January 2016

Fact Sheet

Health Reform & Adolescent Health

The AMCHP Role

AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children*. We work with partners at the national, state and local levels to promote women's health; provide and promote family-centered, community-based, coordinated care for women and children; and facilitate the development of community-based systems of services for women, children and their families.*

The AMCHP National Center for Health Reform Implementation *provides state MCH leaders and their partners with the information, tools and resources to optimize the opportunities presented by the Patient Protection and Affordable Care Act (ACA) for improving services, systems and health outcomes for MCH populations.*

Introduction

Adolescence is an important time to promote optimal health and to prevent many of the behaviors that can place youth at-risk for health problems. Although many adolescents (10 to 17 years of age) have health insurance, a significant proportion (10 percent) lack health care coverage, and the proportion of adolescents with private insurance is declining. Among young adults (18 to 26 years old), nearly one-third are uninsured, which represents more than one in five of all uninsured individuals. The *Patient Protection and Affordable Care Act* (ACA) presents a significant opportunity for state MCH programs and their partners to improve the health care delivery system overall, promote adolescent health and ensure that adolescents have access to quality health care.

Adolescent Health Provisions in the *Patient Protection and Affordable Care Act*

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

Coverage and Benefits

Extend Coverage for Young Adults on Parent's Plans
Requires that health insurance plans, which offer dependent coverage, make that coverage available for young adults up to age 26, even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, is no longer a student, regardless of the young adult's marital status. ACA and federal regulations also provide important tax credits to families by excluding the value of any employer-provided health coverage for an employee's child from the employee's income through the end of the taxable year in which the youth turns 26.

Preventive Care
Eliminates cost-sharing (co-pays or co-insurance) for services recommended by the U.S. Preventive Services Task Force (USPSTF) and immunizations recommended by the Centers for Disease Control and Prevention (CDC). Eliminates cost-sharing for evidence-informed preventive care and screenings recommended for infants, children and adolescents, in the comprehensive *Bright Futures* guidelines supported by the Health Resources and Services Administration (HRSA). Preventive services for adolescents with no cost-sharing include, but are not limited to, depression screening, behavioral assessments, and screening and counseling for sexually transmitted infections. Screening for these preventive services can occur during an annual adolescent well visit, beginning at age 11, as recommended by the *Bright Futures* guidelines.

Essential Health Benefits
Requires that all qualified health plans sold in the Health Insurance Marketplace (Marketplace), and new health insurance plans sold outside the Marketplace, include several essential health benefits as part of a comprehensive benefits package. These benefits include outpatient care; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; chronic disease management; and pediatric services, including oral and vision care.

Expansions in Medicaid Coverage and Services
Creates a mandatory Medicaid eligibility category for all low-income individuals to gain coverage (the 2012 Supreme Court ruling in *National Federation of Independent Business vs Sebelius* made the expansion voluntary for states). As of January 2016, 32 states, including the District of Columbia, have expanded Medicaid eligibility to all individuals earning incomes at or below 138 percent of the Federal Poverty Level (FPL). The ACA extends Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to all children and youth up to age 21 who are gaining coverage under Medicaid. The ACA created a mandatory eligibility category for former foster care youth. Youth who have aged out of foster care and were receiving Medicaid while in foster care can remain on Medicaid and receive the full scope of benefits until they turn 26. All states must comply with this requirement, regardless of their state Medicaid expansion status. Currently, former foster care youth can receive extended Medicaid coverage only in the state where they aged out of the foster care system. State legislative action is required for former foster care youth to receive Medicaid benefits after moving to a different state.

Children's Health Insurance Program (CHIP)
Requires states to maintain, at a minimum, the income eligibility levels for CHIP and Medicaid that existed in their state when the ACA was passed in March 2010. States are allowed to expand eligibility, but must maintain the March 2010 eligibility criteria through September 30, 2019. From fiscal year 2014 to 2019, states will receive a 23 percentage point increase in the federal CHIP match rate, subject to a cap of 100 percent. CHIP-eligible children who cannot enroll in CHIP due to federal allotment caps will be eligible for tax credits in the state exchange. Although the ACA has authorized the program through 2019, the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 extended the program through September 30, 2017. To fund CHIP past September 2017, legislative action is required.

Expanded Access to Care

Community Health Center Expansion
Creates a Community Health Center Fund that provides $11 billion in mandatory funding over five years for the Community Health Center program, the National Health Service Corps, and construction and renovation of community health centers. In August 2015, HHS awarded an additional $169 million to 266 community health centers across the country for the delivery of comprehensive and quality health care in communities that are in need.

School-Based Health Center Expansion
Provided $200 million in ACA funding from 2010–2013 to create new school-based health center

sites, support expansion of services and improve delivery of care. As a result, an estimated 2,400 schools and 2 million students benefitted from the expansion program. These centers continue to serve youth and adolescents.

Medical Homes and Care Coordination
Provides new investments to promote medical home models in Medicaid, CHIP and private insurance plans. The investments focus on care coordination and health promotion, transitional care, patient and family support, and referrals to community services. Medical homes are directed by a designated provider (physician, clinical group practice, rural clinic, community health center, community mental health center, pediatricians, gynecologists and/or obstetricians, or by a team that would include physicians and other allied health professionals, such as nurse care coordinators, social workers and behavioral health practitioners. These homes must provide comprehensive case management, care coordination and health promotion, transitional care, patient and family support, referral to community services and use health information technology, as appropriate. The ACA contains several provisions to promote and advance the medical home model at the state and local level. Key provisions include but are not limited to the following:

- **Health Homes in Medicaid** (Sec. 2703) Authorizes up to $25 million in planning grants to states to develop a state plan amendment to provide health homes for Medicaid enrollees with chronic conditions.
- **Center for Medicare & Medicaid Innovation** (Sec. 3021): Establishes a Center for Medicare & Medicaid Innovation within the Centers for Medicare & Medicaid Services (CMS), with a mandatory appropriation of $10 billion over a10 year implementation period (FY 2011–FY 2019). An additional $10 billion was appropriated for each subsequent 10-year period. The Center will "test innovative payment and service delivery models for Medicare, Medicaid, and CHIP programs." Models should promote payment and practice reform in primary care, including patient-centered medical home models for high-need individuals and medical homes that address women's unique health care needs.
- **State Grants to Promote Community Health Teams that Support the Patient-Centered Medical Home** (Sec. 3502): Authorizes funding for community-based interdisciplinary teams to provide support services to primary care practices, including OB/GYN practices.
- **Community-Based Collaborative Care Network Program** (Sec. 10333): Authorizes funding to support consortiums of health care providers in coordinating and integrating health care services for low-income uninsured and underinsured populations.
- **Pediatric Accountable Care Organization Demonstration Project** (Sec. 2706): Authorizes funding to participating states to recognize pediatric medical providers as an accountable care organization (ACO) for the purposes of receiving incentive payments.

For more information on medical homes, please navigate to the AMCHP fact sheet here.

Prevention and Public Health

Teen Pregnancy Prevention
Provides several investments related to teen pregnancy prevention. The Personal Responsibility Education Program (PREP) provided $75 million per year from FY 2010 through FY 2014, funded by the ACA and administered by the Administration for Children and Families (ACF). PREP grants are awarded to states, including the District of Columbia and territories, for programs that educate adolescents on both abstinence and contraception to prevent teenage pregnancy and sexually transmitted infections, including HIV/AIDS. These programs replicate evidence-based teen pregnancy prevention strategies and incorporate other topics on adult responsibility, such as maintaining healthy relationships, developing healthy attitudes and values on growth and development, increasing healthy parent-child communication and enhancing

financial literacy. In 2015, Congress extended the program through FY 2017 at its current annual funding level of $75 million.

Pregnancy Assistance Fund
Provides $25 million in ACA funding annually for 10 years (FY 2010–FY 2019) as a competitive grant and is administered by the Office of Adolescent Health. The competitive grants are funded to states and Tribal entities to provide expectant and parenting teens, women, fathers, and their families with support and services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing and other critical supports. The funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault and stalking. In some states, the Title V program has received this funding to administer programs.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs
Creates a new section in the 2010 Title V MCH Services Block Grant to provide $1.5 billion over five years to states, tribes and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s). Model options would be targeted at reducing infant and maternal mortality and its related causes by producing improvements in prenatal, maternal and newborn health; child health and development; parenting skills; school readiness; juvenile delinquency; and family economic self-sufficiency. The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 reauthorized funding for the MIECHV program at $400 million per annum through March 2017.

Childhood Obesity Demonstration Project
Provided ACA funding to four grantees to carry out a Childhood Obesity Research Demonstration project (CORD), “which aims to improve children’s nutrition and physical activity behaviors in the places where they live, learn and play.” The funding period ended in September 2015, and the projects are currently in the evaluation phase.

The Title V Role in Promoting Adolescent Health

The ACA represents a significant opportunity to improve access to health care for adolescents and young adults. Yet, more work remains to be done. As ACA provisions have been implemented over the past five years, much of the responsibility for the architecture of health reform and its related program investments resides with states and communities. As states proceed with implementing the ACA, state MCH programs and their partners must ensure that the law includes a focus on adolescents and young adults by implementing multiple strategies including the following:

Ensure that the implementation of coverage provisions includes a focus on the needs of adolescents. Benefits packages need to include prevention, screening, diagnosis and treatment services in the array of physical, mental and behavioral health issues and conditions that concern adolescents. Services need to be available in a wide range of settings where adolescents spend time, such as school and community-based health centers, family planning clinics and physicians’ offices. It is especially important to ensure access to care for special populations of youth, including youth in foster care, in child welfare and in the juvenile justice systems, homeless youth, low-income young adults with special health care needs, and pregnant or parenting teens. Families with pregnant or parenting teens who are covered on their parent’s insurance may have difficulty understanding the complex coverage options for the dependent’s child. The rules vary for covering dependents of dependents based on the health plan the parents have. In addition, when youth and adolescents are on their parent’s insurance, issues can arise in terms of handling privacy and confidentiality matters in the provision of health services. MCH programs can stay abreast of these concerns and educate adolescents and their families on how to best optimize the health care experience for this population.

Coordinate federal, state and local efforts in support of adolescent health. States can maximize the opportunities presented by the ACA

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

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

Resources

- **Administration for Children and Families, HHS:** PREP Pregnancy Assistance Fund and Abstinence Education Funds
- **American Academy of Pediatrics:** Recommendations for Preventive Pediatric Health Care
- **Maternal and Child Health Bureau, HRSA:** Title V Maternal and Child Health Services Block Grant
- **National Adolescent and Young Adult Health Information Center:** The Affordable Care Act: Implications for Adolescents and Young Adults
- **National MCH Workforce Development Center:** The Affordable Care Act: A Working Guide for Professionals
- **Office of Adolescent Health, HHS:** Adolescent Preventive Services

Acknowledgment

This project was supported through cooperative agreement #UC4MC28035 from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

AMCHP Contact Information

This fact sheet is part of a series of AMCHP tools, documents and resources on implementation of the Affordable Care Act and its impact on maternal and child health populations. For more information, please visit the National Center for Health Reform Implementation. All AMCHP staff can be reached via phone at (202) 775-0436.