Adolescents and the Affordable Care Act

May 22, 2013

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Overview

• Brief background on the Affordable Care Act
• Current uninsured rate among adolescents
• Coverage provisions already in effect
• Coverage provisions taking effect in 2014
• Other relevant Affordable Care Act initiatives
• Federal Resources
The Affordable Care Act

• Enacted March 2010
• Some key provisions are already in effect
  – Preventive services
  – Phased-in prohibition on annual limits for essential health benefits
  – Prohibition on lifetime limits for essential health benefits
  – Expansion of dependent coverage up to age 26
  – Prohibition on pre-existing condition exclusions for children
• Other key provisions take effect January 1, 2014
  – Health Insurance Marketplace coverage
  – Medicaid Expansion
## Uninsured Adolescents, 2011

### United States Eligible Uninsured* Ages 10-19 by Race Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage of Eligible Uninsured Adolescents</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>34.9%</td>
<td>1,464,000</td>
</tr>
<tr>
<td>White (Non-Hispanic)</td>
<td>40.3%</td>
<td>1,691,000</td>
</tr>
<tr>
<td>Black (Non-Hispanic)</td>
<td>15.5%</td>
<td>649,000</td>
</tr>
<tr>
<td>Asian (Non-Hispanic)</td>
<td>4.3%</td>
<td>178,000</td>
</tr>
<tr>
<td>Hawaiian/ Pacific Islander (Non-Hispanic)</td>
<td>.2%</td>
<td>7,000</td>
</tr>
<tr>
<td>American Indian/ Alaskan Native (Non-Hispanic)</td>
<td>1.8%</td>
<td>76,000</td>
</tr>
<tr>
<td>Multiracial (Non-Hispanic)</td>
<td>3%</td>
<td>126,000</td>
</tr>
<tr>
<td>Total US 10-19 Population</td>
<td>10.1%</td>
<td>4,192,000</td>
</tr>
</tbody>
</table>

### United States Eligible Uninsured* Ages 10-19 by Poverty Level

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>Percentage of Eligible Uninsured</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 138% of Federal Poverty Level</td>
<td>52.6%</td>
<td>2,203,000</td>
</tr>
<tr>
<td>139% to 400% of the Federal Poverty Level</td>
<td>40.2%</td>
<td>1,685,000</td>
</tr>
<tr>
<td>&gt;400% of the Federal Poverty Level</td>
<td>7.3%</td>
<td>304,000</td>
</tr>
<tr>
<td>Total US 10-19 Population</td>
<td>10.1%</td>
<td>4,192,000</td>
</tr>
</tbody>
</table>

*Eligible uninsured means non-elderly uninsured legal residents (i.e., U.S. citizens and legal immigrants).

Source: ASPE tabulations from CY 2011 American Community Survey, adjusted to exclude estimated undocumented persons.
Numbers of Eligible Uninsured by State, 2011

# Eligible Uninsured Ages 10-19

- 3,685 - 15,000
- 15,001 - 37,000
- 37,001 - 60,000
- 60,001 - 96,000
- 96,001 - 649,013

*Eligible uninsured means non-elderly uninsured legal residents (i.e., U.S. citizens and legal immigrants).

Source: ASPE tabulations from CY 2011 American Community Survey, adjusted to exclude estimated undocumented persons.
Preventive Services

For plan or policy years beginning September 23, 2010, non-grandfathered group health plans and plans in the market must cover certain preventive services without cost sharing. Effective August 1, 2012, additional preventive services for women were added to this requirement.

- Alcohol and drug use assessments
- Blood pressure screening
- Cervical cancer screening
- Contraceptive services for women as prescribed by a provider
- Depression screening
- Domestic violence screening
- HIV screening for high risk adolescents
- Immunizations, including hepatitis A and B, HPV, flu, meningitis, and tetanus, diphtheria and pertussis
- Obesity screening and counseling
- STI prevention and counseling
- TB testing
- Vision screening for children
- Well woman visits

Lifetime and Annual Dollar Limits

- No health plan renewed or issued on or after September 23, 2010, may include a lifetime limit on essential health benefits.
  - Both total lifetime dollar limits on essential health benefits (such as a $2 million lifetime cap), and lifetime limits on specific benefits (such as a $200,000 lifetime limit on transplants) are no longer allowed.
  - Prior to the ACA, an estimated 28 million children were enrolled in plans that had lifetime limits.*

- Group health plans, group health insurance coverage, and non-grandfathered individual health insurance policies are required to phase out annual dollar limits on essential health benefits.

Pre-Existing Conditions

- For plan or policy years beginning September 23, 2010, group health plans, group health insurance coverage, and non-grandfathered individual health insurance policies may not deny or limit coverage for children under the age of 19 because of a pre-existing condition.

- For plan or policy years beginning January 1, 2014, group health plans, group health insurance coverage, and non-grandfathered individual health insurance policies may not deny or limit coverage for any enrollee because of a pre-existing condition.
  - Plans also cannot charge individuals a higher premium based on health status or pre-existing conditions.
Dependent Coverage Expansion

• As of September 23, 2010, new or renewing plans in the individual and group markets must cover dependents up to age 26.
  – Only applies if the plan offers dependent coverage in general
  – Applies to all markets, including self-insured plans
  – Applies to young adults even if they are married, not living with their parent, and/or not financially dependent on their parent

• As of December 2011, 3.1 million young adults (ages 19-25) had gained coverage under this provision.

• Uninsured rates among men ages 19-25 dropped from 42% to 28% between September 2010 and December 2011.

Essential Health Benefits

• For plan or policy years beginning on or after January 1, 2014, non-grandfathered individual and small group market insurance must cover:
  – Pediatric services for children up to age 19
    • This includes pediatric dental and vision services.
  – Habilitative services, which are particularly relevant for children and adolescents with developmental disorders.
  – Mental health and substance use disorder services, including behavioral health treatment, subject to federal parity requirements.
Health Insurance Marketplace

• New way to buy health insurance when key parts of the health care law take effect.
  – Enrollment starts October 1, 2013
  – Coverage begins January 1, 2014

• To provide individuals and small businesses:
  – Access to affordable insurance options, including Medicaid and CHIP
  – Ability to buy certain private health insurance
  – New tax credits to lower premiums
  – Reduced cost sharing
  – Access to health insurance information

• Eligible individuals and families with incomes between 100% and 400% of the FPL may receive premium tax credits, and those with incomes between 100% and 250% of the FPL can also receive cost-sharing reductions.
## FPL and Tax Credits

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<tr>
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<tbody>
<tr>
<td>100%</td>
<td>$11,490</td>
<td>$19</td>
<td>Yes</td>
<td>Plan covers 94% of average cost and limits on out-of-pocket spending* to $2,250 or less</td>
</tr>
<tr>
<td>150%</td>
<td>$17,235</td>
<td>$57</td>
<td>Yes</td>
<td>Plan covers 87% of average costs and limits out-of-pocket spending to $2,250 or less</td>
</tr>
<tr>
<td>200%</td>
<td>$22,980</td>
<td>$121</td>
<td>Yes</td>
<td>Plan covers 73% of average costs and limits out-of-pocket spending to $5,200 or less</td>
</tr>
<tr>
<td>250%</td>
<td>$28,725</td>
<td>$193</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>300%</td>
<td>$34,470</td>
<td>$273</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>350%</td>
<td>$40,215</td>
<td>$318</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>400%</td>
<td>$45,845</td>
<td>None</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

*Includes copays and deductibles but does not include premiums or spending on out-of-network or non-covered services
Medicaid

• Beginning January 1, 2014, individuals or families with incomes up to 133% of the Federal Poverty Level (FPL) may be eligible to enroll in Medicaid in many states.
  – All states must cover all children up to age 18 with family incomes up to 133% of the Federal Poverty Level (FPL).
  – All states have the option to expand Medicaid eligibility for adults with income up to 133% of the FPL.

• Former foster care children are required to be eligible for coverage by Medicaid up to age 26.
Other Relevant Affordable Care Act Initiatives

- Marketplace Navigators
- School Based Health Centers
- Teen Pregnancy Prevention
- Child Obesity Prevention
- Maternal, Infant, and Early Childhood Home Visiting
- Health Center Expansion
Marketplace Navigators

• Individuals and entities to provide unbiased, culturally and linguistically appropriate information to consumers about health insurance, the new Health Insurance Marketplace, qualified health plans and public programs like Medicaid and CHIP.

• Funding opportunity for Navigators in the federally facilitated Marketplaces is currently open to individuals and private and public entities. Applications due June 7, 2013 (see grants.gov).

• The ACA requires the Navigator program to do the following:
  – Public education about the availability of qualified health plans (QHPs);
  – Facilitate enrollment in QHPs;
  – Distribute fair / impartial information;
  – Provide referrals to the appropriate entity for consumer grievances.

http://cciio.cms.gov/programs/exchanges/assistance.html
School-Based Health Centers (SBHCs)

- Administered by Health Resources Services Administration (HRSA)
- The Affordable Care Act provided $200 million in 2010-2013 for SBHC capital needs.
  - Construction, renovation and equipment
  - Operations needs not included in this grant program
- By December 2012, a cumulative total of 520 awards made in 47 states, DC and Puerto Rico for $190 million
Teen Pregnancy Prevention Activities (ACA)

• PREP (Personal Responsibility Education Program)- Adm. for Children and Families (ACF)-$75 million/ year in grants to states for teen pregnancy prevention programs
  - Education on contraception, STDs (including HIV) and abstinence
  - Target populations ages 10-19 and include foster youth, minority groups, homeless youth, and youth from rural areas or areas with high teen birth rates

• Abstinence Education- ACF- $50 million per year for 5 years
  - Promotes abstinence for ages 10-19. Target populations include foster or homeless youth, minority groups.

Pregnancy Assistance Fund

- Office of Adolescent Health- $25 million competitive program to States and Tribes, with awards to 17 entities
- Provides seamless network of services to expectant and parenting teens, women and families to allow them to:
  - Complete high school or postsecondary degrees
  - Gain access to health care, housing, child care and other supports
- Improves services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking

http://www.hhs.gov/ash/oah/oah-initiatives/paf/home.html
Child Obesity Prevention

- Child Obesity Demonstration Project-Centers for Disease Control and Prevention- $25 million for project authorized under CHIPRA.*
  - Targets children 2-12 covered by Children’s Health Insurance Program (CHIP)
  - Combines changes in preventive care with changes in schools, child care centers and community venues.

http://www.cdc.gov/obesity/childhood/researchproject.html

*Children’s Health Insurance Program Reauthorization Act
Maternal, Infant, and Early Childhood Home Visiting

• Administered by HRSA, Maternal and Child Health Bureau
• Targets pregnant women or children ages 0-5
  – Seeks to improve maternal and child health, child health and development, parenting skill, school readiness, family economic self-sufficiency, coordinated referrals for other community resources and supports.
• Must implement one of 14 approved evidence-based models.
• As of March 2013:
  – $630 million awarded in 53 states and territories.
  – 19,207 families served with >160,000 home visits.

http://mchb.hrsa.gov/programs/homevisiting/
Health Centers

- HRSA, $11 billion over 5 years for operation, expansion, and construction of HCs throughout the nation.
- $9.5 billion is targeted to:
  - Support on going HC operations.
  - Create new HC sites in medically underserved areas.
  - Expand preventive/primary health care services (including oral, behavioral, pharmacy and/or enabling services)
- $1.5 billion will support major construction and renovation projects at HCs nationwide.

Resources for Agencies and Families
The Basics: Healthcare.gov

- Health Marketplace
- Finding Insurance Options
- Health Insurance Basics
- Special features
  - Videos, YouTube
  - Health care blog
  - Twitter, Facebook, updates by email and text messages

State Information:
http://www.healthcare.gov/law/information-for-you/index.html
Enhancing Enrollment of Children & Adolescents

• **Connecting Kids to Coverage Outreach & Enrollment** grants
  - Offered by CMS/Center for Medicaid & CHIP Services under ACA
  - Two-year grant program for states, local governments, tribal entities, & community-based and non-profit organizations
  - $32 million to support grants ranging from $250K-$1M
  - Five areas of focus:
    » Engaging schools
    » Bridging health coverage disparities
    » Targeted enrollment strategies for people participating in SNAP, WIC & other public benefit programs
    » Application assistance resources in local communities
    » Training programs to equip communities to provide assistance to families around enrollment

• Grant application period has ended - will announce grantees in June.
• [www.insurekidsnow.gov/professionals/outreach/grantees](http://www.insurekidsnow.gov/professionals/outreach/grantees)
“Connecting Kids to Coverage” National Campaign

- Focus of campaign efforts throughout the nation but with special emphasis in states where large numbers of children & teens eligible for Medicaid & CHIP are not enrolled.
  - Three waves of activity
    - Launch (Winter, 2013)
    - Allergies & Asthma Wave, Spring, 2013
    - Back-to-School Wave, Summer, 2013
  - Additional materials
    - Ten Things Schools Can Do
    - Messages that Motivate Enrollment in Medicaid & CHIP
    - Reaching Hispanic/Latino Audiences
    - Media Outreach & Digital Engagement

http://www.insurekidsnow.gov/professionals/outreach/index.html
“Get Covered. Get in the Game” Campaign

• Goal – to help kids who want to participate in sports programs have health insurance
  – Health insurance frequently a requirement to play
  – A key point: Coverage protects young athletes both on & off the playing field
  – The Game Plan – strategies for coaches, parents & community groups to link eligible athletes to Medicaid & CHIP

• Campaign launched in 7 pilot states – CO, FL, MD, NY, OH, OR, WI

• Can customize materials for organization’s needs
Center for Consumer Information and Oversight (CCIIO)


  Includes information on:
  - Coverage for Young Adults
  - FAQs on ACA Implementation – including coverage of preventive services
  - Student Health Plans
HHS: Asst. Sec for Planning and Evaluation

• ASPE – Assistant Secretary for Planning & Evaluation

Issue Briefs on ACA Impact including one on young adults:
http://www.aspe.hhs.gov/
Data on Eligible Uninsured at the Local Level

• User-friendly CMS resource based on 2011 Census data
• Provides eligible uninsured percentages & counts at county/sub-county levels for every state
• Sorted by multiple demographic characteristics: Income (%FPL), age group, gender, marital status, children in family, race, Latino ethnicity, disability, FT worker in family, job sector (9), education level, language spoken at home (8)

  – https://data.cms.gov/dataset/The-Percent-of-Uninsured-People-for-Outreach-Target/9hxb-n5xb
  – https://data.cms.gov/dataset/The-Number-of-Uninsured-People-for-Outreach-Target/pc88-ec56
Contact Information

Acknowledgements: Dr. Trina Anglin, MCHB at HRSA for the use of some of her slides on federal resources. Emily Gee and Adele Shartzer at ASPE for the tables and map of uninsured adolescents.

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