

ACCESS TO HEALTH CARE FOR YOUNG ADULTS: IMPACT & IMPLICATIONS OF THE AFFORDABLE CARE ACT

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Special Thanks!

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Overview

- 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?

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

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
 - 26 states will default to federally run exchange as of May 2, 2013
- Some services important for young adults may be limited in scope
- Dental & vision only required for children

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

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

Conclusion

- Young adults = population 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
- Big challenges remain to ensure success in meeting ACA's promise for young adults

Selected Sources/Resources

- English A et al. *Confidentiality for Individuals Insured as Dependents: A Review of State Laws and Policies*. New York: Guttmacher Institute and Public Health Solutions, 2012, www.guttmacher.org/pubs/confidentiality-review.pdf.
- English A, Park MJ. *The Supreme Court ACA Decision: What Happens Now for Adolescents and Young Adults?* Chapel Hill, NC: Center for Adolescent Health & the Law; and San Francisco, CA: National Adolescent and Young Adult Health Information Center, 2012, www.nahic.ucsf.edu.*
- Kaiser Family Foundation. *State Health Facts – State Decisions for Creating Health Insurance Exchanges and Expanding Medicaid as of May 2, 2013*, <http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/>.

*Note: This issue brief cites numerous additional sources with evidence and data supporting the points in this presentation.