

5 Ways Health Reform Helps Children and Young Adults

1. **ALREADY IN PLACE: CHIP and Medicaid coverage for children continues through 2019**

The ACA's "maintenance of effort" provision requires states to maintain eligibility for children enrolled in the Medicaid program in families earning under 133% of the federal poverty level and in the CHIP program until September 30, 2019. If states do not comply, they can be sanctioned and lose all federal Medicaid funding. The ACA also extended funding for CHIP through September 30, 2015.

2. **ALREADY IN PLACE: No pre-existing condition exclusion for children under age 19**

The ACA prohibits health plans and insurers from denying insurance to children due to pre-existing conditions (a similar provision for adults goes into effect in 2014). Starting in 2014, this provision will apply to plans that were in existence at the ACA's enactment (known as grandfathered health plans). Further, once a child is enrolled, health plans and insurers cannot deny coverage for services related to a pre-existing condition.

3. **ALREADY IN PLACE: Coverage of dependent children up to age 26**

Dependent children can remain on their parent's health insurance until age 26. This only applies to health plans that offer dependent coverage; there is no requirement that all plans must offer it. Since the ACA's enactment, over 2.5 million dependent children have been able to retain coverage due to this provision.

4. **COMING SOON: Services in private health plans that are specifically focused on children**

The ACA requires that health plans participating in Exchanges provide "pediatric services including oral and vision care" as part of the mandated Essential Health Benefits. Health plans must also provide, at no additional cost, all screening and services recommended by the U.S. Preventive Services Task Force (USPSTF) for children ages 6 to 18, all immunizations recommended by the Centers for Disease Control and Prevention, and all screenings in the Bright Futures guidance developed by the American Academy of Pediatrics and the Health Resources and Services Administration (this does not apply to grandfathered plans). For example, USPSTF recommends screening children for obesity and offering or referring obese children to comprehensive, intensive behavioral interventions to promote improvement in weight status.

5. **COMING SOON: Extended Medicaid coverage of children aging out of foster care**

Beginning in 2014, states must expand Medicaid coverage to children who have aged out of foster care from age 21 up to age 26. Research clearly documents the significant health needs of older children in foster care and their poor health outcomes as adults. Continuing Medicaid coverage will ensure these youth have access to ongoing health care during this pivotal time.

Health reform has done so much already – let's finish the job!

Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP has written numerous comments on proposed federal regulations addressing children. For example, see NHeLP's recent comments on Essential Health Benefits, Exchanges (establishment regulations), Medicaid eligibility, and Basic Health Plans, http://www.healthlaw.org/index.php?option=com_content&view=article&id=501:health-reform-nhelp-comments&catid=51.
- ✓ NHeLP has released a short paper focusing on children and Essential Health Benefits. See [Short Paper 7: The ACA and Essential Benefits for Children in the Exchanges](#).
- ✓ NHeLP offers a podcast on [Streamlining Children's Eligibility and Enrollment Under PPACA](#).