Fact Sheet
Health Reform: What’s in it for Adolescents?

Introduction

Adolescence is an important time to promote optimal health and to prevent many of the behaviors that can place youth at-risk for health problems. While many adolescents have health insurance, a significant proportion (13 percent) lack health care coverage and the proportion of adolescents with private insurance is declining. Among young adults, nearly one-third are uninsured, representing more than one in five of all uninsured individuals. The Patient Protection and Affordable Care Act (ACA) presents a significant opportunity for state MCH programs and their partners to improve the health care delivery system overall, promote adolescent health and assure that adolescents have access to quality health care.

Adolescent Health Provisions in the Patient Protection and Affordable Care Act (ACA)

ACA contains numerous provisions that impact health programs and services for all children and youth, including adolescents. Additionally, the law includes several provisions targeting prevention including investments in teen pregnancy prevention. The scope and impact of many of these provisions will unfold over the coming years as federal rules and regulations are promulgated and states and communities implement them. Highlights of key ACA provisions that affect adolescents are below.

Coverage and Benefits

Extended Coverage for Young Adults on Parent’s Plans. Requires that any group health plan or plan in the individual market that provides dependent coverage for children, to make that coverage available for young adults up to age 26 even if the young adult no longer lives with his or her parents, is not a dependent on a parent’s tax return, or is no longer a student. ACA and Federal regulations also provide important tax credits to families by excluding the value of any employer-provided health coverage for an employee’s child from the employee’s income through the end of the taxable year in which the youth turns 26.
Preventive Care. Eliminates co-pays for services recommended by the United States Preventive Services Task Force, immunizations recommended by the Centers for Disease Control and Prevention, and with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (i.e. Bright Futures).

Essential Benefits Package. Requires qualified health plans to include the following essential health benefits as part of a comprehensive benefits package: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. ACA also requires comprehensive tobacco cessation services for pregnant women enrolled in Medicaid and includes a state option to cover family planning services.

Medicaid Expansion. Creates a new mandatory Medicaid eligibility category for all individuals with income at or below 133 percent of the Federal Poverty Level (FPL), beginning January 1, 2014. Prescription drugs and mental health services are added to the list of services that must be covered at actuarial equivalence. From 2014 through 2016, the Federal government will pay 100 percent of the cost of covering newly-eligible individuals. In 2017 and 2018, states that initially covered less of the newly-eligible population (called “Other States”) will receive more assistance than those states that covered at least some non-elderly, non-pregnant individuals (“Expansion States”). Finally, ACA extends Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to all children and youth up to age 21 who are gaining coverage under Medicaid.

Children’s Health Insurance Program (CHIP) Maintenance. Requires states to maintain income eligibility levels for CHIP through September 30, 2019. From fiscal year 2014 to 2019, states will receive a 23 percentage point increase in the Federal CHIP match rate, subject to a cap of 100 percent. CHIP-eligible children who cannot enroll in CHIP due to Federal allotment caps will be eligible for tax credits in the State Exchange.

Expanded Access to Care

Community Health Center Expansion. Creates a Community Health Center Fund that provides $11 billion in mandatory funding over five years for the Community Health Center program, the National Health Service Corps, and construction and renovation of community health centers. On October 8, 2010, HHS awarded $727 million to 143 community health centers across the country to expand access to quality health care and address pressing construction and renovation needs.

School-based Health Center Expansion. Authorizes $50 million over four years to establish a new grant program to support school-based health centers that provide health services to children and adolescents.

Medical Homes and Care Coordination. Provides new investments to promote medical home models in Medicaid, CHIP, and private insurance plans that includes a focus on care coordination and health promotion, transitional care, patient and family support, and referral to community services. The Secretary of the U.S. Department of Health and Human Services (HHS) may award $25 million in planning grants to states to develop a state plan amendment to provide health homes. Health homes are provided by a designated provider (physician, clinical group practice, rural clinic, community health center, community mental health center, pediatricians, gynecologists, obstetricians) or team (include physicians and other professionals such as nurse care coordinator, social worker, behavioral health) and must provide comprehensive case management, care coordination and health promotion, transitional care, patient and family support, referral to community services, and the use of health information technology as appropriate.

Prevention and Public Health

Teen Pregnancy Prevention. Provides several investments related to teen pregnancy prevention. On September 30, 2010, HHS awarded $155 million in
evidence-based teen pregnancy prevention grants, funded by ACA and the Consolidated Appropriations Act, to states and U.S. territories, non-profit organizations, school districts, universities, and other groups, and $33 million, funded by ACA, to states for abstinence education. Brief summaries of these programs are below and additional state-by-state funding information from HHS is accessible at: http://www.hhs.gov/news/press/2010pres/09/teenpregnancy_chart.html

- **Teen Pregnancy Prevention (TPP) Programs.** Provides $100 million, funded by the Consolidated Appropriations Act, 2010, and administered by the Office of Adolescent Health, to replicate evidence-based programs and test innovative approaches. This funding was awarded through a competitive process to a broad range of grantees. In September, HHS announced that $75 million was awarded to 75 grantees through TPP Tier 1: Replication of Evidence-Based Programs, which is for programs that have been shown to be effective through rigorous evaluation. $25 million was awarded to 27 grantees through TPP Tier 2: Innovative Approaches to test innovative strategies. Eight of the Tier 2 grants focus on community-wide interventions and will be administered in partnership with the Centers for Disease Control and Prevention.

- **Personal Responsibility Education Program (PREP).** Provides $75 million per year for FY 2010 through FY 2014, funded by ACA and administered by the Administration for Children and Families, for Personal Responsibility Education Program (PREP) grants to States for programs to educate adolescents on both abstinence and contraception to prevent teenage pregnancy and sexually transmitted infections, including HIV/AIDS. In September, HHS awarded $55 million total in PREP funds to states, territories and communities. Of this total amount, $45 million was awarded as formula grants to 46 states (including the District of Columbia) and U.S. territories for programs that replicate evidence-based teen pregnancy prevention strategies and incorporate other adult responsibility subjects such as maintaining healthy relationships, developing healthy attitudes and values about growth and development, increasing healthy parent-child communication and enhancing financial literacy. An additional $10 million was awarded competitively through a joint application process with the TPP Tier 2: Innovative Approaches funding to support programs that test innovative strategies to reducing teen pregnancy and repeat pregnancy among high risk, vulnerable and culturally under-represented youth populations.

- **Pregnancy Assistance Fund.** Provides $25 million annually for ten years (FY 2010 – FY 2019), funded by ACA and administered by the Office of Adolescent Health, for a new Pregnancy Assistance Fund that requires the Secretary of HHS, in collaboration with the U.S. Secretary of Education, to establish a competitive grant program to states that is targeted to pregnant and parenting teens and women. In September, HHS awarded 17 states and territories $24 million to support pregnant and parenting teens and women across the country. The grants were awarded to institutions of higher education, juvenile justice departments, high schools and community service centers, a state’s attorney general, and state public health agencies to increase public awareness and education. Grantees are required to: identify public and private providers; establish programs with providers to meet the specified needs (e.g., housing, childcare, parenting education, post-partum counseling) of pregnant or parenting students; assist eligible persons in locating and obtaining appropriate services; and make necessary referrals for prenatal care and delivery, infant or foster care, or adoption. Of the 17 states and territories awarded funding, seven (California, Indiana, Massachusetts, Minnesota, North Carolina, Virginia and Washington) are being administered by the state Title V MCH program.
• **Restoration of Funding For Abstinence Education.** Provides $50 million per year for FY 2010 through FY 2014, funded by ACA and administered by the Administration for Children and Families, for abstinence education through the Abstinence Education Grant Program (AEGP). The purpose of the AEGP is to support decisions to abstain from sexual activity by providing abstinence programming as defined by Section 510(b) of the Social Security Act. The program encourages states to develop flexible, medically accurate and effective abstinence-based plans responsive to their specific needs. State plans must provide abstinence education, and at the option of the State, and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock, such as youth in or aging out of foster care. In September, HHS awarded $33.4 million to 29 states and Puerto Rico to fund abstinence education activities.

**Maternal, Infant, and Early Childhood Home Visiting Programs.** Creates a new section in the Title V MCH Services Block Grant to provide $1.5 billion over five years to states, tribes and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s). Model options would be targeted at reducing infant and maternal mortality and its related causes by producing improvements in prenatal, maternal, and newborn health, child health and development, parenting skills, school readiness, juvenile delinquency, and family economic self-sufficiency.

**Childhood Obesity Demonstration Project:** Provides $25 million to carry out a Childhood Obesity Demonstration Project authorized under CHIPRA.

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**How can State Title V MCH Programs Optimize ACA for Adolescents?**

ACA represents a significant opportunity to improve access to health care for adolescents and young adults. Yet, more work remains to be done. These and other ACA provisions will be implemented over the next several years with much of the responsibility for the architecture of health reform and its related program investments residing with states and communities. As states proceed with implementing ACA, state MCH programs and their partners can assure that the law includes a focus on adolescents and young adults through multiple strategies including the following.

**Ensure that the implementation of coverage provisions includes a focus on the needs of adolescents.** Prevention, screening, diagnosis, and treatment of the array of physical, mental and behavioral health issues and conditions that concern adolescents needs to be assured in the benefits package. Services need to be available in a wide-range of settings where adolescents are, such as school and community-based health centers, family planning clinics, and physicians’ offices. Additionally, it is especially important to assure access to care for special populations of youth including youth in foster care, child welfare and the juvenile justice systems, homeless youth, low-income young adults with special health care needs, and pregnant or parenting teens.

**Coordinate federal, state and local efforts in support of adolescent health.** States can maximize the opportunities presented by ACA for adolescents by coordinating new and enhanced programs and services among the key public and private agencies that serve adolescents and their families. State MCH programs administer numerous public programs (e.g., school health, WIC, teen pregnancy prevention) that are critical, natural access points for building and strengthening integrated service delivery systems for adolescents and their families. They have clear roles to play in core areas of the service delivery system including outreach and enrollment, care coordination and medical home. Moreover, they are playing a key leadership role in administering several of the provisions related to teen pregnancy prevention. State MCH programs work with
partners, such as Title X Family Planning programs, to support educational efforts ranging from teen pregnancy prevention summits and conferences, to parent workshops, and media and social marketing campaigns. State MCH programs often support state adolescent health coordinators who work to improve the health of adolescents within their states and territories. Finally, many state MCH programs provide funding to school-based and school-linked health centers.

Continue to build and strengthen partnerships. Adolescents and their families are served by numerous agencies and organizations at the state and local level. As such, partnerships between the key public and private systems and programs that serve adolescents are essential to maximizing investments and minimizing duplication of effort. State MCH programs have existing partnerships with state and local health agencies, school-based health centers, youth serving organizations and community-based health and social services agencies—partnerships that will continue to be critical as ACA, particularly those provisions addressing teen pregnancy prevention, is implemented.

Sources and Selected Resources for Further Information

- **Association of Maternal and Child Health Programs.** Additional information covering key aspects of ACA that pertain to maternal and child health populations is available at: [http://www.amchp.org/Advocacy/health-reform/Pages/default.aspx](http://www.amchp.org/Advocacy/health-reform/Pages/default.aspx)

- **Administration for Children and Families, U.S. Department of Health and Human Services (HHS).** Federal program information on the PREP, Pregnancy Assistance Fund and Abstinence Education funds is available at: [http://www.acf.hhs.gov/programs/fysb/content/programs/tp.htm](http://www.acf.hhs.gov/programs/fysb/content/programs/tp.htm)

- **Maternal and Child Health Bureau, Health Resources and Services Administration, HHS.** Information on the Title V Maternal and Child Health Services Block Grant and other related programs and efforts is available at: [http://www.mchb.hrsa.gov/](http://www.mchb.hrsa.gov/)

- **HHS Office of Adolescent Health.** The Office of Adolescent Health (OAH) coordinates adolescent health programs and initiatives across the U.S. Department of Health and Human Services related to adolescent health promotion and disease prevention are accessible at [http://www.hhs.gov/ophs/oah/](http://www.hhs.gov/ophs/oah/)


- **U.S. Department of Health and Human Services.** The official Federal website on the Affordable Care Act from the U.S. Department of Health and Human services is at [www.healthcare.gov](http://www.healthcare.gov)
AMCHP Staff Contact Information

This fact sheet is part of a series of AMCHP tools, documents and resources on implementation of the Affordable Care Act and its impact on maternal and child health populations. For more information, please visit the AMCHP website at: www.amchp.org and/or contact the AMCHP staff listed below. All AMCHP staff can be reached via phone at: (202) 775-0436.

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