

NWX-OS-OGC-RKVL (US)

Moderator: Jacquelyn McCain

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Coordinator: Welcome and thank you for standing by. At this point in time, all participants will be in a listen-only mode until the question answer session of today's calendar. At that time, you may press *1 to ask a question from the phone lines. I'd like to inform all parties that today's call is being recorded. If you have any objections, you may disconnect at this time. I'd now like to turn the call over to Mr. Victor Medrano. Thank you sir, you may begin.

Victor Medrano: Thank you (Crystal). Good afternoon everyone. As the operator indicated, my name is Victor Medrano. I am a division director in the Office of Adolescent Health and it is my distinct pleasure to welcome you to today's webinar. Today's webinar will focus on the Affordable Care Act. This is one of the topic areas that you all as PAF-grantees identified as an area or a topic that you would like to receive additional information on, and so we try to be cognizant of the areas and the topics that you need additional information on that will help you with the youth that you serve who are expecting and parenting teens, women, father and their families.

Having said that, I believe that we have a very robust and very informative webinar to present to you and we have two outstanding presenters for you

today. And so I'd like to take an opportunity to introduce them to you and then I will turn it over to them to begin the webinar. One of our presenters is Bob Reeg and he is an independent consultant providing public policy, program development, and grant writing services to a broad range of national and local human services organizations.

Mr. Reeg serves concurrently as a program development and policy - public policy consultant to Healthy Teen Network and Director of Government Relations and Director of the Call to Service Corps, America Corps Projects for the American Legion Auxiliary. Mr. Reeg has held public policy positions since 1990, including with the National Society of Professional Engineers, American Public Health Services Association, National Coalition for Homeless, National Coalition for Homeless Veterans, and National Network for Youth.

Mr. Reeg holds a Masters of Public Administration from the George Washington University and a Bachelor of Arts from Vanderbilt University. He is an alum of the American Express Leadership Academy, a leadership development program for emerging, non-profit organization leaders.

Our other presenter is Deborah Chilcoat and she has conducted outreach and provided education and training for youth, parents and professionals throughout the United States for over 14 years. She has extensive experience working with evidence-based interventions and practices including the selection, implementation, evaluation and sustainability of these programs across diverse communities in the United States.

Her focus areas include capacity building, evidence-based and innovative practices and programs, adolescent development, reproductive health and sexuality, pregnancy, STIs, and HIV prevention. Supporting pregnant and

parenting teens and their families, male sexual responsibility, sexually diverse youth and youth in systems of care and parent-child communications.

Ms. Chilcoat holds a Masters in Training and Development from the Pennsylvania - from Pennsylvania's - the Pennsylvania State University, the Capital College and a Bachelor of Science in Psychology with a minor in Women's Studies from Townsend State University.

Please join me in welcoming both of our speakers and I will turn it over to Bob and Deborah.

Deborah Chilcoat Thanks, Victor, we really appreciate that introduction. Welcome everybody, this is the Office of Adolescent Health Pregnancy Assistance Fund Webinar titled What Have You Done for Me Lately, How the Affordable Care Act Impact Expected and Parenting Youth Access to Healthcare. So you heard from Victor a little bit about us. So we probably have some familiar faces because I certainly have been to some of the grantee meetings and Bob has been integral in presenting workshops at the Healthy Teen Network Annual Conference, so there we are.

So for those of you who don't know about Teen Network, we prepare and sustain adolescent health professionals, organizations, and communities to empower youth to lead healthy sexual reproductive and family lives. We're the only national membership organization that serves as a leader for and of the education and networking resources for professionals who promote adolescent sexual and reproductive health.

We have been around since 1979 and we continue to build a capacity of folks just like you and also build programs that support the youth and youth-serving organizations in the communities in which they live. We believe that it's

important that young adults have the knowledge, skills, resource, and socioeconomic conditions that make it possible for them to make responsible choices about child bearing, family formation, and of course you can get more information from Healthy Teen Network's Web site at www.healthyteennetwork.org.

So I just want to go over a few webinar protocols so that everybody is clear about how we're going to proceed. You will be in listen-only mode as they said earlier and we won't be taking any designated telephone breaks throughout the broadcast; however, if you want to type a question or a comment, please use the chat function or the question and answer function on your dashboard and we'll do our best to answer the questions as we go along. But there's certainly going to be time at the end where Bob and I will field questions and of course we invite you to be part of the conversation during the last portion of the webinar.

We really truly believe that cross-sharing is also a really important part of learning about this particular issue. So with that, I'll turn it over to Bob.

Bob Reeg: Good afternoon everyone, or good morning if we're talking to Hawaii. You may be surprised to know that the Patient Protection and Affordable Care Act -- known better by its shorthand title, Affordable Care Act or its acronym ACA -- actually celebrated its fifth anniversary this past March. That's right, the law is already in Pre-K. And while the loss health insurance marketplace and individual responsibility requirement provisions -- that's something that's called the individual mandate -- continue to attract the most news, the Affordable Care Act is far more comprehensive than just those two key elements.

In fact, it's the source law for the Pregnancy Assistance Fund, meaning the funds you receive are a result of the Affordable Care Act. And now that most provisions of the law are being implemented, it's important to understand how it can impact the lives of expectant and parenting youth and their children.

So the Patient Protection and Affordable Care Act of 2010 established a wide variety of provisions to increase American's access to affordable, accessible, and high quality healthcare. This webinar will review the content and status of those provisions of the law that are most pertinent to expectant and parenting youth and their children, including the laws maternal and child health, sexual and reproductive health, and health insurance coverage provisions.

And also we will identify opportunities and resources for service providers working with expected and parenting youth to help those young people access the healthcare services that are now available. Our hope is that by the conclusion of this webinar and the facilitated discussion to follow, you'll be able to accomplish four things.

One is identify at least three provisions of the Affordable Care Act that are pertinent to expectant and parenting youth and their children. Second, describe the current status of implementation of the Affordable Care Act's maternal and child health, sexual and reproductive health and health insurance coverage provisions. Third, to inform expectant and parenting youth and their families about healthcare resources and services now available to them, and fourth, identify at least two tools that can be used to learn more about the Affordable Care Act.

This would be a good moment for me to point out that there is a handout that you can upload from your toolbar on the top of your screen in one of the

buttons near where it says feedback. Before I go further, I want to set forth some assumptions that were made when we prepared this presentation.

The first is that the term expectant and parenting youth does include both adolescents and young adults and both boys and young men as well as girls and young women. Second assumption is that we have an interest in healthcare access for both the children of parenting youth as well as the expectant and parenting youth themselves. The third assumption we reached is that expectant and parenting youth and their children are within all racial and ethnic groups and all socioeconomic statuses.

Although there is a disproportionate of such youth and their families within communities of color and among lower socioeconomic status groups. Fourth assumption we made is that some expectant and parenting youth remain connected to their parents and caregivers, while others live independently from them. And finally our assumption is that providers of services to expectant and parenting youth see it as their responsibility not only to connect such youth to health resources and services while they're supporting them, but also see a responsibility to prepare those young people to acquire healthcare resources and services independently after they reach full adulthood.

So with that background, I'm now going to address some of the Affordable Care Act's maternal and child health provisions. And in Healthy Teen Networks' estimation, the most important maternal and child health provision of the Affordable Care Act of importance to expectant and parenting youth is the establishment of the maternal, infant and early childhood home visiting program.

And this program, which is funded to the amount of 1.5 billion over five years goes to states and Indian tribes, tribal organizations and urban Indian

organizations, and it supports pregnant women and families and helps parents of children from birth to age five tap resources and develop skills they need to raise children who are physically, socially, and emotionally healthy and ready to learn.

Through the home visiting program, states, tribes, and tribal organizations develop and implement voluntary, evidence based home visiting programs using models that are proven to improve child health and to be cost effective. And each participating state chooses the home visiting models that best meet the needs of its own at-risk communities and then supports the local agencies in providing the home visiting services to families in their own communities.

So currently the home visiting program operates in all states and US territories as well as 25 Indian tribes and tribal organizations. And earlier this year, Congress extended funding for the home visiting program through March 2015. Finally, I point out that the program is administered by the US Department of Health and Human Services, Health Resources and Service Administration.

Deborah Chilcoat: So Bob, I'd like to ask the audience a question. Why do you think the maternal infant and early childhood home visiting program is particularly relevant for expectant and parenting youth? In lieu of a chatbox, please go ahead and put your response in the question and answer box. We'll take your responses and read them aloud as they come in.

Bob Reeg: This is one of your first opportunities to participate.

Deborah Chilcoat: Okay, well it seems like one of you had said that the maternal infant and early childhood home visiting program is an important way to get programs and services directly into the lives of the young people. So keep thinking about

why the maternal infant and early childhood home visiting program could be particularly relevant for our young, expectant, and parenting youth as we move forward and talk a little bit more in-depth about that.

So it seems like the expectant and parenting youth and their families probably could really benefit from the maternal infant and early childhood home visiting program because it improves their health and wellbeing. And I think everyone would agree with that.

Bob Reeg: So that's right. Scientific research shows that home visiting improves child and family outcomes such as home safety, infant and parent attachment, and parent understanding the child development. So first, we want to extend home visiting services to all expectant and parenting family and the home visiting program puts us on that trajectory.

Deborah Chilcoat: That's a great point, but what can PIF grantees do to increase awareness of this program?

Bob Reeg: A couple of things. State grantees of the Pregnancy Assistance Fund should connect with their state agency administrators of the home visiting program to build awareness of each other's programs and identify opportunities for collaboration. Second activity is that Pregnancy Assistance Fund service providers could connect with home visiting programs including local projects funded through the federal program in the communities that they serve and build referral arrangements or other collaborations with those providers.

And certainly, Pregnancy Assistance Fund service providers may want to refer their expectant and parenting youth population to home visiting programs in their own communities. And it looks like we have some other answers that

have come in so that's nice to see, thank you. Did you want to pull up a few of them?

Deborah Chilcoat: Sure, sure. So yes, in order for them to have resources and support, to help with parenting skills, great opportunity for hands-on parenting and life skills education and -- oh, this is a big one -- access to support at home versus having to visit a service provider and going to their office. We know that transportation is an issue. It also builds relationships and rapport with the parenting youth. So these - thank you, thank you for the responses. Sorry about the little bit of a delay.

So keep typing as we go along and -

Bob Reeg: Yes, that's great. Sounds like we have an audience that's in touch with the benefits of home visiting, so yay.

Deborah Chilcoat: Love that, love that.

Bob Reeg: So to learn more about the federal program, you can visit the home visiting page of the HHS Maternal and Child Health Bureau. The link is on the slide as well as in the resource sheet I talked about earlier. And there you will find a list of the state grantees of the home visiting program and the contact points at the state level and also there are abstracts of each state's program and that includes a description of which local communities they've selected for targeting the home visiting assistant services.

So that page should set you up with making the connections that I recommended earlier.

Deborah Chilcoat: That's fabulous. Oh wait, Bob, you know who could really use this information about the maternal infant and early childhood home visiting program?

Bob Reeg: Are you thinking about Miss (Griffin) at the Cross Red School?

Deborah Chilcoat: Exactly. Do you remember when Miss (Griffin) was telling us about (Jade) and (Aaron), you know, the young parents of one-month-old (Kai). You know, I remember she said that (Jade) and (Aaron) were doing fairly well since (Kai) came home from the hospital, but I remember she mentioned that she was a little concerned that (Jade) may be feeling a little overwhelmed and maybe experiencing, you know, the baby blues, kind of like, you know, postpartum depression.

But, you know, the other thing was (Jade) said that she wasn't sure she was feeling really confident in her mothering skills. So while I know that there is some evidence-based home visiting programs already out there, I'm going to need to contact someone at the state from (Emma Griffin) to find out more - about more - about the programs that are currently in our community. So didn't you say I could get that information from the HRSA Web site?

Bob Reeg: Uh-huh. That has the list of each state agency administering the home visiting program and the point of contact.

Deborah Chilcoat: Fantastic. All right, so I need to do a little more digging and get some more information together to share with Miss (Griffin). Hmm, but I wonder what would be the best way to get her that information?

Bob Reeg: Well how about we ask the audience since they've been really participatory so far?

Deborah Chilcoat: Okay. So we have our first poll. What's the best way to share information with local agencies about the maternal infant and early childhood home visiting program? Your options are via e-mail, a phone call, in-person meeting, a webinar, a tip sheet. Take a few minutes. Well maybe not a few minutes, moments.

Bob Reeg: Moments. That's good, they're coming in.

Deborah Chilcoat: Excellent. I'm going to close the poll in about five, four, three, two, one. By and large, it looks like -- mm, that's a great choice -- in-person meeting; 62% of you said that way. A tip sheet looks like it could also be helpful, maybe shooting an e-mail, maybe as an attachment put the tip sheet. Maybe in the e-mail, set up that in-person meeting. Gosh, these are all excellent suggestions. So I'll tell you what, I am going to get right on this as soon as we wrap up today's broadcast. Sound like a plan?

Bob Reeg: It doe and when you're contacting Miss (Griffin) you may want to tell her about essential health benefits also.

Deborah Chilcoat: Wait a minute, what's an essential health benefit?

Bob Reeg: Oh yes, sorry, I was kind of getting ahead of myself. So the Affordable Care Act context, essential health benefits are the set of healthcare items and services that must be covered by health please that are offered in the individual and small group markets, whether they're inside or outside of health insurance marketplaces. And also plans that are called Medicaid expansion plans.

And I'll talk more about the insurance coverage of the Affordable Care Act in a few more slides. But there are ten categories of healthcare items and services that are considered essential health benefits and let me just highlight a few that really make sense to highlight for the population we're describing today.

So the Affordable Care Act specifies that maternity care, newborn care, pediatric services, prescriptions, hospitalizations and mental health and behavior health treatment are essential health benefits to be included in private and Medicaid expansion plans. It does leave the fine details about each of those covered services to each state to establish for the insurance plans that are being offered to resident of their state. That's because states regulate health insurance.

But that - I think the essential health benefit component of the law might be helpful for (Jade), the teen mother who's in Miss (Griffin)'s program to more about - learn more about those.

Deborah Chilcoat: Okay. Wait, you know, I think you're going to need to tell me a little bit more.

Bob Reeg: Okay, so let me be a little more clear. So being eligible for or receiving private health insurance coverage or a Medicaid expansion plan could mean that (Jade), (Aaron), and (Kai), will likely be adequately covered for most maternal and child health conditions. And that matters to all expectant and parenting youth, not just (Jade), (Aaron), and (Kai), so that's why it's really important for all of us to understand these essential health benefits.

Deborah Chilcoat: You know, because Miss (Griffin)'s program serves a high number of expectant and parenting youth, I'm starting to think she might want to do some education about the health insurance and essential health benefits with them. But you know what, before she does, she needs to figure out what's the best

way for young families like (Jade), (Aaron), and (Kai) to learn more about them. So I wonder what the audience thinks might be the best way to educate families about homeowners insurance and essential health benefits.

Bob Reeg: Yes, so let's open up a second poll and see.

Deborah Chilcoat: See. So do you think they should embed information in a life skills class, maybe hang some posters that list examples of EHBs? I know text messaging is really hot right now, maybe they could send text messages or create a teen-friendly mobile app for like smartphones and such. You know, they could always host a lunch 'n learn, I mean everybody loves eating together and sharing, but that's also a good place where they could be eating and sharing information. So let's see what the audience has to say.

I'm going to close the poll in five, four, three, two, one.

Bob Reeg: So it looks like - it looks like people on the call today support a number of approaches. And while there are many ways to educate youth about health insurance and essential health benefit, the strategy that you choose really needs to be relevant and appealing to the specific youth you're working with. So whether it's a teen-friendly mobile app or embedding information in a life skills class, expectant and parenting youth do need to know about health insurance and of the essential health benefits.

Knowing this information allows them to self-advocate for their own healthcare and for their kids too, both while they're young parents but also as they develop into full adulthood.

Deborah Chilcoat: That is an excellent point, Bob. But I wonder where Miss (Griffin) could get information so she could maybe create a lesson plan for the life skills class?

Bob Reeg: Sure, happy to help on that. If she wants to learn more, be sure to tell her to visit the US Department of Health and Human Services Web site at the locations that are on the slide that are also repeated in the handout that's available. The first link provides useful presentations and materials that explain the law in easy to understand ways -- very consumer friendly. Some of the materials are available in Spanish.

And then she should also check out the centers for Medicare and Medicaid services, which is another part of HHS. And on that site - Web site, she could learn more about specifics of the Affordable Care Act's health insurance provisions. But be sure to tell her this is pretty heady stuff, so this isn't really a two-minute task when she goes onto these Web sites. It will take some, you know, time to be (unintelligible).

Deborah Chilcoat: Dually noted. So the Affordable Care Act has really helped expectant and parenting youth by establishing the maternal infant and early childhood home visiting program, expanding health insurance coverage, as well as including those essential health benefits. But what about preventative services? I think I recall that was a really key piece of the legislation.

Bob Reeg: Sure was. Preventative health services are one type of essential health benefits that we mentioned just earlier. And under the Affordable Care Act, private health plans must now cover various preventative health services and without imposing cost share on the beneficiaries. So that means that (Aaron) and (Jade) won't need to pay a co-pay or a deductible when they or their child goes to the doctor for a routine checkup.

Deborah Chilcoat: Woah, I can imagine that's going to be a huge load off their minds. So what are the preventative services that ACA requires insurance plans to cover?

Bob Reeg: Well there's, again, a really comprehensive list of preventative services. The ones that seem to make the most sense to draw attention to today are the preventative services for women, including pregnant women, and there's the HHS Web site that lists those and I provided the link here on the slide as well as in the handout. But I want to draw your attention to a handful of services that are relevant to expectant and parenting youth.

And so let me tell you about a few of the preventative health services that are related to sexual and reproductive health that are now covered under the Affordable Care Act. Pap smears and pelvic exams, HPV DNA testing for women 30 years of age and older, sexually transmitted infection counseling, HIV screening and counseling and FDA-approved contraceptive methods and contraceptive counseling.

Deborah Chilcoat: Wow, that's great.

Bob Reeg: And some of the maternal and child health and adolescent health services that are worth noting here are breast feeding support, supplies and counseling, interpersonal violence screening and counseling, depression screening for adolescents and developmental screening for children under age three. Didn't you say (Jade) was feeling the baby blue since she had her child?

Deborah Chilcoat: Yes, that's what Mrs. (Griffin) told me.

Bob Reeg: So, you know, you think Miss (Griffin) might want to talk to (Jade) about a depression screening?

Deborah Chilcoat: You know, probably. Miss (Griffin) seems to have a really good rapport with the youth in her program. You know, maybe that should be part of the

conversation Miss (Griffin) has with the youth in her program, you know, encouraging them to seek mental healthcare and dispelling the notion that getting help means you're not a good parent. You know, in fact, knowing when to seek care -- both physical and mental health -- is part of effective parenting.

You know what, I'm going to definitely add it to my list of items to cover when I connect with Miss (Griffin).

Bob Reeg: Yes, and when you do so, don't forget to tell her about that no co-pays and deductibles part.

Deborah Chilcoat: Yes, I won't forget that. You know, it should give young people peace of mind that a co-pay is no longer a barrier to seek preventative care. So Bob, I wonder how many people know that the Affordable Care Act actually amended the Fair Labor Standards Act?

Bob Reeg: That's a great question. The change to the Fair Labor Standards Act was hardly splashed across the headlines.

Deborah Chilcoat Yes, I have no idea how many people really do know, but I do have an idea to check it out. So why don't we ask the audience what they think changed in the Fair Labor Standards Act due to the Affordable Care Act. So in lieu of a chatbox, go ahead and use that question and answer box to answer the question of what changed in the Fair Labor Standards Act due to the implementation of the Affordable Care Act?

I'll give you a few minutes to go ahead and type into that question box. Mmm, looks like we've stumped you. That's quite okay because I think the correct answer is actually going to surprise you. So because of the Affordable Care

Act, employers with 50 or more employees are now required to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has a need to express the milk.

Also, employers are required to provide a place other than a bathroom that is shielded from view and free from intrusion from coworkers and the public which may be used by an employee to express breast milk.

Bob Reeg: And don't forget, employers with less than 50 employees are also expected to adhere to this provision unless they can demonstrate that it poses undue hardship

Deborah Chilcoat: This is so important for nursing mothers, really of all ages. Gone are the days of pumping in the bathroom stall, janitor's closet or hiding behind that huge, artificial ficus plant -- oh my gosh.

Bob Reeg: Sounds like you have some experience there, Deb.

Deborah Chilcoat: We'll talk later.

Bob Reeg: So does Miss (Griffin) have any nursing mothers in her program?

Deborah Chilcoat: Oh yes, absolutely. Actually she has about 80% of her teen mothers who are nursing. But she's always told me that once the moms head back to work, most of them stop nursing. So I think that they definitely stop I think she told me well before the baby's first birthday.

Bob Reeg: Well that's a shame.

Deborah Chilcoat: Yes, yes. So - because actually there are some really great resources for Mrs. (Griffin) to use and I think she can probably check out a Web site, right?

Bob Reeg: Of course. I would send her to the Fair Labor Standards Act Web site, which is a part of the Department of Labor. And again, the links to the Web sites I'm talking about are on the slides and also in the handout.

Deborah Chilcoat: You know though, I have looked at those Web sites and they're really tough to understand, and so I would probably suggest to her that she should, I don't know, translate some of the information first to her students. You know, the other thing that they had was these really cool break time for nursing mothers' employee rights cards. These explain the law in clear and really simple language and, you know, the nursing mothers -- even the teen moms -- can use it during their conversations with their employers when they're trying to secure an appropriate space to express their milk.

Bob Reeg: Yes, I thought that was a great tool also. But you know, there's the law and then there's implementation issue. So what do you think might be some specific solutions for employers to be compliant because it might be a situation where the nursing mother has an employer who really wants to be helpful but just doesn't know how to go about it.

Deborah Chilcoat: Yes, that's a good point. So womenshealth.gov created a great resource that includes practical solutions that business and industry have already put in place to make breastfeeding and working more compatible than ever. So check out this Web site at womenshealth.gov that has the supporting nursing moms that work employer solution tip sheet. You know, I want to just highlight a couple solutions that they could use which is, you know, to make sure that they ensure privacy by using a nursing mother's sign -- maybe it hangs on the doorknob or somewhere where it's really easy to see.

They could explain how to store breast milk in a communal refrigerator and then dedicated space to pump. Bob, when I was doing this research, you should see some of these really cool, temporary - they even have outdoor pumping rooms.

Bob Reeg: Oh wow.

Deborah Chilcoat: It would blow your mind.

Bob Reeg: Oh wow, sounds like a great resource you found.

Deborah Chilcoat: Yes, it was really fun. Really fun to see what we've got available to us. But you know what, before we go much further, I want to focus a little bit on the essential health benefit and preventative health services provisions you mentioned earlier that were related to sexual and reproductive health. Most significant in the law of inclusion of the full range of contraceptive services, including contraceptive counseling in the suite of preventative health services for which cost sharing is prohibited.

The practical effect of this is due to the Affordable Care Act private health insurers are now required to cover a full cost of all FDA-approved contraceptives, which includes long-acting reversible contraceptives, LARCs, like the IV. However, in June 2014 -- this year -- the Supreme Court of the United States in the case *Burwell v. Hobby Lobby* provided an exemption from the contraceptive mandate for some employers.

They ruled that closely-held corporations with religious objections shall not be compelled to provide contraception under their health insurance plan.

Bob Reeg: You know, I wonder if Miss (Griffin) has talked about the Affordable Care Act's contraception requirement with her students.

Deborah Chilcoat: You know, I'm not sure but I know that (Jade) told Miss (Griffin) that although she and (Aaron) adore (Kai), neither of them are ready for another baby. You know, they've got big dreams. They both want to go to college and have great careers and if I remember, (Jade) wants to go into nursing and (Aaron) wants to start a teen father support program so that he can help other guys avoid the situation that he's in right now.

Bob Reeg: That's awesome and I certainly think they would benefit from improved access to contraception options and the Affordable Care Act really makes that possible.

Deborah Chilcoat: Yes, yes. But you know what, I recall (Aaron) telling Miss (Griffin) that he was not sure how he and (Jade) were going to pay for (Kai)'s immunization so this is a whole nother issue. So when I talk to her, what should I tell Miss (Griffin) to say to (Aaron) and (Jade).

Bob Reeg: Let's ask the audience.

Deborah Chilcoat: And we've got our third poll. So what should Miss (Griffin) say to (Jade) and (Aaron) about paying for immunizations? Should she say they're putting the public at risk for not immunizing (Kai)? Should they say (Kai)'s immunizations are covered under the Affordable Care Act? Should she say they could be accused of neglect and if they don't immunize (Kai), something terrible could happen?

Of course, five, four, three, two, one, that was an easy one. So obviously the majority of you knew that (Kai)'s immunizations are covered under the

Affordable Care Act. So frankly, I don't think Miss (Griffin) would ever say the first and the third option and I'm sure that she wouldn't see her role being giving medical advice to her students about the immunizations or, oh my gosh, she would never try to scare them into thinking they would lose their child because they didn't get the child immunized. Thanks everybody.

Bob Reeg: So another provision we want to highlight is the Medicaid Family Planning expansion. And so that's also in the sexual and reproductive health sphere of the act. The Affordable Care Act amends the Medicaid program to allow states to expand coverage for family planning and family planning related services to individuals up to 200% of the federal poverty level through a simpler state plan amendment process than what's currently allowed, with her is through a demonstration project waiver process.

And this simplification is simply going to allow more Americans to obtain family planning services. So prior to the Affordable Care Act, states could make family planning services available to people up to 200% of federal poverty level, but only by requesting a demonstration project waiver, which is a pretty complicated thing for the state to do.

Deborah Chilcoat: Sounds like it.

Bob Reeg: But - but this is an option. This is a state - Medicaid state option so your state may or may not have adopted it. So one of the good sources of information I found for tracking whether your state has or has not adopted the Medicaid Family Planning Expansion option is the Guttmacher Institute and I've provided a link here to their report.

So since we're on the topic of Medicaid, this would be a good time to talk about Medicaid and move our conversation to the insurance coverage

provision of the Affordable Care Act. So let me talk about Medicaid first. Just to remind everybody, Medicaid is a publicly funded health insurance program and it's jointly administered by the federal government and each of the states.

And so in the Affordable Care Act, all states now must cover children up to age 19 with family incomes below 130% of the federal poverty level -- which is about \$20,000 for a family of two -- through Medicaid. So this could be a help to minor age and the 18 to 19-year-old expectant and parenting youth, whether attached to their adult parent or caregiver or if they're independent of their adult parent or caregiver to obtain Medicaid coverage, even if their family income is above the federal poverty level.

So the other big Medicaid change in the Affordable Care Act is Medicaid expansion. And so there's a provision in the law that required states to expand their Medicaid programs to all individuals in their state at or below 133% of the federal poverty level.

And so we call that the Medicaid Expansion Provision. Now, last year, the Supreme Court determined that the Medicaid Expansion Provision of the law to be unconstitutional as a mandate on state, so it's now a state option to expand Medicaid to cover a higher income population than it does through its traditional Medicaid program. And so a lot of action is taking place at the state level to persuade state officials to adopt the Medicaid expansion.

Now according to the Kaiser Family Foundation, 26 states and the District of Columbia are implementing the Medicaid expansion in 2014, 3 states are still considering it, and 21 states are not moving forward at this time. I found a few places online where you can track the status of Medicaid expansion in the states and I found the Kaiser Family Foundation page that's provided here on the slide as well as in the handout to be kept pretty up to date.

Deborah Chilcoat: Okay, but Bob, what does the Medicaid expansion mean for expectant and parenting youth?

Bob Reeg: Yes, a couple things. First, as I said in our assumptions, we don't assume that all families -- especially young-adult-headed households -- are at incomes at levels in which they are eligible for traditional Medicaid. Some of them may be earning more than poverty-level income. And so that's the one piece. Second, contrary to public perception of Medicaid as a generous program for low-income families, family coverage under Medicaid is actually rather restrictive.

I mean children have far easier access to Medicaid than do their parents. And so Medicaid expansion by all states would go a long way to assuring health insurance for many young adults, including expectant and parenting young adults who have succeeded in generating incomes above the poverty level.

Also it's our aspiration that as parenting youths complete their educations and enter career pathways that they'll attain employment that generates good incomes. And so it's in the interest of pregnancy assistance fund grantees and partners to be aware of their state's activity around the Medicaid expansion so that parenting youth receiving Medicaid -- traditional Medicaid -- as teen parents will have a health insurance pathway to follow when they "age out" of Medicaid.

Deborah Chilcoat: All right, let me be sure I'm understanding you correctly. The Affordable Care Act provides states the ability to expand health insurance coverage through their Medicaid programs, so some individuals and families at higher income levels than the current Medicaid program?

Bob Reeg: Yes, that's right. The Affordable Care Act puts in place a couple of options for Americans, including young families to get the healthcare coverage they need to be healthy, stay healthy and grow up healthy and Medicaid expansion is one such option.

Deborah Chilcoat: Excellent.

Bob Reeg: So by the way, one more resource that will help people on the call today stay on top of state activity around Medicaid expansion is the Web site of the Center for Budget and Policy Priorities, which is a policy organization working at both the federal and state levels on fiscal policy and public programs that affect low and moderate income families and individuals. And again, I provided a link to their web page that links to their Medicaid expansion coverage.

So a second - so we just talked about Medicaid expansion. A second approach that Congress took in the Affordable Care Act to expand health insurance coverage to more Americans was through the establishment of a program of subsidized health insurance through premium tax credits for individuals and families not able to obtain health insurance through other means. And the mechanism for those individuals to purchase the subsidized private health insurance is through health insurance marketplaces.

This is probably really familiar to most everyone on the call since they were well publicized, but the marketplaces are centralized locations where consumers can go and search for and enroll in private health insurance and possibly obtain a premium subsidy if they qualify for a subsidy based on their income.

So the law authorized states to establish and operate marketplaces for their residents or the states could partner with the federal government in operating their own exchange. Add again, according to the Kaiser Family Foundation, 16 states and the District of Columbia chose to operate a state-based marketplace and 7 operate a federal-state partnership. And that leaves the remaining 27 states with supply to establish a state-based marketplace. And so residents of those states may purchase private health insurance through the federal marketplace.

Deborah Chilcoat: Isn't there a central Web site to access health insurance marketplaces?

Bob Reeg: Yes, there sure is. It's www.healthcare.gov. In addition to the Web site, people can access marketplaces through call centers, insurance navigators, and in person enrollment office capabilities. So but just need to be aware that the volume and intensity of those services other than the Web site kind of depends on whether or not the marketplace is in an open enrollment period. Because it doesn't make a lot of sense to have a call center fully staffed when people by and large can't enroll.

Deborah Chilcoat: Got you. So I know that the enrollment period closed, what was that, March 2014, in March? Yes. So when's the next open enrollment period? \

Bob Reeg: Right. The next open enrollment period begins November 15th, 2014.

Deborah Chilcoat: Oh, not too far away I guess.

Bob Reeg: No, it's coming around the bend. So two points we feel are important to make about the health insurance marketplaces as they affect expectant and parenting youth. First, the marketplaces also operate as the portal for applying for Medicaid and so this gateway to Medicaid is available year-round, not only

during open enrollment period. So someone who might be Medicaid eligible -- either traditional Medicaid or expanded Medicaid -- should go to that www.healthcare.gov and test that out right away.

Also the marketplace remains open year round for people with qualifying life events, marriage being one such event or birth of a child being another kind of qualifying life event.

Deborah Chilcoat: Oh, so just because (Kai) was born after the enrollment period, (Jade) and (Aaron) could still enroll in the marketplace?

Bob Reeg: Uh-huh, they could. They just need to visit www.healthcare.gov and follow steps to enroll. Do you think they didn't hear about this at the hospital?

Deborah Chilcoat: You know, I don't - I'm not sure. I mean you know, having a baby rocks your world and sometimes it's hard to concentrate and remember all the information you get at the hospital.

Bob Reeg: Yes, for sure. But it would be a great idea then for providers outside the hospital to review information about health insurance a short time after a young family leaves the hospital then. And for that matter, expectant and parenting youth could benefit from basic consumer education about health insurance marketplaces. And so hopefully I'll share that these young people will graduate to private health insurance coverage as they reach full adulthood.

Deborah Chilcoat: Yes, I absolutely agree. You know, the adults in the lives of these expectant and parenting youth, you know, like Miss (Griffin), you know, they - and their adult parents, they should be sufficiently familiar with these health insurance marketplaces. You know, the specific marketplaces or the places that, you

know, that they can access in their state. You know, it would be a great exercise for them to try to navigate one of these marketplaces, you know, just so they're familiar with what they're going to encounter and, you know, maybe then they can support the young family as they try to navigate the system.

Bob Reeg: That makes sense.

Deborah Chilcoat: Yes, so I wonder - they go to healthcare.gov, wasn't there a quick-read, like a health insurance marketplace 101 style information?

Bob Reeg: Yes, there's a lot of real basic consumer education on that Web site.

Deborah Chilcoat: Yes, and I bet you there's resources for professionals too to learn more about it so that then they can turn around and educate their young people.

Bob Reeg: Yes, the Web site, again it's HHS Centers for Medicare and Medicaid services has a full set of resources for training professionals that are learning about the marketplaces and helping them help others apply.

Deborah Chilcoat: Excellent. All right, so you'll probably recall there was a wildly popular provision of the Affordable Care Act that took effect upon the law's passing that required private health insurance plans offer dependent coverage, which allowed dependents to stay on their parents' plan up to the age of 26. And this was regardless of whether they were married or unmarried.

You know, I think it's really important to point out, however, that the homeowners insurance plan or issuer is not required to provide coverage to child or children of that young adult himself or herself. So while the young adult coverage may be helpful for the expectant or parenting youth, that young

person and their family is going to want to make additional health insurance arrangements for the baby or the child. You know, they might have to purchase a child-only policy on the marketplace or they're going to have to find out if they're eligible for the child to get covered through Medicaid or TIP.

Bob Reeg: Yes, absolutely and there are ability for children to get covered on their own, that's something they should definitely explore. I mean do you know if (Jade) and (Aaron) are covered on their parents' private health insurance please already?

Deborah Chilcoat: From what Miss (Griffin) told me, it sounds like (Jade) is covered, but (Aaron) is not.

Bob Reeg: Okay, well it sounds like (Jade)'s in good condition, hopefully (Kai) gets attached to her health insurance. But what about (Aaron), I mean he still has some options?

Deborah Chilcoat: Well what might some of those options be?

Bob Reeg: Let's ask our audience and see how carefully they've been listening.

Deborah Chilcoat: So what can (Aaron) do to obtain health insurance? Can (Aaron) purchase health insurance via the marketplace, determine if he qualifies for Medicaid -- or his state expanded Medicaid program -- determine if he could be added to one parent's health plan, all of the above, none of the above?

Let's see, lots of answers coming in. It's a little bit of a trick question. I'm going to close the poll in five, four, three, two, one. All right, here's our results Bob.

Bob Reeg: Well the correct answer is all of the above. Certainly those other - the blue and yellow are okay also but that's not everything because (Aaron) might be able to get health insurance directly through the marketplace also.

Deborah Chilcoat: All right. Thanks everybody.

Bob Reeg: So there's another subset of youth that we want to make sure to not lose sight of and it's youth who have been in foster care. Since they may no longer have a connection to their birth parents and so this idea of dependent coverage, how does that work for them? And so there is a provision in the law that addresses that. A subset of young adult coverage expansion is that youth who were enrolled in foster care and Medicaid at the time of their emancipation from foster care -- which depends on your state law what that age is, it's either 18, 19, 20, or 21, but anyway -- those kids remain eligible for Medicaid up to age 25 regardless of their income level.

Deborah Chilcoat: So the pregnancy assistance fund providers might want to think about screening their young people for current or prior foster care involvement. Yes, and maybe they should also advise the young person or assist them in exercising their health insurance provision if they're eligible.

Bob Reeg: Yes, absolutely.

Deborah Chilcoat: So I know that Miss (Griffin)'s school has older students and a vocational educational program. I think (Aaron)'s enrolled in that but I'm not sure Miss (Griffin) knows about this part of the Affordable Care Act. But then again, the Crossroads school does work closely with the Department of Social Services and the local community colleges. So you know what, she may actually be

aware of it, but you know what, I'm going to add this to my list of things to cover when I connect to Miss (Griffin).

Bob Reeg: Miss (Griffin)'s got a long meeting coming up.

Deborah Chilcoat: Hey, this is going to be a lot to cover. It is, it's a lot to take in. You know, I'm really glad you put those resources together and there's so many Web sites available to us.

Bob Reeg: Absolutely. Just for anyone who's starting to have overload, remember that there are really knowledgeable people about this law at the federal level including the Office of Adolescent Health, in your state level in your health department, your health insurance department, other sources of support at the state level. And certainly the folks in your community who can help you out when you have specific questions.

Deborah Chilcoat: Okay, it is a lot. So Bob, what do you think are the three most important things for people to remember about the Affordable Care Act?

Bob Reeg: Okay, well in the big picture I'd say that there's three takeaways. One is that the Affordable Care Act established funding for new maternal and child health and sexual and reproductive health programs. One example is the pregnancy assistance fund, another is the home visiting program we talked about at the beginning. A second takeaway is that the law now requires health insurers to provide essential health benefits, including preventative health services including contraception and contraception counseling.

And the third is that the law provides several new mechanisms to Americans for obtaining health insurance coverage. One that we talked about was Medicaid expansion and the other was the health insurance marketplace.

Deborah Chilcoat: Yes, I think these are great points to share with Miss (Griffin) so she can pass this information along to (Jade) and (Aaron) and really any of those students in her program. We all know that they want what's best for (Kai), their entire family and probably their community too. So at this point, Bob, do you think maybe we could open the phone lines and get some questions from the audience?

Bob Reeg: I think that would be great. We'd love to hear from those of you who have listened today about questions you have to either clarify something that Deb or I spoke about, or we're particularly looking to hear what kind of experiences any of you have had in helping young people understand our exercise Affordable Care Act provisions or rights or whether you've had any communication with partners in your state or community that are helping you translate this complicated information to teens.

You know, the conversation could go in whatever direction is most beneficial to you. We do have some ideas if you're - if you don't have something yourself, but we'd love to hear what you are thinking about right now.

Victor Medrano: So, (Crystal)?

Coordinator: Yes, absolutely.

Victor Medrano: Can you please open up the phone line so that our participants have an opportunity to ask their questions and just for your own knowledge, in terms of the participant, normally we have open just the individual lines and you're put into kind of a holding pattern until you can ask your question. What we're going to do in this particular webinar is that we are opening the entire lines all at the same time. We hope that this will maybe stimulate some additional

dialogue, however if it gets to be a little bit unwieldy, especially for our presenters, then we will revert back to the, you know, asking your questions one at a time.

So (Crystal) if you'll open the lines and we're open for questions.

Coordinator: Absolutely, all lines are now open and interactive. If you're unable to use your own mute feature, you may press *6 to mute and unmute your line. Thank you.

Bob Reeg: All right, well welcome a question from someone, or a discussion point. All right, we seem to be a little shy at this particular moment. So I'll throw out a question and see if you all have any experience with this and want to weigh in. So I'm curious to know if any pregnancy assistance fund grantees or sub-grantees on the call today have either formed a collaboration with the home visiting program lead agency or with a home visiting servicing provider?

And if any of you have done that, if you could tell us a little bit about the nature of that collaboration and how it's going. And it might be helpful knowledge to share with your peers. Anyone got something going on with home visiting?

Okay, well sounds like then we've given you some suggestions early in the presentation to do something that matches that. You all had some really terrific responses about the value of home visiting for the young people and their children that we're talking about today. So just to reinforce the point or two that I made early on, since there are formal state-wide programs to support home visiting now, it seems like a really natural relationship between the state pregnancy assistance fund grantee and the state agency.

You might even be in the same department if you're health department focused for example, to create - pick up the phone, you know, find who's the contact -- which you can on the Web site that we talked about -- and introduce yourselves and say, "I've got a set of young people in my program that probably could benefit from home visiting services, how do I go about getting those services to the young people that we serve?"

So that would be just to kind of reinforce the point from the presentation. And again, looks like you all have a real strong sense of knowledge about why home visiting matters, so let's take advantage of the fact that we have these two fabulous, federally funded programs, pregnancy assistance fund and home visiting and marry them up as we can.

Deborah Chilcoat: So I'm actually curious, we had mentioned during the presentation about possibly incorporating some of the information about the healthcare and the Affordable Care Act into life skills lessons. Who in the audience is already doing something like that? Well okay, so do you think that that might be valuable to have a lesson plan maybe standardized or have the opportunity to put something together for your specific community, more unique to what your students' needs are?

What do you think about possibly having a lesson plan created for understanding the Affordable Care Act?

Man: Hello?

Man: Hey, Deb, it's (unintelligible).

Deborah Chilcoat: Hey, how are you?

Man: What happened?

(Chris): Hey Deb, it's (Chris) from (unintelligible).

Deborah Chilcoat: Yes, go ahead.

(Chris): No, I was just thinking it would be a great need - I know (unintelligible) they're trying to figure out (unintelligible) more hours, not just what they're going to be doing, (unintelligible) proper use (unintelligible) detective, but they've also had talks about -

Man: (Unintelligible).

(Chris): ...(unintelligible) them and having the young people in for more hours. So what, like you know, what would be useful for them to do? So I think that would be an excellent resource for them.

Deborah Chilcoat: Great, thank you.

Victor Medrano: Deb and Bob, this is Victor. I have a question and it's in regards to the discussion you had around breast feeding and it was very focused on the requirements for employers to provide -

Man: Yes, yes, no.

Victor Medrano: ...each - what they need to provide in order to allow for breastfeeding. For many PFA grantees -

Man: Right, right, yes. Get the IV on them and (unintelligible) -

Victor Medrano: ...(unintelligible) and our students, not necessarily employees. And I'm curious as to whether the schools would also be required to provide for these young mothers, you know, places to go so that they can breastfeed an express milk and those types of things as an employer would have to as well for a staff member.

Bob Reeg: That's a good question. The Fair Labor Standards Act wouldn't apply to - well it's really to cover relationships between employers and employees, (unintelligible) either students or non-employees. But Title 9 of the Education Amendments of 1972 -- which assures gender equity in education -- have specific regulatory provisions associated with it that are protection of the educational needs of pregnant and parenting students.

And while it's not off the tiptop of my head whether breastfeeding is specifically mentioned in the regulation, it's definitely been a point of negotiation between pregnant and parenting students and their advocates at particular schools about how to assure that the school provides an appropriate accommodation so that the parent can continue to attend and also breastfed. So -

Man: That's what I know. That's what I'm -

Bob Reeg: Yes, so I would say it's addressed through education law, not through the Affordable Care Act and it is one of those school by school, school district by school district negotiated things that, you know, it's one of those situations where it's not addressed until somebody brings it up and says, "This isn't happening."

So probably it's more, you know, schools aren't necessarily in a preventative mode on this matter and it takes like really good advocacy from a pregnancy

assistance fund provider or another youth advocate or a law - legal aid organization or a really aggressive grandparent or teen parent herself to make that happen.

Deborah Chilcoat Yes, I was going to say I think that it has to come from the committee. It's not necessarily going to come from the provisions. But, you know, this is a perfect opportunity to synergize some of this effort and - I mean and we just had this (unintelligible) Standards Labor Act. This is a perfect time to say, "Okay, well if we did it with employers, why not extend it to other institutions."

Bob Reeg: Yes, that's a -

Deborah Chilcoat: So good going.

Bob Reeg: ...thank you, Victor.

Victor Medrano: Well thank you, I appreciate the response.

Bob Reeg: All right. So let's see about what kind of - what kind of role are you all playing as pregnancy assistance fund either grantees or providers in making referrals to sexual and reproductive health services for your young people? Hopefully some of you are doing that and we'd like to hear about some of the either models or your partners or whether you're providing services on site where young people are being served.

So just let's hear from some of you about how you structure that. Oh come on, I'm hopeful.

Deborah Chilcoat: Well they can use the clinical services is really important. And so I know that if it's not something that you all are doing at this point, it's definitely on your

radar, it's something you should be thinking about. There are a couple resources I know that have been created even with the Federal Teen Pregnancy Prevention Initiative Fund that, you know, people can look into. So - but, you know, I'm curious, what are they doing on a local level?

What are you folks up to with regard to the clinic linking - healthcare linking I should say?

Woman: (Unintelligible).

Bob Reeg: Okay, so -

Deborah Chilcoat: Oh that's all right, yes. I mean -

Bob Reeg: So it sounds like -

Deborah Chilcoat: ...(unintelligible).

Bob Reeg: Right. So it sounds like it's an area of growth possibility.

Deborah Chilcoat: Yes, for sure. Good way to put it.

Bob Reeg: And would you - when you were talking about some federal resources, was that some resources that are through the CDC that's DRH work -

Deborah Chilcoat: Well - yes, the Division of Adolescent Reproductive Health, I'm actually the project director here at Healthy Teen Network for a component of that work and we created a clinic linking module, which is a 45-minute lesson plan called Keep It Simple. And we really mean it, keep it as simple and, you

know, bring down those barriers so that the young people can access really high quality, youth-friendly services.

It's available for free from - on our Web site. We have an actual Division of Reproductive Health link for our particular project and the work that we're doing and it's really kind of cool because it also includes a motion graphic. For those of you who don't know what a motion graphic is, it's a really sophisticated, technical way of saying a cartoon, which speaks to the need to get these young people the reproductive healthcare that they need.

And there's lots of discussion about what are the reproductive rights and the law and making sure that young people are aware of what they really can truly access and kind of develop into the mix around healthcare related to sexual and reproductive health

Bob Reeg: So the lesson plan is targeted to young people themselves right?

Deborah Chilcoat: Yes, and it's - we intentionally made it easy for a facilitator to download it, read through it, you know, get familiar with it. We provided resources. There's some items in there that you can tailor for your community. Really, we try to keep it simple too for people to replicate it for the young people in their community. And it can be one of those things that you can do by itself, like a standalone lesson, or, you know, you can attach it to an evidence-based intervention after the intervention concludes. You know, we don't want to mess with fidelity so it could be, you know, incorporated in that way.

I mean I just - I'm really proud of it and the folks who put it together really gave it a lot of thought and we got lots of input from grantees and folks on the grounds so it's well informed and I really encourage folks to check it out if you can.

Bob Reeg: Great. Good promotion (unintelligible) - no, no, but I'm promoting federal resources linking up. We have pregnancy assistance fund grantees on the call, like to take advantage of a CDC-funded resource so it's very complementary. So I'm glad you highlighted that.

Are any of you - are any of you in a role where you're helping parents understand, like - I'm going to call them grandparents, the parents and caregivers of the teen parent in helping them understand their insurance options? And you may not be but it's something to not lose sight of because partly that dependent coverage provision, and then of course just a natural role that parents have in supporting their young people in decision making.

So probably you'll need to focus on the youth first but if you have any sort of program going on that's dependent parent, adult parent connections, this is one really concrete task that the older parent and the younger parent can do together, is like "Oh, let's plan my healthcare life plan."

Deborah Chilcoat: We're all connected. I mean you're talking about the individual, the young parent or expectant parent, their child, their family, you know, their parents, their schools, their employers. We're all connected. We all need to make sure that we do right by these young people.

Bob Reeg: And also like the - and actually, you know, now that I think about it, positioning the young parent to be an effective advocate for their healthcare and their health insurance can actually roll up to their parent because - right? Because sometimes it's our - the generation of young people that is getting more preparation than their parents had. So the young people we're all serving and supporting can actually be the teachers of their adults.

Do we have a comment from someone on the line?

Man: Hey, (unintelligible). So I'm going to be (unintelligible) the rest of the afternoon.

Deborah Chilcoat: Where?

Bob Reeg: Can you speak up?

Man: (Unintelligible).

Deborah Chilcoat: Where?

Man: Cleveland and (unintelligible).

Woman: Tell the truth.

Man: (Unintelligible).

Woman: Why are you laughing?

Deborah Chilcoat: Okay, just a reminder that everyone has a hot phone line, meaning we can hear your conversation. And I think we'll probably take like maybe one or two more comments and then we'll move onto some of the administrative things for the conclusion of the webinar.

Woman: Why are you laughing?

Bob Reeg: Whoever is talking about laughing is being heard by all of us.

Woman: I have a question.

Bob Reeg: Great.

Woman: I've heard about - so you mentioned the open enrollment period. Can you - so let's say that there's a youth who loses their job, is there - and so therefore they lose their employee sponsored health insurance. Is there a way that they can get back onto their parents' insurance immediately if it's not open enrollment period?

Bob Reeg: Yes, because the dependent coverage provision is a separate matter than the health insurance marketplace. So if you have a young adult who has lost independent coverage or lost Medicaid or however they're currently covered and wants to join - be added to their parents' plan, that parent would need to activate that through their health insurance carrier. And that's probably considered a qualifying life event that would allow that young person to come on just like an easier example is if I'm on private insurance and I have a - and I have a newborn child, I don't have to wait until January 1st.

I get to enroll that child immediately and so there's always these points in private insurance and public insurance where you can get into insurance midcourse. So I believe that's the circumstance you're describing is one of those midcourse correction type abilities to add on. But it doesn't - it's not tied to the health insurance marketplace.

That's a really great 201 question. Any others from folks on the call today?
We're here for you.

Victor Medrano: Bob and Deborah, hearing no more comments I think we can move to the administrative pieces.

Deborah Chilcoat: Okay, so we just want to do a quick summary about the Affordable Care Act provision and so I'm going to let Bob run through these.

Bob Reeg: Okay, so just to remind everyone what we talked about today, we spoke about the home visiting program, we talked about essential health benefits, we talked about the preventative health services, which are one type of essential health benefit. We spoke about the Fair Labor Standards Act and its nursing mothers' provision. We talked about the contraceptive requirement, which is part of preventative health services. We addressed Medicaid and some family - expansion of family planning services

We did speak about the PREP program today but that's another important ACA provision to not lose sight of. We talked about Medicaid being expanded to cover more children, the state option to expand Medicaid to a higher income population, the health insurance marketplaces and finally, young adult coverage.

Deborah Chilcoat: Wow, we got through a lot didn't we?

Bob Reeg: We did. So pick your priority and we've given you ways to learn more. As I mentioned at the outset of the phone call, there is a handout that was available to you to download if you go up to your bar of choices at the top of the screen near feedback, to the left of feedback, the thing looks like a file folder. And if you click there there's a document for you to upload and then Deb will take the rest.

Deborah Chilcoat: All right, well on behalf of Bob and myself, we want to thank you for attending today's webinar on how - to learn more about the Affordable Care Act and how it affects the expectant and parenting teens that we work with. So

of course, be sure to download that resource and you're always welcome to contact Healthy Teen Network if you have any additional questions.

And then of course we would like to get some feedback from you. So there is a link on the screen by which you can complete a SurveyMonkey survey and please be assured we do appreciate the feedback. We incorporate it into future webinar designs and anything that you suggest, we will definitely consider. So with that, we wish you a fabulous afternoon and I'll turn it back over to Victor.

Victor Medrano: Well thank you Deborah and Bob, we certainly appreciate all the information that you've provided. I'm sure that there are probably many more questions to ask as we move into the future around ACA but again, thank you very much and thanks to everyone who has participated in today's call. You can also touch base with your project officers should you need some additional information as well, we'll try to send you in the right direction. So thanks everyone, have a great afternoon.

Bye, bye.

Bob Reeg: Okay, bye.

Coordinator: Thank you. That concludes today's conference. Thank you for your participation, you may disconnect at this time.

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