



ACA Protects and Improves Access to Preventive Care for Children

Preventive care is critical to children’s development, ensuring they can thrive in school and grow up to become healthy, productive adults. Pediatrician-recommended check-ups, immunizations, screenings, developmental assessments and other preventive services can improve health outcomes by addressing problems before they progress into more complex diseases or create other complications. Prevention isn’t just about good health, it also makes economic sense— identifying and helping a child who may be at risk of obesity, for example, may save costs to families and insurers down the line from treatment associated with Type II diabetes.

For many years, Medicaid and CHIP have recognized the importance of preventive care, helping millions of children access these services with no cost to families. The Affordable Care Act takes this commitment further by removing cost and coverage barriers that could deter families from taking full advantage of preventive care services in private insurance plans. Added health costs to families can discourage people from visiting the doctor when needed, which can result in consequences such as poorer health and greater use of high-cost services such as emergency rooms.¹ By removing financial barriers, the Affordable Care Act is helping more Americans access preventive care, which should result in better health care outcomes and a more effective use of health care dollars.

The Affordable Care Act has helped maintain or improve access to preventive services for more than half of America’s children (54.1%). Many children already have preventive services through their state Medicaid program, and the ACA ensured this commitment to children’s health stayed intact by preserving stability in Medicaid and CHIP. The ACA recognizes and builds on preventive care available in Medicaid and CHIP, extending access to families in the private insurance market. The five states

with the largest proportion of children receiving preventive services either through private plans or Medicaid/CHIP include the District of Columbia (72.6%), Vermont (65%), Louisiana (64.8%), Arkansas (64.3%), and Mississippi (64%) (see Table 1). California, Texas, New York, Florida, and Illinois have the largest numbers of children maintaining or gaining access to preventive care (see Table 2).

The ACA has improved access to care in private plans by expanding the quality of preventive services provided and removing cost barriers for families. While the ACA will not take full effect until 2014, the law’s priority on preventive care is already helping children and families in many private insurance plans. The ACA expands access to preventive services in new, “non-grandfathered”² private insurance plans in two ways. New plans, as of September 23, 2010, must: 1) cover all preventive services as defined by the Bright Futures guidelines of the American Academy of Pediatrics, widely recognized as the definitive standard of care;³ and 2) provide preventive services at no cost to enrollees—no co-pays, deductibles, or co-insurance for defined, preventive services. Thanks to the ACA:

- More than 1 in 6 U.S. children (18.5%) now have access to additional preventive services through their insurer.
- More than 1 in 8 (13.7%) of the nation’s children can now receive preventive services at no cost to their families.

North Dakota, Massachusetts, Minnesota, New Jersey and Iowa have the highest proportion of children receiving each of these new benefits in private plans (see Table 1).

In many cases, children have benefited from both of



these changes, as insurers may have had to add services and remove cost sharing within the same plan. Cost sharing can be a major barrier to children and families trying to access the care they need, especially those in low-income families. (Note: these numbers in the tables below should not be added together because of this overlap).⁴ Over time, fewer plans will have “grandfathered” status and more and more Americans will have better access to these important benefits.⁵

The ACA protects access to preventative care for over a third (35.6%) of the nation’s children under Medicaid. In addition to helping drive the rate of uninsured children to historic lows,⁶ Medicaid has a long history of helping children get the preventative care they need through the Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirement. Most states have extended the preventative care standard from Medicaid to their CHIP programs as well.⁷ The ACA protects Medicaid and CHIP coverage by requiring states to maintain eligibility, benefits, and cost-sharing levels that were in place when the law passed.⁸ This has ensured that cash-strapped states do not turn to shortsighted budget solutions that place additional barriers between children and their care.

The tables below provide state-level data on the share (Table 1) and number (Table 2) of children who have kept or gained access to preventative care.

Methodology

On February 15, 2012, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) released an issue brief estimating that 54 million Americans gained access to preventative services under the Affordable Care Act.⁹ CCF completed a similar analysis on prevention benefits using a different data source and slightly different methods, which are detailed below.

To maintain consistency with CCF’s fall brief on children’s coverage,¹⁰ here we also use data from the 2010 American Community Survey (ACS), rather than the Community Population Survey (CPS). There are a number of reasons that make the ACS favorable over the CPS, most relevant to this analysis is that the larger sample size of the ACS allows for a more reliable estimate in geographic areas with a population of at least 65,000.

In order to estimate the number of children under the age of 18 in each state that were eligible to gain access to preventative services, we draw upon data from two ACS categories of private insurance: “employer-based

health insurance,” to account for children with ESI and “direct purchase health insurance” for the number covered in the individual market.

Adopting some of the methodology used in the ASPE brief, we apply the same two findings from the Kaiser/Health Research and Education Trust’s 2011 Employer Health Benefits Survey to our data, but in a different manner. We separately apply the 31 percent of workers plans “where the services considered preventative changed because of the ACA,” and the 23 percent of workers who were in plans “where cost sharing changed for preventative services because of the ACA.”

This gives us an estimate for each of the two new prevention benefits currently required under the ACA. There is likely overlap between the two groups of beneficiaries, so the two estimates are not additive. However, due to a lack of data, it is not possible to determine the degree of overlap that may occur between these two groups.

We also use ACS data on Medicaid and CHIP to determine the share of children in each state that received that benefit in 2010, who as a requirement of Medicaid, have always had access to prevention services. Finally, we calculate the number of children currently receiving prevention benefits in each state, by combining the number of children with Medicaid and our approximation of privately insured children who receive the new prevention benefit.

For more information

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act: <http://www.healthcare.gov/law/resources/regulations/prevention/regs.html>

Preventive Services for Children, as defined by HHS: <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html#CoveredPreventiveServicesforChildren>

“Preventive Services Covered by Private Health Plans under the Affordable Care Act,” September 2011, Kaiser Family Foundation: <http://www.kff.org/healthreform/upload/8219.pdf>

CCF is an independent, nonpartisan research and policy center based at Georgetown University’s Health Policy Institute whose mission is to expand and improve health coverage for America’s children and families. For additional information, contact (202) 687-0880 or childhealth@georgetown.edu

Endnotes

1. This has been well established for low-income families in Medicaid and CHIP. See “Cost Sharing for Children and Families in Medicaid and CHIP”, Georgetown University Center for Children and Families (March 2009). Other studies also suggest the same for those in private insurance. See M. Beeuwkes Buntin, et al., “Healthcare Spending and Preventive Care in High-Deductible and Consumer-Directed Health Plans,” *American Journal of Managed Care* (March 2011), 17:3 (222–230).
2. “Grandfathered,” plans are exempt from this requirement. To qualify and keep grandfathered status a plan must have been in existence prior to March 23, 2010 and cannot make significant changes to their coverage (for example, increasing patient cost-sharing, cutting benefits, or reducing employer contributions). For more information, see the Kaiser Commission on Medicaid and the Uninsured fact sheet on preventive regs.
3. “Summary of Medicaid, CHIP, and Low-Income Provisions in Health Care Reform” Georgetown University Center for Children and Families (March 2010).
4. M. Beeuwkes Buntin, et al., “Healthcare Spending and Preventive Care in High-Deductible and Consumer-Directed Health Plans,” *American Journal of Managed Care* (March 2011), 17:3 (222–230).
5. S. Corlette and D. Horner, “September 23 Health Care Reforms: Making Insurance Work for Children and Families”, Georgetown University Center for Children and Families (September 2010).
6. T. Mancini, M. Heberlein, & J. Alker, “Despite Economic Challenges, Progress Continues: Children’s Health Insurance Coverage in the United States from 2008-2010,” Georgetown University Center for Children and Families (November 2011).
7. Hess, et al., “Charting CHIP IV: A Report on State Children’s Health Insurance Programs,” National Academy for State Health Policy (January 2011). Note: some separate state CHIP place limits on preventive dental services.
8. “Understanding The Medicaid And CHIP Maintenance of Eligibility Requirements,” Kaiser Commission on Medicaid and the Uninsured (June 2011).
9. B. D. Sommers & L. Wilson, “Fifty-Four Million Additional Americans are Receiving Preventative Services Coverage Without Cost-Sharing Under the Affordable Care Act,” the Office of the Assistant Secretary for Planning and Evaluation (February 2012).
10. op. cit (6)



TABLE 1: Share of Children Whose Access to Preventive Care was Maintained or Improved Under the ACA

State	Total Under 18 Population	Share of Children with Private Coverage Receiving New Cost-Sharing Benefit	Share of Children with Private Coverage Receiving New Prevention Benefit	Share of Children Receiving Medicaid/CHIP	Share of Children Receiving Prevention Benefit (New Private Coverage + Medicaid/CHIP)
United States	74,017,524	13.7%	18.5%	35.6%	54.1%
Alabama	1,133,638	12.9%	17.3%	40.5%	57.8%
Alaska	187,984	12.3%	16.6%	30.7%	47.4%
Arizona	1,629,931	12.3%	16.6%	36.4%	53.0%
Arkansas	709,374	10.8%	14.5%	49.8%	64.3%
California	9,288,691	12.8%	17.3%	38.2%	55.5%
Colorado	1,226,208	14.3%	19.3%	27.1%	46.4%
Connecticut	815,010	16.6%	22.3%	28.9%	51.2%
Delaware	206,046	14.6%	19.6%	35.2%	54.8%
District of Columbia	100,990	14.7%	19.8%	52.8%	72.6%
Florida	3,990,247	12.0%	16.2%	36.5%	52.7%
Georgia	2,492,281	12.4%	16.8%	37.1%	53.8%
Hawaii	303,661	15.4%	20.8%	31.2%	51.9%
Idaho	428,296	14.4%	19.5%	30.4%	49.9%
Illinois	3,121,719	14.0%	18.9%	38.4%	57.3%
Indiana	1,602,320	14.1%	19.0%	33.4%	52.4%
Iowa	721,762	16.6%	22.3%	32.0%	54.4%
Kansas	725,437	15.4%	20.7%	26.3%	47.1%
Kentucky	1,018,375	13.3%	18.0%	38.8%	56.7%
Louisiana	1,113,329	10.8%	14.6%	50.2%	64.8%
Maine	273,098	13.5%	18.2%	40.9%	59.1%
Maryland	1,350,011	15.6%	21.1%	29.4%	50.5%
Massachusetts	1,414,746	17.2%	23.1%	31.0%	54.2%
Michigan	2,331,475	14.5%	19.5%	39.0%	58.5%
Minnesota	1,281,022	17.1%	23.1%	24.5%	47.5%
Mississippi	751,985	10.0%	13.4%	50.6%	64.0%
Missouri	1,413,730	14.6%	19.6%	33.0%	52.6%
Montana	221,455	13.8%	18.5%	30.8%	49.4%
Nebraska	458,869	15.6%	21.1%	30.1%	51.2%
Nevada	663,742	14.5%	19.5%	23.8%	43.3%
New Hampshire	285,730	16.5%	22.2%	26.1%	48.3%
New Jersey	2,057,455	16.6%	22.4%	26.1%	48.6%
New Mexico	517,658	10.2%	13.7%	49.0%	62.7%
New York	4,301,661	14.8%	20.0%	36.9%	56.9%
North Carolina	2,280,649	12.2%	16.5%	38.7%	55.2%
North Dakota	150,108	18.1%	24.4%	19.5%	43.9%
Ohio	2,715,122	14.9%	20.1%	34.3%	54.4%
Oklahoma	929,349	11.6%	15.6%	40.8%	56.5%
Oregon	865,362	14.5%	19.5%	32.2%	51.7%
Pennsylvania	2,778,233	15.4%	20.8%	34.6%	55.3%
Rhode Island	223,970	15.5%	20.9%	31.7%	52.6%
South Carolina	1,078,477	12.2%	16.4%	38.3%	54.7%
South Dakota	200,893	15.4%	20.7%	29.8%	50.5%
Tennessee	1,493,097	13.4%	18.1%	38.5%	56.6%
Texas	6,876,022	11.3%	15.2%	38.3%	53.5%
Utah	870,383	16.5%	22.2%	20.3%	42.5%
Vermont	129,661	12.7%	17.2%	47.8%	65.0%
Virginia	1,849,665	15.6%	21.0%	23.8%	44.8%
Washington	1,582,936	13.9%	18.7%	35.5%	54.2%
West Virginia	385,274	13.5%	18.1%	42.5%	60.6%
Wisconsin	1,334,158	15.7%	21.1%	32.4%	53.5%
Wyoming	136,229	13.9%	18.7%	32.0%	50.7%

Source: Georgetown University Center for Children and Families Analysis of U.S. Census Bureau, American Community Survey, 2010.



TABLE 2: Number of Children Whose Access to Preventive Care was Maintained or Improved Under the ACA

State	Total Under 18 Population	Number of Children with Private Coverage Receiving New Cost-Sharing Benefit	Number of Children with Private Coverage Receiving New Prevention Benefit	Number of Children with Medicaid/CHIP	Number of Children Receiving Prevention Benefit (New Private Coverage + Medicaid/CHIP)
United States	74,017,524	10,138,520	13,664,962	26,346,208	40,011,170
Alabama	1,133,638	145,776	196,481	459,184	655,665
Alaska	187,984	23,184	31,248	57,782	89,030
Arizona	1,629,931	200,812	270,660	593,053	863,713
Arkansas	709,374	76,460	103,055	353,182	456,237
California	9,288,691	1,189,458	1,603,183	3,548,551	5,151,734
Colorado	1,226,208	175,900	237,082	332,342	569,424
Connecticut	815,010	135,057	182,033	235,236	417,269
Delaware	206,046	30,006	40,442	72,532	112,974
District of Columbia	100,990	14,821	19,977	53,370	73,347
Florida	3,990,247	478,188	644,514	1,456,716	2,101,230
Georgia	2,492,281	309,801	417,558	923,957	1,341,515
Hawaii	303,661	46,783	63,056	94,656	157,712
Idaho	428,296	61,850	83,363	130,231	213,594
Illinois	3,121,719	438,132	590,526	1,198,646	1,789,172
Indiana	1,602,320	226,321	305,042	535,308	840,350
Iowa	721,762	119,637	161,251	231,122	392,373
Kansas	725,437	111,573	150,381	191,060	341,441
Kentucky	1,018,375	135,643	182,823	394,697	577,520
Louisiana	1,113,329	120,787	162,800	558,357	721,157
Maine	273,098	36,921	49,763	111,609	161,372
Maryland	1,350,011	211,064	284,477	397,241	681,718
Massachusetts	1,414,746	242,930	327,427	438,704	766,131
Michigan	2,331,475	338,097	455,696	908,926	1,364,622
Minnesota	1,281,022	219,346	295,640	313,325	608,965
Mississippi	751,985	74,974	101,052	380,355	481,407
Missouri	1,413,730	205,781	277,357	466,545	743,902
Montana	221,455	30,467	41,064	68,246	109,310
Nebraska	458,869	71,769	96,732	138,180	234,912
Nevada	663,742	95,990	129,378	158,125	287,503
New Hampshire	285,730	47,077	63,451	74,610	138,061
New Jersey	2,057,455	342,360	461,442	537,960	999,402
New Mexico	517,658	52,622	70,926	253,650	324,576
New York	4,301,661	637,472	859,201	1,586,781	2,445,982
North Carolina	2,280,649	279,109	376,190	883,102	1,259,292
North Dakota	150,108	27,123	36,556	29,318	65,874
Ohio	2,715,122	404,926	545,770	931,487	1,477,257
Oklahoma	929,349	107,691	145,148	379,501	524,649
Oregon	865,362	125,287	168,865	278,840	447,705
Pennsylvania	2,778,233	428,016	576,891	960,156	1,537,047
Rhode Island	223,970	34,807	46,914	70,913	117,827
South Carolina	1,078,477	131,552	177,309	413,039	590,348
South Dakota	200,893	30,847	41,577	59,901	101,478
Tennessee	1,493,097	200,456	270,179	574,419	844,598
Texas	6,876,022	774,103	1,043,356	2,631,879	3,675,235
Utah	870,383	143,358	193,221	176,275	369,496
Vermont	129,661	16,522	22,269	61,967	84,236
Virginia	1,849,665	288,228	388,482	440,416	828,898
Washington	1,582,936	219,778	296,222	561,487	857,709
West Virginia	385,274	51,881	69,927	163,659	233,586
Wisconsin	1,334,158	208,868	281,518	432,029	713,547
Wyoming	136,229	18,910	25,488	43,581	69,069

Source: Georgetown University Center for Children and Families Analysis of U.S. Census Bureau, American Community Survey, 2010.