



# Health Care for Vulnerable Young Adults

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# Overview

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- Demographics, health status, & health care needs
- Barriers that impede health care access
- Overcoming barriers within existing legal framework
- Strategies for achieving access to comprehensive health care
- Policy challenges

# Vulnerable & Disconnected Youth

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- Youth aging out of foster care
- Homeless youth
- Youth leaving juvenile justice placements
- Unemployed youth
- Teen parents
- Out-of-school youth

# Former Foster Youth & Homeless Youth

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- Overlapping groups
- Similarities
  - Multiple health concerns
  - Intense health care needs
  - Limited health care access
- Differences
  - Size & stability of population
  - Relationship to state custody

# Youth Leaving Foster Care

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- Youth  $\geq$  age 16
- 100,000 in foster care
- One-fifth of foster care population
- $>$  60,000 leave care each year
- $>$  20,000 youth “emancipated” each year
- Others reunited, placed under guardianship or with another agency, die, or run away

# Homeless Youth

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- 1 million to 2 million
- Difficult to count
  - Definition of youth
  - Definition of homeless
  - Transitory population
- Causes of homelessness
  - Homeless with family
  - Abused or neglected
  - Forced out or thrown away
  - Exit from state custody

# Health Status

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- Behavioral, psychosocial, & medical concerns
- Acute, chronic, & disabling conditions
- Generally compromised health
- Mental disorders
- Substance abuse
- Pregnancy
- STDs & HIV
- Injuries

# Health Care Needs

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- Comprehensive health assessments
- Dental examinations & treatment
- Family planning & other reproductive health care
- Pregnancy-related care
- STD & HIV testing & treatment
- Mental health services
- Substance abuse assessment, counseling, & treatment
- Treatment of injuries
- Treatment for acute & chronic illnesses & conditions
- Case management & coordination of care

# Access to Comprehensive Health Care: Obstacles & Strategies

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- Health insurance
- Safety net programs

# Health Insurance Coverage: U.S. Population 2005

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- 47 million in U.S. uninsured in 2005
- 16% of population
- Increase from 2004
- Numbers are far higher if partial year of uninsurance is counted
- Source: U.S. Census Bureau, 2006

# Health Insurance Coverage: Older vs. Younger Adolescents

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- Older vs. younger adolescents
  - 13.7% of ages 15-18 uninsured in 2002
  - 11.0% of ages 10-14 uninsured in 2002
- Source: Newacheck et al, 2004

# Health Insurance Coverage: Adolescents & Young Adults

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- Adolescents
  - 12.5% ages 12-17 uninsured in 2005 (3.2 million)
- Young adults
  - 30.6% ages 18-24 uninsured in 2005 (8.6 million)
- Sources: U.S. Census Bureau, 2006

# Health Insurance Coverage: Race & Ethnicity

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- Adolescents ages 10-18 uninsured in 2002
  - 27.7% Hispanic
  - 12% Black
  - 8.4% White
- All age groups uninsured in 2005
  - 32.7% Hispanic
  - 19.6% Black
  - 17.9% Asian
  - 11.3% White (not Hispanic)
- Sources: Newacheck et al, 2004; U.S. Census Bureau, 2006

# Health Insurance Coverage: Adolescents & Family Income

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- Adolescents ages 10-18 uninsured in 2002
  - 19.7% family income  $\leq$  100% FPL
  - 19.2% family income between 100% and 200% FPL
  - 6.3% family income  $\geq$  200% FPL
- Source: Newacheck et al, 2004

# Health Insurance Coverage: Adolescents & Young Adults in Poverty

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- All income levels
  - 3.2 million adolescents ages 12-17 uninsured in 2005 (12.5%)
  - 8.6 million young adults ages 18-24 uninsured in 2005 (30.6%)
- Income  $\leq$  100% FPL
  - 0.9 million adolescents ages 12-17 uninsured in 2005 (22.8%)
  - 2.3 million young adults ages 18-24 uninsured in 2005 (45.9%)
- Source: U.S. Census Bureau, 2006

# Older Adolescents & Young Adults: Reasons for Lacking Health Insurance

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- Medicaid & SCHIP coverage usually ends at age 19
- Employer-based dependent coverage ends at age 18 or 19
- Employer-based dependent coverage beyond age 18 often limited to full time students
- Cost of individual policies prohibitive

# Public Health Insurance Coverage: Adolescents & Young Adults

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- Between 2004 and 2005 for all ages
  - Employer-based coverage decreased
  - Public coverage increased
- Public coverage in 2004
  - 24.7% adolescents ages 12-17
  - 15.0% young adults ages 18-24
- Source: U.S. Census Bureau, 2006

# Health Insurance Coverage: Older Adolescents in Medicaid & SCHIP

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- 1997 → 2001 number of states providing Medicaid to all poor adolescents doubled
- In 2005 all states provided Medicaid coverage for adolescents at least to 19<sup>th</sup> birthday up to 100% FPL
- Coverage to higher income levels in most states and in separate SCHIP programs
- In 2005 about 40% of states provided Medicaid coverage for very low income adolescents & young adults up to age 20 or 21 (Ribicoff)
- In 1999 Congress enacted option for states to provide Medicaid for young adults ages 18, 19, and 20 leaving foster care
- Sources: Morreale & English, 2003; English, Morreale, & Larsen, 2003

# Health Insurance Coverage: Youth Leaving Foster Care

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- Virtually all had Medicaid coverage while in foster care
- Many lose health insurance when leaving foster care between ages 18 and 21
- FCIA Medicaid Expansion Option allows states to provide Medicaid up to age 21 for former foster youth

# FCIA Medicaid Expansion Option

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- Optional state coverage
  - Youth in foster care under state supervision on 18<sup>th</sup> birthday
  - Up to 21<sup>st</sup> birthday
  - No income limitations required
  - Enrollment could be “automatic”
- As of October 2006, 11 states had implemented this option: AZ, CA, IN, KS, MS, NJ, OK, SC, SD, TX, WY

# Health Insurance Coverage: Homeless Youth

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- Many are eligible for Medicaid or SCHIP based on age & income
- Limited coverage options for homeless youth  $\geq$  age 19
- Obstacles to using existing coverage
- Obstacles to enrolling in coverage for which they are eligible

# Health Insurance Expansion Options for Older Adolescents & Young Adults

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- Universal coverage for all ages
- Universal coverage for children, adolescents, & young adults
- Enrolling all who are eligible for Medicaid & SCHIP
- Expanding eligibility for Medicaid & SCHIP
- Raising upper age limit for dependent coverage in employer-based insurance
- Ensuring coverage for college & university students

# Health Insurance Expansion Options: MediKids

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- MediKids Health Insurance Act of 2005 (S. 1303/H.R.3055, 2005)
- Coverage for all children, adolescents, & young adults from birth to age 23
- Proposed by AAP
- Introduced in 109<sup>th</sup> Congress
- 5 co-sponsors in Senate; 55 co-sponsors in House
- Not enacted

# Health Insurance Expansion Options: Medicaid & SCHIP for Young Adults

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- Health Care for Young Adults Act of 2005 (S.1298/H.R.3040, 2005)
  - State option to offer Medicaid & SCHIP coverage to low-income youth up to age 23
  - Introduced in 109<sup>th</sup> Congress
  - 3 co-sponsors in Senate; 15 co-sponsors in House
  - Not enacted
- Recent estimates suggest that doing so could cover 2.7 million uninsured adults ages 19-23 with incomes  $\leq$  100% FPL

# Health Insurance Expansion Options: SF Pilot Program

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- San Francisco Health Plan
- Healthy Kids & Young Adults
- City & County funded pilot program
- Ages 19-24
  - Low-income
  - Aging out of Medicaid or SCHIP or parent of a child in Medicaid, SCHIP, or SF Healthy Kids
  - No employer-based coverage
- Coverage for U.S. citizens, legal & undocumented immigrants

# Safety Net Programs

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- Community mental health programs
- Substance abuse programs
- Maternal & child health programs
- HIV programs
- Title X family planning programs
- Homeless health programs

# Targeted Safety Net Programs: Homeless Youth

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- Health Care for the Homeless
- Runaway and Homeless Youth Act
- Projects for Assistance in Transition from Homelessness
- Treatment for Homeless Persons Program

# Obstacles to Expanding Health Insurance/Safety Net Programs

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- Federal deficit and debt
- State budget problems
- Increased health costs for employers
- Cuts & restructuring in Medicaid & SCHIP
- Lack of consensus about approach
- Insufficient political support for vulnerable young adults

# Policy, Strategy, & Advocacy Challenges

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- Universal benefits vs. targeted benefits
- Health insurance vs. safety net programs
- Moral imperatives vs. economic rationales
- Societal obligations vs. individual responsibility

# Conclusion

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- Vulnerable young adults have multiple health concerns, intense health care needs, & limited health care access
- Health insurance coverage for older adolescents has improved but young adults remain at high risk
- Safety net programs fill some gaps but funds are limited
- Policy options exist for increasing health insurance for young adults, including disconnected youth
- Advocacy & political will required to protect existing coverage & expand coverage for these vulnerable young people