

The Patient Protection and Affordable Care Act (PPACA), signed into law in March 2010, includes new protections and resources designed to increase insurance coverage and improve the quality of health care provided to all Americans. The ACA applies to all health conditions, including specific provisions applicable to mental health and substance use conditions.

The following are a few key terms used in the ACA:

Health Insurance Exchange (HIX). A state-based competitive marketplace where individuals and small businesses can purchase health insurance eligible for Federal subsidies. Starting in 2014, the ACA will provide premium credits to families with incomes between 133 and 400 percent of the Federal poverty level to help buy health insurance through the Exchanges.

Essential Health Benefits (EHBs). The package of benefits that health plans will offer in the individual and small group markets through the Health Insurance Exchanges. The EHBs must cover services within 10 categories, including mental health and substance use disorder services.

Medicaid Expansion. Under the ACA, Medicaid coverage is extended to adults under age 65 earning up to 133 percent of the Federal poverty level. Rules related to the ACA require states to simplify eligibility rules to make it easy for individuals and families to obtain coverage, whether it is through Medicaid, the Health Insurance Exchanges, or the Children's Health Insurance Program (CHIP).

Major Provisions of the ACA:

- Insurance coverage for children, youth, and young adults with mental health and substance use conditions is expanded through the Health Insurance Exchanges and Medicaid expansion.
- Children and youth under age 19 cannot be denied health insurance coverage because of a pre-existing mental or physical health condition. Beginning in 2014, this applies to everyone.
- Young adults can remain on their parents' health insurance plan until they turn 26.
- Insurers cannot impose annual or lifetime limits on what they will spend on essential health benefits, which includes care provided for mental health and substance use conditions.
- Health plans offered through the Health Insurance Exchanges must provide coverage for mental health and substance use conditions on par with other health conditions (the "parity" requirement).
- A "no wrong door" approach applies to insurance enrollment, whether families are enrolling in Medicaid, CHIP, or coverage in the Health Insurance Exchanges. States must simplify the enrollment process for individuals and families.
- Insurers must fully cover comprehensive screenings and preventative care for children, including developmental and mental health screenings.
- Beginning in 2014, the ACA makes Medicaid coverage mandatory for all former foster care youth, under the age of 26, who are transitioning out of care and who were in care when they turned 18.
- Extends CHIP through 2015 and provides outreach and enrollment funding for states.



- Provides incentives for states to include Medicaid options and Medicaid state plan amendments that increase the availability of a comprehensive array of home and community-based services.

What Does the Supreme Court Decision Mean?

The ACA offers children, youth, and families a number of important changes that enhance their ability to access behavioral health services.

Following passage of the ACA, its provisions were challenged in lower courts and these challenges were heard by the Supreme Court in 2012, with the Court ruling in favor of ACA.

The Supreme Court decision allows states and Federal agencies to move forward with implementing the ACA. The Court upheld the individual mandate requiring everyone to purchase health insurance or pay a financial penalty. The Court equated the financial penalty to a tax that Congress may impose.

The Court also ruled that the Federal government cannot withhold Medicaid funding from states that do not expand Medicaid eligibility to cover uninsured individuals under age 65 with households at or below 133 percent of the Federal poverty level. This means that states are free to refuse to expand their Medicaid program. However, the ACA provides significant incentives for states to expand Medicaid by providing 100 percent of Federal funding for the expanded Medicaid population from 2014 to 2016, then gradually reducing the enhanced Federal



funding to 90 percent by 2020. This is far more Federal funding than most states currently receive for the Medicaid program.

What Can You Do to Get Involved in ACA Implementation?

- Some states have already set up health insurance exchanges, while others are working to do so. Find out how you can get involved with overseeing exchanges, defining the essential health benefit package, and making sure the family voice is heard.
- Ask about the scope of the essential health benefits package that your state is developing and make sure that the services and supports most important to families are included.
- Family and consumer advocacy organizations are uniquely positioned to collect and monitor data and family experiences with health care reform and the quality of care provided under the ACA. This information can be used to recommend future changes in how health care is covered in the state.

Resources to Get Involved and to Learn More

Find out what action, if any, your state has taken on ACA implementation: <http://healthreform.kff.org/the-states.aspx>

Find out about ACA implementation and where your state stands on the politics of health reform, with a specific focus on children: <http://www.kidswellcampaign.org/state-profiles>

Visit the U.S. Department of Health and Human Services website on the ACA to access many helpful resources for families: <http://www.healthcare.gov/>

Visit the Health Foundation of Greater Cincinnati website on the ACA, with many helpful resources and a section on the ACA and children: <http://reform.healthfoundation.org/>

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