



## The Affordable Care Act: A Major Win for Children's Health

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The Affordable Care Act (ACA) moves America closer to the day when all children receive adequate health care. It is a national imperative to build a health care system in which all children have health coverage and access to appropriate care. Especially in the early years, birth to five, appropriate health care is critical to ensure the full growth and development of the brain – the basis for all learning and the key to promoting the full potential of all children.

### **The ACA preserves and extends the successful Children's Health Insurance Program (CHIP) through September 30, 2019 with full funding provided through 2015.**

CHIP provides coverage for approximately 7 million low-income children whose parents earn too much to qualify for Medicaid but not enough to purchase health insurance on their own. Preserving CHIP ensures that low-income children continue to receive affordable, comprehensive, high-quality health coverage.

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### **The ACA contains many other provisions that will significantly improve child health, including:**

**No more pre-existing condition exclusions.** The law ensures that no child can be denied healthcare coverage based on a pre-existing condition.

**Elimination of lifetime limits.** The ACA stops insurers from establishing lifetime coverage limits, and in 2014 annual limits, on the dollar value of services.

**Simplified enrollment measures.** The law 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 Medicaid, CHIP, or coverage in the new "health insurance exchanges".

**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.

*There are almost 160,000 uninsured children in Virginia,  
many of whom are eligible for these programs.*

*This provision will help to reach the goal of having  
EVERY CHILD COVERED.*

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**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.

**Eliminates cost-sharing for preventive health services.** The ACA requires insurers to cover, at no cost, screenings and preventative care 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 in the U.S. are no longer paying the cost of these basic preventive services.

**Extended Medicaid for foster youth.** Beginning in 2014, the ACA provides Medicaid coverage to all foster youth below the age of 25 who were formerly in care for 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.

**More affordability for low-income families.** Starting in 2014, the ACA provides refundable premium credits to families with incomes between 133-400% (FPL) level to help buy insurance through the new health insurance exchanges.

**School-based health.** 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.

