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COALITION OF CORRECTIONAL HEALTH AUTHORITIES

AMERICAN CORRECTIONAL ASSOCIATION

Coverage for Children Up to Age 27

Effective Jan. 1, 2010, the Affordable Care Act allows young adults to stay on their parents• employer-sponsored health insurance plans until age 27. The goal of this policy is to cover as many young adults under the age of 27 as possible. Plans and issuers that offer dependent coverage must offer coverage to enrollees' adult children until age 27, even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. The new policy applies to both married and unmarried children, although the child•s spouse and children do not qualify.

This coverage expansion applies to inmates during incarceration and at release or upon parole. Many employer-sponsored insurance plans exclude coverage during incarceration, but some do not. Departments of correction should currently be instituting processes to seek and use insurance that is available to inmates through their parents during incarceration. More aggressive exploration of existing health insurance or the availability of health insurance through family members should be explored at the entry point, by the DOC or its health care vendor. Where available, DOCs should bill applicable on-site and off-site health care to insurers.

Researching the availability of families• employer-sponsored health insurance at release or upon parole should also become part of reentry planning for inmates up to age 27, especially those who have serious mental or physical illness. Exploring family health insurance is complex, especially since many inmates• families do not live near their incarcerated children. Nevertheless, DOCs should explore and use available options. ACA will issue a technical assistance document detailing the steps to determine

The Affordable Care Act requires the establishment of state or regional health insurance exchanges to be used by uninsured individuals and small businesses. New insurance market regulations will govern health plans sold both inside and outside the exchanges, including the prohibition of rating on the basis of health, limits on how much premiums can vary based on age, no lifetime or annual limits on what a plan will pay, and no rescission of coverage when someone becomes ill.

Exchanges will provide a new, Web-based, regulated insurance marketplace. Qualified health plans sold through the exchange and those sold in the individual and small group markets will be required to provide a federally-determined essential benefit package. People purchasing coverage through exchanges will have a choice of the essential benefit package with four different levels of cost sharing: plans that cover on average 60 percent of an enrollee•s medical costs (bronze plan), 70 percent of medical costs (silver plan), 80 percent of medical costs (gold plan), and 90 percent of medical costs (platinum). Out-of-pocket costs are limited to $5,950 for single policies and $11,900 for family policies.

The exchange gJ T* -8367 Tc .0cies.

APPENDIX

At the time of the publication of this document:

- Fourteen states have already established a state insurance exchange: California, Colorado, Connecticut, Hawaii, Indiana, Maryland, Massachusetts, Nevada, Oregon, Rhode Island, Utah, Vermont, Washington and West Virginia;
- Twenty-one states have shown significant interest in establishing an exchange by passing intent legislation or have received one federal funding: Alabama, Arizona, Delaware, Idaho, Illinois, Iowa, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Tennessee, Virginia and Wisconsin;
- Fifteen states have not met either criteria and have made no progress since passage of the Affordable Care Act: Alaska, Arkansas, Florida, Georgia, Kansas, Louisiana, Montana, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas and Wyoming.

ABOUT THE COALITION OF CORRECTIONAL HEALTH AUTHORITIES

The members of the Coalition of Correctional Health Authorities (CCHA) are the health authorities from the 50 states, six large jails and the Federal Bureau of Prisons. The head of corrections in each jurisdiction appoints his or her CCHA member and it is typically the person who reports directly to him or her on matters of health care. CCHA was founded on the idea of bringing together the health authorities to exchange promising practices in professional health care administration, to learn and improved techniques in quality health care delivery, and to address critical emerging issues. The members of CCHA set their own rules of operation, meeting dates and training topics, among other things. CCHA conducts two business meetings each year (in conjunction with the ACA Winter Conference and Congress of Correction), an annual All Health Authority Training and an annual New Health Authority Training. For additional information about CCHA, please contact the ACA executive office at (703) 224-0102 or jenniferb@aca.org.

Members of the Health Care Reform

REFERENCES

Buettgens, M., J. Holahan, and C. Caroll. Health Reform Across the States: Increased Insurance Coverage and Federal Spendin the Exchanges and Medicaid. Urban Institute Timely Analysis. March 2011.

Coalition of Correctional Health Authorities All Health Authority Training (May 22-25, 2011), St. Louis.

Colorado Health Care Reform „ http://www.colorado.gov/healthreform

Delaware Health Care Commission „ http://dhss.delaware.gov/dhss/dhcc/

Health Management Associates represented by Donna Strugar-Fritsch. (Oct. 25-26, 2011). Health Care Reform Working Group Meeting. Arlington, Va.

Heaton, B. (November 2011). States Face Health Benefits Exchange Deadline. Government Technology.

Louisiana Department of Insurance „ http://www.ldi.state.la.us/Health/HealthCareReform.html

Michigan Health Care Reform „ http://www.michigan.gov/healthcarereform

Mississippi Insurance Department „ http://www.mid.state.ms.us/pages/health_care_reform.aspx

American Correctional Association Resources

American Correctional Association: (800) 222-5646; www.aca.org

Coalition for Correctional Health Authorities: (800) 222-5646 x0102

Health Care Committee: (800) 222-5646 x0102

Office of Correctional Health Care: (800) 222-5646 x0102

Office of Government and Public Affairs: (800) 222-5646 x0110

Government Organizations

Library of Congress: http://thomas.loc.gov/cgi-bin/bdquery/z?d111:h.r.03590:

Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/healthreform/index.aspx

U.S. Department of Health and Human Services: www.healthcare.gov

U.S. Department of Justice: http://www.justice.gov/healthcare/

U.S. Department of Labor: http://www.dol.gov/ebsa/healthreform/

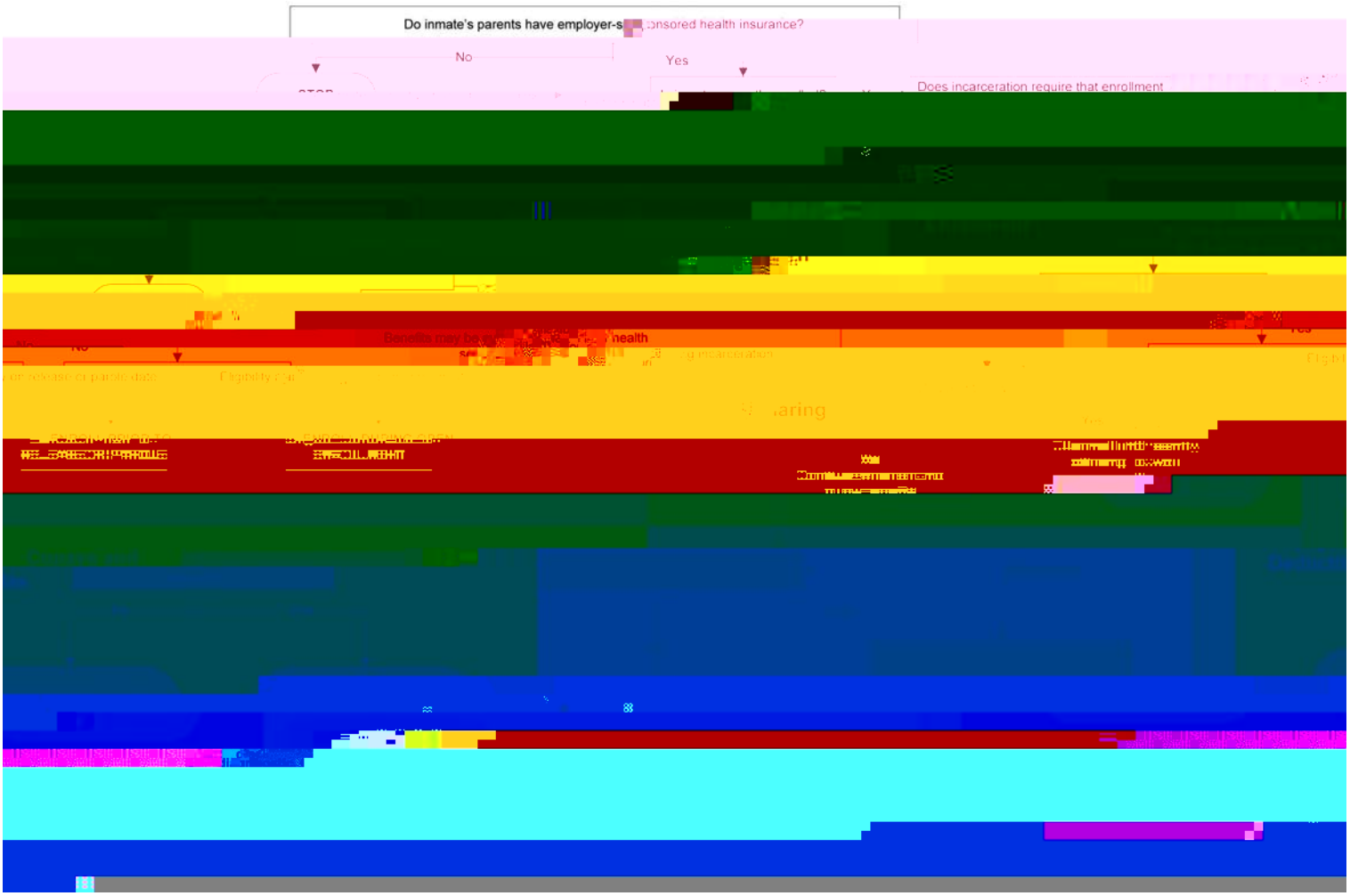
U.S. Supreme Court: http://www.supremecourt.gov/docket/ppaaca.aspx

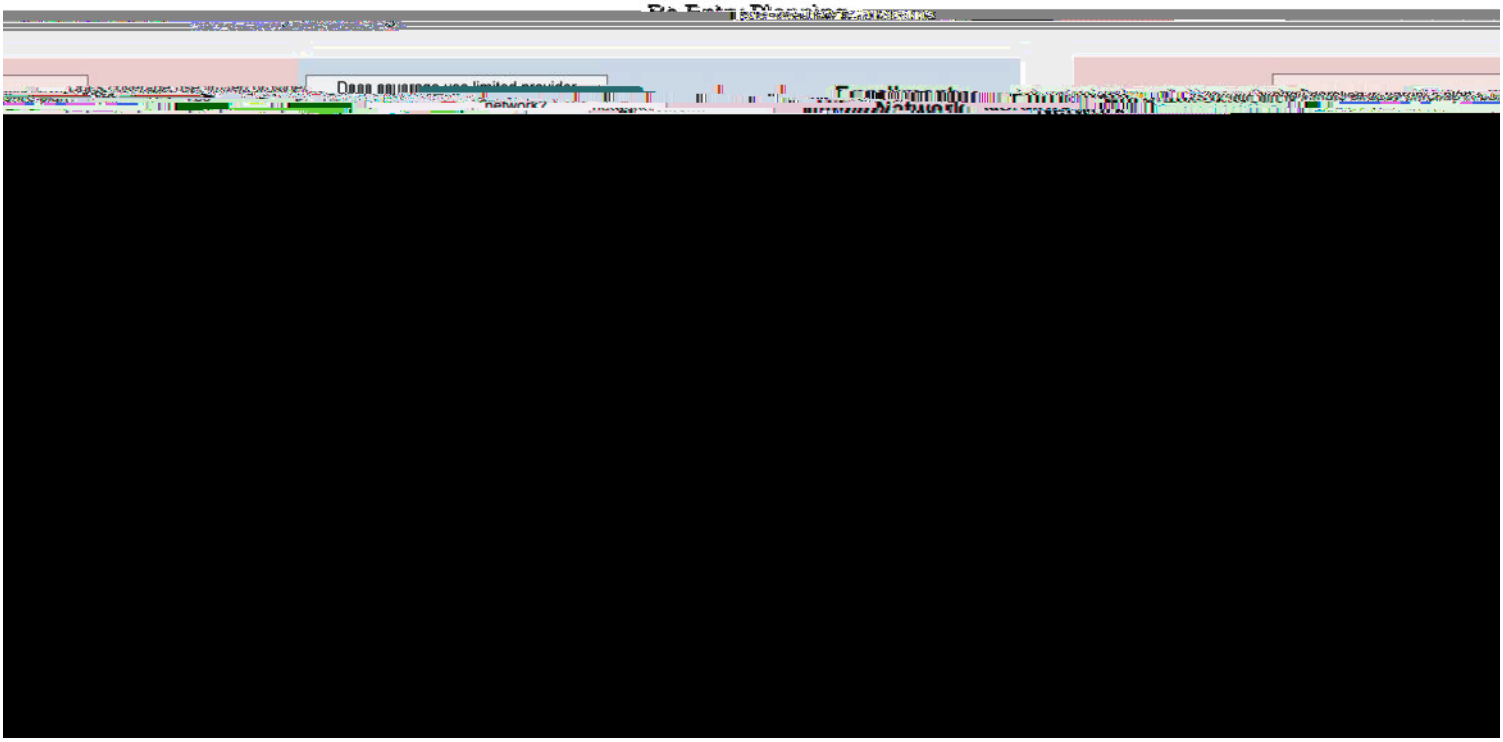
White House: http://www.whitehouse.gov/healthreform/healthcare-overview

Non-Governmental Organizations

American Medical Association: http://www.ama-assn.org/ama/pub/advocacy/current-topics-advocacy/affordable-care-act.page

Below are algorithms to help illustrate the Affordable Care Act and what it means for the corrections field. The first will help corrections professionals determine health insurance coverage, enroll offenders, understand premiums and access provide works. The second one addresses reentry planning, including enrollment, provider networks, copays and deductibles, and mium sharing.





New Medicaid Eligibles Enrolled as a Percentage of Total Enrollees