

IMPLEMENTING THE AFFORDABLE CARE ACT – WILL ADOLESCENTS & YOUNG ADULTS GET WHAT THEY NEED?

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Special Thanks!

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Overview

- What are some **critical issues** for adolescents & young adults?
- How does the ACA improve the **health insurance status** of young adults?
- How does the ACA improve access to important **health care services** for young adults?
- What are the upcoming **challenges** to make sure young adults gain health insurance coverage and receive needed services?

Adolescents & Young Adults

- Special concerns
 - ▣ Adolescents vs. young adults
 - ▣ Social context
 - ▣ Vulnerable populations
- Health status
- Health care system issues
- Health care utilization
- Health insurance status
- Privacy & confidentiality

Special Concerns

- Adolescents vs. young adults
 - Age & developmental status
 - Legal status
 - Health insurance status
- Social context
 - Familial support
 - Institutional relationships
 - Living situations
- Vulnerable populations
 - Racial & ethnic minorities
 - Youth in/exiting foster care & juvenile justice
 - LGBT youth

Health Status 1

- Critical period to prevent chronic diseases of adulthood
 - ▣ Tobacco use
 - ▣ Obesity
 - ▣ Dental problems
 - ▣ Hearing loss
- Major health problems largely preventable
- Behavioral links

Health Status 2

- Motor vehicle crashes
 - ▣ Drinking & driving
- Violence
 - ▣ Homicide & fighting
- Reproductive and sexual health
 - ▣ STDs
 - ▣ HIV/AIDS
 - ▣ Pregnancy

Health Status 3

- Mental health concerns
 - Major depressive episodes
 - Suicide attempts & suicide
- Substance abuse
 - Binge drinking
 - Marijuana & other illegal drugs
 - Prescription medications

Health System Issues

- Acute care favored over prevention
- Financing/insurance difficult to navigate
- Shortage of providers trained/comfortable with caring for adolescents & young adults
- Age-linked legal requirements mismatched with developmental/social characteristics
 - ▣ Consent
 - ▣ Loss of eligibility/change in insurance
 - ▣ Change of primary care clinician

Health Care Utilization

□ Adolescents

- ▣ 40% of adolescents had a past year well-visit
 - Among those very few received recommended preventive services (2001-2004)
- ▣ 54% received care in a medical home (2007)
 - 46% for those with mental health condition
 - 35% for those with mental health AND physical health condition

□ Young adults

- ▣ Lowest rates of ambulatory care visits
- ▣ Very high rates ER visits

Sources: Adams et al, in press; Irwin et al, 2009

Health Insurance Coverage

- Adolescents & young adults insured at lower rates than younger children
- 2011 continuous health insurance coverage for at least a year
 - ▣ 89.3% of adolescents (ages 10-17)
 - ▣ 66.7% of young adults (ages 18-25)
- 2011 *uninsured* full-year or part-year
 - ▣ 11.7% of adolescents (ages 10-17)
 - ▣ 33.2% of young adults (ages 18-25)

Sources: NAHIC/UCSF analysis of National Health Interview Survey; English & Park, 2012

Health Insurance Type

- 2011 full year coverage
 - Private coverage
 - 56.7% of adolescents (ages 10-17)
 - 51.5% of young adults (ages 18-25)
 - Public coverage
 - 32.6% of adolescents (ages 10-17) [Medicaid & CHIP]
 - 15.2% of young adults (ages 18-25) [Medicaid]

Sources: NAHIC/UCSF analysis of National Health Interview Survey; English & Park, 2012

ACA Expanded Coverage

- Private health insurance
 - ▣ Coverage to age 26 on family policy – 2010
 - ▣ Health insurance “Exchanges” & subsidies – 2014
- Public health insurance
 - ▣ Medicaid expansion
 - ▣ Maintenance of effort

Private Health Insurance

- Individual mandate & financial penalties
- Health insurance “Exchanges”
 - ▣ Platinum/Gold/Silver/Bronze plans
 - ▣ Catastrophic plans for young adults < age 30
- Federal subsidies
 - ▣ Premium tax credits (100% - 400% FPL)
 - ▣ Cost-sharing assistance (100% - 250% FPL)
- “Age 26” provision
 - ▣ 3 million young people covered Sept 2010 – Dec 2011

Public Health Insurance

- Prior to ACA
 - Medicaid required to cover
 - Ages 0-6 & pregnant women to 133% FPL
 - Ages 6-18 to 100% FPL
 - Medicaid eligibility levels for single adults very low
- ACA
 - Medicaid required to cover ages 6-18 to 133% FPL
 - Maintenance of effort in Medicaid
 - Medicaid expansion beginning 2014 – state option

ACA Medicaid Expansion

- Originally required for all states
- State option since Supreme Court decision June 2012
- Coverage of individuals to 133% (138%) FPL
 - ▣ Not if Medicare eligible
 - ▣ Not undocumented immigrants
 - ▣ Not legal immigrants here less than 5 yrs
- Former foster youth until age 26 - required

ACA Benefits

- “Essential Health Benefits”
 - ▣ All private plans offered through the Exchange must cover 10 essential health benefits
 - State flexibility
 - Benchmark plans
 - ▣ 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 & newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative & habilitative services and devices
- Laboratory services
- Preventive and wellness services & chronic disease management
- Pediatric services, including oral & 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)

Sexual & Reproductive Services

- Preventive services with no cost sharing
 - Screening & counseling for
 - STDs
 - HIV
 - Domestic/partner violence
 - Contraception
 - Vaccines for sexually transmissible infections (e.g. HPV)

Sexual & Reproductive Services

- Maternity care
 - ▣ Services that span the pre-conception, pregnancy, labor and delivery, postpartum, and inter-conception periods
- Abortion
 - ▣ States can ban coverage in exchange plans
 - ▣ No federal funds for abortions beyond scope of Hyde Amendment

ACA Challenges for Young Adults

- Expansion of health insurance coverage
 - ▣ Individual mandate
 - ▣ Medicaid expansion
 - ▣ Outreach & enrollment
 - ▣ Vulnerable populations
- Access to health care services
 - ▣ Scope of “essential health benefits”
 - ▣ Limits of “no cost” preventive services
 - ▣ Confidentiality

Individual Mandate

- Applies if no other coverage unless exempt
- Enforceable by financial penalties through IRS
- Exemption if income < income tax filing threshold
- Penalties less than premiums
- Many young adults reluctant to purchase coverage
- Young adult compliance with mandate uncertain
- Cost calculations for employer based family/dependent coverage complicated

Medicaid Expansion

- State option based on Supreme Court decision
- 25 states support Medicaid expansion as of May 2, 2013
- Expansion critical for young adult age group
- States not planning to expand include some with very low eligibility levels for young adults
- Young adults < 100% FPL not eligible for subsidies in Exchange, may fall through cracks w/o expansion

Vulnerable Populations

- High risk for multiple serious health problems including mental health & substance abuse disorders
- Former foster youth
 - ▣ Medicaid coverage required to age 26
 - ▣ Some will be ineligible due to technicalities
- Individuals involved in criminal &/or juvenile justice system
 - ▣ Inmates of public institutions ineligible for Medicaid
 - ▣ Difficult transition to Medicaid upon exit
- Homeless individuals

Outreach & Enrollment

- 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.” § 2201(b) (amending 42 U.S.C. § 1397aa)
- States required to have streamlined application procedures

Scope of “Essential Health Benefits”

- Details of “essential health benefits” may vary by state
- States choose benchmark plan
 - ▣ Essential benefits “missing” from benchmark?
 - ▣ Some services important for young adults may be limited in scope
 - ▣ Dental & vision only required for children
- 26 states will default to federally run exchange as of May 2, 2013

Limits of “No Cost” Preventive Services

- Preventive services without cost sharing
 - Screening
 - Diagnosis?
 - Treatment
- Contraception
 - All FDA approved methods
 - Exclusion of coverage for some brands
 - Religious exemptions & accommodation

Privacy & Confidentiality

- Privacy concerns important to young adults
 - ▣ Sensitive services
 - ▣ Domestic violence
- Young adults on policy of family member
 - ▣ Parent
 - ▣ Spouse
- Billing & insurance claims jeopardize confidentiality
 - ▣ EOBs & other legally required disclosures

Privacy Concerns

- Decades of research findings
- Effects
 - ▣ Willingness to seek care or use certain services
 - ▣ Choice of provider or site
 - ▣ Willingness to disclose sensitive information
- Issues
 - ▣ Sexual/reproductive health
 - ▣ Mental health
 - ▣ Substance use
 - ▣ Domestic/partner violence
 - ▣ Child abuse
- Challenges related to coverage as dependents

Federal Confidentiality Laws

- Federal constitutional right of privacy
- Federal funding programs
 - ▣ Title X Family Planning
 - ▣ Medicaid
 - ▣ Federal drug & alcohol programs
- **HIPAA Privacy Rule**
 - ▣ Importance of state laws in application of federal laws
 - Young adults fully protected
 - Adolescent minors – parents may/may not have access

State Confidentiality Laws

- State constitutional right of privacy
- **Minor consent**
- Medical confidentiality & medical records
- Patient access to health records
- Professional licensing
- Evidentiary privileges
- State funding programs

HIPAA: Special Privacy Protections 1

- Health care providers and health plans must permit individuals to:
 - ▣ Request confidential communication
 - ▣ Receive protected health information by alternative means or at alternative locations
- Health care providers
 - ▣ Must accommodate reasonable request
- Health plans
 - ▣ Must accommodate reasonable request if the individual states that disclosure could **endanger** the individual

HIPAA: Special Privacy Protections 2

- Individuals may request no disclosure of protected health information without their authorization
- Covered entities (health plans, health care providers)
 - ▣ Not required to agree
 - ▣ If they do agree, must comply

Confidentiality for Adolescents & Young Adults

- Both adolescents & young adults have privacy concerns
- Legal confidentiality protections not identical for adolescent minors (< 18) and young adults (≥ 18)
- Disclosures via billing and insurance claims affect both age groups
- EMR issues more complex for adolescent minors (< 18)

Implications of ACA re Privacy

- Changing health environment
- More young adults will have health insurance
 - ▣ Coverage to age 26 on family policy
- Coverage of preventive services without cost sharing in private health plans
 - ▣ Contraceptive services
 - ▣ STD screening
- Confidentiality challenges for young people covered on a family health insurance policy

Disclosure Requirements

- Federal laws
 - ▣ ERISA
- State laws
 - ▣ Requirements that abrogate confidentiality
 - ▣ Approaches to protect confidentiality

State Insurance Requirements: Disclosure

- Explanation of Benefits (EOB)
- Denial of claims
- Acknowledgment of claims
- Requests for additional information
- Payment of claims

EOBs: Widespread Use

- EOBs ubiquitous
 - ▣ Laws in 1/2 of states presume or explicitly require EOBs
 - ▣ Insurance contracts, policies, practices usually require
- Typically sent by private health insurance plans to policyholder who may/may not be patient
- Less frequent use in Medicaid for sensitive services
- Purpose
 - ▣ Fraud prevention
 - ▣ Transparency of insurance claims process

EOBs: Content

- General or detailed description of the care provided
- Charges that were submitted to the insurer
- Amount covered by insurance
- Amount not covered
- Policyholder's or patient's remaining financial responsibility, if any

Denials of Claims

- Required by federal law in ERISA
 - ▣ To “participant or beneficiary”
 - ▣ New requirements pursuant to ACA
 - Diagnosis code and corresponding meaning
 - Treatment code and corresponding meaning
- Required by state law in almost every state
- Recipient variously specified as the insured, the beneficiary, a legal representative of the beneficiary or a designated adult family member, an enrollee, a covered person, a subscriber, a certificate holder, the health care provider, and/or the claimant

Protecting Confidentiality

- EOB not sent when no balance due (NY, WI)
- EOB sent directly to patient (NY, WI)
- Confidential STD care includes billing (CT, DE, FL)
- Health care provider must inform insurer when “minors without support” request confidentiality (HI)
- Minor may refuse parents’ request for EOB or claim denial (ME)
- Insurer may not disclose private health information, including by mailing an EOB, without authorization of minor or adult patient (WA)

Conclusion

- Adolescents & young adults = populations with significant health concerns, high rates of uninsurance, & low rates of health care utilization
- ACA has potential to expand
 - ▣ Health insurance coverage in private plans & Medicaid
 - ▣ Access to important preventive, acute, and chronic care services
- Privacy & confidentiality especially troublesome
- Big challenges remain to ensure success in meeting ACA's promise for adolescents & young adults

Selected Sources/Resources

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Thank you!