

ACCESS TO HEALTH CARE FOR YOUNG ADULTS: IMPACT & IMPLICATIONS OF THE AFFORDABLE CARE ACT

Abigail English, JD
Center for Adolescent Health & the Law
english@cahl.org

Young Adult Workshop
IOM/NRC – Washington, DC – May 4, 2013

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

Overview

- .. How does the ACA improve the **health insurance status** of young adults?
- .. How does the ACA improve access to important **health care services** for young adults?
- .. What are the upcoming **challenges** to make sure young adults gain health insurance coverage and receive needed services?

Health Insurance Coverage

- 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)
 - ⌘ **33.2%** of young adults (ages 18-25)

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

Health Insurance Type

- .. 2011 full year coverage
 - ⌘ Private coverage
 - n 56.7% of adolescents (ages 10-17)
 - n 51.5% of young adults (ages 18-25)
 - ⌘ Public coverage
 - n 32.6% of adolescents (ages 10-17) [Medicaid & CHIP]
 - n 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
- .. Public health insurance
 - ⌘ Medicaid expansion
 - ⌘ Maintenance of effort

Private Health Insurance

- .. Individual mandate & financial penalties
- .. Health insurance “Exchanges”
 - ⌘ Platinum/Gold/Silver/Bronze plans
 - ⌘ Catastrophic plans for young adults < age 30
- .. 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
 - n Ages 0-6 & pregnant women to 133% FPL
 - n Ages 6-18 to 100% FPL
 - ⌘ Medicaid eligibility levels for single adults very low
- ACA
 - ⌘ Medicaid required to cover ages 6-18 to 133% FPL
 - ⌘ Maintenance of effort in Medicaid
 - ⌘ Medicaid expansion beginning 2014 – state option

ACA Medicaid Expansion

- .. Originally required for all states
- .. State option since Supreme Court decision June 2012
- .. Coverage of individuals to 133% (138%) FPL
 - ⌘ Not if Medicare eligible
 - ⌘ Not undocumented immigrants
 - ⌘ Not legal immigrants here less than 5 yrs
- .. Former foster youth until age 26 - required

ACA Benefits

- .. “Essential Health Benefits”
 - ⌘ All private plans offered through the Exchange must cover 10 essential health benefits
 - n State flexibility
 - n Benchmark plans
 - ⌘ 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 & newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative & habilitative services and devices
- Laboratory services
- Preventive and wellness services & chronic disease management
- Pediatric services, including oral & 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

- Preventive services with no cost sharing
 - ⌘ Screening & counseling for
 - n STDs
 - n HIV
 - n Domestic/partner violence
 - ⌘ Contraception
 - ⌘ Vaccines for sexually transmissible infections (e.g. HPV)

Sexual & Reproductive Services

- .. 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

ACA Challenges for Young Adults

- Expansion of health insurance coverage
 - ⌘ Individual mandate
 - ⌘ Medicaid expansion
 - ⌘ Outreach & enrollment
 - ⌘ Vulnerable populations
- Access to health care services
 - ⌘ Scope of “essential health benefits”
 - ⌘ Limits of “no cost” preventive services
 - ⌘ Confidentiality

Individual Mandate

- .. Applies if no other coverage unless exempt
- .. Enforceable by financial penalties through IRS
- .. Exemption if income < income tax filing threshold
- .. Penalties less than premiums
- .. Many young adults reluctant to purchase coverage
- .. Young adult compliance with mandate uncertain

Medicaid Expansion



- .. State option based on Supreme Court decision
- .. 25 states support Medicaid expansion as of May 2, 2013
- .. Expansion critical for young adult age group
- .. States not planning to expand include some with very low eligibility levels for young adults
- .. Young adults < 100% FPL not eligible for subsidies in Exchange, may fall through cracks w/o expansion

Vulnerable Populations

- .. High risk for multiple serious health problems including mental health & substance abuse disorders
- .. Former foster youth
 - ⌘ Medicaid coverage required to age 26
 - ⌘ Some will be ineligible due to technicalities
- .. Individuals involved in criminal &/or juvenile justice system
 - ⌘ Inmates of public institutions ineligible for Medicaid
 - ⌘ Difficult transition to Medicaid upon exit
- .. Homeless individuals

Outreach & 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

Scope of “Essential Health Benefits”

- .. Details of “essential health benefits” may vary by state
- .. States choose benchmark plan
 - ✧ 26 states will default to federally run exchange as of May 2, 2013
- .. Some services important for young adults may be limited in scope
- .. Dental & vision only required for children

Limits of “No Cost” Preventive Services

- .. Preventive services without cost sharing
 - ⌘ Screening
 - ⌘ Diagnosis?
 - ⌘ Treatment
- .. Contraception
 - ⌘ All FDA approved methods
 - ⌘ Exclusion of coverage for some brands
 - ⌘ Religious exemptions & accommodation

Confidentiality

- Privacy concerns important to young adults
 - ✕ Sensitive services
 - ✕ Domestic violence
- Young adults on policy of family member
 - ✕ Parent
 - ✕ Spouse
- Billing & insurance claims jeopardize confidentiality
 - ✕ EOBs & other legally required disclosures

Conclusion

- Young adults = population with significant health concerns, high rates of uninsurance, & low rates of health care utilization
- ACA has potential to expand
 - ⊗ Health insurance coverage in private plans & Medicaid
 - ⊗ Access to important preventive, acute, and chronic care services
- Big challenges remain to ensure success in meeting ACA's promise for young adults

Selected Sources/Resources

- .. English A et al. *Confidentiality for Individuals Insured as Dependents: A Review of State Laws and Policies*. New York: Guttmacher Institute and Public Health Solutions, 2012, www.guttmacher.org/pubs/confidentiality-review.pdf.
- .. 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.*
- .. Kaiser Family Foundation. *State Health Facts – State Decisions for Creating Health Insurance Exchanges and Expanding Medicaid as of May 2, 2013*, <http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/>.

*Note: This issue brief cites numerous additional sources with evidence and data supporting the points in this presentation.