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

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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

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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

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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

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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

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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

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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

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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)

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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)

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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

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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

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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

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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

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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
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
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 $\frac{1}{2}$ 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

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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

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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


Thank you!