

**RHODE ISLAND KIDS COUNT**

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## Testimony Re: Hearing on the Impact of the Repeal of All or Some Aspects of the *Affordable Care Act*

Senate Finance & Health and Human Services Committees

February 7, 2017

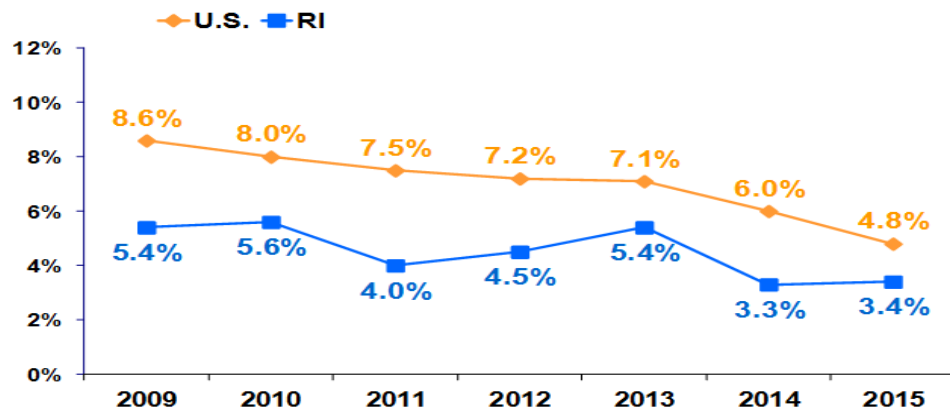
James Beasley, Policy Analyst

Chairmen and members of the Committees, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT is here to provide informational testimony on the many positive impacts the *Affordable Care Act* has provided to Rhode Island children and families.

### Children Without Health Insurance is at a Historic Low

Rhode Island KIDS COUNT would like to thank this committee, members of the General Assembly, and relevant state agencies for their continued leadership on ensuring all Rhode Island children have access to high-quality, affordable health and dental coverage. Rhode Island policy makers have long recognized that children with coverage are healthier, are more likely to receive preventive care, be screened for the achievement of developmental milestones, miss fewer days of school, and get treatment for illnesses and chronic conditions. As a result of a sustained and strong commitment to children's coverage, 96.6% of Rhode Island children under age 18 were insured in 2015. Rhode Island ranks 15th best in the U.S. on this measure.<sup>1</sup>

### Children Without Health Insurance, Rhode Island and U.S., 2009-2015



Source: US Census Bureau, American Community Survey, 2009-2015, Table R2702.  
Data are for children under 18 years of age.

### HealthSource RI Connects Children and Families to Coverage

HealthSource RI, our state's health insurance marketplace under the Affordable Care Act, has been a national leader in enrolling both children and families in high quality, affordable health care, including Rite Care coverage as well as affordable pediatric dental benefits. HealthSource RI's one-stop shopping model makes it possible to enroll both children and families in various affordable health insurance options, which has been especially important given the association between a child's insurance status and their parents. Children are more likely to be insured if their parents also have health insurance (especially continuous coverage).

During the 2016 open enrollment period, 92,764 Rhode Islanders of all ages obtained coverage (commercial, Medicaid, or RItE Care), which is a 25% increase from the 2014 open enrollment period (74,369 Rhode Islanders).

Coverage gains were specifically seen among Rhode Island children as well. In 2015, 1,651 children were enrolled in commercial coverage in the individual market of HealthSource RI, which is a 29% increase from 2014 (1,282). In addition, 59% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2015, up from 51% in 2014. All of these coverage gains are at risk if the ACA is repealed.<sup>2,3</sup>

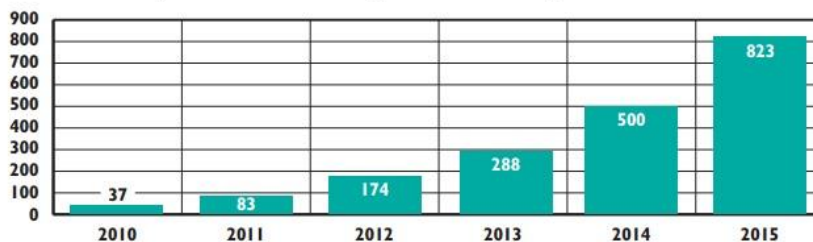
### **Children Health Insurance Program Fiscal Impact**

In Rhode Island and across the nation, the Children’s Health Insurance Program (CHIP) has been instrumental in decreasing the number of uninsured children, increasing access to pediatric healthcare, and improving health outcomes for children. In addition, CHIP has also increased federal reimbursement for eligible children and pregnant women. The federal *Medicare Access and CHIP Authorization Act of 2015* continued enhanced funding of CHIP through September 30, 2017. The CHIP enhanced federal matching rate increased to 89%, which has resulted in roughly \$26 million of general revenue relief to Rhode Island annually. CHIP’s enhanced reimbursement and structure is also at risk at the federal level.<sup>4</sup>

### **Home Visiting Funding**

Rhode Island KIDS COUNT thanks the General Assembly for their leadership on the 2016 passage of the *Rhode Island Family Home Visiting Act*, which codified key elements of the state’s home visiting program into state law. The ACA originally established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program at the federal level. Federal funding is provided annually to expand and improve state-administered home visiting programs for at-risk families with young children. The majority of funding must be spent by states on approved models that meet rigorous evidentiary standards. As of October 2015, 823 families were enrolled in an Evidence-Based Family Home Visiting program, up from 500 in 2014. Continued federal funding for MICECHV programs is provided through September 30, 2017 and new federal appropriations will be needed later this year.<sup>5</sup>

**Families Enrolled in Evidence-Based Family Home Visiting (MIECHV-Funded), Rhode Island, 2010-2015**



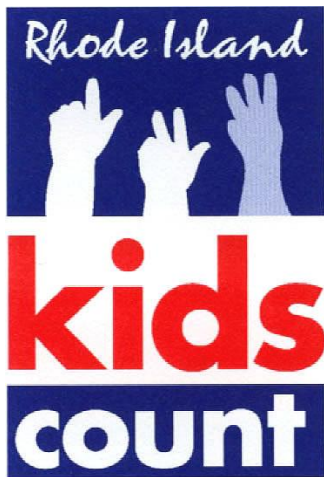
Source: Children’s Friend and Service, Nurse-Family Partnership enrollment in October 2010 and October 2011. Rhode Island Department of Health, enrollment in MIECHV-funded evidence-based home visiting programs, October 2012-2015.

## **Closing**

Rhode Island KIDS COUNT appreciates this opportunity to testify and thanks both Committees for their strong and continued leadership with children's health coverage. We urge both Committees and state agency staff to continue to monitor changes at the federal level and where possible to preserve aspects of the *Affordable Care Act* that are beneficial to Rhode Islanders.

## **References**

1. U.S. Census Bureau, American Community Survey, 2015. Table R2702.
2. HealthSource RI Open Enrollment Reports, 2014-2016.
3. Rhode Island Executive Office of Health and Human Services, MMIS Database, 2014-2015.
4. Testimony of the Rhode Island Executive Office of Health and Human Services Caseload Estimating Conference.
5. Rhode Island Department of Health, MICECHV program, 2012-2015.



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## Rhode Island Children and the *Affordable Care Act (ACA)*

For many years, our state and federal leaders have made a big investment in keeping kids healthy by increasing their access to health care coverage.

Building on the success of Rite Care (Rhode Island's Medicaid and CHIP Program), the *Affordable Care Act (ACA)* further helped children gain access to high-quality, affordable, comprehensive health and dental coverage.

Here is list of 16 items that are part of the *ACA* that directly benefit Rhode Island children.

- 1. The ACA ensures that all Rhode Island children with Rite Care can keep their Rite Care coverage.** The *ACA* prohibits states from reducing Medicaid and Children's Health Insurance Program (known as Rite Care in Rhode Island) income limits that were in place when the *ACA* went in to effect in 2010. This ensures that thousands of Rhode Island children and pregnant women will maintain coverage under Rhode Island's Rite Care program.
- 2. The ACA eliminated annual and lifetime benefit caps for children and parents.** Children stand to lose the most if lifetime benefit caps are eliminated. These caps limit the amount a health insurance plan pays out over a person's lifetime. Limits particularly harm children with chronic conditions and children with very expensive, potentially reoccurring or ongoing conditions like cancer and congenital conditions.
- 3. Private insurance companies cannot deny children or parents' coverage because of pre-existing conditions.** Prior to the *ACA*, many children who had experienced gaps in coverage or did not have coverage could not get health coverage.
- 4. Young adults can continue to be covered until age 26.** The *ACA* allows young adults to remain on their parents' health insurance plans until age 26. It also requires states to allow young people who were formerly in foster care to have Medicaid coverage until age 26.
- 5. Help for families to enroll and stay enrolled.** The *ACA* ensures that Rhode Island has resources to assist families and help those who seek coverage get enrolled and re-enroll every year through HealthSource RI.
- 6. The ACA simplified and broadened Medicaid eligibility.** The *ACA* changed how all states determine household size and measure income, and made it easier for families to qualify. This has made access to Rite Care easier and more children and families have Rite Care coverage since the implementation of the *ACA*.
- 7. The ACA expanded access to Medicaid.** Medicaid expansion in the *ACA* (which has been adopted in 32 states, including Rhode Island), has directly benefitted children. Research has consistently shown that enrolling more parents and adults in health coverage triggers enrollment of more children in coverage. Since the *ACA* was implemented, the rate of uninsured children in Rhode Island and the U.S. has decreased to historic lows.

8. **The ACA originally established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.** MIECHV provides related funding to expand and improve state-administered home visiting programs for at-risk families of young children. Federal funding is set to expire on September 30, 2017.
9. **“No Wrong Door” application process through HealthSource RI ensures that parents can apply for all types of coverage in one place.** Prior to the ACA, if a parent applied for a private health insurance plan but qualified for Rite Care, that parent would end up paying for coverage she could have obtained for free through Rite Care, creating more hardship for low-income families.
10. **The ACA mandates coverage for maternity and prenatal care, family planning, and women’s preventive health services.** Access to prenatal and maternity care, as well as preventive care for women, before they become pregnant, is critical to ensuring that mothers give birth to healthy, full-term babies. Access to reproductive health care and family planning options help women plan and better space out pregnancies, which reduces infant mortality rates.
11. **The ACA requires insurance to cover breast pumps for nursing mothers and amended federal labor laws to require employers to protect breastfeeding mothers’ ability to pump at work.** Protecting infants’ access to breast milk and making it feasible for new moms to pump and provide breast milk to their babies is a crucial piece of establishing strong infant nutrition and health, including reducing the risk of Sudden Infant Death Syndrome.
12. **Coverage for substance abuse treatment and behavioral health care is critical for protecting children.** The ACA ensures that thousands of Rhode Island adults have access to coverage for behavioral health and substance abuse treatment services. That coverage ensures that parents can continue to care for their children and prevents child abuse and neglect. Any repeal of the ACA that does not ensure that all parents have access to coverage for behavioral health and substance abuse puts children at risk, especially in this time of the opioid crisis.
13. **The ACA requires some insurance plans to cover screening and habilitative treatment for children with autism and other developmental disabilities.** This screening and treatment was routinely excluded from coverage prior to implementation of the ACA and is crucial to appropriately treating children with challenging disabilities early and effectively.
14. **The ACA raised Medicaid reimbursement rates for pediatricians and family doctors.** Before the ACA, far too few pediatricians and physicians accepted Medicaid because reimbursement rates were so low. The ACA made Medicaid reimbursement rates as high as Medicare reimbursement rates for two years, incentivizing physicians to accept more Medicaid patients. Congress must make pediatrician and family physician reimbursement rates for Medicaid a priority to ensure access for all Rhode Islanders, regardless of their income level.
15. **Preventive care and screenings are required under the ACA with no cost sharing (copays).** Prevention and early detection and treatment are critical to ensuring children grow up to be healthy, productive, working adults, benefitting Rhode Island’s economy and saving on health costs in the long term.
16. **Pediatric dental and vision services are Essential Health Benefits that are mandated by the ACA.** Plans in the individual and small employer markets must offer these benefits in both federal and state-run health insurance marketplaces, including HealthSource RI.

**Sources:**

HealthSource RI Open Enrollment Reports.

The Rhode Island Executive Office of Health and Human Services Caseload Reports.

The Office of the Health Insurance Commissioner February 2017 Newsletter.

*Status of State Action on Medicaid Expansion Decisions.* (2017). Menlo Park, CA: Kaiser Family Foundation.

*Children and the Affordable Care Act.* (2017). Columbus, OH: Children’s Defense Fund-Ohio.