



Overview of Children's Provisions in National Health Reform

Coverage

Medicaid

- Effective January 1, 2014, establishes the mandatory Medicaid income eligibility level for all children at 133% FPL.
- Effective January 1, 2014, extends Medicaid coverage to all foster youth below the age of 25 who were formerly in foster care for a period of at least six months.

CHIP

- Extends the current reauthorization period of CHIP for two years, through September 30, 2015.
- For federal fiscal years (FFYs) 2016 through 2019, states will receive a 23 percentage point increase in the CHIP match rate, subject to a cap of 100%. CHIP-eligible children who cannot enroll in CHIP due to federal allotment caps are eligible for tax credits in the Exchanges.
- Gives states the option of offering CHIP eligibility to children of public employees with access to health insurance where premiums and cost sharing exceed 5%.
- Increases outreach and enrollment grants by \$40 million through FFY 2015.
- If a state runs out of CHIP funding, precludes transitioning coverage from CHIP to the Exchanges without certification by the Secretary of Health and Human Services.

Maintenance of Effort

- From March 23, 2010 to September 30, 2019, eligibility levels for Medicaid and CHIP must be maintained. States must meet this maintenance of effort requirement or forfeit all federal Medicaid funding.

Pre-existing Conditions

- Prohibits pre-existing condition exclusions for children for all new health plan years starting after September 23, 2010.

Dependent Coverage

- Effective September 23, 2010, extends dependent coverage for all group and individual health plans to age 26.

Enrollment Simplifications

- Requires that any individual applying to an Exchange be screened for Medicaid and CHIP eligibility and enrolled if eligible.
- Requires Medicaid and CHIP programs and the Exchanges to coordinate enrollment procedures to provide seamless enrollment for all programs.

Essential Benefits Package

- Requires that all new health plans effective after September 23, 2010 cover the preventive care and screenings identified in Bright Futures at no-cost.
- Defines an essential benefits package as including pediatric services with both oral and vision care.
- Prohibits insurance plans from imposing lifetime caps or restrictive annual limits on coverage and from rescinding coverage when a person becomes ill.

Access

Medicaid Provider Reimbursement Rates

- Requires that Medicaid payment rates for pediatric primary care services be no less than 100% of Medicare payment rates in 2013 and 2014 and provides 100% federal funding to states for the incremental costs.

School-based Health Centers

- Establishes a new grant program for school-based health clinics with \$50 million in funding authorized over four years.

Emergency Medicine

- Provides funding to support pilot projects for innovative models of emergency care and trauma systems, including pilot projects that address concerns related to emergency medical services for infants, children, and adolescents.
- Reauthorizes the Wakefield Emergency Medical Services for Children Program. FFY 2010 funding is set at \$25 million and goes up to \$30.8 million in FFY 2014.

Family to Family Health Information Centers

- Extends Family-to-Family Health Information Centers through FFY 2012 at the current funding level.

Quality

Home Visitation

- Appropriates \$1.5 billion over five years for states to develop and implement evidence-based maternal, infant, and early childhood home visitation models.

Oral Health

- Establishes a five-year long oral health prevention campaign focusing on dental caries disease management, school based dental sealant programs, and cooperative agreements to improve infrastructure and surveillance systems.

Accountable Care Organizations

- Authorizes a participating state to allow pediatric medical providers that meet specified requirements to be recognized as an accountable care organization for the purposes of receiving incentive payments.

Childhood Obesity Prevention

- Appropriates \$25 million for the Childhood Obesity Demonstration project included in CHIPRA and adjusts the demonstration time period to FFYs 2010 through FFY 2014.