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

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Young Adult Workshop
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?
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

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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)
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

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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
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

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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](http://www.nahic.ucsf.edu).*


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