

What the 1,990 Page House Health Reform Bill Means for Maternal and Child Health, In 10 Bullets!

On November 7th, 2009 the U.S. House of Representatives narrowly passed H.R. 3962, the "Affordable Health Care for America Act. Detailed summaries are available from Congress [here](#) and from the non-partisan Kaiser Family Foundation [here](#). Following is a brief AMCHP overview highlighting some important MCH-related provisions. Please note this is neither comprehensive nor final as the Senate still has to pass their bill and then a Congressional Conference Committee will need to merge the two bills to reconcile differences. Then each body will need to vote again on final passage before it can be sent to the President to be signed into law. This document provides some MCH highlights at a glance. In each case the page number the provisions begin on is provided, and the full bill text is available [here](#).

PREVENTION AND PUBLIC HEALTH

1. Creates a new Public Health Investment Fund that would generate begin at \$4.6 billion and grow to \$9 billion per year in mandatory funding above current appropriations levels to support a range of public health programs. At full implementation, this includes \$1.6 billion annually for "Delivery of Community-Based Prevention and Wellness Services"; \$1.3 billion for "Core Public Health Infrastructure and Activities for State and Local Health Departments; approximately \$1.1 billion for Health Workforce Training and Development; \$4 billion for community health centers; \$300 million for Prevention Research; and \$350 million per year for "Core Public Health Infrastructure and Activities for CDC."

HOME VISITING

2. Creates new grants to states for quality home visitation programs for families with young children and families expecting children, starting at \$50 million a year, growing to \$250 million in the fifth year. *Page 1176.* Also allows optional state Medicaid coverage for nurse home visiting services. *Page 1045.*

COVERAGE

3. Expands Medicaid eligibility to 150% of poverty providing a stable and continuous source of insurance for all low-income women, children, and families. For the first two years the federal government will assume full costs of this expansion for newly eligible populations, with a required match after that. The future cost shift to states is an important factor that is being negotiated intensely and needs to be watched carefully. Additionally, the bill proposes that most children currently eligible for CHIP would move into plans offered through the exchange which could mean that after 2014 currently CHIP eligible children would likely have a slightly reduced benefits package and less cost-sharing protections than available under current CHIP programs. *Page 1214.*

4. To further expand coverage the proposal will establish a health care exchange where consumers can select from a menu of affordable options including either a new public health insurance option or a plan offered by private insurers. The federal government will provide affordability credits, available on a sliding scale for low- and middle-income individuals and families to make premiums affordable and reduce cost-sharing. Employers who don't currently offer coverage could choose to cover their workers or pay a penalty. All individuals would be required to get coverage, either through their employer or the exchange, or pay a penalty. *Page 155.*
5. The bill includes a package of insurance reforms that promote both continuity of coverage and affordability by ending increases in premiums or denials of care based on pre-existing conditions, race, or gender; eliminates co-pays for preventive care, caps out-of-pocket expenses, and guarantees catastrophic coverage that protects every American family from medical bankruptcy, and expands dependent coverage to those under age 27. *Pages 16, 89, 95, and 31.*

ACCESS

6. Includes a \$1.2 billion grant program to states (over five years) to support expansion of medical homes in Medicaid, including “medically fragile children and high-risk pregnant women.” Medical homes that serve medically fragile children must ensure continuous parent involvement and assistance with transition care. *Page 1058.* Approved models include independent patient centered medical home models and community based medical home models. For additional criteria, see *Page 672.*
7. Increases authorization for Community Health Center program to \$4 billion to support expanded primary care access and provides mandatory funding through the Public Health Investment Fund. *Page 1219.*
8. Authorizes \$50,000,000 to establish a new grant program to support school-based health clinics that provide health services to children and adolescents. *Page 1352.*
9. Requires Medicaid payment rates to increase to Medicare levels, with full federal Financing for the first two years but 10% required state match after that. *Page 1055.*

BENEFITS

10. Plans participating in the exchange must include standardized, comprehensive and quality health care benefits that include physician services, hospitalization, prescription drugs, rehabilitative services, mental health and substance use, preventive services recommended by U.S. Preventive Health Services Task Force, vaccines recommended by CDC, maternity benefits, well baby and well child care, and oral health, vision and hearing services for children under 21. *Page 103.* Also requires Medicaid coverage for tobacco cessation, and eliminates need for states to seek Medicaid family planning waivers.

For additional information, please contact Brent Ewig, Director of Policy, at bewig@amchp.org or 202-775-0436.

