



Insurance Market Reforms: A Win for Children and Their Families

The Patient Protection and Affordable Health Care Act will make a difference in the lives of millions of children and their families. From infants to young adults, the new federal requirements put into place insurance market reforms that will help benefit young Americans across the age spectrum. By the end of September, health care insurersⁱ will have to adhere to new federal requirements, as listed below.

- Prohibited from denying coverage to children with pre-existing conditions.
- Prohibited from imposing lifetime limits or “unreasonable” annual limits for any beneficiary, particularly important for children with chronic medical conditions.
- Prohibited from rescinding coverage to an enrollee once an enrollee has been covered under a plan, unless fraud is committed. Insurers will no longer be able to drop coverage due to illness.
- Required to provide following preventive services, as they relate to children:
 - Those that have received rating of “A” or “B” in current recommendations of the [United States Preventive Service Task Force \(USPSTF\)](#).ⁱⁱ
 - Congenital hypothyroidism screening for newborns
 - Dental caries in preschool children (prescribe oral fluoride supplement to preschool children older than 6 months whose primary water source is deficient in fluoride)
 - Gonorrhea, ocular prophylactic medication – topical medication to prevent newborns from getting infection
 - Hearing loss screenings for newborns
 - HIV screening
 - Iron Deficiency Anemia, for children ages 6 to 12 months who are at increased risk
 - Major depressive disorder in children and adolescents for those between the ages of 12 to 18
 - Phenylketonuria screening for newborns
 - Sexually transmitted infections counseling for all sexually active adolescents
 - Sickle Cell disease screening for newborns
 - Visual impairment in children younger than 5 years of age to detect amblyopia (lazy eye), strabismus (cross-eye) and defects in visual acuity
 - Immunizations that have been recommended by the Centers for Disease Control and Prevention’s Advisory Committee on Immunizations Practices.
 - Evidence-informed preventive care and screenings as supported by the Health Resources and Administration (aka Bright Futuresⁱⁱⁱ) for infants, children and adolescents.
- Prohibited from charging cost-sharing requirements for the above-mentioned preventive services and screenings.

- Required to provide coverage to dependents up to the age of 26.^{iv}

Voices for America's Children strongly believes that the provisions highlighted above will move our country forward in ensuring that more children have access to meaningful health care services to support their development. These provisions will help further secure a child's health and a family's financial future.

ⁱ Provisions required of individual and group plans. "Group plans" includes those plans that are offered by employers who self-insure.

ⁱⁱ There is also a series of USPSTF recommendations for adults (and separate for pregnant women) that have not been highlighted above. For a full listing of the USPSTF recommendation, you can click on the hyperlink.

ⁱⁱⁱ Bright Futures provides guidance to health care professionals on age-appropriate preventive care. Bright Futures is the American Academy of Pediatrics' "gold standard" for preventive care. More information about Bright Futures can be obtained by [clicking here](#).

^{iv} The law explicitly states that insurers are not required to provide coverage for "a child of a child" receiving dependent coverage. The new law would also allow married dependents to remain on parents' health plan.