ADOLESCENT HEALTH NEWS

The National Alliance To Advance Adolescent Health

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In This Issue

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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.

States Given Flexibility to Define Essential Health Benefits

Although most advocates expected HHS to issue regulations defining each of the 10 essential health benefits required under the Affordable Care Act, HHS announced in December that it had elected to give states broad discretion in implementing this part of the Act. HHS explained in its bulletin that it will be permitting states to select a benchmark plan from among 4 options: 1) the largest plan by enrollment in any of the 3 largest small group insurance products, 2) any of the 3 largest state employee health benefit plans by enrollment, 3) any of the 3 largest FEHBP plan options by enrollment, and 4) the largest insured commercial non-Medicaid HMO in the state. An analysis conducted by HHS found that coverage in these plans is not significantly different with respect to the range of items and services covered; rather, the differences are due mainly to cost-sharing requirements. HHS intends to provide guidance on cost sharing in a subsequent policy bulletin.

If a state selects as its benchmark one of the 3 largest FEHBP plan options, it appears that the state will be offering coverage that provides benefits in all of the statutorily required essential benefit categories. These are:1) ambulatory patient services, 2) emergency services, 3) hospitalization, 4) maternity and newborn care, 5) mental health and substance use disorder services, including behavioral health treatment, 6) prescription drugs, 7) rehabilitative and habilitative services and devices, 8) laboratory services, 9) preventive and wellness services and chronic disease management, and 10) pediatric services, including oral and vision care. The Blue Cross and Blue Shield standard option benefit plan, for example, provides generous preventive coverage and unlimited coverage for most other services, including physician services, hospital services, and outpatient mental health and substance abuse treatment without condition exclusions. For rehabilitative and habilitative services, coverage is limited to 75 combined visits for physical, occupational, and speech therapy. For hearing services, coverage is limited to treatment for an illness or injury and does not include hearing aids. Coverage for vision and oral services -- required as the pediatric benefit -- is limited to one set of eyeglasses or contact lenses for children through age 18 with amblyopia or strabismus and to an $8 payment for preventive dental care.

If a state chooses one of the other options as the benchmark, it would have to assume financial responsibility for the premium subsidy costs associated with any state mandated benefits that are beyond the scope of the 10 ACA-required categories. In addition, for a small group benchmark plan it would likely have to supplement missing benefits from another benchmark option -- such as the FEHBP -- and increase the actuarial value of the plan accordingly. According to HHS, of the 10 essential health benefit categories, those least likely to be covered by typical employer plans are habilitative services and pediatric oral and vision services. Also, other government analyses have identified benefit restrictions in small group plans that are greater than those in the largest FEHBP plans. A recent GAO study found, for example, that coverage often excludes mental health benefits for conditions such as impulse control disorders, personality disorders, eating disorders, and sleep disorders.

Of course, the availability of benefits is always dependent on how the plan defines medical necessity. HHS has given no indication that it will be providing guidance about medically necessary services. It has, however, clarified that the requirements of the Mental Health Parity and Addiction Equity Law will apply to both small and large plan options.

Proposed Regulations Jeopardize Affordable Coverage for Many Adolescents

A recently proposed draft regulation issued by the Treasury Department would consider an offer of coverage to be affordable under the ACA if the cost of coverage for the employee does not exceed 9.5% of the taxpayer's household income. The cost of coverage for the employee's family -- estimated to be 2.7 times more expensive -- would not be taken into account. As a result, many dependent children and adolescents in low- and moderate-income families who would qualify financially for subsidized coverage in the exchange may be denied eligibility because the coverage available to their employed parent meets the government's test for affordability.

The language of the ACA is not clear with respect to how the availability of affordable coverage for family members is to be determined. Yet, its clear intent is for all Americans to have access to affordable coverage. The National Alliance to Advance Adolescent Health and many other organizations concerned with coverage for children and adolescents have submitted comments voicing their concerns about the Treasury Department's interpretation of the affordability protection. First Focus is playing a major role in bringing the issue to light. A public hearing was held on November 17th, 2011 to examine the coverage implications of the draft regulation for families.

A Family Guide: Integrating Mental Health and Pediatric Primary Care

The National Alliance on Mental Illness (NAMI) recently published "Integrating Mental Health and Pediatric Primary Care," a guide to help families understand the role of mental health services in primary care. The guide provides practical suggestions, including a set of questions families can ask their primary care providers about the availability of integrated care. It also describes examples of integrated care models from Massachusetts, North Carolina, and Tennessee and provides information about the benefits and anticipated outcomes for families. Read the full report, available online here.

NAMI National Alliance on Mental Illness

In addition, NAMI has launched an online integrated care resource list that offers reports on integrated care, information for youth and families, provider education and cross training programs, integrated care advocacy, financing integrated care, and more.

CDC Releases National Intimate Partner and Sexual Violence Survey Results

A new report from CDC presents 2010 National Intimate Partner and Sexual Violence Survey results on the prevalence and impact of sexual violence, stalking, and intimate partner violence among women and men in the United States. As many as 18% of women and 1.4% of men have been raped at some time in their lives. An important finding is that most victimization begins early in life, with approximately 80% of women experiencing their first rape before the age of 25 and almost half before the age of 18. More than one-quarter of men experienced their first rape when they were 10 years of age or younger. Women and men who have experienced intimate partner and sexual violence report significant health consequences, including post traumatic stress disorder symptoms, sleeping difficulties, activity limitations, chronic pain, and frequent headaches. For more information, click here to read the full report.

CDC Centers for Disease Control and Prevention

Also available on CDC's website is detailed state information and a toolkit to increase public awareness and inform prevention strategies.

Potential Health Risks for Adolescents and Young Adults Hit by Recession

Adolescents and young adults are being hit hardest by the recession, according to the latest Census data, with the highest unemployment rate since World War II. In addition, nearly 1 in 5 young adults live in poverty, a proportion greater than any other population group. The Bank of America recently teamed up with *Seventeen Magazine* and surveyed 2000 adolescents ages 16 to 21 about their concerns regarding the economy. They found a majority of teens reporting added stress, worry, and also changes in their college plans. Specifically, 45% reported that their parents were increasingly fighting or worrying about money; 69% of teen girls and 59% of teen boys were worried about paying for college; and 38% altered their college plans due to the economy, with 20% reporting that they had to go to their second choice school or attend a state school to save money. Other research indicates that financial concerns also play a significant role in whether students complete college.

Anxiety about financial concerns, unemployment, and paying for college contributes to clinically significant levels of stress among adolescents and young adults. Studies show elevated levels of stress increase risky behaviors, particularly substance abuse, unsafe sexual behavior, violence, tobacco use, and sedentary activity.