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Our monthly e-newsletter, *Adolescent Health News*, is designed to keep you up-to-date about current activities at The National Alliance to Advance Adolescent Health and related topics of interest to the adolescent health community.

Comments to HHS in Response to Essential Health Benefits Bulletin

The National Alliance to Advance Adolescent Health recently submitted comments to the Department of Health and Human Services in response to the bulletin announcing its intention to give states broad discretion in defining the essential health benefits. (See the [January issue](#) of our newsletter.) Our comments urged HHS *not* to follow this proposed approach, since the language of the Affordable Care Act makes clear that the intent of Congress was for the Secretary, not individual states, to design, and also periodically review and update, the 10 essential health benefits. In carrying out this function, we stressed that HHS should define the category of "pediatric services, including oral and vision care" broadly to ensure that the array of services were not limited to oral and vision care and that the duration and scope of benefits were appropriate to the unique health needs of children and adolescents. Mental health and substance abuse treatment services and also rehabilitative services were cited specifically as benefit categories for which exclusions and coverage limits were likely to present barriers to effective care for adolescents. We also stressed that HHS should ensure that all plans in the Exchange and the individual market offer the comprehensive package of preventive services that the ACA requires non-grandfathered plans to cover. Finally, we asked HHS to set a national medical necessity standard for children to ensure adequate access to coverage. ([Read our comments.](#))

The National Alliance also signed onto letters written by other organizations. We joined the Mental Health Liaison Group in applauding HHS for applying the Mental Health Parity and Addiction Equity Act to the essential health benefits in the proposed regulations and urging HHS to accept the National Association of Insurance Commissioners' definitions for rehabilitation and habilitation, which define psychiatric rehabilitation services and will benefit children and adolescents. We signed onto the letter prepared by The American Academy of Ophthalmology, which asked that coverage for pediatric vision services be modeled on Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. We also signed onto the Children's Dental Project letter, which urged HHS to provide more guidance to states to design the pediatric dental benefit.

Letters from other organizations concerned with child and adolescent health were also submitted. The American Academy of Pediatrics, the National Association of Children's Hospitals and March of Dimes together submitted comments, as did the Georgetown University Center for Children and Families on behalf of several organizations. There were many common themes in all of our comments and all urged a stronger role for the Secretary in defining essential health benefits and expanding the pediatric services category beyond oral and vision care.

School-Based Health Centers and Pediatric Practice

A policy statement in the February issue of *Pediatrics*, "School-Based Health Centers and Pediatric Practice," discusses the increasing importance of school-based health centers (SBHCs) and their role in increasing access to health care services for underserved children and adolescents. The statement notes that most SBHCs have avoided fragmentation of care by being sponsored by community health centers, hospitals, and large pediatric groups. It discusses evidence showing that SBHCs increase enrollment of children into public health insurance programs; increase utilization of primary and preventive health care, particularly for sexual health, substance use, and mental health problems; and decrease unnecessary emergency room visits.

The statement also acknowledges pediatricians' concerns that SBHCs may conflict with the primary care provider's medical home model, arguing that the centers fragment children's health care because they are not open during afternoons, weekends, and holidays. In response, the statement says that SBHCs can assist families in linking them to a medical home, or even become the medical home for school youth in need of a provider. It urges pediatricians to advocate for SBHCs as one model of a system of health care delivery that serves as a safety net for children and adolescents, to support access to SBHC services that are otherwise limited or unaffordable, and to participate in the planning and execution of SBHCs in order to facilitate collaboration and coordination of care. To promote better communication and address privacy and confidentiality issues, The National Association for School-Based Health Centers and the American School Health Association have developed model forms and approaches. To learn more, read the [full article](#) available online.

February is American Heart Health Month! Update on Adolescent Heart Health

New research released in the *Journal of Adolescent Health* examines trends and clustering of cardiometabolic risk factors in adolescents. (These risk factors include waist circumference, blood pressure, triglycerides, fasting blood glucose, and high-density lipoprotein cholesterol.) Results from this study reveal significant gender and racial/ethnic differences in the prevalence of several of the individual risk factors, suggesting the need for future research with diverse adolescent populations to allow for more accurate identification of cardiovascular risk markers. To learn more, read the [full article](#).



According to the National Heart Lung and Blood Institute's Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents, the clustering of cardiometabolic risk factors is important. However, because of the lack of sufficient evidence on its management in childhood, the Expert Panel recommends that obesity prevention is the most important strategy to reduce cardiovascular risk among children and adolescents. For more information, read the [full report](#) from the Expert Panel.

February is National Teen Dating Violence Awareness and Prevention Month

February is also the month to promote awareness and prevention for dating violence among teens. Vice President Joe Biden is leading efforts to reduce violence against women, particularly teens in high school and college, by emphasizing the importance of changing attitudes and behaviors that lead to violence and abuse. The White House launched a campaign to raise awareness on this issue, titled "1 is 2 many," in an effort to stop this behavior before it starts. This effort highlights that:



- 1 in 5 young women will be a victim of sexual assault while they are in college
- 1 in 9 teen girls will be forced to have sex
- 1 in 10 teens will be hurt on purpose by someone they are dating
- 1 is 2 many

The Office of Adolescent Health is partnering with Vice President Biden in raising awareness of teen dating violence and promoting healthy relationships among adolescents through various innovative means, including Twitter Talks (follow @TeenHealthGov) and an Apps Against Abuse Technology Challenge. See the Office of Adolescent Health [website](#) for more information.

New Report on Addressing Adolescent Mental Health

Researchers at Child Trends and the National Adolescent and Young Adult Health Information Center teamed up to create a new resource that addresses adolescent mental health. The brief, "What Works to Prevent or Reduce Internalizing Problems or Socio-Emotional Difficulties in Adolescents," describes lessons learned from 37 random-assignment social intervention programs designed to prevent or treat internalizing problems for adolescents, such as depressive or anxious moods, negative self-perceptions, and emotional distress, and finds that when left untreated, internalizing problems can impede an adolescent's performance in school, work, and life. Therapeutic approaches found to be effective teach adolescents how to cope with negative thoughts and emotions, solve problems, and interact effectively with others. Read the [full report](#) for more information.



Featured Model Teen Program: Alivio Medical Center

This month's Model Teen Program is Alivio Medical Center's school-based health center at Little Village Longdale Highschool in Chicago, Illinois. The health center's main focus is on interdisciplinary primary care and prevention. With a staff of experienced nurses, a psychologist, and a medical assistant, the health center offers preventative care, sports physicals, mental health counseling, testing and treatment for sexually transmitted infections, immunizations, and school-mandated child health examinations. Health center staff members have a particularly close relationship with the school administration, which permits them to collaborate with school faculty on the development of individualized plans for students in a way that addresses the adolescents' health concerns as well as their overall wellbeing and success in school. The strong relationships among schools and their health centers allow for a uniquely coordinated approach to adolescent health care. Fittingly, February is also [National School-Based Health Center Awareness Month](#).

Learn more about this month's [Model Teen Program](#) on our website.