

# ISSUE BRIEF: HOW DISMANTLING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT WILL HARM CHILDREN

JULY 2019

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Since its passage in 2010, the Affordable Care Act (ACA) has withstood many challenges at the state, local and federal levels in court and from within Congress. In the House, votes to repeal the ACA have been on the floor more than 60 times. During the summer of 2017, the ACA came within just a few votes of repeal in the Senate, but the vote failed after massive public outcry. As the law faces yet another court challenge, we are reminded what children stand to lose if the ACA is dismantled and all its benefits disappear. Though not thought of as the principal beneficiaries of the ACA, the law has impacted the health and lives of children in dramatic and unanticipated ways. From coverage for pre-existing conditions to well-child visits without co-pays, Medicaid coverage for former foster youth, and reduced maternal and infant mortality rates, children have benefitted from the ACA and would suffer if the law were dismantled. The Affordable Care Act provides children with services and benefits that improve their lives and health outcomes.

## Children with pre-existing conditions will be denied health care.

More than half of the United States' population has a pre-existing condition, including over 17 million children (roughly 25 percent of American children).<sup>1</sup> Pre-existing conditions — those health issues that start before one's health insurance benefits take effect — include an expansive list. For children, these conditions can begin at birth, for instance, if a child is premature or has other issues that require time in the neonatal intensive care unit. Other common child health issues can include taking ADHD medication or being diagnosed with asthma, juvenile diabetes, childhood cancer, developmental disabilities, cystic fibrosis or other special health care needs. Prior to the passage of the ACA, insurance companies could refuse to cover children and adults with these pre-existing conditions, which meant that many children and their families could be denied coverage, charged higher premiums, or subject to plan cancellation.<sup>2</sup> Rescinding the ACA would allow these practices to resume.

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## Children with serious illnesses will quickly exhaust their annual and lifetime coverage limits.

Before the ACA, insurance companies were allowed to set annual and lifetime dollar limits on the total amount of care a person could receive. Once that limit was reached, people had two choices: pay for the rest of their health services out of pocket or forego care. This meant that children with cancer and other pediatric conditions, or babies that were born prematurely and spent the first weeks or months of their lives in the neonatal intensive care unit, could exhaust their annual and lifetime limits in a short time. The parents of these children would have to choose between paying exorbitant medical bills out of pocket or denying their children necessary medical care.<sup>3</sup> The ACA abolished such limits and allows children and their families to receive life-saving care without fear of bankruptcy.

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## Children aged 18 to 26 will likely go uninsured.

One of the most popular provisions of the ACA has been the expansion of dependent coverage that allows young adults to remain on their parents' health insurance policies until they turn 26. Before the passage of the ACA, young adults were almost twice as likely to forego health insurance once they aged out of their parents' policies. This made them especially vulnerable to financial ruin in the potential event of serious illness or injury.<sup>4</sup> However, because of the ACA, more than six million young adults have gained health coverage since 2010.<sup>5</sup> This provision saves lives and allows young adults to be protected against financial instability in case of an unexpected illness or injury. Striking down the ACA would mean that millions of young adults would lose access to this health insurance.

## Former foster youth will no longer be covered until age 26 under Medicaid.

Another provision in the ACA is especially beneficial to former foster youth, as it also allows foster youth that have aged out of the foster care system to keep their Medicaid coverage until age 26. Foster children are a unique population, and 35 to 60 percent of these children have at least one chronic or acute health condition that requires treatment.<sup>6</sup> In addition, as many as 75 percent of foster children have a behavioral or social health issue that warrants mental health services.<sup>7</sup> Continued health care coverage provides necessary stability and security for youth as they age out of the foster care system.

## Insurance companies will roll back pediatric vision and dental coverage.

The ACA has not only improved access to insurance coverage, it has increased access to comprehensive, pediatric health care coverage specific to the unique needs of the growth and development of children. The law requires insurance plans sold on exchanges to include a minimum package of important preventive pediatric health benefits, including oral health and vision services. Because of the ACA, 18.6 million children now have insurance that covers preventive services.<sup>8</sup> Rescinding the ACA would allow insurance companies to sell more policies that do not include such important health benefits.

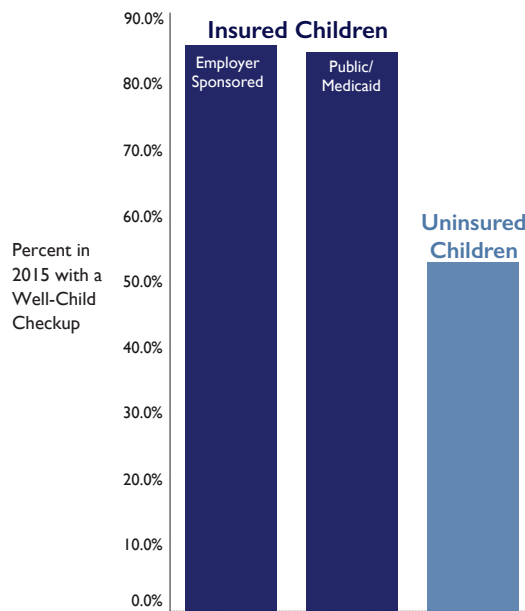
## More children will be at risk for preventable, infectious diseases.

Access to health coverage means that children are more likely to receive preventive care services. One study found that uninsured children get a well-child visit 38 percent less often than insured children.<sup>9</sup> Well-child visits, now guaranteed with no cost-sharing for patients by the ACA, are critical to the overall health and well-being of children.<sup>10</sup> These visits with a pediatrician can reduce the risk of developing obesity, heart disease, cancer and other ailments, and provide children with life-saving immunizations<sup>11</sup>. Immunization rates are far lower among uninsured infants and toddlers. While just 2.5 percent of all infants and toddlers were unvaccinated in 2017, the share of uninsured infants and toddlers without vaccinations was seven times higher at 17.8 percent.<sup>12</sup> Since the ACA was passed, Medicaid has insured an additional 2.8 million children.<sup>13</sup> Over one million more children have obtained private health insurance through a health exchange<sup>14</sup>. These children now have access to more preventive benefits than ever before, including vaccines.

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## UNINSURED CHILDREN HAVE LOWER RATE OF WELL-CHILD CHECKUPS



Source: Chart by First Focus on Children based on Kaiser Family Foundation Analysis of 2015 National Health Insurance System Data, <https://www.kff.org/medicaid/issue-brief/key-issues-in-childrens-health-coverage/>

Children will follow their parents into the world of the uninsured.

Medicaid expansion was a key component of the ACA and is responsible for newly insuring 13.6 million adults<sup>15</sup>. If the ACA disappears, so will Medicaid expansion, resulting in higher numbers of uninsured adults. Children and parents tend to share the same insurance status, meaning that if a parent is uninsured, so is their child. Several studies have shown that if parents have public health insurance, their children are eight times more likely to also have public insurance.<sup>16</sup> By expanding access to coverage for parents, the ACA improved access for children. The shared aspect of coverage between parents and children means that reducing access to parents will subsequently reduce access of their children.<sup>17</sup>

The expansion of Medicaid has reduced rates of maternal and infant mortality; dismantling the ACA could bring those rates up again.

Simply stated, the ACA prioritized prenatal and early childhood care, and its expansion of Medicaid has reduced rates of maternal and infant mortality. Multiple studies have shown that maternal and infant mortality rates are lower in states that adopted the Medicaid expansion than in states that did not.<sup>18,19</sup> That said, the United States still has some of the highest rates of maternal and infant mortality of any developed country and numbers are on the rise. Dismantling the ACA will reverse the gains that have been made and will push those rising numbers even higher.

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Children will be denied end of life care.

End of life care, or hospice, helps patients remain as comfortable as possible at the end of their lives. This type of care can include many services for children and their families, such as pain management and family counseling.<sup>20</sup> Before the ACA, children with life-threatening health conditions could not concurrently receive curative therapies (which include long-standing treatment regimens for symptom and pain management) and hospice care.<sup>21</sup> This meant that many families were forced to choose between treatments that could manage their child's symptoms and care that would make their dying child as comfortable as possible. The Concurrent Care for Children provision of the ACA requires Medicaid programs to allow the concurrent coverage of curative and hospice care.<sup>22</sup> This provision allows children to get the care they need during a very difficult time. If the ACA is rescinded, parents and doctors would yet again be faced with these impossible choices.

## Conclusion

The Affordable Care Act goes well beyond simply providing insurance coverage to children and their families. The ACA protects families from medical bankruptcy, keeps vulnerable young adults covered, and saves the lives of mothers and infants. Dismantling the law would take away the provisions and services that children need to grow and develop and would reverse positive trends in children's health that have emerged since ACA implementation. Our children deserve all of the gains already made by the ACA, as well as those to come. We will fail our children if we do anything less. For more information on this issue, contact Carrie Fitzgerald, Vice President, Children's Health Programs at 202-657-0663 or [carrief@firstfocus.org](mailto:carrief@firstfocus.org) or Averil Paukulis, Vice President, Early Childhood and Public Health Policy, at 202-657-0637 or [averip@firstfocus.org](mailto:averip@firstfocus.org).

## Endnotes

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3 <https://www.healthcare.gov/health-care-law-protections/lifetime-and-yearly-limits/>

4 [https://www.commonwealthfund.org/sites/default/files/documents/\\_\\_\\_media\\_files\\_publications\\_fund\\_report\\_2000\\_may\\_on\\_their\\_own\\_young\\_adults\\_living\\_without\\_health\\_insurance\\_quinn\\_ya\\_391.pdf.pdf](https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2000_may_on_their_own_young_adults_living_without_health_insurance_quinn_ya_391.pdf.pdf)

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21 <https://pediatrics.aappublications.org/content/140/3/e20171134>

22 Ibid, 17.