

ACA Implementation: What Does it Mean for Adolescents and Young Adults?

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Questions

- Why is health for adolescents and young adults important?
- How can health care help youth in the transition to adulthood?
- How can the Affordable Care Act help?

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Why is health for
adolescents and
young adults important?
A quick look at
the critical issues

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Adolescence & Young Adulthood in the Lifespan

- Significant period of bio-psycho-social development.
- Normal experimentation with adult behaviors and identities:
 - opportunities to foster healthy behaviors and habits, nurturing relationships & life skills that will help youth be productively engaged adults;
 - without needed support, risk of negative development and outcomes.

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Health Issues of Adolescence & Young Adulthood

- The major health problems of late adolescence and early adulthood are largely preventable.
- Many problems are linked to behaviors and related outcomes.
- Few youths have serious impairment that interferes with daily functioning, BUT
- Those with chronic conditions, including mental health disorders, must learn to manage these conditions with increasing independence.

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Critical Health Issues of Adolescence & Young Adulthood*

- Increasing independence in habits related to diet, physical activity, and sleep.
- Critical period to prevent chronic conditions of adulthood, in areas such as
 - Diseases related to tobacco use,
 - Obesity,
 - Dental caries,
 - Hearing loss.

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*Adapted from the Healthy People 2020 Core Indicators for Adolescent and Young Adult Health.

Critical Health Issues of Adolescence & Young Adulthood

- Motor vehicle crashes & drinking and driving.
- Violence, including homicide & fighting.
- Reproductive & sexual health, including behaviors to prevent sexually transmitted diseases, HIV/AIDS, and pregnancy.

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Critical Health Issues of Adolescence & Young Adulthood

- Critical period for emergence of mental health concerns, such as:
 - Major depressive episodes;
 - Suicide and suicide attempts.
- Substance use, including binge drinking and use of marijuana & other illicit drugs.

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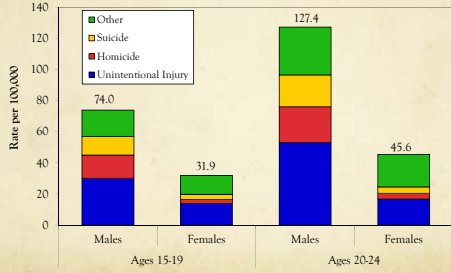
Most markers of adolescent health worsen in young adulthood. Many measures peak, including

- Fatal motor vehicle crashes and homicide.
- Drinking and driving.
- Most measures of substance use/abuse.
- Many sexually transmitted diseases.

Park et al., 2006

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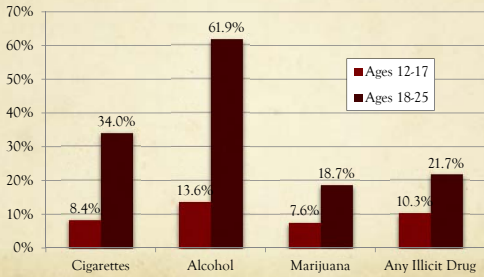
Mortality by Cause, Gender & Age Group, Ages 15-24, 2009



CDC Wonder

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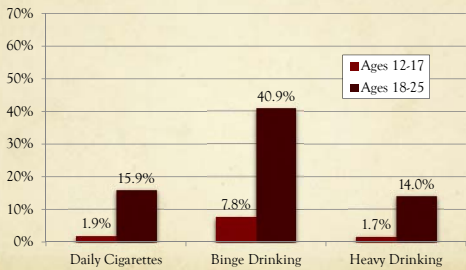
Past-Month Substance Use, Ages 12-25, 2010



NSDUH 2010

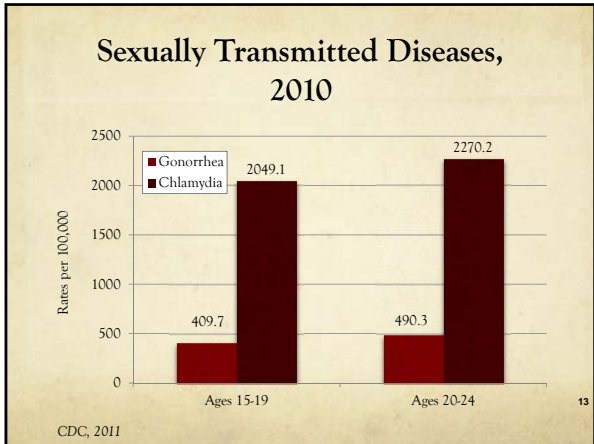
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Heavy Past-Month Alcohol and Cigarette Use, 2010



NSDUH 2010

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Special/Vulnerable Populations

- Major disparities and differences persist in many areas of adolescent and young adult health.
- Extra support needed for many populations, including:
 - Youth in or exiting foster care,
 - Sexual minority youth,
 - Homeless/runaway youth,
 - Youth with chronic conditions/special health care needs.

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How can health care help youth in the transition to adulthood?

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How Services Can Help?

- As they transition through adolescence and young adulthood, youth are beginning to:
 - assume responsibility for their care,
 - learn to navigate the health care system.
- Developmentally-based health care may help:
 - reduce mortality and morbidity ~ including incidence of chronic illnesses ~ by decreasing health-damaging behaviors & promoting healthy behavior;
 - improve management of chronic conditions/special needs.

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Recommended Services for Adolescents and Young Adults

- Adolescents (and young adults) need health care services that are: Accessible, acceptable, appropriate, effective & equitable (World Health Organization).
- Major consensus on content of care :
 - *Bright Futures*, 3rd ed. (recs for 11-14 15-17, & 18-21 years)
 - Transitional care for youth with special health care needs (YSHCN)
 - Little focus on young adults; a 2012 study identified several areas of overlap among *Bright Futures* (18-21 years), other professional & USPSTF recommendations.

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Hagan, Shaw & Duncan, 2008; AAP AAFP & ACP, 2011; Ozer et al., 2012

Shortcomings of the Health Care System for Youth

- The current system falls short in many respects:
 - The financing system is difficult to navigate and leaves many out.
 - System rewards acute care over preventive services and chronic disease management.
 - Shortage of providers trained in and comfortable serving adolescents, especially in mental health.
 - Little consensus/focus on health care needs for young adults.

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NRC/IOM, 2008; Park et al., 2006

Shortcomings of the Health Care System for Youth

- Health care system (and other systems) changes abruptly at age 18, not developmentally based;
 - Change in legal status: can legally consent to own care.
 - Loss of eligibility for public insurance and parents' insurance (this is getting better).
 - Change in primary care clinician/source of care.
- Limited models for transition to adult health care (YSHCN consensus is an important exception).

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Health Care Systems Falls Short

- Only 40% of adolescents had a past-year well visit.
 - Among those, very few receive recommended preventive services; rates are particularly low for Hispanics and females (2001-2004).
- 54% of adolescents received care in a medical home (2007). This figure is even lower for some populations:
 - 46% of those with a mental health condition, and 35% of those with both a physical health condition AND a mental health condition.
- 8.3% of adolescents had a past-year unmet need for dental health care (2010).

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Irwin et al., 2009; Adams et al., in press; NHIS

Health Care Systems Falls Short

- Young adults have the lowest rates of ambulatory care visits in the lifespan; among those with a past-year primary care visit, less than a third received preventive services related to key health issues.
- Young adults have very high rates of ER visits – only the very young and the elderly have higher rates.
- 17.4% of young adults (ages 18-24) had a past-year unmet need for dental health care (2010).

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Fortuna et al., 2009; Irwin et al., 2009; Adams et al., in press

How Can the Affordable Care Act Help?

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- ### How Can The Affordable Care Act (ACA) Help?
- No exclusions for pre-existing conditions & individual insurance mandate.
 - Major expansions of private insurance.
 - Major expansion of public coverage (Medicaid) will be decided on a state-by-state basis.
 - Improved access to services, through:
 - Essential health benefit packages.
 - No-cost sharing for certain preventive health services.
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- ### Individual Mandate and Pre-existing Conditions
- Individuals - including children, adolescents and adults - will be required to have health insurance (public or private), or face a financial penalty, effective 2014 (the "individual mandate").
 - Insurance plans will be prohibited from refusing to issue a policy to individuals with pre-existing conditions:
 - effective 2010 for children and adolescents;
 - effective 2014 for adults.
- English & Park, 2012
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Private Insurance and the ACA

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**Private Insurance and the ACA:
State Insurance Exchanges and More**

- By January 2014, state-based “insurance exchanges” will serve as insurance markets:
 - Exchanges can be run by: the state, the federal government, or jointly run by both.
 - All plans sold through the insurance exchanges must offer at least an “essential health benefits” package. The package will vary among states.
 - Exchanges required to create a seamless enrollment process.

English & Park, 2012

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**Private Insurance and the ACA:
State Insurance Exchanges and More**

- Consumers are eligible for federal subsidies for plans purchased from the insurance exchanges:
 - Cost-sharing subsidies for those with incomes 100% - 250% Federal Poverty Level (FPL) (paid directly to health plan, thereby reducing out-of-pocket costs for insured).
 - Premium assistance for those with incomes 100% - 400% FPL (through tax credits).

English & Park, 2012

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Private Insurance and the ACA: State Insurance Exchanges and More

- Exchanges will also offer **Catastrophic Plans** for young adults (up to 30 years):
 - Low premium, high deductible.
 - Must cover at least three primary care visits and preventive services not subject to deductible.
 - May be an attractive low-cost option.
 - BUT those with sudden serious illness or injury will incur tremendous costs.

English & Park, 2012

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ACA and Private Insurance: Age 26 Provision

- Most private plans must offer dependent coverage for young adults up to Age 26.
 - Applies regardless of young person's financial, marital, or student status.
 - About **3 million** young adults gained coverage from 9/2010 to 12/2011.

English & Park, 2012; Sommers, 2012

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Public Insurance and the ACA

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Public Insurance Prior to the ACA

- Federal law required Medicaid to cover adolescents up to age 19 with family incomes up to 100% FPL.
- Ten states had more generous coverage in Medicaid and many covered more through their Children's Health Insurance Programs (CHIP). About one third of adolescents had public coverage in 2011 (ages 12-17).
- Under Federal law, coverage of low-income adults (including young adults) was extremely limited.
 - By federal law, state Medicaid programs could not cover most low-income adults who were childless, not pregnant, or not disabled. Only 15% of young adults had public coverage in 2011 (ages 18-25).

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English & Park, 2012

Public Insurance and The ACA

- States must expand Medicaid to cover all adolescents up to age 19 in families with incomes up to 133% FPL.
- States may choose to expand Medicaid to cover all adults with incomes up to 133% FPL.
 - Under the 2012 Supreme Court decision, states not choosing this expansion will **not** face the penalty (of losing *all* Medicaid funds) in the original ACA legislation.

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English & Park, 2012

Public Insurance and The ACA

- States must maintain the Medicaid eligibility levels that were in place when the ACA was enacted.
 - Until 2019, for adolescents (and younger children; also applies to CHIP).
 - Until 2014, for young adults (and older adults).
- All Medicaid programs must cover youth aging out of Foster Care until age 26, effective 2014.
- New benefit: States may create "Health Homes," that would cover a range of services for Medicaid beneficiaries (all ages) with one or more chronic conditions.

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English & Park, 2012

The Basic Health Plan: One More Insurance Option

- States may offer a “Basic Health Plan,” (BHP) for individuals with incomes between 133% and 200% FPL.
- The BHP must offer the state’s Essential Health Benefits.
- If a state chooses to offer a BHP, individuals eligible for the BHP cannot receive premium or cost-sharing assistance through the exchange.
- Aims to provide a simple, affordable option to low-income individuals, and minimize disruption of coverage and providers.

English & Park, 2012

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Benefits and the ACA

- Private plans offered by health insurance exchanges must cover “Essential Health Benefits” in 10 ten areas, with states determining the specific benefit package.
- Medicaid expansion programs (where states choose this option) must offer at least the essential health benefits package to the newly eligible adults.
 - 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 and chronic disease management; and
 - pediatric services, including oral and vision care.

See: <http://www.healthcare.gov/glossary/e/essential.html>

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Preventive Services and the ACA

- Most private plans must cover certain **preventive services**, with no cost-sharing. These include:
 - USPSTF grade [A] or [B] recommendations
 - *Bright Futures* recommendations for adolescents
 - CDC ACIP vaccination recommendations
 - Services included in the Women’s Preventive Health Service Guidelines

See: <http://www.healthcare.gov/news/factsheets/2010/07/preventiveservices-list.html>

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Preventive Services and the ACA

- Preventive services include screening and counseling in areas especially relevant for adolescents and young adults, including:
 - Depression
 - Alcohol use* and misuse**
 - Tobacco
 - Diet** & obesity
 - Sexually Transmitted Infections and HIV
 - Contraception***
 - Domestic and interpersonal violence***

* adolescents only; ** adults only; ***Women only
See: <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>

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**Sounds good.
What will it mean
in practice?**

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Key issues to Monitor as ACA implementation moves forward

- What specific content is included in the Essential Health Benefits package in each state?
- Which preventive services are included in each state's Essential Health Benefits package?
- Has the exchange in each state established a seamless process for applying for individual coverage and being approved for the appropriate plan?
- Is there an effective process for determining eligibility for premium tax credits and cost-sharing subsidies?

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Key issues to Monitor as ACA implementation moves forward

- Has each state opted to implement the Medicaid expansion?
- In states that do not implement the Medicaid expansion are some young adults left uninsured due to a gap between the eligibility level for Medicaid and for the exchange?
- Has each state increased its Medicaid eligibility level up to 133% FPL for children and adolescents ages 6-18?
- Has each state maintained its Medicaid and CHIP eligibility levels for children and adolescents until 2019?
- Has each state extended Medicaid coverage for former foster youth to age 26?

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