

In a victory for children and families, the Supreme Court handed down a decision in the matter *King v. Burwell*, upholding the availability of subsidies that were established under 2010 Affordable Care Act (ACA) (P.L. 111-148, P.L. 111-152) in all states. Today's decision by the Court is a win for consumers and families and clears the way for ACA implementation to move forward in every state.

At issue in *King v. Burwell* was whether the language of the ACA statute allowed for the payment of subsidies to individuals who live in states that did not establish their own state-based exchanges. Two-thirds of states (34 states) opted to provide coverage through the Federally-Facilitated Marketplace (FFM) rather than setting up their own state-based exchanges. Approximately 9 million people who live in FFM states, including 730,000 children, were at risk of losing their ACA subsidies if the court ruled for the plaintiff, King. A decision against the Obama Administration would have caused a substantial increase in the numbers of uninsured.



While children make up only a small fraction of Marketplace enrollees, a decision to limit subsidies would have had a serious effect on children in FFM states. Limiting subsidies to the subset of states with state-based Marketplaces would not only have caused children and families in those states to lose access to Marketplace coverage, it also would have had a serious long-term impact on children enrolled in coverage through the Children's Health Insurance Program (CHIP) if funding for CHIP was not continued into the future. According to the ACA, Marketplace coverage was intended to be a key source of coverage for children enrolled in CHIP should states experience a CHIP funding shortfall. While CHIP funding was recently extended by Congress through FY 2017, its future beyond FY 2017 is uncertain.

The decision is good news for children and families. The ruling of the Court protects the availability of affordable coverage in every state across the nation and ensures that ACA implementation is able to continue as planned.

Given the positive outcome of the final ACA matter before the Court, today is a good day to remember the long list of victories won for children as a result of the Affordable Care Act:

The Children's Health Insurance Program and Medicaid requirements continue through fiscal year 2019.

The ACA included a Maintenance of Effort (MoE) requirement that prohibits states from cutting benefits or restricting Medicaid or CHIP eligibility requirements for children through 2019. This provision was designed to ensure the continuity of coverage for low-income children who could potentially slip through the cracks as the new coverage systems get up and running.

The Children's Health Insurance Program is authorized through fiscal year 2019.

The ACA preserved and extended CHIP through September 30, 2019 with full funding provided through 2015. Congress recently extended CHIP funding for another 2 years, through FY 2017. 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. Together CHIP and Medicaid have been successful in cutting the uninsured rate for children in half.

There are no more pre-existing condition exclusions.

The ACA ensures that no child can be denied health care coverage based on a pre-existing condition. Parents of children with cancer, children born with a birth defect, children with asthma, special needs kids, among others are now able to get coverage for their children because of the ACA.

The Affordable Care Act eliminated lifetime limits.

The ACA precludes insurers from establishing lifetime coverage limits on the dollar value of coverage. This means that if a child beats leukemia during childhood they will still be able to get the care they need if they face another serious illness later in life.

The Affordable Care Act simplified enrollment measures.

The ACA established a “No Wrong Door” approach to enrollment that streamlines the process for enrolling people in the coverage that best fits their circumstances, whether it’s Medicaid, CHIP, or coverage in the new ACA Marketplace.

The Affordable Care Act eliminated cost-sharing for preventive health services.

The ACA requires insurers to cover, at no cost to the patient, comprehensive screenings and preventative care for children as defined by the “Bright Futures” standards issued by the American Academy of Pediatrics, including well-baby and well-child visits, and vaccinations. It is estimated that 14.1 million children (ages 0-17) are no longer paying the cost of these basic preventive services.

The Affordable Care Act extended dependent coverage.

The ACA allows parents to keep their dependent children on their health insurance plan up to age 26. It is estimated that 2.5 million young adults already have gained health insurance coverage since the dependent coverage expansion took effect.

The Affordable Care Act extended Medicaid for foster youth.

The ACA allows Medicaid coverage for all foster youth below the age of 26 who were in foster care for a period of six months or more.

The Affordable Care Act extended funding for outreach and enrollment grants.

The ACA extended the Children’s Health Insurance Program Reauthorization Act’s 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. Congress recently added another round of \$40 million in outreach and enrollment grants through FY 2017. The purpose of these grants is to increase the enrollment of eligible children in both Medicaid and CHIP.

The Affordable Care Act established a child-only coverage option in the new Exchanges.

The ACA allows families to purchase child-only insurance packages in the Marketplace, 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.

The Affordable Care Act expanded Medicaid eligibility for uninsured adults.

Beginning in 2014, the ACA expanded Medicaid to all individuals under age 65 with incomes up to 133 percent of the federal poverty level (FPL), with full funding provided by the federal government for the first two years. This expansion allowed Medicaid coverage for low-income parents, among other low-income adults, who are currently uninsured.

There is more affordability for low-income families in the new exchanges.

Starting in 2014, the ACA provided refundable and advanceable premium credits to families with incomes between 133-400 percent FPL to help buy insurance through the new health insurance Exchanges.

The Affordable Care Act established a new nurse home visiting program.

The ACA included \$1.5 billion in mandatory funds for a new Home Visitation Grant Program to support state efforts to develop and implement evidence-based maternal, infant, and early childhood visitation models. Funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program was recently extended by Congress through FY 2017.