



Health Insurance Coverage and Access Affects Adolescent Health

Although most of the nation's nearly 42 million adolescents (aged 10-19) are healthy, far too many young people participate in risky behavior, develop unhealthy habits, are overweight or obese, have mental health or substance abuse problems, or have serious or chronic conditions that jeopardize their health. These conditions and activities in adolescence set the behaviors and habits—healthy or unhealthy—for adulthood.

Disease prevention, early intervention, and timely treatment can significantly improve the health status for adolescents, prepare them for becoming healthy adults, and decrease the incidence of many chronic diseases in adulthood.

But to be able to take advantage of such services, adolescents have to gain access to them. And for thousands of adolescents, their health is profoundly affected by a lack of access that stems from their families' inability to pay for those services. Problems of both lack of coverage and limitations in the current financing systems for adolescent health services are jeopardizing the health of many of the nation's adolescents.

Lack of Health Insurance

More than 4 million adolescents aged 10-18 are medically uninsured. Uninsured rates are higher among the poor and near poor, racial and ethnic minorities, and noncitizens than among the general adolescent population. As is true for all Americans, adolescents who are medically uninsured often receive care late in the development of a health problem or

not at all. In comparison with adolescents who have health coverage, whether public or private, those who are uninsured are less likely to have a regular source of primary care, often delay getting care, fail to obtain needed prescription drugs, and do not have regular dental visits. They fail to get needed care because of cost.



"I had asthma. When I had a really bad attack, my mom would call the hospital and get me there as quickly as possible. The scary part was that I really thought I was going to die. We went there like 15 times per year."

Marcus has asthma. His younger brother died of the disease. For years before his brother's death, his family dealt with the children's asthma by frequent visits to hospital emergency rooms. Only after one son's death did Marcus's mother learn that her involvement in prevention and wellness services could make a difference.

With input from many providers working together, Marcus gained control of his asthma, he was able to participate in sports, and his insurer saved money.

Two programs—Medicaid and CHIP (the Child Health Insurance Program)—could significantly help the situation but appear to be underused. About two-thirds of current uninsured 10-18 year olds are eligible for Medicaid or CHIP.

For many of these uninsured but eligible adolescents, their parents say they would enroll their children in public programs, but do not know how.

Shortcomings of Existing Coverage

Even adolescents who have health insurance coverage often do not have access to the health services they need. There are a number of shortcomings in existing coverage through Medicaid, CHIP, and private insurers.

Insured adolescents experience particular shortcomings in the coverage of certain health services, notably: preventive, sexual, and reproductive health, mental health and substance abuse treatment, and oral health services. Although access depends on many factors, such as provider availability and transportation, coverage of benefits is an essential first step to ensuring services. Many of these services, so needed by adolescents, are not covered in existing public and private policies.

There are also health service access problems for adolescents related to high cost-sharing or lack of provider participation. Out-of-pocket cost-sharing requirements, particularly in private plans, may deter many young people and their

families from seeking needed care. High deductibles and copayments create reluctance in seeking care, for adolescents as for other people. Another limitation is that some insurance companies do not reimburse providers for treating non-acute conditions in adolescents, such as counseling or case management expenses associated with treatment of behavioral problems, such as anorexia or bulimia, substance abuse, sexual or reproductive health practices, trauma, or behavioral or emotional problems that do not meet the threshold criteria for a clinical disorder. All of these policies can affect the overall health of an adolescent.

Key Facts

- Adolescents need comprehensive, continuous health insurance coverage.
- Adolescents need health insurance coverage that is sufficient in amount, duration, and scope to cover the health services they require. Such coverage should be accessible, acceptable, appropriate, effective, and equitable.
- Public and private health plans benefit packages should include services that consider the health issues unique to the life stage of adolescence and that focus on helping adolescents develop healthy habits that can be carried forward into their adult lives.

For More Information

This summary was prepared by the Institute of Medicine/National Research Council, based on the report, *Adolescent Health Services: Missing Opportunities*, and the DVD produced in conjunction with that report, both of which were products of the IOM/NRC Committee on Adolescent Health Services. Copies of the report are available for sale from the National Academies Press (NAP) at 888-624-8373 or 202-334-3313 or via the NAP homepage www.nap.edu. Full text of the report and a free PDF copy of the Summary are also available at www.nap.edu. The DVD can be viewed at www.bocyf.org/ahc.html.

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