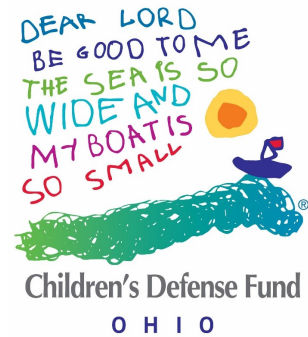


# Children and the Affordable Care Act



Rushing to repeal the Affordable Care Act (ACA) without first presenting a replacement plan that protects all families and children from loss of coverage and benefits would be a disaster for Ohio children. Before Congress undoes the very significant gains we have made over the past six years, it must provide a comprehensive replacement plan that works for ALL children. Below is a list of 14 items that are part of the ACA and directly benefit Ohio children. These provisions must be part of any ACA replacement plan.

1. **The ACA eliminated annual and lifetime benefit caps for children and parents.** Children stand to lose the most if lifetime benefit caps are eliminated. These caps limit the amount a health insurance plan pays out over a person's lifetime. Limits particularly harm children with chronic conditions and children with very expensive, potentially reoccurring or ongoing conditions like cancer and congenital conditions.
2. **Private insurance companies cannot deny coverage because of pre-existing conditions.** Prior to the ACA, many children who had experienced gaps in coverage or did not have coverage, through no fault of their own, could not get health coverage.
3. **Young adults can continue to be covered under their parents' health insurance policies.** The ACA allows young people to remain on their parents' health insurance plans until the age of 26. It also requires states to allow foster children to remain on Medicaid until age 26.
4. **The ACA requires insurance to cover breast pumps for nursing mothers and amended federal labor laws to require employers to protect breastfeeding mothers' ability to pump at work.** Protecting infants' access to breast milk and making it feasible for new moms to pump and provide breast milk to their babies is a crucial piece of establishing strong infant nutrition and health, including reducing the risk of Sudden Infant Death Syndrome.
5. **Coverage for substance abuse treatment and behavior health care is critical for protecting children.** The ACA ensures that thousands of Ohio adults have access to coverage for behavioral health and substance abuse treatment services. That coverage ensures that parents can continue to care for their children, and prevents child abuse and neglect. Any repeal of the ACA that does not ensure that all parents have access to coverage for behavioral health and substance abuse puts children at risk.
6. **The ACA requires some insurance plans to cover screening and habilitative treatment for children with autism and other developmental disabilities.** This screening and treatment was routinely excluded from coverage prior to implementation of the ACA and is crucial to appropriately treating children with challenging disabilities early and effectively.
7. **Help for families to enroll and stay enrolled.** The ACA ensures that Ohio has resources to assist families and help those who seek coverage get enrolled and re-enroll every year.



8. **The ACA mandates coverage for maternity and prenatal care, family planning, and women’s preventive health services.** Access to prenatal and maternity care, as well as preventive care for women, before they become pregnant, is critical to ensuring that mothers give birth to healthy, full term babies. Access to reproductive health care and family planning options help women plan and better space out pregnancies, which reduces infant mortality rates.
9. **The ACA ensures that all Ohio children on Medicaid can stay on Medicaid.** The ACA prohibits states from reducing Medicaid and Children’s Health Insurance Program (CHIP) income limits that were in place when the ACA went in to effect in 2010. This ensures that thousands of Ohio children and pregnant women will maintain coverage under Ohio’s Medicaid program.
10. **The ACA expanded access to Medicaid.** Medicaid expansion in the ACA (which has been adopted in 32 states, including Ohio), has directly benefitted children. In 2013, around 70 percent of uninsured children were eligible for Medicaid or the Children’s Health Insurance Program (CHIP) but not enrolled. Research has consistently shown that enrolling more parents and adults in health coverage triggers enrollment of more children in coverage. Since the ACA was implemented, the rate of uninsured children in Ohio has decreased more than 60% – to current historic lows.
11. **The ACA raised Medicaid reimbursement rates for pediatricians and family doctors.** Before the ACA, far too few pediatricians and physicians accepted Medicaid because reimbursement rates were so low. The ACA made Medicaid reimbursement rates as high as Medicare reimbursement rates for two years, incentivizing physicians to accept more Medicaid patients. Congress must make pediatrician and family physician reimbursement rates for Medicaid a priority.
12. **Preventive care and screenings are required under the ACA with no cost sharing.** Prevention and early detection and treatment are critical to ensuring children grow up to be healthy, productive, working adults, benefitting Ohio’s economy and saving on health costs in the long term.
13. **The ACA simplified and broadened Medicaid eligibility.** The ACA changed how states determine household size and measure income, and made it easier for families to qualify. This has been overwhelmingly positive for families and children, making access to Medicaid easier and contributing to increased enrollment in Medicaid since the implementation of the ACA.
14. **“No Wrong Door” application process ensures that all children whose parents apply for Medicaid, CHIP, or a marketplace plan will be directed to the appropriate place to obtain coverage.** For example, if Ohio parents apply for coverage through healthcare.gov, but their children qualify for Medicaid or CHIP, they are directed to Ohio’s Medicaid program. Prior to the ACA, if a parent applied for a private health insurance plan but qualified for Medicaid, that parent would end up paying for coverage she could have obtained for free through Medicaid, creating more hardship for low income families.

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