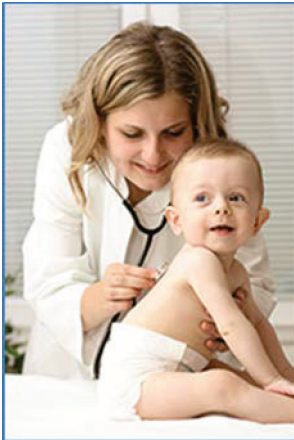


SUPREME COURT AFFORDABLE CARE ACT RULING A MAJOR WIN FOR AMERICA'S CHILDREN



In a major victory for our nation's children, today the Supreme Court upheld the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148, P.L. 111-152) in a close 5-4 vote. Most notably for kids, the decision maintains the successful Children's Health Insurance Program (CHIP), keeps Medicaid and CHIP coverage strong for children who are currently enrolled, and affirms a long list of consumer protections which ensure that children with long-term or serious illnesses are able to get the care they need.

While the Court upheld the law in its entirety, it ruled that the Medicaid coverage expansion would not be required for states. This could complicate the ACA's goal to improve coverage for low-income adults, including parents. However, for children Medicaid's strong history of providing comprehensive, affordable coverage for children is preserved entirely.

The Court's decision clears the way for federal and state policymakers to continue the task of implementing the ACA. As advocates for children, today we celebrate the long list of ACA wins for kids, many of which already are protecting and improving their health and well-being.

The most significant provisions for children that were affirmed by the Court today include:

Current CHIP and Medicaid requirements must continue through 2019

The ACA included a Maintenance of Effort (MoE) requirement that prohibits states from cutting benefits or restricting Medicaid or CHIP eligibility requirements for children through 2019. This provision was designed to ensure the continuity of coverage for low-income children who could potentially slip through the cracks as the new coverage systems get up and running.

CHIP is reauthorized through 2019

The ACA preserved and extended CHIP through September 30, 2019 with full funding provided through 2015. CHIP provides coverage for approximately 7 million low-income children who whose parents earn too much to qualify for Medicaid but not enough to purchase health insurance on their own. Together CHIP and Medicaid have been crucial for families during the recession, ensuring coverage for kids despite the downturn in the economy.

No more pre-existing condition exclusions

The ACA ensures that no child can be denied health care coverage based on a pre-existing condition. Parents of children with cancer, children born with a birth defect, children with asthma, special needs kids, among others are able to get coverage for their children because of the ACA.

Elimination of lifetime limits

The ACA precludes insurers from establishing lifetime coverage limits on the dollar value of coverage. Beginning in 2014, insurers are barred from imposing annual limits on coverage so if a child beats leukemia when they are 8 they will still be able to get the care they need if they face another serious illness later in life.

Simplified enrollment measures

The ACA requires a "No Wrong Door" approach to enrollment that will streamline the process for getting people enrolled in the coverage that best fits their circumstances, whether it's

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Medicaid, CHIP, or coverage in the new “health insurance exchanges” that were created by the ACA.

Extended funding for outreach and enrollment grants

The ACA extended the CHIPRA outreach and enrollment grant program, which was funded at \$100 million for FY 2009-2013, by providing an additional \$40 million and making the funds available through FY 2015. The purpose of these grants is to increase the participation of eligible children in both Medicaid and CHIP.

Federal fiscal support for states

Beginning in 2014, the ACA increases federal matching rates in CHIP, providing a 23 percent increase to ensure that existing public coverage for children remains strong.

Child-only coverage option in the new exchanges

The ACA allows families to purchase child-only insurance packages in the exchanges, ensuring that children being cared for by grandparents, children with parents whose employers do not offer dependent coverage, and children in mixed immigrant-status households are able to access coverage.

Eliminated cost-sharing for preventive health services

The ACA requires insurers to cover, at no cost, comprehensive screenings and preventative care for children as defined by the “Bright Futures” standards issued by the American Academy of Pediatrics, including well-child visits. It is estimated that 14.1 million children (0-17) are no longer paying the cost of these basic preventive services.

Extended dependent coverage

The ACA allowed parents to keep their dependent children health plan up to age 26. It is estimated that 2.5 million young adults already have gained health insurance coverage since the dependent coverage expansion up to age 26 took effect.

Extended Medicaid for foster youth

Beginning in 2014, the ACA allows Medicaid coverage to all foster youth below the age of 25 who were formerly in foster care for a period of six months or more.

Oral health

The ACA authorized an oral health prevention campaign, dental caries disease management, school-based dental sealant programs, and cooperative agreements to improve infrastructure and surveillance systems.

Expanded Medicaid eligibility

In 2014, the ACA expands Medicaid at state options to all individuals under age 65 with incomes up to 133% of the federal poverty level (FPL). If implemented by the states, this provision would be enormously helpful for low-income parents who currently do not have access to affordable coverage.

More affordability for low-income families in the new exchanges

Starting in 2014, the ACA provides refundable and advanceable premium credits to families with incomes between 133-400% (FPL) level to help buy insurance through the new health insurance exchanges.

School-based health

Already in effect and improving the availability of health care services in communities across the nation, the ACA established a \$200 million federal authorization program to support school-based health centers.

Home visiting

The ACA included \$1.5 billion in mandatory funds for a new Home Visitation Grant Program. This program will support states efforts to develop and implement evidence-based maternal, infant, and early childhood visitation models.