

Children, Families, and Disparities



Pediatric Provisions in the Affordable Care Act

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KEYWORDS

• Affordable Care Act • Health insurance • Health reform • Child health policy

KEY POINTS

- The impact of the Affordable Care Act (ACA) will be far-reaching for children and families, and has the potential to significantly decrease disparities.
- The ACA aims to improve Access to coverage, provide Better care, and ensure Consumer protections (ABC).
- The ACA faces multiple challenges to come, including a Congress whose leaders have repeatedly stated their intention to alter or repeal the legislation.

The Affordable Care Act (ACA; “Obamacare”) “has the potential to do more to meet the health needs of America’s racial and ethnic minorities, and more to reduce racial and ethnic health disparities, than any other law in living memory,” wrote Dr John

Funding: This publication was supported by the DC-Baltimore Research Center on Child Health Disparities P20 MD000198 from the National Institute on Minority Health and Health Disparities (IH, TLC) and Centro SOL: Johns Hopkins Center for Salud/(Health) and Opportunity for Latinos (TLC). The content is solely the responsibility of the authors and does not necessarily represent the official views of the funding agencies.

Financial Disclosures: None.

Conflict of Interest: None.

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Pediatr Clin N Am 62 (2015) 1297–1311

<http://dx.doi.org/10.1016/j.pcl.2015.06.003>

0031-3955/15/\$ – see front matter Published by Elsevier Inc.

pediatric.theclinics.com

McDonough, former Senior Advisor on National Health Reform to the US Senate Committee on Health, Education, Labor, and Pensions.¹ Indeed, US Representative James Clyburn (D-SC) called the ACA “the civil rights act of the 21st century.”¹ Others have challenged the constitutionality of the ACA and have been concerned about its implementation. The ACA has caused and continues to catalyze sweeping changes throughout the health system in the United States. Poorly explained, complex, controversial, confusing, and subject to continuous legal challenge and regulatory definition, the law stands as a hallmark piece of legislation that will change the health sector in America for decades. What is the ACA, and how does it affect children and families? This article summarizes this significant law, with a focus on children, families, and disparities. Also provided is the context of the current system of health care coverage in the United States.

SETTING THE STAGE: A REVIEW OF CHILDREN'S HEALTH INSURANCE PROGRAMS

In the United States in 2011, 18% of the total population younger than 65 (Medicare noneligible) was uninsured; within this group, 16% were children, 25% were parents, and 59% were adults without dependent children.² As outlined next, children in the United States have various primary health insurance options (whose scope and provisions are changing with implementation of the ACA, as later described).

Private Insurance

Private insurance is available to children and families through employer-based insurance and through buying insurance on one's own (in the individual market). In 2011, 49% of all Americans were covered through employer-sponsored insurance, and 5% had private nongroup insurance.³ In 2009, 51% of children ages birth to 18 in the United States had employer-sponsored insurance, 33% had Medicaid or Children's Health Insurance Program (CHIP), 4% had individual coverage, 1% had other public insurance, and 10% were uninsured.⁴

The growth of employer-sponsored insurance in the United States emerged after World War II. Price controls limited the amount of wages that employers could provide; thus, such benefits as health care became the incentives that lured workers to jobs. Over the decades, employer-sponsored insurance has become a standard in the United States. Covered benefits, cost sharing, and treatment limitations/exclusions tend to be at the discretion of insurers, under applicable state and/or federal law.

Historically, when parents have enrolled in private insurance, either through their employer or in the individual market, children have also been covered according to plan specifications as dependents. Before the ACA, children aged out of parents' private insurance plans at age 19, or possibly age 22 if they were full-time students.

Medicaid

Established in 1965, Medicaid has historically covered pregnant women, low- and middle-income children, and poor elderly and disabled people in the United States. In 2011, 68 million people were enrolled in Medicaid, including 48% children, 27% adults, 9% elderly, and 15% disabled.⁵ In general, only citizens and lawfully residing residents in the United States for 5 years are eligible. Medicaid is a joint federal-state program, with states with lower incomes receiving a higher percentage of federal payments in what is called the Federal Matching Assistance Percentage (FMAP).

Contrary to common public understanding, Medicaid has not historically covered all people below the federal poverty level (FPL; \$11,670 per year for individuals and \$23,850 per year for a family of four in 2014). Federal law establishes minimum federal eligibility criteria, which states may choose to exceed at their option. These minimum

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