

Position paper

## Health Care Reform and Adolescents—An Agenda for the Lifespan: A Position Paper of the Society for Adolescent Medicine

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New opportunities now exist in the United States to achieve significant health care reform. The Society for Adolescent Medicine believes that health care reform must address the needs of everyone, whatever their age, race, national origin, income level, social circumstance, or health care needs. To achieve reforms that are meaningful for all, it is essential to address the specific needs of adolescents. Many aspects of health care reform that are needed for adults and for younger children will also help adolescents. However, adolescents require special attention and services to promote healthy development and a safe transition to adulthood.

**Adolescence provides a unique opportunity to prevent health conditions and behaviors with life-long implications for individual young people and for society.** The second decade of life is a unique period, with significant growth and development on a scale matched only during infancy. Many adolescents experiment with “adult” behaviors and are increasingly independent in personal habits. These behaviors and habits—such as tobacco and alcohol use, other substance use and abuse, diet, exercise, sexual behavior, and driving—have significant implications for health. Indeed, the major causes of adult morbidity and mortality, such as heart and lung disease, diabetes, or cancer, are linked to these behaviors and habits, many of which have their onset during the second decade of life, and become ingrained in the early twenties.

**Health care services can play a key role in primary prevention of health problems and in enabling those with chronic conditions to manage their health effectively as they transition to adulthood.** Ensuring adolescents’ access to high-quality, developmentally appropriate, affordable health care services lays the foundation for a lifetime of good health and health habits, and prepares adolescents to be productive, engaged citizens through their young adult years and beyond. This statement outlines principles to ensure that health care reform is meaningful for adolescents and also for young adults.

### **Principles for Health Care Reform in the Interest of Adolescents**

Drawing from other position papers previously published by the Society for Adolescent Medicine and other recently published literature, the Society for Adolescent Medicine offers the following principles as essential to ensure that health care reform meets the needs of adolescents and young adults, ages 10 to 25 [1–22].

#### **1. Make health care financially accessible for adolescents and young adults**

Adolescents’ and young adults’ health care needs must be met in ways that are financially affordable for them and for their families, whatever their income level.

Health care reform measures should *assure financial access to services* both through health insurance coverage that reaches all adolescents and through publicly funded safety net programs that provide special services to adolescents or reach special populations of young people.

#### **2. Provide a comprehensive array of services to meet adolescents’ specific needs**

Adolescents require a broad set of health care services to meet their complex developmental needs. Many of these services are the same as those needed by adults and younger children, and some are specific to the adolescent age group.

Health care reform measures should *establish a comprehensive benefit package* that includes services for prevention, screening, diagnosis, and treatment of the full range of acute and chronic physical, mental, and behavioral health concerns and conditions that affect adolescents.

#### **3. Train a broad range of health care professionals in the needs of adolescents and compensate them fairly to work in diverse settings**

Adolescents need a diverse array of well-trained and adequately compensated health care professionals, including

physicians, mental health professionals, nurse practitioners, social workers, and nutritionists. They also need access to a broad range of clinical sites, such as public health clinics, specialized sites for specific services and populations, and school-based health centers.

Health care reform measures should:

*expand the workforce prepared to serve adolescents by supporting adolescent-focused education and training programs for health care professionals; establish reimbursement policies that provide adequate payment to a wide range of clinicians and include incentives to promote high quality, cost-effective care; establish reimbursement policies that support delivery of services in diverse settings.*

#### **4. Protect the confidentiality of adolescents' health care communications and records**

Adolescents need to develop the capacity to function independently in the health care system. To receive the most appropriate care, they must be encouraged to share accurate and complete information with their health care providers. Confidentiality protections are essential in achieving these goals, and can be implemented consistent with the goal of involving adolescents' families in their children's health care.

Health care reform measures should *ensure that confidentiality protections are in place* for adolescents' communications with health care professionals and health care records, including electronic records.

#### **5. Meet the specific needs of special groups of adolescents**

Special groups of adolescents and young adults have particular needs. These groups include youths in public systems of care (such as foster care and juvenile justice), homeless and runaway youths, pregnant and parenting teens, immigrant and migrant youth, youth from diverse racial and ethnic groups, sexual minority youth (lesbian, gay, bisexual, transgender, and questioning youth), and youth with chronic physical and mental health conditions or disabilities.

Health care reform measures should *address the needs of special populations of adolescents and young adults* along with the general needs of adolescents, younger children, and adults.

### **Principles, Background, and Rationale**

#### **1. Make health care financially accessible for adolescents and young adults**

Financial access must be assured both through health insurance coverage that reaches all adolescents and young adults and through publicly funded programs that provide

special services to meet adolescents' needs or reach special populations of young people.

#### *Extend health insurance coverage to all adolescents and young adults*

Like all age groups, adolescents and young adults need access to affordable, high-quality, health care services; health insurance coverage should be the primary strategy for assuring financial access. Adolescents lack health insurance at higher rates than younger children, and young adults have the lowest rate of insurance over the lifespan. For those who are poor, have low family incomes, are members of racial and ethnic minority groups, are sexual minority youth, or are not students, the likelihood of being without health insurance is even higher. Young adults living in poverty are the most severely affected, with nearly half being uninsured. Cost-sharing is often too expensive in many health insurance plans to be affordable for many adolescents, young adults, and their families.

Over the past decade, Medicaid and the State Children's Health Insurance Program (SCHIP) together have extended health insurance coverage to many additional low-income adolescents, although many uninsured adolescents are eligible for but not enrolled in these programs. However, although public coverage has increased, private coverage through employer-based plans has decreased. Also, many uninsured young adults have not been reached by these programs, because eligibility often ends at age 19.

New health care reform initiatives should build on the strengths of existing programs such as Medicaid and SCHIP in covering adolescents, while also extending coverage to young adults. Significant efforts should be made to ensure that all eligible youth are enrolled. Cost-sharing should be minimized, especially for preventive services, to enable young people to benefit fully when they have health insurance coverage. Currently, young adults can receive coverage either directly, or as dependents on their family's policy, although the latter is often limited to dependents who are full-time students. Initial efforts, at minimum, should ensure coverage for adolescents and young adults with low incomes, including those who are not students. Ultimately, everyone should have health insurance coverage regardless of age, income, and other factors.

#### *Provide adequate support for public programs that complement health insurance*

Numerous existing programs complement health insurance coverage by funding and providing direct services. Some of these programs focus on specific services that are important for adolescents and young adults, such as immunizations, mental health services, substance abuse counseling and treatment, screening and treatment for sexually transmitted diseases, and family planning services. Other programs aim to reach particular populations, such as

homeless youth and pregnant teens. Because health insurance coverage does not guarantee access to care under all circumstances even for those with coverage, continued support at increased levels is essential for these publicly funded health programs.

## **2. Provide a comprehensive array of services to meet adolescents' specific needs**

Health insurance coverage should include a comprehensive benefit package, which includes services for prevention, screening, diagnosis, and treatment of the full range of acute and chronic physical, mental, and behavioral health concerns and conditions that affect adolescents.

Adolescents require a broad set of health care services to meet their diverse and complex needs. Insured adolescents and young adults are often underinsured, lacking coverage for benefits and services that are especially important at this developmental stage. Many health care services needed by adolescents are the same as those needed by adults and younger children, but some are specific to adolescents or have special importance at this time. Like older adults and younger children, adolescents need access to preventive services. For the developing adolescent and the young adult in transition, these services entail not just screening, but counseling and anticipatory guidance related to behaviors and conditions that emerge in adolescence, and referral to specialty services, when needed. For those with chronic conditions or at risk of developing a chronic condition, specialty services and care coordination are essential during adolescence and during the transition to adult care.

Because three-fourths of mental health problems that will occur during the life span emerge by age 24, comprehensive coverage of preventive mental health services as well as treatment of diagnosed mental health problems are essential components of any benefits package for adolescents and young adults. Other key elements include treatment of injuries and acute conditions, sexual and reproductive health care, and dental services. These services are part of the benefits package recommended by the American Academy of Pediatrics (AAP).

Strong models of comprehensive benefit packages already exist that reach millions of adolescents and young adults. One particularly strong model is Medicaid's Early and Periodic Screening, Diagnosis, and Treatment program. Another is the Federal Employee Health Benefits Plan. Although both Medicaid's Early and Periodic Screening, Diagnosis, and Treatment and Federal Employee Health Benefits Plan could be improved to meet the needs of adolescents and young adults more effectively, especially with respect to behavioral and sexual health services, these two models should provide a starting point for any new health care reform initiative, and should be built on and improved. The services recommended by the AAP can also guide policymakers in defining an appropriate benefits package for adolescents. Professional recommendations have not been developed for a benefit

package specific to young adults in their 20s. However, their health issues and service utilization are similar to the older adolescent age group, so the AAP package of recommended services provides a good starting point for addressing the needs of young adults as well.

## **3. Train a broad range of health care professionals in the needs of adolescents and compensate them fairly to work in diverse settings**

Education and training programs for health care professionals should specifically address the needs of adolescents. Reimbursement in health insurance plans and in publicly funded programs that finance health care services for adolescents should provide for adequate payment to a wide range of health care professionals and include incentives to promote high quality cost-effective care. Publicly funded health care programs and health insurance plans should support delivery of services to adolescents in diverse settings.

### *Train health care professionals in the specific needs of adolescents and young adults*

A diverse array of well-trained and adequately compensated health care professionals is necessary to meet the health care needs of adolescents, including physicians, dentists, psychiatrists, psychologists, nurses, nurse practitioners, physicians' assistants, social workers, nutritionists, and health educators. Just as there is a shortage of primary care providers for adults, there is a shortage of clinicians prepared to serve adolescents, but health care professionals well trained in the needs of adolescents are even more scarce than for other age groups. The shortage of mental health clinicians is especially acute. A recent report from the Institute of Medicine (IOM), *Adolescent Health care Missing Opportunities*, highlights the lack of skills of clinicians serving this age group. The report recommends targeted investment in interdisciplinary adolescent health training programs, such as the Leadership Education in Adolescent Health. The report also recommends that regulatory bodies incorporate core competencies in adolescent health care and development into the licensing, certification, and accreditation requirements.

### *Provide reimbursement that allows diverse health care professionals to meet adolescents' needs*

Payment and reimbursement of physicians and other health care professionals who provide health care services to adolescents are not adequate in several respects. Even for physicians, the levels of reimbursement are often inadequate for primary care services, especially in public programs such as Medicaid and SCHIP. The developing adolescent may need services from a variety of clinicians, in addition to physicians. Many health care professionals who care for adolescents are unable to claim reimbursement for their services directly, but must do so under the auspices of a physician. Broad professional consensus recognizes that

adolescents need preventive services, such as counseling and anticipatory guidance. However, these services, if reimbursed at all, are paid for at such a low level as to make it virtually impossible to deliver the services in ways that are responsive to the developmental needs of this age group. Also, adolescents often benefit from receiving coordinated services from a team of health care professionals, which are difficult to reimburse through existing funding mechanisms.

As with adults, reimbursement should reward preventive services, broadly defined, and should also be provided for the kinds of anticipatory guidance and behavioral screening and counseling that is particularly critical for this age group. Recommended payment reforms for adults can guide policies for adolescents. For example, a February 2009 report from the Commonwealth Fund outlines reforms to increase support for preventive care and coordinated care for chronic disease management in primary care settings, such as increasing payments for primary care services. The IOM report recommends that payment systems should make disease prevention, health promotion, and behavioral health a major component of routine health services and should finance them.

#### *Support the diverse settings needed to provide health care for adolescents*

Meeting the health care needs of diverse populations of adolescents also requires access to a broad range of clinical sites, including private practice settings, public health clinics, academic health centers, specialized sites for specific services or populations, and school-based health centers. Some of these settings excel in providing multidisciplinary care for this age group, but are unable to be recognized as participating providers in health insurance plans or to receive adequate reimbursement for the services that they provide. Many sites that in the past have provided care to adolescents without charge or at nominal cost are no longer able to do so. Programs that are of particular importance in serving adolescents, including vulnerable populations, include the Title X Family Planning, and the Health Care for the Homeless programs, among others. Both health insurance and public financing through other direct-funding programs should be available at adequate levels to support these diverse sites.

#### **4. Protect the confidentiality of adolescents' health care communications and records**

Health care reforms should ensure that appropriate confidentiality protections are in place for adolescents' communications and health care records, including electronic records.

Adolescents need to begin developing the capacity to function independently in the health care system, and must be encouraged to share accurate and complete information with health care professionals who are taking care of them so that they receive the most appropriate care. Confidentiality protections are an essential element in achieving these goals, and can be implemented consistent with the need for

adolescents' families to be involved in many aspects of their health care.

Research has shown that confidentiality is an important concern both for adolescents and young adults, as well as older patients. Although adolescents under the age of 18 are legally minors, they are allowed to give consent for their own care under many circumstances. This enables them to begin functioning independently in the health care system, and lays the foundation for a confidential relationship with a health care provider based on trust. Confidentiality is also important because adolescents are beginning to engage in adult behaviors, and chronic conditions of adulthood, such as mental health problems, are emerging. Clinicians need reliable information to provide optimal care, and protecting confidentiality plays a large role in assuring that adolescents share accurate information about sensitive issues. Adolescence presents an opportunity to develop a relationship with a primary care provider, an important skill for maintaining health as an adult. Trust is a central aspect of that relationship.

The IOM report supports current laws regarding consent and confidentiality, while recognizing the need to encourage parental and family involvement in their adolescent children's lives and health care. Thus, ensuring confidentiality can help adolescents receive optimal care and engage their parents, while also teaching adolescents to work with a clinician to maintain health. Confidential care for adolescents is currently protected in a variety of circumstances, with respect to specific services (such as family planning and substance abuse treatment) and in the context of medical information and records. As health care reform initiatives move forward, including efforts to expand the use of electronic records, the confidentiality of health information, communication, and records should be protected for adolescents.

#### **5. Meet the specific needs of special groups of adolescents**

Health care reform initiatives must ensure that the specific needs of special populations of adolescents and young adults are addressed along with the general needs of adolescents, younger children, and adults.

Special groups of adolescents and young adults have particular needs. These groups include youths in public systems of care such as foster care and juvenile justice, homeless and runaway youths, pregnant and parenting teens, immigrant and migrant youth, youth from diverse racial and ethnic groups, sexual minority youth, and youth with chronic physical and mental health conditions or disabilities. Some adolescents are living in circumstances that leave them without family support. Many come from families with low incomes, but are separated from familial support not only in financial ways but entirely.

Some of these youth are the responsibility of the state, such as those in foster care or juvenile justice facilities, whereas others are even more disconnected, such as homeless and runaway youth and some pregnant teens. These youth often experience health problems at higher rates than their more

connected peers, their health problems often become more severe before being addressed, and they often encounter greater barriers to health care access. Existing law has made it difficult for many youth in the juvenile justice system to have Medicaid coverage. For homeless youth the barriers are even more complex because they not only lack parental or familial support, but are also disconnected from public systems of care that could, at minimum, assure their eligibility for health insurance coverage.

As they enter young adulthood, these youth face even greater barriers as they age out of systems that serve adolescents. Although most teens in foster care are eligible for Medicaid, as they age out they often lose their health insurance, and even while they have coverage there is a dearth of providers knowledgeable about their needs and willing to care for them.

In addition to these groups, there are also increasing numbers of youth from diverse ethnic backgrounds: some have United States heritage, whereas others are immigrant or migrant youth. This group of adolescents experiences an increased percentage of medical errors, language barriers, and services that are not flexible enough to meet their specific health and cultural needs.

In working toward universal coverage for adolescents and young adults, new health care reform initiatives should pay special attention to the needs of particular populations of vulnerable youth who are under the responsibility of the state, disconnected from family or social supports, from diverse ethnic backgrounds, or have chronic physical or mental conditions or disabilities.

## Conclusions

To meet the needs of adolescents and young adults, any health care reform initiative should make health care financially accessible for all adolescents and young adults, provide for a comprehensive array of services to meet adolescents' specific needs, support mechanisms to train a broad range of health care professionals in the needs of adolescents, and to compensate them fairly to work in diverse settings, protect the confidentiality of adolescents' health care communications and records, and meet the specific needs of special groups of adolescents. These principles are consistent with the past positions of the Society for Adolescent Medicine and with evidence-based recommendations of numerous diverse organizations, agencies, and experts developed over several decades.

## Author Disclosures

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## Society for Adolescent Medicine

The Society for Adolescent Medicine (SAM) is a multidisciplinary organization committed to improving the physical

and psychosocial health and well-being of all adolescents (ages 10–25) through advocacy, clinical care, health promotion, health service delivery, professional development, and research. Recognizing that health is more than the absence of disease, SAM promotes positive youth development, illness prevention, achievement of individual potential and a sense of physical, mental, and social well-being. In its pursuit of optimal adolescent health and developmentally appropriate health care, SAM believes that scientific research provides the evidence base for effective health promotion as well as prevention and treatment of illness and injury. The Society for Adolescent Medicine participates in numerous coalitions and groups of organizations dedicated to promoting the health of adolescents.

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