SUMMARY

The Patient Protection and Affordable Care Act (ACA) was enacted in 2010 as a means to provide better and more affordable healthcare to Americans. Part of the implementation of the ACA includes an individual and employer mandate that takes effect in 2014. This means that individuals that do not have healthcare or employers that do not provide coverage by January 1, 2014 may be subject to penalties.

Health Insurance Marketplace

In order to assist Americans in obtaining coverage before the mandate takes effect in 2014, a key provision of the ACA set up the Health Insurance Marketplace (also called an exchange) which opened on October 1, 2013. The exchange allows Americans with and without insurance to enroll in coverage that will take effect as soon as January 1, 2014. The exchange, which is operated by states and the federal government, stays open until March 30, 2014. There are only three qualifications you must meet in order to use the exchange: 1) you must live in the U.S. 2) you must be a U.S. citizen or national (lawfully present) and 3) you cannot currently be incarcerated.

The ACA legislation and the marketplace it created provide a number of benefits for people with developmental disabilities. For example, none of the plans offered through the exchange can deny coverage on the basis of a pre-existing condition nor based on discrimination of a health issue related to a disability. The plans also seek to improve coverage and require that health insurance provided covers at least ten essential benefits (see the Resources section for more information on essential benefits).

Medicaid Expansion

One recent change to the original ACA is to state managed Medicaid programs. The original ACA enacted in 2010 required a nationwide expansion of Medicaid benefits, meaning that the qualifications for Medicaid would expand to include adults who earn under 138% of the national poverty level.

In June 2012 the U.S. Supreme Court found that requiring states to expand their Medicaid programs was unconstitutional. Therefore, this requirement under the ACA is now optional under the law. In the Resources section of this document you will find a link to a chart describing the determination of each state regarding the Medicaid expansion.

Although many people with developmental disabilities are already provided Medicaid benefits, there are many more who are not yet fall within the qualifications of the poverty level so state decisions of whether to provide this population with expanded Medicaid benefits will impact people with developmental disabilities significantly.
RESOURCES

There are a variety of resources available on the ACA broadly and how it impacts people with disabilities and the DD community specifically. Here are a few resources to get you started.

Official Government Resources
Phone # for Health Insurance Marketplace: Available 24/7 1-800-318-2596 (TTY: 1-855-889-4325)
Official site for the Health Insurance Marketplace: www.healthcare.gov
- One page guide on using Marketplace
- Definition of “essential benefits” that must be included in all plans

What Kind of Marketplace Your State is Using
- Map of Type of Marketplace by State
- Chart of Governance of Marketplace by State
- Profiles by State of Marketplace Exchange

Medicaid Expansion
- New Eligibility for Medicaid
- State Medicaid Expansion Tracker (for monthly updated versions visit www.nasuad.org)

Other Helpful Resources
- The Arc
  - Why the ACA is important for people with DD
  - Read The Arc’s in-depth guide for advocates on the ACA or a one page summary of the guide for a shorter version.
- National MS Society
  - Health Insurance Exchanges: Questions and Answers
- AUCD
  - Facts about ACA and its Implementation
- Academy of Pediatrics
  - Health Reform and What it Means for Children and Pediatricians

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