, millions of children and adults are now receiving preventive services such as immunizations at no cost, and can no longer be denied coverage because of pre-existing conditions or face lifetime limits on coverage. Women can no longer be charged more for coverage than men and states cannot cut or scale back health coverage for children. Most Americans, regardless of source of coverage, have seen significant new protections under the ACA. All of this is at risk if the ACA is repealed.

What could a repeal of the Affordable Care Act mean for children and families?

Millions of children and parents would lose the health coverage they need to succeed in school and work.

- Thanks in large part to Medicaid, the Children's Health Insurance Program (CHIP) and the ACA, more than 95 percent of all children have health coverage – a record high. These gains would be lost, with millions of children worse off, losing coverage entirely or being charged substantially more for coverage that does not meet their pediatric-specific needs. Children enrolled in Medicaid and other public health insurance miss fewer classes, perform better in school, are more likely to graduate from high school, and have higher incomes later in life. All these gains in health and other sectors would be compromised.
- 2.3 million young adults under age 26 who can now be covered under their parent's health insurance might be without coverage on their own. On a parallel track, children transitioning from foster care at age 18, who often have special health and mental health needs, might no longer be able to receive Medicaid to age 26.
- In the 31 states and the District of Columbia that have opted to expand Medicaid coverage to low-income adults, millions of parents would lose their health coverage. Children are more likely to have health coverage if their parents are also insured.

- The large expansion in the ACA of mental health and substance abuse disorder coverage, including treatment of opioid abuse, could be lost. Most plans now also cover preventive services including depression screening for adults and behavioral assessments for children.
- The 12 million Americans remaining uninsured who have incomes below 400 percent of the federal poverty level (\$97,200 for a family of four), are not insured through an employer and are eligible for financial assistance to help pay for health coverage through the marketplaces would no longer have an affordable coverage option.

Insurance companies would be allowed to deny coverage to people who are sick or have pre-existing conditions.

- The ACA prohibits insurers from discriminating against people with pre-existing conditions, like asthma, diabetes, and heart disease. Up to 129 million people with pre-existing conditions could once again be denied affordable, comprehensive coverage that meets their specific needs.
- The ACA also prohibits insurers from placing restrictive annual or lifetime caps on coverage and from rescinding coverage when a person becomes sick. There are nearly 105 million people who have benefited from the ban on lifetime limits who could see their coverage or services restricted.
- Under the ACA, insurers may not discriminate against people based on age or gender, a common occurrence before its passage. Without these protections, millions of women could once again be charged more than men for health coverage; simultaneously, a repeal of the ACA would eliminate the requirement that insurers cover maternity services. Access to the comprehensive and affordable prenatal and maternity coverage that women need to ensure healthy babies could be severely curtailed.

Smart investments in prevention would be lost.

- Early attention to children's health prevents future, more serious and more costly health consequences later on. We know these early investments pay off.
- Nearly 138 million people – including nearly 29 million children – with private health coverage would lose access to free preventive care, including annual physicals, well-women visits, blood pressure screenings, immunizations and cancer screenings.
- The ACA also requires all preventive and well-child services recommended by the American Academy of Pediatrics in their Bright Futures Guidelines be covered for children with no co-payment in all public and private insurance policies. They ensure children affordable access to preventive screenings and services needed to ensure they are

healthy and have access to the care and treatment they need should they suffer from developmental, psychosocial and chronic conditions.

- The ACA also established a new home visiting program to provide voluntary quality evidence-based home visiting services to young at-risk children and their families to improve maternal and newborn health, promote healthy child development, strengthen parenting skills, enhance school readiness and prevent child maltreatment.

It would be more difficult for children to get coverage, keep coverage, and access health care services.

- Improvements in technology and modern standards in the ACA help with application and recertification verification and streamlined application and enrollment processes, enabling eligible children to remain insured even if their parents change jobs, move or get sick. Such improvements could be lost. The ACA also established a “no wrong door” so the entire family when eligible can get screened for and enrolled in coverage in a single stop.
- The ACA prohibits states from imposing eligibility and enrollment standards for Medicaid and CHIP that are more restrictive than those in place at the time the ACA was enacted in 2010. These requirements applied until 2014 for adults and apply until 2019 for children in Medicaid and CHIP, with some limited exceptions. This maintenance of effort (MOE) provision for children has helped preserve access to affordable coverage and contributed to the record high number of insured children, despite the recent recession when demand for public health coverage rose and state revenues fell.
- The ACA prohibits states from imposing waiting periods longer than 90 days for uninsured eligible children before being allowed to enroll in CHIP.
- The ACA expands access to health services dramatically by increasing funding for community health centers that serve millions of children and families across the country. It also sets aside funds to strengthen School Based Health Centers (SBHCs) that provide health services necessary for child and youth development to more than 1 million children across the country. Limiting access to these critical sources of health care would have a significant impact on lower-income and vulnerable children.
- The loss of health coverage for children and their parents creates special challenges for systems charged with delivering health care services. It also threatens other child-serving systems that benefit from healthy children, such as child care and other parts of the early childhood development and learning system, the education system, and the child welfare system where the lack of help in attending to the health, mental health and substance abuse treatment needs of parents and children increases the risk of children being reported as neglected to child protective service agencies and entering foster care.