

Policy Room



The Impact of Healthcare Reform on Children and Families

By Andrea Barnes

The National Federation has been actively monitoring health care reform since the first version of the legislation was introduced in June of 2009. Since then, more bills have been introduced and the Federation has been attentive and vigilant as the legislation has evolved. All the while we advocated for language that would help children and families.

Despite the controversies surrounding the bills, there are many and varied provisions that support people with mental health conditions and/or substance abuse. Of course, the House of Representatives and the Senate have different versions of health care reform legislation. At this stage in the game, the Senate version is the one most likely to pass, so below you will see what we support in it because of the significant difference it would make in the health care of children, youth and families.

Insurers would be immediately prohibited from excluding coverage of pre-existing conditions for children.

Ending this discriminatory practice would mean that parents and caregivers would not have to worry about an insurance company denying coverage for their child because of the child's mental illness.

Most plans would have to comply with the mental health parity law.

Individual, small, and large group plans would have to comply with the 2008 mental health parity law, which states that insurers cannot make people pay higher co-pays and other financial obligations on mental health services as compared to physical health services.

Young adults would remain under their parent's insurance plan until age 26.

This will be a huge help for transition-age youth, who often face difficulty in obtaining coverage once they "age out" of the child-serving system.

Medicaid's eligibility and scope of services would be expanded.

One of the provisions in the health care reform legislation that would make one of the largest impacts on society is the expansion of Medicaid eligibility to all adults at or below 133% of poverty (\$30,000 a year for a family of 4). This would expand coverage to an estimated 14 million people. To help states pay for this increase in enrollment, the federal government would increase its share of the costs of Medicaid benefits.

The bill would also remove barriers for states to provide home- and community-based services (HCBS) by giving states the option of a state plan amendment, rather than a waiver. Under a state plan amendment, individuals receiving HCBS would have full Medicaid benefits.

Finally, all young adults below age 25 who were formerly in foster care would be eligible for Medicaid and all its benefits, including Early and Periodic Screening, Diagnosis, and Treatment.

The Children's Health Insurance Program (CHIP) would continue.

States would maintain current eligibility levels for CHIP through September of 2019. From 2014 to 2019, states would receive a 23 percentage point increase in the CHIP match rate, which is money that the federal government gives to states to help them run this program and enroll more children into it. CHIP has been highly successful in getting children insured and improving their health status, so it is unfortunate that there is no provision to continue CHIP after 2019.

Health care disparities would be addressed.

Grants within the Department of Health and Human Services (DHHS) would be created to meet the goals of: dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training.

Data collection would help reduce health care disparities.

Data is important because it lets policymakers know where the needs are, so that resources are given to those most in need. DHHS would require that all federally conducted or supported healthcare programs collect and report data on race, ethnicity, sex, primary language, and disability status. DHHS would also require that collection requirements become standardized for Medicaid and CHIP, which are different in each state because these are state-run insurance programs.

Grants would help increase the child-serving health care workforce.

Because it is becoming harder and harder to find mental health professionals that specialize in children, especially in medically underserved areas, the bill includes a loan repayment program for individuals practicing pediatrics and child and adolescent mental health/substance abuse services. The bill also authorizes grants to higher education institutions for professionals in the following areas: social work, graduate psychology, professionals providing mental health/substance abuse services for children and adolescents.

The bill authorizes, or makes available, \$5 million in grants for training in paraprofessional child and adolescent work at state-licensed not-for-profit and for-profit organizations. Therefore, family-to-family and peer support services could potentially receive these funds.

School-based community health centers would have to provide mental health/substance abuse services.

Children spend most of their day at school, this is a key location for them to conveniently find and receive the help that they need.

Policy at a Glance



What else is the National Federation's Policy Department doing?

- ⇒ We are planning a legislative briefing on May 6th that will highlight the needs of young children with mental health challenges, and the importance of SAMHSA programs in delivering services to these children. The goal is to push Congress to reauthorize SAMHSA.
- ⇒ We are training youth on how they can impact policy with our Youth Advocacy Academy. This is a 4-part webinar series.
- ⇒ We are working on a Community Bill of Rights, which brings together input from diverse communities across the country through our leadership of the Advocacy and Community Engagement group within the National Network to Eliminate Disparities in Behavioral Health.
- ⇒ We have been advocating for Congressional action on bills relating to the dangerous use of restraints and seclusion practices in schools, on the need for mental health services for incarcerated youth, and for school-wide implementation of positive behavioral interventions and supports.
- ⇒ We keep our membership informed of federal policy through action alerts, quarterly newsletters, and monthly news clips.
- ⇒ We continue to advocate for the inclusion of children and mental health in health care reform.