

The Affordable Care Act's Impact on Children: What's at Stake for Children if it Goes Away?

In the midst of an increasingly severe public health crisis and the biggest economic downturn since the Great Depression, the Trump administration, 17 Republican attorneys general and one Republican governor are pursuing a lawsuit seeking to topple the entire health care system. The Health Care Repeal Lawsuit, also known as *California v. Texas* (formerly *Texas v. US*), is set to be heard by the Supreme Court in the coming months. If successful, it will end the Affordable Care Act (ACA) and all of the consumer protections it provides, leaving millions of Americans without preventive care, treatment options or long-term coverage. In the wake of Amy Coney Barrett's confirmation to the Supreme Court, ACA defense efforts are more urgent than ever.

The ACA is a fundamental part of the fabric of the American health care system. It is inextricably intertwined with Medicare and Medicaid and works with and through those programs to provide care to millions of people across the country when they need it most. Beyond that, it has strengthened coverage for children through [enhanced financing](#) of the Children's Health Insurance Program (CHIP), which is a [low-cost health coverage option](#) for families with household incomes above the Medicaid income threshold. It has also resulted in the largest reduction in health inequities for communities of color since the creation of Medicaid in 1965.

The ACA not only increased access to health care for children, it also [eliminated financial strain](#) associated with out-of-pocket health care costs for many low- and middle-income families with children. According to the Urban Institute, the ACA reduced children's uninsurance rate by [40 percent between 2013 and 2016](#), with a historic low of [4.3 percent in 2016](#). It also reduced disparities between children of color and white children. For example, before the ACA, Latinx children had the highest levels of uninsurance, and due to the ACA, experienced the [largest drop in uninsurance](#). However, this progress has largely been reversed due to the Trump administration's sabotage efforts. In 2019, the uninsurance rate for children shot up to [5.7 percent](#). And things are likely to get worse. Here's what's at stake if the ACA goes away.

The Uninsured Rate for Children

Children can become insured either (1) as a dependent under an employer-sponsored insurance (ESI) plan or (2) through "[publicly funded insurance](#) made available through Medicaid, CHIP, or a subsidized health plan purchased through a marketplace." The ACA has made health care more accessible for children through the latter. Multiple research studies indicate that [increasing access to coverage for parents](#) is a highly effective way to increase insurance rates and utilization of preventive health care among children, leading to long-term benefits for both parents and children. The direct [benefits](#) of the ACA for children include "health insurance availability regardless of preexisting conditions, restrictions on annual or lifetime dollar limits on benefits, essential preventive care services without copays or cost-sharing, extension of coverage to young adults up to age 26 on their parents' policies, and expanded insurance for parents." Moreover, the ACA improved the dental coverage landscape for children by establishing [pediatric oral health services](#) as part of the essential health benefits and increasing the likelihood that children's dental benefits are included in health plans.

Since the Trump administration took office, the progress made in children's uninsurance rates have reversed, with the number of uninsured children increasing by [370,000](#) between 2016 and 2018 alone. The Trump Administration's recent [Public Charge Rule](#), which took effect in February 2020, considers an immigrant's use of or likely use of public benefit programs like Medicaid in determining whether to grant legal status. Due to the confusion and fear surrounding the Public

Charge Rule, only about [19% of immigrant families](#) knew that children's enrollment in Medicaid would not be considered in parents' public charge determinations, leading to parents withdrawing their children from crucial coverage. Notably, there have been significant gaps in coverage, which have only accelerated since the [COVID-19 pandemic and associated recession](#). Latinx children, adolescents and noncitizen children face [elevated risks of being uninsured](#) due to the Trump administration's efforts to undermine health care programs and target immigrant families. Being uninsured can affect more than a child's access to needed health care services—compared to children who are insured, [uninsured children](#) face worse short-term and long-term health, worse educational outcomes and worse financial stability later in life.

Our Fight Against the Pandemic Becomes Even Harder

As the country confronts both the short-term and long-term threats posed by the COVID-19 pandemic, it is more important than ever to retain and expand pathways to coverage. In the short-term, the ACA helps ensure that millions of people—including children—can get the testing, treatment and care they need to keep our communities safe.

Despite the President's statements to the contrary, children are at risk of developing severe illness and complications from COVID-19, though rates of these instances being far fewer than in adults ([8.0 per 100,000 population for children versus 164.5 per 100,000 population for adults](#)). Similar to adults, [evidence](#) suggests that children with underlying medical conditions are more likely to develop severe symptoms from COVID-19. [CDC data](#) also indicates that Latinx and Black children are disproportionately hospitalized for these symptoms, likely related to the higher prevalence of underlying conditions resulting from systemic inequities.

Furthermore, this pandemic has increasingly taken a toll on children's mental health as children have had to adapt to the changes to their social and learning environments. These mental health issues stem from [uncertainty surrounding the pandemic, social isolation and parental angst](#). A [recent study](#) on children and adolescents in China found that there was an approximately [10 percent increase in clinical depressive symptoms](#) with anxiety symptom levels testing higher as well.

Meanwhile, thousands of pediatric providers around the nation are struggling to maintain their practices in the face of the COVID-19 pandemic. For example, one San Francisco practice had a [60 percent drop](#) in patient volume and subsequently, had to cancel all well-visits for children over the age of 18 months. This instance can be extrapolated to pediatric providers across the country where there's been a [50 percent decline in pediatric patient revenue](#) at community hospitals, forcing hundreds of community hospitals to furlough providers. The lack of providers who are able to diagnose and treat conditions outside the scope of COVID-19 affects how children access care and manage health conditions including and outside of COVID-19 during this pandemic.

A cornerstone of the ACA is ensuring access to coverage for both adults and children with pre-existing conditions. In the long-term, COVID-19 has created a number of cascading health care and coverage crises, underscoring the efforts to keep the ACA intact. Those who have been infected with the virus may be considered by insurers to have a new pre-existing condition, a devastating label should the ACA's protections be eliminated, and could also suffer long-term effects as a result of COVID-19's impact on respiratory, renal and other vital systems.

Low-income Children Would Face Significant Barriers to Care

The repeal of the ACA would be devastating to children who rely on its protections to gain access to needed care. Although ACA policies were primarily focused on adult populations, there are several spillover benefits for children whose families can now afford their care. This is especially true for low-income children and children of color who access health care through Medicaid and CHIP. Currently under the ACA, states better align coverage for children by increasing the income threshold to [138% FPL for Medicaid](#). The [ACA](#) also streamlines enrollment processes, increases outreach efforts and temporarily provides more federal dollars for CHIP. The repeal of the ACA could raise barriers to care for [roughly 40 percent](#) of US households with children who may see an increase in out-of-pocket costs as a considerable financial burden.

The ACA also improved access to quality health care for children. For example, by increasing the household income thresholds for children under Medicaid, the ACA ensured greater access to Medicaid's comprehensive pediatric benefit known as [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#). The EPSDT benefit includes comprehensive screenings and services due to the recognition that low-income children have [greater health needs](#) such as low birthweight, which could lead to increased risk for lifelong disability; developmental delays and learning disorders; and medical conditions that require the use of prescription drugs. Furthermore, [80 percent of children in foster care](#) are reported to have some type of serious health condition, making the EPSDT benefit crucial to ensuring access to preventive and developmental services. The ACA extended Medicaid coverage for individuals leaving foster care up to age 26 to help provide a bridge in addressing their serious health conditions. And lastly, ACA-driven delivery system reforms have improved quality of care for children on Medicaid and CHIP by coordinating care for children with [chronic conditions, complex medical needs and behavioral health issues](#). These advances in improving the quality of health care for children, especially low-income children and children of color, could be jeopardized with the repeal of the ACA.