

Highlights and Hazards: What Do the Current Health Care Reform Bills Do for Adolescents & Young Adults?

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BACKGROUND

The health care needs of adolescents and young adults are significant and distinct from the needs of younger children and older adults. They are uninsured at high rates—especially young adults living in poverty. They are involved in behaviors that put their health at risk, which means that they need access to comprehensive prevention and other health services to address issues like mental health concerns, substance abuse, sexual activity, obesity, and injuries. Specific groups—like racial and ethnic minorities, homeless youth, youth in foster care or juvenile justice systems, and immigrant youth—are especially vulnerable and have heightened needs. Adolescents and young adults also need access to diverse health care sites capable of meeting the needs of young people, as well as access to health care professionals with appropriate training and adequate support.

Major health care reform legislation is moving closer to being voted on in both houses of Congress. To be comprehensive and successful, any national health care reform measure should carefully address the needs of adolescents and young adults. This fact sheet provides an overview of measures in the three bills currently in play in the House and Senate that are particularly noteworthy for this important, and often neglected, age group. Each bill has been analyzed to identify “highlights” - provisions that would be particularly beneficial for adolescents and young adults—and “hazards” - provisions that could be harmful to these young people.

CONTEXT

Three major bills are currently in play:

- **H.R. 3962**, the Affordable Health Care for America Act, introduced in the House of Representatives on October 29, 2009;
- the America’s Healthy Future Act of 2009, approved by the **Senate Finance** Committee on October 13, 2009, and released in legislative language on October 19, 2009; and
- the Affordable Health Choices Act, approved as amended by the Senate Education, Labor and Pensions (**HELP**) Committee on July 15, 2009.

In July 2009, the Society for Adolescent Medicine (SAM) issued a statement of five key principles that should guide health care reform to meet the needs of adolescents and young adults. The SAM principles urge that health care reform measures should:

1. Assure financial access to services both through health insurance coverage and publicly funded safety net programs.
2. Establish a comprehensive benefit package that includes the full range of services necessary for this age group.
3. Expand the workforce prepared to serve adolescents through adolescent-focused education and training programs and reimbursement policies that are adequate and support professionals working in diverse settings.
4. Ensure that confidentiality protections are in place.
5. Address the needs of special populations of adolescents and young adults.

With these principles as a guide, this fact sheet identifies provisions in the three current health care reform bills that could either enhance or limit adolescents’ and young adults’ access to health care services.

HEALTH INSURANCE COVERAGE

Highlights

- Medicaid eligibility would be expanded to 150% (H.R. 3962 and Senate HELP) or 133% (Senate Finance) of the Federal Poverty Level (FPL), which would enable many uninsured low-income young adults who are not pregnant or disabled or parents of dependent children, as well as additional adolescents to qualify.¹
- H.R. 3962 and the Senate HELP bill would require health plans to allow young people to remain on their parents' health insurance policy until their 27th birthday, thus extending coverage to large numbers of currently uninsured young adults.
- All three bills would provide for premium and cost sharing subsidies to help individuals and families with incomes up to 400% FPL afford coverage.
- All three bills include health insurance market reforms—including a requirement that health plans cannot refuse to issue policies to individuals (guaranteed issue), elimination of pre-existing conditions exclusions, and prohibition of annual or lifetime limits on benefits—all of which would benefit adolescents and young adults who have experienced health problems and concerns during their teenage years and then seek health insurance once they are no longer covered under a parent's policy.

Hazards

- The Senate Finance and Senate HELP bills include, in addition to the standard policies that would be available through the health insurance exchange,² the possibility of offering a "Young Invincibles" plan for young adults under age 25, which would be less costly than other plans in the exchange, but would offer only catastrophic coverage and have very high deductibles.
- H.R. 3962 would terminate the Children's Health Insurance Program (CHIP) at the end of 2013, with the result that adolescents (as well as younger children), who would otherwise be eligible for CHIP, would have to enroll in plans available through the health insurance exchange, leaving them without many of the protections that exist in the CHIP program. Neither the Senate Finance bill nor the Senate HELP included a termination of CHIP.

1. For a family of four, 150% FPL currently represents annual income of about \$33,075.

2. Both H.R. 3962 and the Senate Finance bill would create a new marketplace called the "Health Insurance Exchange" that would be a mechanism for uninsured individuals and small businesses to purchase insurance from health plans that meet specified standards. H.R. 3962 would include a "public option" or government plan in the Exchange; the Senate Finance bill would not.

COMPREHENSIVE BENEFITS

Highlights

- Each of the three bills contains provisions requiring that health plans offer benefit packages that meet minimum standards, although the minimum standards vary and to some extent are left to future determination by HHS or an independent commission.
- Each of the three bills also provides for coverage of preventive services without cost sharing for individuals and families, and the Senate HELP bill specifies that the preventive services covered must be those specified in *Bright Futures*.
- Mental health services are included as a required benefit in all three bills.
- Dental and vision services are included as required benefits in H.R. 3962 and the Senate Finance and Senate HELP bills. H.R. 3962 also includes hearing services.
- H.R. 3962 would allow states to offer Medicaid family planning services to individuals who do not otherwise qualify for Medicaid without the necessity of obtaining a federal waiver.
- Maternity care is included as a required benefit in H.R. 3962 and the Senate Finance bill.

Hazards

- The Senate bills allow for the creation of "Young Invincibles" plans that would be available to young people under age 25 and would provide only catastrophic coverage, albeit with coverage of preventive services, but otherwise a weak benefit package and high cost sharing.
- H.R. 3962 would have the Children's Health Insurance Program (CHIP) sunset at the end of 2013, potentially leaving adolescents (as well as younger children), who would otherwise be eligible for CHIP, worse off than they are now, if the benefits in the exchange plans in which they would be enrolled were not as comprehensive as in their state's CHIP program. Neither the Senate Finance bill nor the Senate HELP bill include a termination of CHIP.
- H.R. 3962 and the Senate Finance bill does include a requirement to eliminate cost sharing for preventive services, but only for preventive services specified by the

COMPREHENSIVE BENEFITS (cont.)

Hazards

U.S. Preventive Services Task Force, which is not as broad a set of services as those specified in *Bright Futures*, and may not meet the needs of adolescents and young adults as comprehensively.

- The Senate Finance bill would not ensure that 19 and 20 year olds who are newly eligible for Medicaid would receive the full range of Medicaid benefits including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), but that they might instead receive “benchmark coverage,” the specific content of which is not clear at this time and may fall short of the comprehensive EPSDT package otherwise available to Medicaid eligible individuals under age 21.

TRAINING & COMPENSATION OF PROVIDERS

Highlights

- H.R. 3962 would increase Medicaid payment rates for primary care services to the level of Medicare rates and make other significant investments in the primary care workforce including new investments in training programs to increase the number of primary care doctors, nurses, and public health professionals.
- H.R. 3962 includes a requirement that Medicaid provide reimbursement for services provided by federally-funded school-based health clinics (SBHCs).
- H.R. 3962 would support the training of health professionals to work in underserved areas.
- H.R. 3962 and the Senate HELP bill would increase the number of Graduate Medical Education (GME) training positions which can include positions for adolescent health professionals.
- The Senate HELP bill includes robust provisions for a loan repayment program that would benefit child and adolescent health care providers.

TRAINING & COMPENSATION OF PROVIDERS (cont.)

Hazards

- Since none of the bills explicitly address the significant lack of providers trained specifically to serve adolescents and young adults (which is an acute need especially for such services as mental health), it is possible that the provisions designed to increase the primary care workforce and increase training of providers will primarily meet the needs of younger children rather than this age group.

NEEDS OF VULNERABLE POPULATIONS

Highlights

- H.R. 3962 and the Senate HELP bill would create a new grant program to support school based health centers (SBHCs).
- H.R. 3962 (in a provision included in the November 3, 2009 Manager’s Amendment) would create a grant program to integrate mental health and substance abuse services into primary care, and specified SBHCs as one category of potential grant recipients. The grant program would fund screening, brief intervention, and referral for treatment (SBIRT).
- Both H.R. 3962 and the Senate Finance bill include a requirement for the Secretary of HHS to issue guidance to improve outreach and enrollment of specific vulnerable populations in Medicaid and CHIP, including unaccompanied homeless youth, racial and ethnic minorities, individuals with HIV or mental illness, and other groups.
- H.R. 3962 and the Senate Finance bill would allow legal immigrants to obtain health insurance coverage through the Health Insurance Exchange.
- All three bills contain some provisions that would support the funding or piloting of medical homes, with the Senate Finance bill providing support for medical homes for Medicaid beneficiaries with chronic conditions, the Senate HELP bill creating teams to support a medical home model, and H.R. 3962 providing funds for medical home pilot programs in Medicaid and Medicare.³

3. Medical homes provide continuous medical coverage, bringing together primary care, specialty services, emergency services, and hospital care.

NEEDS OF VULNERABLE POPULATIONS (cont.)

Highlights

- H.R. 3962 includes increased federal matching funds for translation and interpretation services for all Medicaid populations, including young adults, and not just for children.
- H.R. 3962 addresses a significant problem for incarcerated youth by requiring that their Medicaid coverage be reinstated when they are released from incarceration.
- H.R. 3962 would create a Prevention and Wellness Trust Fund that would fund evidence-based and community-based services to reduce health disparities and programs to prevent childhood and adolescent obesity.

Hazards

- H.R. 3962 and the Senate Finance bill contain major limitations on the extent to which immigrants can receive health insurance benefits, excluding undocumented immigrants entirely and doing nothing to alleviate existing restrictions, including a five year waiting period, placed on legal immigrants' access to public programs such as Medicaid and CHIP.
- Although H.R. 3962 provides for Medicaid coverage when youth leave incarceration, it explicitly prohibits Medicaid coverage while they are incarcerated, leaving them subject to the variable scope and quality of health care services provided to incarcerated youth by states and local authorities.

CONCLUSION

All three of the major health care reform bills currently active in Congress contain significant provisions that would expand coverage for uninsured adolescents and young adults, support benefits needed by this age group, and offer important protections for vulnerable populations of youth. The bills also contain provisions that would potentially cause adverse effects for adolescents and young adults, limiting their access to the comprehensive benefits they need. Continued scrutiny of successive versions of the health reform bills will be required to determine the extent to which the beneficial provisions are retained and the harmful ones ameliorated. Additional efforts will also be needed to monitor the implementation of the new law if health care reform legislation is ultimately enacted.

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Additional Resources

Bright Futures—Guidelines for Health Supervision of Infants, Children, and Adolescents. 3rd Ed. Available at: http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html.

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The Center for Adolescent Health & the Law is a unique organization that works exclusively to promote the health of adolescents and young adults and their access to comprehensive health care. Established in 1999, the Center is a non-profit, 501(c)(3) organization. Working nationally, the Center clarifies the complex legal and policy issues that affect access to health care for the most vulnerable youth in the United States. The Center provides information and analysis, publications, consultation, and training to health professionals, policy makers, researchers, and advocates who are working to protect the health of adolescents and young adults.

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The National Adolescent Health Information and Innovation Center (NAHIIC) was established in 1993 with funding from the Maternal and Child Health Bureau. The overall goal of NAHIIC is to improve the health of adolescents by serving as a national resource for adolescent health information and research, and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information. Throughout its activities, NAHIIC emphasizes the needs of special populations who are more adversely affected by the current changes in the social environment of youth and their families.

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