



HEALTH CARE FOR AMERICA'S CHILDREN

Today, 7 million children in America have no health insurance coverage, and the U.S. ranks 29th in infant mortality among all nations. The Affordable Health Care for America Act is designed to ensure access to quality, affordable health care for all of America's children.

QUALITY, AFFORDABLE HEALTH CARE COVERAGE

The Affordable Health Care for America Act will **expand access to health coverage for low and moderate income children** by expanding Medicaid eligibility to 150 percent of poverty (\$33,100 per year for a family of 4) and by providing premium assistance for families with incomes above 150 percent of poverty to help them purchase health coverage through the new Health Insurance Exchange. This assistance phases out at 400 percent of the poverty level (\$88,200 per year for a family of 4).

- The Act **maintains the Children's Health Insurance Program (CHIP) through December 31, 2013 and then enables children to transition into coverage with their parents** either through Medicaid or the Health Insurance Exchange.
- The Act requires, in 2010 and 2011, the Secretary of HHS to study **the benefits and cost-sharing in CHIP programs** and compare them with the benefits and cost-sharing that will be available for children in the Exchange and to make recommendations to Congress by December 31, 2011 on: 1) what needs to be done to improve Exchange coverage to make it comparable to CHIP coverage and 2) how to avoid interruption of coverage in the transition of children from CHIP to the Exchange.
- Congress will have 2012 and 2013 to act on the HHS Secretary's recommendations.
- If the Congress does not act during those two years to make changes in the bill's provisions, in 2014 children enrolled in CHIP will either be enrolled in Medicaid or in the Exchange as follows:
 - M-CHIP children – i.e., those covered in CHIP through the State's Medicaid program – will remain in Medicaid and continue to receive Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) benefits (a mandatory benefit for all children up to age 21 in Medicaid), whether their incomes are above or below 150% of poverty.
 - Children enrolled in a separate State CHIP program will move into Medicaid with their parents if their family income is below 150% of poverty (where they will receive EPSDT coverage) or will move into the Exchange with their parents if their income is above 150% of poverty.

HOW THIS BILL ENSURES QUALITY COVERAGE FOR CHILDREN

There are numerous provisions that are designed to ensure that children will receive quality coverage under this bill, including the following:

- The Act includes a provision that requires states, as a condition of receiving Medicaid funds, to maintain CHIP eligibility rules at no less than levels in effect as of June 16, 2009 until CHIP expires –

thereby ensuring that low-income **children in CHIP are protected against recession-driven eligibility cutbacks between now and December 31, 2013.**

- Under the Act, children leaving CHIP at the end of 2013 will either go into Medicaid, where they will have an individual entitlement to EPSDT benefits, or into the Exchange, where they will have ensured access to the essential benefits package, where subsidies are 100% federally financed. In other words, low- and moderate-income children and their families on the Exchange will have assured access to dependable, federally-financed premium assistance – and will not be subject to the vagaries of cutbacks at the state level.
- In addition, the **minimum benefits for children in the essential benefits package on the Exchange are extensive, including well-baby and well-child care; oral health, vision, and hearing services, equipment, and supplies; maternity care; and mental health and substance use disorder services, including behavioral health treatments.**
- Finally, under the bill, the families of low and moderate income children will be much better off than under the status quo because these **children’s parents will now also have reliable access to coverage**, either in Medicaid or in the Exchange. Under the bill, the access of both children and their parents to needed health care will improve, and the out-of-pocket burden for the family will be much less than if the parents remained uninsured.

PUBLIC HEALTH AND WORKFORCE INVESTMENTS

The bill also addresses the public health and workforce issues of particular concern to children’s health, including the following:

- The Act funds interventions proven to improve child health by providing grants to States to support evidence-based home visitation services for children and by giving State Medicaid programs the option of covering **nurse home visitation services to first-time pregnant women or mothers with children under age 2.**
- The Act supports **training programs** for pediatricians, pediatric dentists, child and adolescent psychiatrists, and other primary care, oral health, and mental and behavioral health specialties that furnish services critical to children’s health.
- The Act establishes **a grant program to prevent overweight and obesity among children** through improved nutrition and increased physical activity.
- The Act establishes a grant program to support **pilot projects to reduce infant mortality.**