

Two papers expose gaps in health coverage for children, recommend solutions

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Despite the promise of health reform, millions of U.S. children still lack quality health coverage or have trouble getting the services they need to stay healthy or to develop properly, according to two articles published in the December issue of *Health Affairs*. To address these gaps in coverage, broad reforms aimed at improving the quality of coverage for all children are needed, according to the authors.

In the first article, Sara Rosenbaum, JD, the Harold and Jane Hirsh Professor of Health Law and Policy at Milken Institute School of Public Health (Milken Institute SPH) at the George Washington University, and Genevieve Kenney, PhD, senior fellow and co-director of the Urban Institute's Health Policy Center, focus on the future of [health insurance coverage](#) for U.S. [children](#). Examining the growing role of [public health insurance](#) for this group, the authors describe how the Affordable Care Act (ACA) builds on earlier advances under Medicaid and the Children's Health Insurance Program (CHIP).

The authors also discuss the challenges involved in making the ACA's private insurance reforms work for children. These challenges include: eliminating the "family glitch," which bars subsidized Exchange coverage for children whose parents have employer coverage that is affordable only for themselves; and strengthening the coverage and cost-sharing standards that [health insurance](#) plans sold in the individual and small group markets must meet. "With these changes, the ACA's key promise - affordable, high-quality coverage for nearly all Americans - can be more fully realized for children," says Rosenbaum.

The second article, which Rosenbaum co-authored with colleagues at the Children's National Health System in Washington, DC, PolicyLab at The Children's Hospital of Philadelphia, and Johns Hopkins Bayview Medical Center, focuses on the Affordable Care Act's essential [health](#) benefit (EHB) coverage standard, which, as implemented for children, has resulted in a state-by-state patchwork of coverage for children and adolescents that contains significant exclusions, particularly for children with developmental disabilities and other special health care needs. The article represents the first comprehensive analysis of the ACA's essential health benefit standard in a pediatric context. Previous studies have compared the EHB standard more broadly to CHIP, but this analysis presents the detailed evidence regarding the types of exclusionary practices that limit the effectiveness of coverage for children insured through health plans sold in the individual and small group markets.

Despite the fact that the ACA provides both federal and state insurance regulators with the authority to define pediatric benefits to make coverage work better for children, the study finds that the essential health benefit standard, as implemented, fails to ensure that pediatric coverage reflects the health and developmental needs of children and that states show substantial variation in the quality of coverage they guarantee. The authors recommend major reforms for the 2016 plan year, including the development of a national standard of child health [coverage](#) that can be adopted by all states.

Provided by George Washington University

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