



Young adults & the coverage of contraceptive services in the wake of health care reform

Results from an assessment of young adult-targeted health plans in the Commonwealth of Massachusetts



Background

Massachusetts's Health Care Reform Law (Chapter 58) represents a ground-breaking effort to increase access to affordable, high quality health care. Passage of the law in 2006 set in motion a series of reforms that considerably reduced the uninsurance rate, including individual and employer "mandates," expansion of subsidized care, and market reforms. Chapter 58 and subsequent revisions established the Commonwealth Health Insurance Connector Authority (the Health Connector), an independent state agency responsible for implementing various aspects of health care reform, establishing coverage standards, and connecting individuals and small businesses to affordable health insurance plans. The Health Connector also administers two health insurance programs: the subsidized Commonwealth Care program and the unsubsidized Commonwealth Choice program. The Health Connector's website (www.mahealthconnector.org) provides information about health care reform and helps residents find affordable coverage.

Young adults, a population that has historically been disproportionately uninsured and faces a high rate of unintended pregnancy, have been proactively incorporated into health care reform efforts. In Massachusetts there are two types of plans that have been specifically designed to provide young adults with affordable health insurance: the Student Health Program (SHP) and the Young Adult Plans (YAPs). The SHP (formerly called the QSHIP) was enacted in 1988 and mandates that students enrolled at least 75 percent time in institutions of higher learning participate in a qualified student health insurance plan or provide proof of comparable coverage. The YAPs developed out of Chapter 58 and are part of the unsubsidized Commonwealth Choice program. The YAPs are available to young adults aged 18 to 26 who are not eligible for a subsidized plan and are not offered an employer health benefit. Enrollment in either a YAP or a SHP plan satisfies the individual mandate. However, in an effort to limit the cost of these plans, both the SHP and the YAPs have been exempted from providing some of the services included in the Minimum Creditable Coverage (MCC) standards required of qualifying health plans in the Commonwealth. These exemptions raise concerns about the degree to which young adults' contraceptive and other sexual and reproductive health (SRH) needs are being met.

Study objectives

The main aim of this project was to conduct a systematic review of health plans targeting young adults in Massachusetts to determine the plans' coverage of contraceptive services and counseling. To place these findings in context we also reviewed the plan materials for information about a range of other SRH services in order to address the following key questions:

- What contraceptive and other SRH services are available to young adults in Massachusetts through different young adult-targeted plans, as reported in publicly available materials?
- What information about the coverage of contraceptive and other SRH services is publicly available to young adults and how comprehensive and user-friendly is that information?
- Have the design and structure of young adult-targeted plans created new and/or unintended barriers to young adults seeking contraceptive services?
- If systems barriers do exist, how might they be addressed in the wake of health care reform in the Commonwealth?

Methods

From November 2008 through March 2009, we reviewed publicly available information about all 12 YAPs and the SHP plans of seven colleges and universities. We obtained information from the Commonwealth Connector website, the websites of the six YAP health insurance carriers, and college and university websites. We reviewed all available materials to identify:

1. **The types of contraceptive & other SRH services covered.** We assessed publicly available materials for information regarding the coverage of contraceptive counseling and services, including any reference to specific methods of contraception. We also reviewed materials for information about other SRH services.
2. **The costs associated with various SRH services.** We collected information about the premiums, deductibles, co-payments, and co-insurance associated with each plan and identified the costs associated with different "categories" of SRH services. For contraceptive services, we sought information about the costs associated with contraceptive counseling, non-prescription contraceptives, prescription contraceptives, and contraceptive procedures.
3. **The type & location of the facility providing SRH services.** We systematically reviewed the plan materials for information about the type(s) and location(s) of facilities that provide referenced contraceptive and other SRH care.
4. **The comprehensiveness & accessibility of information provided by the plans.** This assessment was based on a variety of factors including level of detail, ease of navigation and information retrieval, and complexity of language.

We conducted a content analysis of all collected information using *a priori* (i.e., pre-determined) categories and codes. Further, we used open analysis techniques to make global assessments of the information's accessibility.

Key findings

The results of this study raise concerns that young adult-targeted health plans may not provide a full range of contraceptive services. Specifically, YAPs that do not offer a prescription drug benefit fail to provide coverage for prescription contraceptives. This lack of coverage has important implications for gender (in)equity in health care financing. Publicly available information about the YAPs' coverage of contraceptive and other SRH services is limited, not highlighted, and difficult to find. Although the SHP plans provided more robust information about the coverage of contraceptive and other SRH services, our results suggest that students enrolled at some religiously-affiliated colleges may face barriers to obtaining contraceptive services. Students who are eligible for enrollment in the SHP are barred from enrolling in the Commonwealth Care plans and young adults who are offered an employer health benefit are ineligible for enrollment in the YAPs. These criteria make it difficult for a young adult who is eligible for a plan that excludes contraceptive services to enroll in an affordable alternative. Our findings indicate that young adults may be unaware of the limitations in their plans and may also lack information about where affordable services are offered.

Recommendations

- **Create information resources to help young adults understand & navigate coverage in the YAPs.** Information about young adult-targeted health plans is often difficult to navigate and contraceptive coverage is often unstated or unclear. It is critical that information about coverage in the YAPs be transparent, accessible, and youth-friendly.
- **Address the “gaps” in the YAPs by ensuring contraceptive coverage.** Keeping the cost of YAPs low by exempting plans from providing a prescription drug benefit has important implications for young adults' access to contraceptive services and raises concerns about gender (in)equity in health care financing. Possibilities for addressing these gaps include 1) requiring that all YAPs meet the prescription drug benefit component of the MCC standards; 2) revising the MCC standards such that young adult-targeted plans must include coverage of a “young adult formulary” (which would include prescription contraceptives); or 3) extending subsidized coverage of family planning services through the Massachusetts Department of Public Health Family Planning Program (MDPH-FPP) to underinsured young adults.
- **Develop mechanisms for providing contraceptive services to underinsured young adults.** If a young adult is enrolled in a YAP with no prescription drug benefit, a SHP plan that does not provide contraceptive services, or a religiously-affiliated health plan through an employer, she may satisfy the individual mandate but be underinsured with respect to contraceptive care. Possibilities for consideration include extending eligibility for MDPH-FPP subsidized services and easing eligibility requirements for Commonwealth Care plans.
- **Require health plans to disclose limitations & exclusions, including restrictions on contraceptive coverage.** As of June 1, 2009, the SHP plans are required to provide information regarding benefits and covered services, including all limitations and exclusions. This effort serves as a model for ensuring transparent communication about the services, including contraceptive counseling and care, that are (and are not) covered. It is imperative that all young adults, not just students, be made aware of any contraceptive exclusions in qualified health plans. All plans, including those that are religiously-affiliated, should be required to disclose limitations, exclusions, and departures from the MCC standards. Complete, accurate, and accessible information should be provided to potential and current enrollees. The Health Connector's website should also provide information about any exclusions pertaining to the Commonwealth Care and Commonwealth Choice plans (including the YAPs) as well as information about affordable alternatives.
- **Collect more robust data on young adults & health care reform.** The Health Connector should collect more data on young adults in the context of health care reform, including their enrollment patterns, health services utilization, and uninsurance rates, as well as demographic information about those enrolled in a YAP or other young adult-targeted plan.
- **Learn from the experiences & perspectives of clinicians & young adults.** Over the next few months, the **REaDY Initiative** will be conducting research with clinicians who provide care to young adults as well as with young adults enrolled in different plan types. We expect to have preliminary findings from both studies in the fall of 2009.

About the REaDY Initiative

A coalition of Massachusetts health service providers, advocates, and researchers are collaborating on a unique, statewide project to reduce unplanned pregnancy among young adults in the wake of health care reform in the Commonwealth. The **Reproductive Empowerment and Decision Making for Young Adults (REaDY) Initiative** aims to prevent unplanned pregnancy and promote sexual health. This multi-pronged initiative is focused on better understanding the individual, community, provider, and structural factors that influence the contraceptive behaviors of young adults aged 18 to 26 and on developing strategies to ensure that this age group has the resources they need to lead healthy sexual and reproductive lives. This includes making decisions about whether and when to become parents. The first year of the initiative involves formative research, the results of which will inform actions undertaken in the second year to improve the health care system and better prepare health service providers to care for young adults. **REaDY** promises to offer a model for addressing pregnancy prevention and planning for young adults at the state level. Research findings and lessons learned will also inform national health care reform efforts. **REaDY** is led by an Executive Committee of multiple organizations and agencies within the Commonwealth. Ibis Reproductive Health is leading the formative research component, and the statewide, multi-agency taskforce is chaired by the Massachusetts Department of Public Health Family Planning Program and coordinated by the Pro-Choice Massachusetts Foundation. Other Executive Committee members include the Massachusetts Family Planning Association, youth development specialist TiElla Grimes, and the Boston Public Health Commission.

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For more information about REaDY, please contact Britt Wahlin (bwahlin@ibisreproductivehealth.org).