



***ACA Policies Impacting  
Adolescent Health Care Access***

**National Family Planning & Reproductive Health Association**

*Third Annual Teen Pregnancy Prevention Grantee Conference  
Ready, Set, Sustain: Continuing Our Success  
May 20-22, 2013, National Harbor, MD*

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# ACA Coverage Expansions

- **4 million adolescents ages 10-18 are uninsured**
- **65% of uninsured adolescents are currently eligible for Medicaid/CHIP**
- **ACA's outreach and enrollment efforts should help**



# ACA Coverage Expansions

Enrolling  
currently  
eligible but  
uninsured

**4 million  
adolescents  
ages 10-18  
are  
uninsured**

New  
Medicaid/  
CHIP  
coverage

Expansion  
of parental  
coverage  
to age 26

Subsidies  
for  
private  
coverage

# ACA Investment in School-Based Health Centers (SBHCs)

- \$200 million for capital improvement
  - \$78 million to 197 grantees in December 2012
- SBHC investment intended to increase number served by 50%



# Sexual and Reproductive Health Benefits for Adolescents



- Bright Futures-recommended services covered by health plans w/ no additional cost sharing
- Bright Futures guidelines includes range of sexual and reproductive health activities

# Sexual and Reproductive Health Benefits for Adolescents

- USPSTF and women's preventive health services must be covered without cost sharing
- Includes numerous services important to adolescent health



# Barriers to Coverage



- 50 million currently uninsured
- Millions will remain uninsured
  - Those earning under 100% FPL in non-expansion states
  - Undocumented
  - Churning
  - Individuals seeking sensitive services
- Enrollment process biggest barrier to adolescent coverage

# Confidentiality Concerns

- Commercial plans routinely send EOBs
- Majority of Medicaid fee-for-service plans send EOBs, but varies
- Many states exclude some sensitive services from EOBs, such as family planning and STD services

A close-up, blurred image of a document with a red 'CONFIDENTIAL' stamp. The stamp is oriented diagonally and is the only legible text in the image. The background is a warm, golden-yellow color with soft, out-of-focus lines, suggesting a document or folder.

# **Policy Ideas to Improve Family Planning Access for Adolescents**

- **Ensure providers that deliver care to adolescents are included in delivery networks**
- **Stronger confidentiality protections in public/commercial insurance**
- **Improving partnerships**
- **Role of safety-net providers as educators**

# State Actions to Promote Adolescent Access to Family Planning



- Confidentiality protections in insurance regulation



- Stronger enforcement of confidentiality protections

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# Title X and LARCs: New Options for Teens

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Third Annual Teen Pregnancy Prevention Grantee Conference:  
Ready, Set, Sustain: Continuing Our Success  
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# Title X

...enables individuals and couples to plan and attain the number, spacing and timing of their children...



# Title X (ten)

- ▶ Five million clients a year
- ▶ More than one in five are adolescents



# Title X

- ▶ 100 grantees in all ten federal regions
- ▶ 4,400 clinics
- ▶ State and local health departments clinics, hospitals, university-based, community health centers and free-standing clinics
- ▶ Clinical services, education and training, data collection and research



# Title X Services

- ▶ Contraceptive counseling, services & supplies
- ▶ Breast and cervical cancer screening
- ▶ STD screening, counseling and treatment
- ▶ HIV testing, prevention education
- ▶ Screening for anemia, diabetes and hypertension
- ▶ Pregnancy testing, counseling and referral
- ▶ Other preventive health services

# Teens and Title X

- ▶ Confidential services
- ▶ Qualify based on own income
- ▶ Averts close to a quarter million unintended teen pregnancies annually

# Good news

- ▶ The U.S. birth rate dropped 44% from 1991 to 2010.
- ▶ Teen birth rates by age and race and Hispanic origin were lower in 2010 than ever in U.S.
- ▶ Fewer babies born to teens in 2010 than in any year since 1946.
- ▶ Strong pregnancy prevention messages, increased contraceptive use and use of dual methods credited with this drop.

# Bad news

- ▶ U.S. teen birth rate remains one of highest among industrialized nations
- ▶ Significant public costs associated with teen childbearing, estimated \$11B/annually
- ▶ Lower rates of high school completion/long term economic & job prospects lower
- ▶ 82% of teen pregnancies unintended

Source: National Center for Health Statistics, 2012  
Guttmacher Institute, 2011

# Contraceptive efficacy

	Perfect use	Typical use	Continued use at one year
OC	.3%	8%	68%
Condom	2%	15%	53%

Source: CDC, US Medical Eligibility Criteria for Contraceptive Use, 2010

# Contraceptive efficacy

	Perfect use	Typical use	Continued use at one year
OC	.3%	8%	68%
Condom	2%	15%	53%
Paragard (copper T)	.8%	.6%	78%
Mirena IUS	.2%	.2%	80%
Implanon	.05%	.05%	84%

Source: CDC, US Medical Eligibility Criteria for Contraceptive Use, 2010

# One time user administration=

- ▶ High compliance
- ▶ High continuation rates
- ▶ Few side effects
- ▶ Typical use=perfect use
  - Therefore,99+% efficacy

# FORGETTABLE



**Typically refers to implant or IUD  
(sometimes depo/shot)**

# Medical organizations reinforce support for long-acting reversible contraception

- ▶ **2009:** ACOG publishes committee opinion in support of LARC
- ▶ **2010 :** CDC, US Medical Eligibility Criteria
- ▶ **2012:** ACOG publishes committee opinion on adolescents and LARC

# ACOG Committee Opinion: LARC use

- ▶ High unintended pregnancy rates in the US may in part be a result of relatively low rates of LARC use
- ▶ Per the WHO Medical Eligibility Criteria, LARC methods have few contraindications and almost all women are eligible for IUDs and implants
- ▶ LARC methods should be offered as first-line contraceptive methods and encouraged as options for most women

# ACOG Committee Opinion: Adolescents and LARC

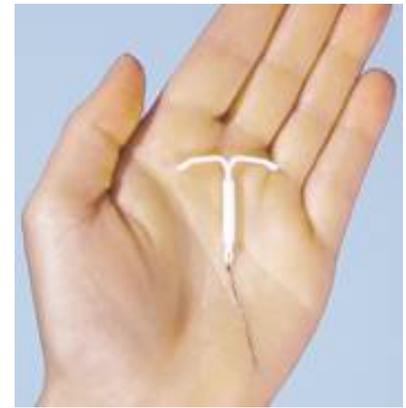
- ▶ Implants and IUDs are top tier methods for preventing unintended pregnancy, rapid repeat pregnancy and abortions in young women
- ▶ Safe for adolescent use
- ▶ Do not increase adolescent risk of infertility
- ▶ STI screening opportunity at time of visit/insertion
- ▶ Postpartum or post abortion LARC insertion may reduce repeat pregnancies
- ▶ Counseling about LARC should occur at all visits with sexually active adolescents

# Contraceptive implant



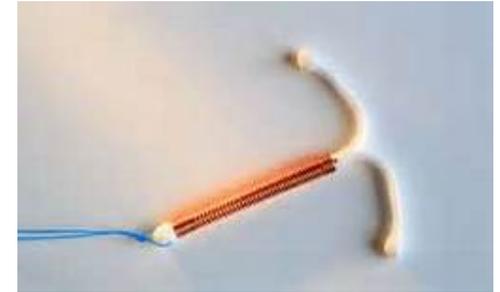
- ▶ One flexible, plastic 4 cm rod
- ▶ Implanted in upper arm
- ▶ Prevents pregnancy for up to 3 years
- ▶ Releases a hormone (etonogestrel, a progestin)
- ▶ Fertility returns to baseline after removal

# Intrauterine system



- ▶ Mirena effective up to 5 years
- ▶ Inserted in uterus by health care provider
- ▶ Delivers a hormone found in some birth control pills (levonorgestrel)
- ▶ No long-term impact on fertility
- ▶ Skyla–FDA approved 3 year IUD in Jan. 2013

# Copper IUD



- ▶ Paragard effective for at least ten years
- ▶ Impairs sperm function and prevents fertilization
- ▶ Fertility returns to base level immediately after removal
- ▶ No systemic side effects
- ▶ Can be used as emergency contraception

# Why focus on LARC in adolescents?

- ▶ Persistent high unintended pregnancy rates
- ▶ Reduces rapid repeat pregnancy in teens
- ▶ Post abortion insertion decreases repeat abortion rate
- ▶ Need for long-term method in many cases
- ▶ LARC methods
  - High efficacy
  - High continuity
  - High satisfaction
  - Rapid return to baseline fertility after removal

# Barriers to LARC Use: Cost

- ▶ High upfront cost for IUDs
- ▶ Inadequate private insurance coverage
  - Confidentiality concerns for teens
- ▶ Variable Medicaid payment rates
- ▶ Affordable Care Act may help



# Barriers to LARC Use: Provider Concerns

- ▶ Misperceptions about IUDs
- ▶ Women who have not had children (nulliparous)
- ▶ Women with multiple partners

# Barriers to LARC Use: Capacity

- ▶ On-site provision is ideal
- ▶ Staff training in insertion for implants and IUDs

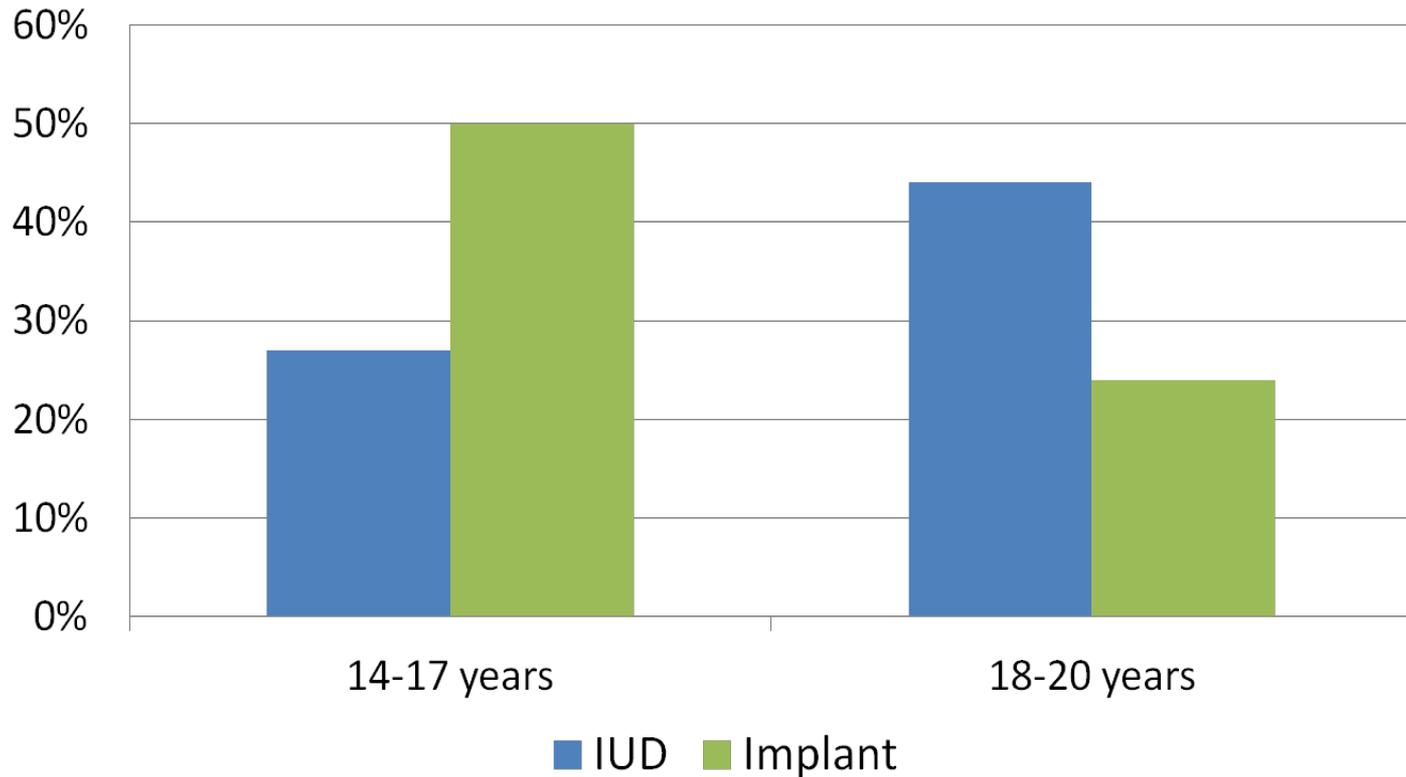
# Barriers to LARC Use: Client Lack of Knowledge/Misperceptions

- ▶ Lack of knowledge re: availability of LARC
- ▶ Lack of knowledge re: appropriateness for adolescent use

# Contraceptive CHOICE Project

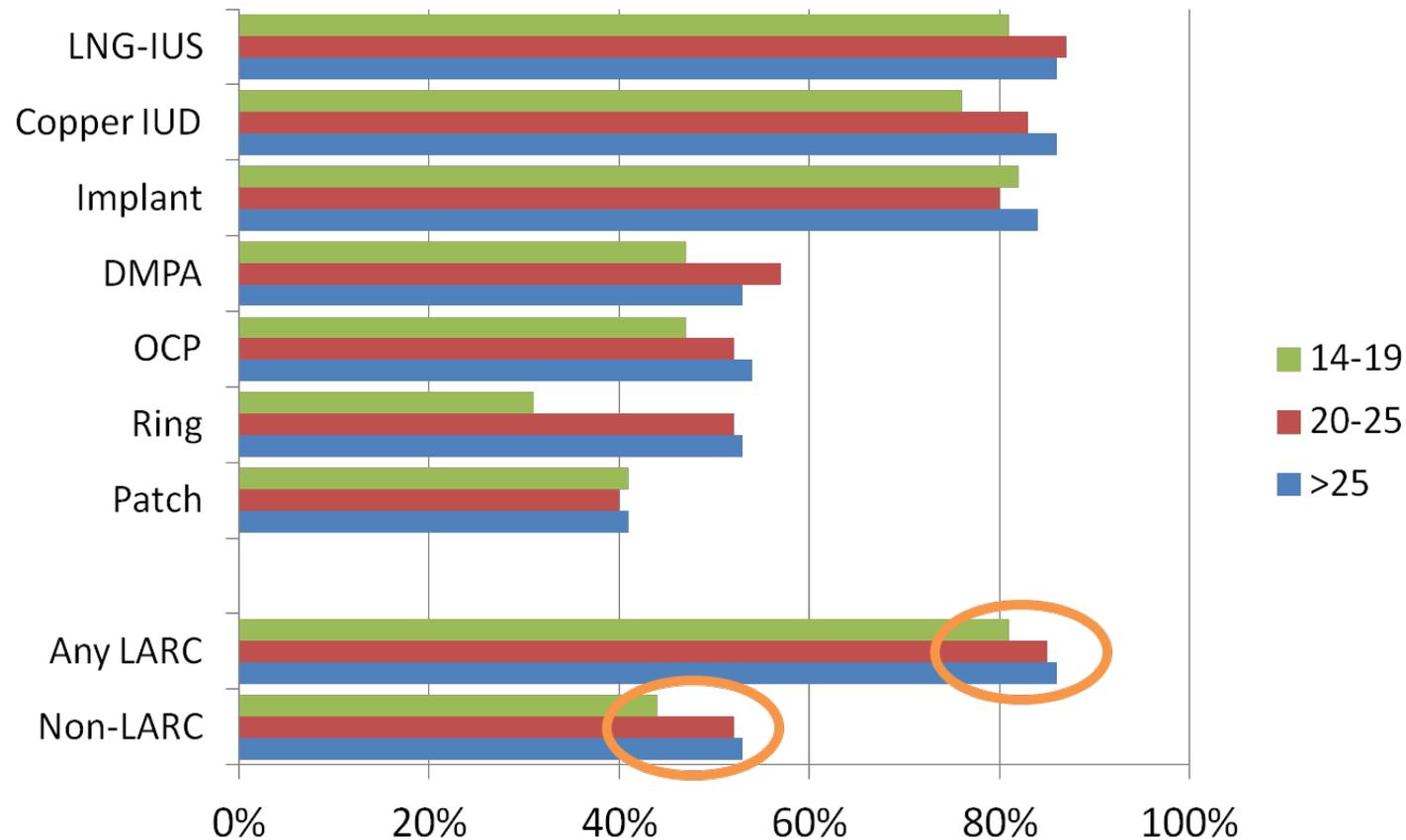
- ▶ Primary goal: Promote the use of LARC as a means of reducing unintended pregnancy

# Choice of LARC Methods in Adolescents



Source: Contraceptive CHOICE Project

# 12-month Continuation: Adolescents Compared to Older Women



Source: Contraceptive CHOICE Project

# CHOICE Compared to U.S.

- Teen birth rate (age 15–19 years)
  - 6.3 per 1,000 teens
  - Compared to 34.3 per 1,000 nationally
- Abortion rate (women ages 15–44)
  - 6.0 per 1,000 women
  - Compared to 19.6 per 1,000 nationally
- Unintended pregnancy rate
  - 15.0 per 1,000 women
  - Cumulative: 35.0 per 1,000 women
  - Compared to 52.0 per 1,000 nationally

Source: Contraceptive CHOICE Project

# Title X and LARC for Teens

- ▶ Serve large number of adolescents overall
- ▶ Services are confidential
- ▶ Sliding fee scale
- ▶ Counseling tailored to adolescents



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