

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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Goals

- 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

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

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 1

- 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

Health Insurance Status 2

- 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

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

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

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)

Sexual & Reproductive Services 1

- 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 2

- 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

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)
- 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

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Thank You!