

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

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Special Thanks!

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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

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

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

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 \leq 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

Medicaid Benefits

- Adolescents \leq 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

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

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

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 uninsurance & 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

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: 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

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 \leq age 20 in residential placements
- Minority overrepresentation
 - ▣ 41% of juveniles in placement African-American
 - ▣ 39% of young adults in prison or jail African-American

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

Justice Systems Youth – Pre-ACA

- 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

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

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

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

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?

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

Conclusion

- 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

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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.



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Thank You!