THE AFFORDABLE CARE ACT IS HERE (TO STAY)! WILL IT ENSURE ACCESS TO CONTRACEPTION AND OTHER REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENTS AND YOUNG ADULTS?

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Goals

- This session has two primary goals:
  - To clarify the extent to which the Affordable Care Act does, or does not, address the special concerns of adolescents and young adults
  - To explain how the Affordable Care Act provides adolescents and young adults with access – and the challenges in ensuring access – to contraception and other sexual and reproductive health services

Objectives

- By the end of this session, participants will be able to:
  - Describe 3 ways that the ACA will expand health insurance coverage for adolescents & young adults
  - List 3 preventive sexual and reproductive health (SRH) services that are provided with no cost sharing under the ACA
  - Discuss 3 controversies and challenges that adolescents and young adults face with the ACA expansion

Overview

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

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

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

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

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

Health Insurance Status 1

- Adolescents & young adults insured at lower rates than younger children
- 2011continuous 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)

Source: NAHIC/UCSF analysis of National Health Interview Survey

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]

Source: NAHIC/UCSF analysis of National Health Interview Survey

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 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

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)

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

- 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.
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