

## AFFORDABLE CARE ACT

The Affordable Care Act, enacted on March 23, 2010, contains provisions to expand access to health insurance coverage, control health care costs, and improve health care quality for U.S. citizens and legal residents.<sup>1</sup> These comprehensive insurance reforms were implemented with the goal of all Americans having access to affordable health insurance options.

For children, a key provision of the Affordable Care Act is the extension of dependent coverage, allowing them to remain on their parents' insurance through age 26.<sup>2</sup> In 2011, an estimated 3.1 million young adults gained health insurance coverage as a result of this law.<sup>3</sup> The Affordable Care Act also prevents health insurance plans from denying coverage for children aged 19 years and younger with preexisting medical conditions. In 2008, approximately 24 percent of children had a preexisting health condition that would prevent them from receiving coverage without the health reform law.<sup>4</sup>

The Affordable Care Act includes coverage without family co-pays for preventive health services for children (table 1).<sup>5</sup> For example, preventive services for infants include screening for hearing, development, sickle cell disease, phenylketonuria, and several other health

conditions. These services are particularly important, as early detection of medical conditions during infancy can help prevent long-term disability and improve children's health and well-being. In 2007, before the enactment of the Affordable Care Act, an estimated 80 percent of children aged 10–47 months were not administered a screening test for developmental delays.<sup>7</sup> In addition, 50 percent of newborns who did not pass hearing screenings did not receive further testing for the diagnosis of hearing loss between 2009 and 2010.<sup>8</sup>

Preventive services that are covered for adolescents include screening for sexually transmitted infections, obesity screening and counseling, immunizations, and alcohol and drug use assessments. These services are especially important for lessening the potential for adverse consequences from risky behaviors during adolescence. Before the enactment of the Affordable Care Act, more than half of sexually active females aged 15–21 years had not been screened for chlamydia between 2006 and 2010.<sup>8</sup> In addition, tobacco use was not documented for 31 percent of outpatient visits among young adults aged 11–21 years during the 6-year period from 2004 to 2010.<sup>8</sup>

**Table 1. Covered Preventive Services for Children Under the Affordable Care Act**

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| <b>Alcohol and drug use</b> assessments for adolescents  |
| <b>Autism</b> screening for children at 18 and 24 months   |
| <b>Behavioral</b> assessments for children of all ages   |
| <b>Blood pressure</b> screening for children   |
| <b>Cervical dysplasia</b> screening for sexually active females  |
| <b>Congenital hypothyroidism</b> screening for newborns  |
| <b>Depression</b> screening for adolescents  |
| <b>Developmental</b> screening for children under age 3 and surveillance throughout childhood            |
| <b>Dyslipidemia</b> screening for children at higher risk of lipid disorders                             |
| <b>Fluoride chemoprevention</b> supplements for children without fluoride in their water source          |
| <b>Gonorrhea</b> preventive medication for the eyes of all newborns                                      |
| <b>Hearing</b> screening for all newborns  |
| <b>Height, weight, and body mass index</b> measurements for children                                     |
| <b>Hematocrit or hemoglobin</b> screening for children   |
| <b>Hemoglobinopathies</b> or sickle cell screening for newborns  |
| <b>HIV</b> screening for adolescents at higher risk  |
| <b>Immunization</b> vaccines for children from birth to age 18   |
| <b>Iron</b> supplements for children aged 6–12 months at risk for anemia                                 |
| <b>Lead</b> screening for children at risk of exposure   |
| <b>Medical history</b> for all children throughout development   |
| <b>Obesity</b> screening and counseling  |
| <b>Oral health</b> risk assessment for young children  |
| <b>Phenylketonuria</b> screening for this genetic disorder in newborns                                   |
| <b>Sexually transmitted infection</b> prevention counseling and screening for adolescents at higher risk |
| <b>Tuberculin</b> testing for children at higher risk of tuberculosis                                    |
| <b>Vision</b> screening for all children   |

**Data Sources**

Table 1. U.S. Department of Health and Human Services. Preventive Services Covered Under the Affordable Care Act. Available at: <http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html>. Accessed October 6, 2014.

**Endnotes**

1. Henry J. Kaiser Family Foundation. Summary of the Affordable Care Act. Available at: <http://www.kff.org/healthreform/8061.cfm>. Accessed September 19, 2014.
2. U.S. Department of Health and Human Services. Key Features of the Affordable Care Act. Available at: <http://www.hhs.gov/healthcare/facts/timeline/index.html>. Accessed September 19, 2014.
3. U.S. Department of Health and Human Services. State-Level Estimates of Gains in Insurance Coverage Among Young Adults. Available at: <http://www.hhs.gov/healthcare/facts/factsheets/2012/06/young-adults06192012a.html>. Accessed September 19, 2014.
4. U.S. Department of Health and Human Services. At Risk: Pre-existing Conditions Could Affect 1 in 2 Americans: 129 Million People Could Be Denied Affordable Coverage Without Health Reform. Washington, DC: U.S. Department of Health and Human Services; 2011. Available at: <http://aspe.hhs.gov/health/reports/2012/pre-existing>. Accessed September 19, 2014.
5. U.S. Department of Health and Human Services. Preventive Services Covered Under the Affordable Care Act. Available at: <http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html>. Accessed September 19, 2014.
6. Yeung LF, Coates RJ, Seeff L, Monroe JA, Lu MC, Boyle CA. Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *MMWR Surveillance Summaries: Morbidity and Mortality Weekly Review*. September 12, 2014; 63:99–107.
7. Child and Adolescent Health Measurement Initiative. National Survey of Children's Health, 2011–2012 Data Resource Center. Available at: <http://www.childhealthdata.org>. Accessed September 10, 2014.

**Suggested Citation**

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2014*. Rockville, Maryland: U.S. Department of Health and Human Services, 2015. Online at <http://mchb.hrsa.gov/chusa14/>