HOW MUCH WILL THE ACA HELP VULNERABLE ADOLESCENTS AND YOUNG ADULTS?

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Overview

- Health issues of adolescents & young adults
- Health care & insurance for adolescents & young adults
- Medicaid & ACA for adolescents & young adults
- Vulnerable groups
  - Youth in & exiting foster care
  - Youth in & exiting juvenile & criminal justice systems
  - Homeless youth
- Common themes
- Health insurance coverage pre- and post-ACA
- Critical challenges

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Health Issues of Adolescents & Young Adults

- Significant period of bio-psychosocial development
- Normal experimentation with & adoption of adult behaviors & identities
- Without needed support -- > risk of negative development & outcomes
- Major health problems largely preventable
- Many problems linked to behaviors & related outcomes

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Health Care & Insurance - Adolescents

- Professional guidelines for clinical preventive services
  - Bright Futures, 3rd edition, endorsed by all major medical professional groups
- Expansion of insurance coverage
  - Decrease in employer-based coverage
  - Important role of Medicaid & CHIP
  - 2012: 89% of ages 12-17 insured

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Health Care & Insurance – Young Adults

- Minimal professional focus on standards of care
- Abrupt transition to adult system of care
- Uninsured at high rates
  - 2010: 62% insured (pre-ACA)
  - 2012: 69% insured (post-ACA)
  - Young adults in poverty uninsured at higher rates
ACA Eligibility

- Coverage via “Exchange” or “Marketplace” plans
  - Subsidized coverage
    - Premium tax credits: 100% to 400% FPL
    - Cost sharing assistance: 100% to 250% FPL

- Medicaid
  - Children & adolescents ≤ age 18
    - “Maintenance of effort” re current eligibility
    - Required coverage at least to 133% FPL
  - Young adults
    - Medicaid expansion to 133% FPL at state option

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Medicaid Benefits

- Adolescents ≤ age 18
  - “Full” Medicaid benefit package
  - EPSDT (Early & Periodic Screening, Diagnosis, & Treatment)
    - = “gold standard”

- Young adults > age 18
  - Previously eligible – full Medicaid benefits (for most)
  - Newly eligible under ACA expansion – at least same benefits as in other ACA plans

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ACA Benefits

- “Essential Health Benefits”
  - All private plans offered through the Exchange or Marketplace (i.e. state exchanges or healthcare.gov) must cover 10 essential health benefits
    - State flexibility
    - Benchmark plans
    - Monitoring & advocacy
  - States opting for Medicaid expansion must cover at least 10 essential health benefits for newly eligible adult beneficiaries

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Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

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Preventive Services

- No cost sharing in private health plans
- In-network providers

Scope
- USPSTF grade A or B recommended services
- Bright Futures recommended services for adolescents
- CDC ACIP recommended vaccines
- Services recommended in Women’s Preventive Services Guidelines (IOM)
Vulnerable Groups – Common Themes

- Vulnerable groups
  - Youth in & exiting foster care
  - Youth in & exiting juvenile & criminal justice systems
  - Homeless youth
- Significant overlap & intersection among 3 groups
- Overrepresentation of racial & ethnic minorities
- High rates of serious health problems
- High rates of uninsured & reliance on Medicaid
- Disconnection from adult, family, & social supports
Foster Youth - Demographics

- 397,122 children & adolescents in foster care in November 2012
  - 147,867 ages 12-20
  - 52% male
  - 48% female
  - 42% White
  - 26% Black
  - 21% Hispanic
  - 12% Other/unknown

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Foster Youth - Health

- Physical & mental health problems at rates higher than general population
- Risky behaviors common
- Estimates of rates of mental health problems 30% to 80% (on entering care, in care, lifetime)
- Some health problems related to factors leading to placement (e.g. physical or sexual abuse)
- Other health problems arise during placement
Foster Youth — Pre-ACA

- Most foster youth covered by Medicaid
- Many lost coverage when aging out at age 18
- 2010 study: $\frac{1}{2}$ lacked coverage by age 23 or 24
- Foster Care Independence Act 1999
  - Medicaid expansion option to age 21
  - 33 states implemented option by January 2011
Foster Youth — Post-ACA

- ACA requires Medicaid coverage for former foster youth to age 26
  - In foster care and enrolled in Medicaid at age 18 (or older as specified by state)
  - No income or assets test
  - Limited to state where youth was in foster care??
- > 23,000 age out or emancipated each year
- Estimated 74,000 former foster youth enrolled by 2017

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Justice Systems Youth - Demographics

- **Arrests**
  - 1.6 million < age 18 in 2010
  - 2.8 million ages 18-24 in 2011

- **Detention & incarceration**
  - 70,000 juveniles ≤ age 20 in residential placements

- **Minority overrepresentation**
  - 41% of juveniles in placement African-American
  - 39% of young adults in prison or jail African-American

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Justice Systems Youth - Health

- Mental health issues & suicide = major concern
- 60-65% have mental disorders
- Substance abuse, sexual activity, & violence at higher rates than general youth population
- High prevalence of sexual victimization among females in juvenile justice facilities
- Variable quality of care while detained or incarcerated

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Many youth involved in juvenile or criminal justice system had Medicaid coverage prior to entry into residential placement or incarceration.
- States required to cover ages 6-18 to 100% FPL.
- Many states extended coverage to higher levels.

Those incarcerated or confined in “public institutions” lost Medicaid during incarceration.
- Option to suspend coverage not adopted by many state and local agencies.

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Justice Systems Youth – Post-ACA

- Medicaid expansion
  - One half of states expanding Medicaid at this time

- Subsidized coverage through the ACA Exchanges
  - Available beginning at 100% FPL
  - Not available below 100% FPL

- Coverage on a parent’s plan to age 26

- Employer based coverage unlikely
Homeless Youth - Demographics

- Numbers very difficult to estimate
- Estimate: as many as 1.7 million homeless youth < age 18
  - 380,000 homeless for > 1 week
  - 130,000 homeless for > 1 month
- Estimate: ~ 150,000 homeless young adults ages 18-24
- High numbers of racial & ethnic minority & LGBT youth

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Homeless Youth - Health

- High risk of health issues due to exposure & living on the street
- Major concerns = drug & alcohol use, mental health disorders, sexual activity
- Sexual & reproductive health issues
  - Increased risk for sexual abuse & exploitation
  - Survival sex
Homeless Youth — Pre-ACA

- Comprehensive data on health insurance coverage of homeless youth not available
- Many uninsured
- Many Medicaid eligible
  - Application & enrollment barriers
    - Requirement for parent’s signature
    - Verification of family income
    - Fixed address
- Heavy reliance on ER & sites for free care

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Homeless Youth – Post-ACA

- Medicaid
  - Eligibility in states without expansion
    - Pregnant
    - Parent of dependent child
    - Disabled
  - Eligibility in states with expansion
    - At least up to 133% FPL

- Other coverage options unlikely for these youth
- Even homeless youth on a family’s plan may not be able to use it

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Vulnerable Groups – Common Themes

- Significant overlap & intersection among 3 groups
- Overrepresentation of racial & ethnic minorities
- High rates of serious health problems
- High rates of uninsurance & reliance on Medicaid
- Disconnection from adult, family, & social supports
Critical Challenges

- Systems with “responsibility” for these youth often ill-prepared to meet challenges
- Will all states implement the Medicaid expansion option or will some continue to refuse?
- How can vulnerable youth who are eligible for Medicaid or a private plan through the Exchange be reached and enrolled?

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Medicaid Challenges

- Expansion critical for vulnerable groups
- As of January 2014
  - 26 states (including DC) expanding Medicaid
    - Minimum eligibility level = 133% FPL
  - 25 states not expanding or still debating at this time
    - Only 1 of those states provides ANY coverage for single non-parent adults without disabilities
    - Coverage for parents of dependent children ranges from 16% to 128% FPL with median at 47% FPL
Outreach and Enrollment Challenges

- States required to engage in outreach to vulnerable populations:
  - “…conduct outreach to and enroll in Medicaid/CHIP vulnerable and underserved populations, including unaccompanied homeless youth, children with special health care needs, pregnant women, racial and ethnic minorities, rural populations and individuals with HIV/AIDS.” ACA § 2201(b) (amending 42 U.S.C. § 1397aa)

- Streamlined application procedures
- Enrollment assistance for Exchange plans

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Ensuring access to affordable insurance & essential health services for vulnerable adolescents & young adults under the ACA will be complex & challenging

- Federal laws
- State laws
- Health care professionals & advocates

ACA will help vulnerable adolescents & young adults – how much???
References & Further Reading

English A, Scott J, Park MJ. Implementing the ACA: How Much Will It Help Vulnerable Adolescents & Young Adults? Chapel Hill, NC: Center for Adolescent Health & the Law; and San Francisco, CA: National Adolescent and Young Adult Health Information Center, 2014. Available at: http://nahic.ucsf.edu/vulnpops


National Adolescent and Young Adult Health Information Center (2013). Summary of Recommended Guidelines for Clinical Preventive Services for Young Adults ages 18-26: Risk Factors and Recommended Screening Tests. San Francisco, CA: National Adolescent and Young Adult Health Information Center, University of California, San Francisco. Available at: http://nahic.ucsf.edu/cps/YAguidelines
References & Further Reading


A. English, Center for Adolescent Health & the Law
The Center for Adolescent Health & the Law is a national nonprofit legal and policy organization that works to promote the health of adolescents and young adults and their access to comprehensive health care.
Thank You!

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