THE AFFORDABLE CARE ACT IS HERE (TO STAY)!
WHAT WILL IT MEAN FOR ADOLESCENTS, YOUNG ADULTS, AND THEIR ACCESS TO SEXUAL & REPRODUCTIVE HEALTH SERVICES?

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This session has two primary goals:

- To describe how the Affordable Care Act will expand health insurance coverage for adolescents & young adults
- To explain how the Affordable Care Act will provide adolescents & young adults access to contraception & other sexual & reproductive health services
Overview

- Special concerns of adolescents
- ACA expanded insurance coverage
- ACA benefits
- Contraception
- Other sexual & reproductive health services
- Special challenges & controversies

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Adolescents & Young Adults

- Special concerns
- Social context
- Vulnerable populations
- Health status
- Health care system issues
- Health care utilization
- Health insurance status
- Privacy
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
- Youth in juvenile & criminal justice systems
- Homeless youth
- LGBT youth
Health System Issues

- Acute care favored over prevention
- Financing/insurance difficult to navigate
- Shortage of trained & comfortable providers
- 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: *Irwin et al., 2009; Adams et al., in press; NHIS*
Health Insurance Status

- 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)
  - 32.3% of young adults (ages 18-25)

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

- Medicaid & CHIP
  - Maintenance of effort
  - Medicaid expansion
Private Health Insurance

- Individual mandate & financial penalties
- Health insurance “Exchanges”
  - Platinum/Gold/Silver/Bronze plans
  - Catastrophic plans
- 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
    - 10 states more generous in Medicaid
    - Many states more generous in CHIP

- Medicaid eligibility levels for single adults very low

ACA

- Medicaid required to cover ages 6-18 to 133% FPL
- Maintenance of effort in Medicaid & CHIP
- Medicaid expansion beginning 2014

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ACA Medicaid Expansion

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

- “Essential Health Benefits”
  - All private plans offered through the Exchange 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

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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)
Preventive services with no cost sharing

- Screening & counseling for
  - STDs
  - HIV
  - Domestic/partner violence

- Contraception

- Vaccines for sexually transmissible infections (e.g. HPV)
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
Contraception Controversy

- Contraception = preventive service to be covered with no cost sharing
  - All FDA-approved methods should be covered
- Religious objections
  - Regulatory compromise
    - Churches
    - Hospitals, universities
    - Non-religiously affiliated employers
- Lawsuits
Grace Periods & Exemptions

- Some religious employers (e.g. churches) are **exempt** from the contraceptive coverage requirement.

- Nonprofit employers/universities/schools with religious objections may receive a **one year grace period** to postpone compliance until 8/1/2013.
  - “Accommodation” as means of satisfying requirement.

- Self-funded student health plans are **exempt**.
ACA Provider Networks

- Shortage of trained & accessible providers
  - Adolescents
  - Sexual/reproductive health services

- ACA minimum standards
  - Sufficient choice and type
  - “Essential Community Providers”
Outreach and 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

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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
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

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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 ½ 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
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)
- HIPAA implementation (CA – pending legislation)
- Summary of Payment Form that protects confidentiality (MA – in development)
Conclusion

- Ensuring access to contraception & other sexual and reproductive health services for adolescents & young adults under the ACA will be a complex process involving multiple federal and state laws
  - Expanded coverage
    - Outreach & enrollment
  - Essential health benefits
    - State level advocacy
  - Controversies & challenges
    - Contraception & abortion
    - Confidentiality & insurance
Resources


Thank You!