What Health Reform Legislation Means for Kids

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Insurance Market Reforms that Took Effect Last Week

- Guaranteed coverage for kids – prohibits health plans from denying coverage or benefits for children due to a pre-existing condition
- Extension of dependent coverage up to age 26
- Preventive Care without cost sharing (oral and vision in 2014)
- No lifetime dollar limits on essential benefits (in 2014, no annual limits)
- Must allow enrollee to choose pediatrician or PCP
- No prior authorization for emergency care services
- Right to internal and external appeals
- Prohibition of unfair rescissions

Implementation Problems with Insurance Market Reforms

- Rather than comply with the provision requiring companies to offer coverage to children, including those with pre-existing conditions, **several major insurance companies are choosing to pull out of the private market for children**.
- Some kids with child-only policies are particularly vulnerable – kids cared for by grandparents, children whose parents receive benefits through the VA Hospital

Source: First Focus

Coverage for Children Aging Out of Foster Care

- Medicaid coverage up to age 26 for foster children who have aged out of the foster care system, effective 2014
- In youth's transition plan, youth must be advised of the importance of a health care proxy

Major Investment in Home Visiting

- $1.5 billion over 5 years for home visiting programs
- Virginia's Home Visiting Consortium completed federally mandated needs assessment
- Virginia expected to receive $1.4 M in FY10
  - Some funds for infrastructure
  - 75% funds must be spent on evidence-based programs, 25% may be spent on "promising programs"
- Virginia's RFP process expected to occur in first quarter of calendar year 2011
- MOE– states cannot reduce *state* support of home visiting programs – VA has funded home visiting with TANF funds in recent years, so VA will meet MOE requirements despite recent and planned cuts

Other Mandates that Benefit Kids

- Amends FLSA to require that employers provide a reasonable break and a private place (other than a bathroom) for new moms to express breast milk
- $25 million for the implementation of the CHIPRA Obesity demonstration project
- $75 million annually for 5 years for evidence-based programs to reduce teen pregnancy and sexually transmitted infections
- $50 million annually for 5 years for abstinence education

What Virginia Can Do…

- Provide Medicaid to kids up to age 26 aging out of foster care before 2014
- States can enact more protective standards than federal law
  - California went a step further than the federal probation on denying coverage for pre-existing conditions – they restricted the amount that insurers can charge to cover kids with pre-existing conditions
- Ensure constituents are educated about new protections – families need to know who to contact with complaints or concerns

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QUESTIONS?