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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Special Thanks!

- M. Jane Park, MPH, National Adolescent and Young Adult Health Information Center, Division of Adolescent and Young Adult Medicine, Department of Pediatrics, University of California, San Francisco

- Rachel Benson Gold and Elizabeth Nash, Guttmacher Institute
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

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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

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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
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)

Source: NAHIC/UCSF analysis of National Health Interview Survey

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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

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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

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“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

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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)
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

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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

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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

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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)

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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

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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

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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

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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)

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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

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Resources


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