

Q&A: Health Reform 2011 – Opportunities for AAP Chapter Advocacy

The following responds to questions submitted prior to and during the AAP Webinar on Health Reform in 2011 (December 13, 2010). The [archived Webinar](#) and related [PowerPoint slides](#) can be accessed on the [State Government Affairs](#) page of the AAP Member Center (login required).

1. How could the recent elections influence health care reform? How should I advocate if my state's governor and legislature changed as a result of the elections?

AAP chapters can educate state lawmakers about the benefits for children found in the [Patient Protection and Affordable Care Act \(ACA\)](#). Chapters should serve as an expert resource for new and returning governors, state legislators, insurance commissioners, and regulators as they work through ACA implementation. This is especially important as states debate how to move forward with [health insurance exchanges](#). Setting up early meetings between your chapter leadership with new governors, state legislators, insurance commissioners, and other new state health officials to establish your expertise as child health experts and advocates and to stress the value of the new law is an important strategy.

It is important to remember that ACA is law, despite political opposition. As such, states will be moving forward to effectuate the reforms that have already taken place—such as the consumer protections in the “Patient’s Bill of Rights” set of regulations that went into effect September 23, 2010—and the reforms that will be enacted in the coming years.

Both states and stakeholders have spent considerable time, effort, and money thus far in implementing those provisions of the law already in effect, and in planning for those provisions set to take place in future. Many governors have been working to formalize processes to implement the ACA with new offices or commissions designed to coordinate new roles and responsibilities across state agencies (eg, Medicaid, Department of Insurance). Similarly, many new governors will take office to find health reform implementation in full swing. For example, in a recent [Kaiser survey](#), most state Medicaid directors reported that health reform implementation and policy development conversations were well underway across all affected state agencies.

Notably, states have accepted a significant amount of grant money to help fund the implementation of certain provisions of the ACA. For example, 48 states and the **District of Columbia** accepted the initial \$49 million (total) in funding to begin health insurance exchange implementation. One (1) of the 2 states that did not—**Minnesota**—will in all likelihood accept such funding when the state’s new governor takes office. This would leave Alaska as the only state to decline funding for exchange implementation. States have also accepted grant funding to help improve state processes for health insurance premium rate review, to help address health workforce needs, and other issues essential to health system reform. Even with the political realities of the midterm elections, all states are working to implement reform. AAP chapters can and should continue to be an essential resource for states throughout this process, emphasizing the importance of these reforms for children.

2. What are the implications for health reform in states like New York that already cover children to a significantly higher percentage of the federal poverty level (FPL)?

In 2014, Medicaid eligibility will expand to all individuals younger than 65 years of age who are not pregnant, are not eligible for Medicare, and have family incomes up to 133% FPL who are otherwise not currently Medicaid-eligible (with limited exceptions). This expansion will be funded by the federal government for the first 2 years. Federal funding will decrease over time, but will not go below at a 90% federal match. Children in the State Children’s Health Insurance Program (CHIP) in some states in families with incomes between 100% – 133% FPL will therefore transfer to Medicaid. This will not affect children in CHIP in states such as New York, where income eligibility for CHIP is much higher. These children will remain CHIP-eligible.

As always, please contact the AAP Division of State Government Affairs for more information on state implementation of the ACA. Please continue to look for StateHealth updates from the division on the ACA and other health reform efforts, and please visit www.aap.org/moc/stgovaffairs (AAP member login required) for the latest advocacy information and resources.

