2010 Affordable Care Act: A Guide for Families

A Health Reform Guide
from the
University of Maryland Council on Family Relations
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Department of Family Science

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Advancing a Better State of Health

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2010 Affordable Care Act: A Guide for Families

In March of 2010, Congress enacted the Affordable Care Act, the final, amended version of the comprehensive health care reform law. The provisions of the new law give Americans new health-related rights and benefits, and will apply to all new health plans, as well as many existing health plans as they are renewed. Many benefits of the law have already taken effect, and more benefits are on the way through 2014.

In an effort to inform the public about the impacts of the provisions of the Affordable Care Act on families, family policy doctoral students in the Department of Family Science at the University of Maryland School of Public Health compiled this family health impact analysis guide. We present an objective, non-partisan collection of information regarding the implications of the health care law's provisions on families. Readers will find this guide a useful tool in identifying which provisions may have effects for their family, as well as become more informed regarding the provisions in general. The information presented was taken from www.healthcare.gov, the U.S. government's official site for the health care reform law, or other sources as cited.

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Acknowledgements

Provision analysis included in this Health Reform Act guide were prepared under the direction of Dr. Elaine Anderson by students in a graduate-level family and health policy course in the Department of Family Science at the University of Maryland School of Public Health. Doctoral students Emily Cook, Ada Determan, Jessica DiBari, Laurén A. Doamekpor, Mili Duggal, Amanda Ginter, Lauren A. Messina, Ui Jeong Moon, Woochul Park, Tiffani D. Stevenson, and Damian Waters compiled the guide for dissemination through the University of Maryland Council on Family Relations, a student chapter of the National Council on Family Relations, the Maryland Family Policy Impact Seminar, and the Horowitz Center for Health Literacy.

Provision Topic

Author

This first paragraph provides readers background information about the provision, including the context, history, or relevant statistics that lead to the inclusion of this provision in the Affordable Care Act.

Provision

Key information regarding the provision, including the date it will take effect, is located in this box.

Impact on Family Structure and Function

- The first paragraph provides a description of the family structures that are affected by this provision.
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- The second paragraph provides a description of the family functions that are affected by this provision.
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- The third paragraph provides a description of the level of impact that this provision has on families, either direct or indirect.

Family-Centered Health Analysis

The final paragraph describes the Family-Centered Health Analysis. Family policy analysts use three family-centered health initiatives to describe the effectiveness of policy in dealing with family issues: family support, family diversity, and family partnership and empowerment. These initiatives are considered in the context of the provision.

Children's Pre-existing Conditions

Emily Cook, MS

Children were being denied health care coverage because of pre-existing conditions; therefore families were forced to pay extremely high out-of-pocket costs for health care due to the lack of coverage for their children. For example, according to a Kaiser Family Foundation survey[1], nearly half (49 percent) of those families who have a child with a pre-existing condition say they've had a problem getting their insurer to pay bills (either that their plan paid less than they expected or would not pay anything for a bill they thought was covered, or that they reached the limit of what their plan would pay for a specific illness or injury), compared with fewer than three in ten (28 percent) of those reporting no pre-existing condition.

Provision

Health plans cannot limit or deny benefits or deny coverage for a child younger than age 19 due to a pre-existing condition. Pre-existing conditions are health problems or disabilities that developed before a child applied to a health plan. This provision applies to all new job-related and individual health insurance policies that are issued after March 23, 2010 and that begin a new "plan year" or "policy year" after September 23, 2010.[2]

Impact on Family Structure and Function

- This provision affects all families (both dual- and single-parent families, including those families headed by a guardian) with dependent children younger than age 19.

- This provision affects several functions of the family, including its ability to provide economic support and welfare (children remain on parents' health plan), its ability to provide health and mental health care (no denial of coverage for pre-existing conditions), and its ability to protect vulnerable family members (children with pre-existing conditions).

- This provision has a direct impact on families. For example, on October 1, 2010 Sally purchased a new individual health insurance policy for herself and her 13 year-old child, Amanda, who has been treated for asthma in the past. On November 1, 2010, Amanda is hospitalized for an asthma attack. Under the new law, her insurance company cannot deny payment for the hospitalization due to Amanda's pre-existing condition. (Sally's policy is new and was purchased after March 23, 2010; Sally's policy year began after September 23, 2010; and Amanda is younger than age 19.) This provision ensures that families with children younger than age 19 who have pre-existing conditions will not be denied coverage or benefits due to their pre-existing condition.

Family-Centered Health Analysis

This provision most addresses the family-centered health principle of family support. The principle of family support, states that health care financing and delivery should support and strengthen the role of family, rather than undermine it. This principle is evidenced by the provision's assurance that parents will be able to secure health care coverage for their children, regardless of pre-existing conditions. This provision provides financial assistance in that families can use their insurance plans to provide health care for their children.

Reasonable Break Time for Nursing Mothers

Ada Determan, MPH

A large body of research has shown that breast milk is the most complete form of nutrition for infants, with a range of benefits for infants' health, growth, immunity, and development; as well as providing several maternal health benefits.[3] The Healthy People 2010 targets for breastfeeding are: 75% in the early postpartum period, 50% at six months, and 25% at one year.[2] Given the value of breastfeeding, it is important that employers promote its practice and recognize that they also benefit by supporting this health initiative.

Provision

Section 4207 amends the Fair Labor Standards Act (FLSA) with workplace breastfeeding support to go into immediate effect. The provision states that until a child's first birthday, employers shall provide a reasonable break time for nursing mothers to express milk when they need to do so. Additionally, the employer is required to provide a private space, other than a bathroom, for this purpose that shields the employee from view and is free from intrusion from other workers or the public. The employer is not required to compensate the mother for this time. However, where employers already provide compensated breaks, an employee who uses that break time to express milk must be compensated in the same way that other employees are compensated for break time. In addition, the employee must be completely relieved from duty or else the time must be compensated as work time.[4] All employers covered by FLSA are included, but employers with less than 50 employees do not have to comply if doing so would impose an "undue hardship by causing the employer significant difficulty or expense" in relation to the size, financial resources, nature, or structure of the business.[5] This provision covers "non-exempt workers", generally meaning those who work on an hourly basis and who are subject to overtime laws. "Exempt" workers, those on a salary, are not covered by the new federal law. Many of these workers, particularly those employed by large companies, have workplace accommodation as part of company policy.[5]

Impact on Family Structure and Function

- This provision affects all nursing mothers, with infant children younger than age 1, who work outside of the home in a "non-exempt" position.

- This provision serves the function of helping families with the ability to provide their infant with a healthier start in life. Breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations, lowering medical costs for both the family and employer.[6,7] Further, the economic function of families is enhanced because families are spared the great expense of formula.[8]

- This provision has a direct family impact by supporting the nursing mother's return to work while supporting the family's choice to provide their infant with breast milk. Women now comprise half the U.S. workforce,[9] with the fastest growing segment being that of women with children under age three, and are the primary breadwinner in nearly 4 out of 10 American families.[10]

Family-Centered Health Analysis

Returning to an unsupportive work environment has been identified as a major reason for the avoidance or early abandonment of breastfeeding.[10] Employees whose companies provide breastfeeding support consistently report improved morale, better satisfaction with their jobs, less absenteeism, and higher productivity.[11]

Preventive Care

Jessica DiBari, MPH

Historically, clinical medicine and the treatment of diseases have been a main focus of our nation's health care coverage. Inclusion of preventive services in the health reform provision is monumental to help reduce the onset of chronic diseases. Preventive services include procedures whose purpose is to avoid disease or identify diseases or conditions early and before disease onsets.

Provision

This national effort aims to coordinate prevention and wellness activities by providing premium discounts to individuals and by requiring affordable private health coverage to focus on wellness and prevention. Prevention activities include: obtaining the recommended immunizations; preventive care for infants, children, and adolescents; and preventive screenings for women (e.g. mammograms). This coordinated effort will ensure the timely dissemination of recommendations on the use of preventive services. The provision provides grants for up to 5 years to small employers that establish wellness programs. The key components of this provision include: minimizing cost sharing for proven preventive services; thereby reducing employee expenses, a new wellness visit for Medicare beneficiaries to receive a personalized health risk assessment and prevention plan, improving preventive coverage for Medicaid recipients, and a federal tax credit incentive for certified employer-based wellness programs. Employers are encouraged to offer premium discounts, waivers, or increased benefits to employees who comply with the national prevention recommendations. The government plans to appropriate $7 billion for fiscal years 2010 through 2015 and $2 billion for each fiscal year after 2015.[12]

Impact on Family Structure and Function

- This provision affects all families regardless of socioeconomic status by improving access and reducing the cost of preventive services. One-parent, two-parent, nuclear, and extended families are all eligible to benefit from this provision. Families are not excluded on the basis of their family structure.

- This provision the family function of health by encouraging families to seek care early and take preventive steps to reduce the onset of disease. It also addresses the economic function of families, since preventive care will identify conditions early, thus reducing total medical expenditures for expensive treatments that could occur in the future. By encouraging screenings and immunizations as a societal norm; this provision emphasizes the social responsibility of an individual and family to obtain appropriate preventive care.

- The preventive care provision has a direct impact on families. Specifically, the provision highlights the importance of preventive services for infants, children, adolescents, and women. This provision also impacts the availability of benefits received by the family through an employer.

Family-Centered Health Analysis

This provision addresses the family-centered initiative of family support by reducing the cost of preventive services for families. The federal government provides incentives to employers to encourage the use of preventive services, thus employers provide incentives to their employees, thereby improving the health of the family.

Medicaid Expansion

Laurén A. Doamekpor, MPH, & Tiffani D. Stevenson, MS

Medicaid is the nation's principal safety-net health insurance program, covering health and long-term care services for nearly 60 million low income Americans, most of whom would otherwise be uninsured. As the number of uninsured Americans reaches nearly 50 million, Medicaid has a more significant role to play in providing coverage for American families in the most need. As of 2010, only 11 states provided coverage to low-income adults regardless of family composition or disability. This policy denied coverage to millions of American individuals and families who were in great need of government supplemented insurance, but whose family composition did not meet the requirements.[13]

Provision

Medicaid will be expanded to all individuals under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 133% FPL based on modified adjusted gross income. All newly eligible adults will be guaranteed a benchmark benefit package that at least provides the essential health benefits. The federal government will provide increased Medicaid funding to states. States will receive 100% federal funding for 2014 through 2016, 95% federal financing in 2017, 94% federal financing in 2018, 93% federal financing in 2019, and 90% federal financing for 2020 and subsequent years. In addition, Medicaid payments in fee-for-service and managed care for primary care services provided by primary care doctors will be increased (family medicine, general internal medicine or pediatric medicine) to 100% of the Medicare payment rates for 2013 and 2014. States will receive 100% federal financing for the increased payment rates. (Effective January 1, 2014)[14]

Impact on Family Structure and Function

- All family structures will now be eligible for coverage. Low-income individuals who are under the age of 65 who are part of families with dependent children, families with members with disabilities, or families no dependent children will receive coverage. These benefits are limited by age, income, and citizenship. Therefore, middle and upper class families will not receive these benefits, nor will non-citizen immigrant families or individuals over age 65.

- This provision affects health and mental health care-giving functions, by promoting increased access to health care services for families. This provision also provides families with the autonomy to make health decisions for their most vulnerable family members of all ages.

- This provision has direct impact on families. The expanded eligibility requirements allow for consistent access to care and encourage the establishment of a medical home for low-income families. Improved family health could potentially impact other areas of family life, including but not limited to family economics, family mental health, family relationships, and overall well-being.

Family-Centered Health Analysis

The expansion of Medicaid enables more low income individuals to be covered, allowing parents to effectively manage their health needs, and the needs of their children and extended family members. In addition, this expansion recognizes family diversity: that while low-income families with dependent children may be in particular need of Medicaid, adults who are no longer caring for young children, or who are single, or who never had children, are also families who are in need of and deserve adequate medical care.

Mental Health Parity Act

Mili Duggal, MPH, PGDHM

As per the National Institute of Mental Health an estimated 22.6 % of Americans age 18 and older suffer from a diagnosable mental disorder in a given year. Insurance coverage has remained an economic disparity for a long time for mental health disorders as compared to physical illnesses.

Provision

Enacted on October 3, 2008, the Mental Health Parity Act intends to end health insurance benefits' inequity between mental health/substance use disorders and medical/surgical benefits for group health plans with more than 50 employees, including self funded plans that offer mental health coverage as part of health insurance coverage, Medicaid managed care plans, and state CHIP plans.[15] It will institute parity for all financial requirements, including deductibles, copayments, coinsurance, and out-of-pocket expenses, and to all treatment limitations, including frequency of treatment, number of visits, days of coverage, or other similar limits. It also requires parity coverage for annual and lifetime dollar limits. This provision ensures that employers may not apply separate cost sharing requirements or treatment limitations to mental health and substance use disorder benefits. However, mental health or substance use benefit coverage is not mandated. For most plans, the effective date begins on January 1, 2010.[16]

Impact on Family Structure and Function

- The Act will benefit all individuals suffering from mental and substance use disorders and so it affects all families who have a family member suffering from any mental disorders.[17] It also affects children who are on their parents' insurance plans.

- The most important family function affected by the Act is the ability to support and care for a mentally ill family member, especially financially.

- The Act will have a direct impact on families with mentally ill members. There are many families who want to get help for their mentally ill family members but are unable to due to economic constraints. This Act will have a direct impact on all those families. The Act will help them share the burden of the cost and at the same time will get them much needed mental health assistance.

Family-Centered Health Analysis

The most important initiative addressed by this provision is that of family support and family environment. People with mental illnesses require a lot of family support, love, and care to deal with their illness. By this provision it will become easier for family members to care for the mentally ill members of their family and not ignore their call of help. It will also empower families to go out and seek medical care and attention for the family members who need it.

Young Adult Health

Amanda C. Ginter, MS

Until now, many health plans could remove enrolled children from their parents' policies beginning at age 19, sometimes older for full-time students. Approximately 30% of young adults are uninsured, a rate that is higher than any other age group.[18] Young adults also have the lowest rate of access to employer-based insurance and one in six young adults has a chronic illness. Health insurance is vital but not guaranteed for young adults.

Provision

Under the Affordable Care Act, if parents' health insurance plans cover children, they can now add or keep their children on their health insurance policy until they turn 26 years old; children up to the age of 26 cannot be removed. The plan is required to provide a 30-day period—no later than the first day of the parents' next "plan year" or "policy year" that begins on or after September 23, 2010—to allow them to enroll their adult children. Their plan must notify them of this enrollment opportunity in writing. If parents enroll their adult children during this 30-day enrollment period, their plan must cover their adult children from the first day of that plan year or policy year.[2]

Impact on Family Structure and Function

- Adult children can join or remain on their parents' plans whether or not they are married; living with their parents; in school; financially dependent on their parents; or eligible to enroll in their employer's plan, with one temporary exception: Until 2014, "grandfathered" group plans do not have to offer dependent coverage up to age 26 if a young adult is eligible for group coverage outside their parents' plan.

- Functions of the family related to family health and well-being affected by the provision includes enhancing the ability for family to care for its members during a time of significant economic instability when often young adults do not have employment that provides health insurance.

- This provision has a direct family impact. With an unemployment rate of approximately 15% for people in their early 20s, young adults cannot rely on employer-based coverage.[18] For example, if Susan's health insurance plan covers her children, and her daughter Deborah, age 22, just graduated from college without any job prospects or health insurance benefits, Deborah may now remain on Susan's plan until the age of 26. This provision ensures that families with children between the ages of 18 and 26 will be guaranteed coverage, as long as the parents' health insurance plans include coverage for their children.

Family-Centered Health Analysis

The family-centered health initiative most addressed by this provision is family support. By permitting young adults to remain on their parents' health insurance, the 18-26 year old population will be covered for several more years than previously allowed. Parents will be able to support their older children as they seek jobs during a turbulent economic climate.

Early Retiree Reinsurance Program

Lauren A. Messina, MS, LGMFT

The Early Retiree Reinsurance Program (ERRP) closes the gap in coverage for older Americans who retire without employer-sponsored health insurance and before they are eligible for Medicare.[19] This program will help early retirees maintain their savings in the face of high rates of the individual health insurance market. Financial relief will be provided to employers which will then enable retirees to acquire affordable, quality insurance.

Provision

Under the Affordable Care Act, $5 billion is provided through ERRP to employers and unions to help early retirees maintain their health insurance coverage. This includes Americans age 55 and older who are not yet eligible for Medicare. Reimbursements for the medical claims of early retirees, their spouses, surviving spouses, and dependent children will be given to businesses, unions, and other employers who are accepted into the program. This program began in June 2010 and will end on January 1, 2014, when the State health insurance Exchanges will take over.[2]

Impact on Family Structure and Function

- This provision affects all families and is especially timely for those families who have individuals between the ages of 55 and 65 years old.

- This provision enables families to maintain their function of providing economic support and welfare to its members. Extending coverage to early retirees allows families to maintain their savings, and therefore their economic security, which would have otherwise been spent on health insurance. Furthermore, by including spouses, surviving spouses, and dependent children, the provision recognizes the interdependence of family members and the family's role to provide for, support, and protect its members.

- The provision will have a direct impact on families' abilities to finance retirement and to plan for their old age. It will also have an impact on the type of care received by persons who fall into this age bracket and will lessen the amount of people who are uninsured before being able to qualify for Medicare. The provision provides relief from high insurance premiums for older Americans, which will also contribute to the emotional stability of this population as well as family economic stability.

Family-Centered Health Analysis

The family centered health initiative most addressed by this provision is family support. The provision promotes a healthy lifestyle by making it easier for older Americans, their spouses, and dependent children to maintain consistent health care coverage. ERRP alleviates the financial burden of purchasing insurance in the individual market, allowing families to invest in themselves.

Long-Term Care Insurance

Ui Jeong Moon, MEd

Long-term care costs are a major concern as the Baby Boomer generation ages, increasing the number of people who need assistance. Today over 10 million Americans, including 4 million under age 65, need long-term care services and support to assist them in life's daily activities. Currently Americans who need long-term care qualify for Medicaid only if they are, or become, poor. Medicare covers only short-term skilled nursing and home health.

Provision

The law creates a voluntary long-term care insurance program, called CLASS (Community Living Assistance Service and Supports), to provide case benefits to adults who become disabled and suffer at least two limitations in daily living activities such as eating, bathing and dressing. The benefits can be used to pay for a home health aide, transportation, assistive technology such as wheelchairs, lifts, text telephones and sensors with alarms, adult day care, respite care to give the family caregiver a break, household modifications to accommodate the disabled person or even to pay a family member to provide the care. Alternatively, it can be used to help pay for assisted living or a nursing home.[20]

Impact on Family Structure and Function

- This provision affects all families with a member age 18 or over who has certain physical or mental limitations.[20]

- This provision affects families' function in their ability to care for their elderly or disabled members by providing cash that can be used for a wide range of services, including nursing homes, adult day care, home health services and home modifications.

- This provision has a direct impact on families. The daily benefit ranges anywhere from $30 to $250, depending on one's geographic region. The length of coverage typically ranges from two to ten years. This provision also provides 100% of the daily benefit received for nursing home care to those who wish to be cared for at home.[20]

Family-Centered Health Analysis

This provision will give families greater means to care for disabled relatives. Paying for long-term care services and support can be financially catastrophic for individuals and families given that nursing home costs average over $70,000 per year and home health services average $29 per hour. This provision helps to increase family empowerment. The CLASS act provides workers and future retirees with a financial alternative for procuring long-term services that support community living, without requiring them to become impoverished and turn to Medicaid before they can access services. This CLASS act would not replace the need for basic health insurance, whether this takes the form of Medicaid or private long-term care insurance, but it would supplement this coverage by providing a mechanism for paying for non-medical expenses that families incur when a disabled member wishes to stay independent and remain in his or her home.

CHIP (Children's Health Insurance Program)

Woochul Park, MA

According to The Census Bureau, the number of uninsured children has risen. (The number of uninsured children 18 and under grew from 8 million in 2005 to 8.7 million in 2006)[21], and, therefore, the necessity of an enhanced insurance program has been increasingly recognized. However, recently, the fiscal reach of CHIP has worsened. 14 states faced federal funding shortfalls in FY 2007 and increasingly stopped enrolling new children.[22]

Provision

In 2007, the CHIP program faced funding shortfalls in several states. In this context, in order to support and further develop the program, the Patient Protection and Affordable Care Act (P.L. 111-148) expanded the program and ensured the status of the program with several fiscal endeavors. To illustrate, the law requires states to maintain current income eligibility levels until 2019 and extend funding for CHIP through 2015. Also, CHIP-eligible children who are unable to enroll in the program due to enrollment caps will be eligible for tax credits in the state Exchanges. With regard to financial burden, the law creates an Innovation Center to test, evaluate, and expand different payment structures and methodologies to reduce program expenditures while maintaining or improving quality of care.[23]

Impact on Family Structure and Function

- The provision affects all families, regardless of certain family structures, who have uninsured children and whose incomes are modest but too high to qualify for Medicaid. However, in the case of same-sex marriage families, application of the provision may vary according to states.

- The provision helps address the financial function of families; that is, it eases the financial burden of families in providing health care services to their members.

- The provision has a direct family impact because the provision directly lightens the financial burden of families for their children's health care management; further it contributes to the enhancement of not only family members' physical health but also the mental health or well-being by partially relieving stress experienced from the lack of health care insurance.

Family-Centered Health Analysis

The provision addresses primarily the principle of family support. That is, the provision supports and strengthens the financial role of families in health management of family members.

Teen Pregnancy Programs

Damian Waters, MS

In 2008, the birthrate for women between the ages of 15 and 19 was 45.1 per 1,000 live births. The educational outcomes for women who give birth between these ages are significantly compromised. [24]

Provision

The Patient Protection and Affordable Care Act (PPACA) provides support for teenage parents and eliminates educational disparities through the establishment of the Pregnancy Assistance Fund (PAF). This provision requires that the Department of Health and Human Services (in collaboration and coordination with the Department of Education) establish a competitive grant program to help pregnant and parenting teens, particularly women. The law allocates $25 million annually for each fiscal year FY2010 through FY2019. PAF funds may be used to assess and improve the pregnancy and parenting resources available to college campuses and their surrounding communities to current and prospective students. PAF funds are available to establish, maintain, and operate pregnant and parenting student services that are located in high schools and community centers. The PPACA also provides funds to increase public awareness of the resources available to families through the PAF. The state attorney general offices may apply for funding for programs and provider training for victims of domestic, sexual violence, and stalking.[25]

Impact on Family Structure and Function

- PAF programs will largely impact single, never-married parents given the age range specified by this provision. PAF programs will target parents younger than 20 years old, particularly mothers. PAF programs delivered through educational institutions will also affect parents who are still pursuing educational goals.

- The programs funded by PAF will support the function of parents to nurture and ultimately provide for their children. Colleges and universities receiving PAF funds will be encouraged to provide prenatal and family healthcare, parenting skills education, family housing, child care, as well as items such as maternity and baby clothing and baby food.

- This provision impacts families indirectly, as it is a provision that establishes a funding mechanism for programs. The programs created and sustained through PAF grants will provide both limited, direct material and instrumental support for families. These accommodations are expected to accomplish their greatest impacts by increasing educational attainment among this vulnerable population and therefore improve young parents' ability to provide for the financial needs of their families.

Family-Centered Health Analysis

The programs funded by PAF will provide tangible and instrumental support for young, pregnant and parenting families. In addition to families who are connected to educational and community institutions, PAF will provide funds for programs supporting teenage parents who have experienced domestic violence through direct intervention efforts.

References

1. The Kaiser Family Foundation: http://www.kff.org/content/surveys.cfm
2. U.S. Department of Health & Human Services: http://www.healthcare.gov
3. U.S. Department of Labor: http://www.dol.gov/whd/regs/compliance/whdfs73.htm
4. U.S. Breastfeeding Committee: http://www.usbreastfeeding.org/Workplace/WorkplaceSupport/WorkplaceSupportinHealthCareReform/tabid/175/Default.aspx
5. U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.
6. U.S. Department of Labor: http://www.dol.gov/wb/stats/main.htm
7. Working Mother Report: http://www.wmmsurveys.com/25thanniversary.pdf
8. U.S. Breastfeeding Committee: http://www.usbreastfeeding.org/
9. U.S. Department of Health and Human Services: http://www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding/index.cfm
10. U.S. Department of Health and Human Services: http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/
11. Montgomery, D., and Splett, P. Economic benefit of breast-feeding infants enrolled in WIC. *Journal of the American Dietetic Association*.1997:379-385.
12. The Kaiser Family Foundation: http://www.kff.org/healthcarereform/sidebyside.cfm
13. FamiliesUSA: http://www.familiesusa.org
14. The Kaiser Family Foundation: http://www.kff.org/healthreform/upload/7952-02-2.pdf
15. Smaldone, A., & Cullen-Drill, M. (2010). Mental health parity legislation: Understanding the pros and cons. *Journal of Psychosocial Nursing & Mental Health Services, 48,* 26-34.
16. U.S. Department of Labor: http://www.dol.gov/ebsa/newsroom/fmshparity.html
17. Craig, M. Miller (2010). How does health reform affect mental health parity? *The Harvard Mental Health Letter, 27,* 8.
18. U.S. Department of Health and Human Services: http://www.hhs.gov/ociio/regulations/adult_child_fact_sheet.html
19. Office of the Press Secretary: http://www.whitehouse.gov/the-press-office/fact-sheet-early-retiree-reinsurance-program
20. The Kaiser Family Foundation: http://www.kff.org/healthreform/8069.cfm
21. Espe, E. (2007, October): http://www.vimo.com/reports/uninsured.pdf
22. The Kaiser Family Foundation: http://www.kff.org/medicaid/upload/7635.pdf
23. The Kaiser Family Foundation: http://www.kff.org/healthreform/upload/8061.pdf
24. Ahn, N. (1994). Teenage childbearing and high school completion: Accounting for individual heterogeneity. *Family Planning Perspectives, 26,* 17-21
25. Patient Protection and Accountability Act of 2010, Pub. L. No. 111-148

Impact on Family Structure and Function

The oral health provision affects all families, regardless of family structures. The infection that causes tooth decay is transmitted from care-giver to child and serves as the initiating process for this complex disease. Oral health care and education of pregnant women is especially relevant. While appropriate dental care is critical in many situations, provision of accurate information for the prevention of oral diseases that can be administered by care-givers and family members is essential.

The provision affects several functions of families, including financial. The cost of dental care for extensive untreated tooth decay is high, especially when the disease is not prevented and goes untreated. By covering the cost of care and promoting prevention, the Act supports the family function of health and encourages families to take action to promote oral health and access dental care early.

The provision has a direct family impact that goes beyond cost. The symptoms of untreated dental disease include pain, swelling, inability to eat, speak or sleep, inability to concentrate and in extreme situations have led to death. In addition, children lose school days due to this disease and parents/care-givers lose time from work to take children in for care. These events contribute to family stress and interfere with their ability to focus on other family functions. Similarly, when adults experience untreated dental disease, they are less able to work and care for family members.

Family –Centered Health Analysis

The provisions in this Act address the principles of family environment and family support. The oral health provisions encourage disease preventive practices and the provision of appropriate care. It supports families by eliminating the cost of care for dental services for children and by providing support for oral health services to be included in School-based health centers (SEC. 4101.SEC.399Z-1 (a)(1)(A). In addition, the Act provides families with education programs to support family-based preventive and health promotion care.

Select References

Children's Dental Health Project. Summary of Oral Health Provisions in Health Care Reform. http://cdhp.org/resource/health_care_reform_toolbox. (accessed 11/28/2010)

Casamassimo PS, Thikkurissy S, Edelstein BL, Maiorini E. Beyond the dmft: The human and economic costs of early childhood caries. JADA 2009;140(6):650-657.

Vargas CM, Isman RE, Crall JJ. Comparison of Children's Medical and Dental Insurance Coverage by Sociodemographic Characteristics, United States, 1995. J Public Health Dent 2002;62(1):38-44.