THE FUTURE OF THE AFFORDABLE CARE ACT:
WILL ADOLESCENTS AND YOUNG ADULTS GET WHAT THEY NEED?

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- Rachel Benson Gold and Elizabeth Nash, Guttmacher Institute
Goals

This session has three 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 important benefits
- To explore current and upcoming challenges and controversies
Overview

- Adolescents & young adults
- ACA expanded insurance coverage
- ACA benefits
- Sexual & reproductive health services
- Confidentiality concerns
- 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., 2013; NHIS

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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
  - No pre-existing conditions exclusion for children - 2010
  - Health insurance “Exchanges” & subsidies – 2014

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

- Individual mandate & financial penalties
- Health insurance “Exchanges”/“Marketplaces”
  - 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 new young adults covered since Sept 2010

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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 more generous in CHIP
- Medicaid eligibility levels for single adults very low
  - 0% FPL in many states for those not parents, not disabled

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

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Status of Medicaid Expansion

- As of September 30, 2013
  - 25 states moving forward with Medicaid expansion
  - 26 states not moving forward at this time
  - Virginia not moving forward at this time

- Implications of not expanding Medicaid
  - Young adults
    - Not Medicaid eligible unless disabled, pregnant, or parent
    - < 100% FPL not eligible for premium assistance and subsidies in exchanges
    - Many vulnerable young adults left out

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Virginia Medicaid

- Income eligibility effective January 1, 2014 based on state decisions as of September 30, 2013
  - Ages 6-18: 143% FPL
  - CHIP: 200% FPL
  - Pregnant women: 143% FPL
  - Parents: 49% FPL
  - Other Adults: 0%
- No Medicaid expansion
- Maintenance of effort required

Source: Centers for Medicare and Medicaid Services

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<table>
<thead>
<tr>
<th>Income Levels</th>
<th>Medicaid Expansion States</th>
<th>Non-Medicaid Expansion States</th>
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<tr>
<td>100%= Family of 3: &lt;$15,510</td>
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Source: NAHIC/UCSF

FPL = Federal Poverty Level (2013 levels)

See CMS, 2013

ACA INSURANCE COVERAGE FOR ADULTS

Income Levels

Less than 100% FPL

100%=

Individual: <$11,490

Family of 3: <$15,510

Premium Assistance in Marketplace

Premium Assistance and Cost-Sharing Subsidies in Marketplace

Medicaid Coverage for most adults

No Change from Pre-ACA Medicaid Coverage

(ranges from 0% to 129% FPL, depending on state and group)

Virginia:

Pregnant Women: 143% FPL

Parents: 49% FPL

Other Adults: 0% FPL

Source: NAHIC/UCSF

Medicaid Coverage for most adults

Source: NAHIC/UCSF

Medicaid Expansion States

Premium Assistance and Cost-Sharing Subsidies in Marketplace

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Source: NAHIC/UCSF
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)
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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Grace Periods & Exemptions

- Some religious employers (e.g. churches) are exempt from the contraceptive coverage requirement.
- Nonprofit employers/universities/schools with religious objections received 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
  - Young adults
  - Sexual/reproductive health services

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

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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

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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
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
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

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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)
- Insurers must honor requests for confidential communications (CA)
- Summary of Payment Form that protects confidentiality (MA – in development)
Controversies & Challenges

- Costs in ACA exchange plans
  - Deductibles, copayments, coinsurance
- Medicaid expansion
  - Coverage for vulnerable young adults
- Scope of Essential Health Benefits
  - State level advocacy
- Contraception & abortion
  - Exemptions for nonreligious employers
- Confidentiality & insurance
  - EOBs for dependents on family’s plan
Conclusion

- Ensuring access to affordable insurance & essential health services for adolescents & young adults under the ACA will be complex
  - Federal laws
  - State laws
  - Health care professionals & advocates

- ACA will help adolescents & young adults – how much???
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](http://www.nahic.ucsf.edu).


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