



Young adults, health insurance & access to contraception in the wake of health care reform



Results from focus group discussions 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 this 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. Chapter 58 reformed the dependency statutes such that young adults are now eligible to remain on a parental health plan through age 25 or for up to two years after the loss of dependent status under 26 U.S.C. 106, whichever occurs first. Two types of plans have also 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 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 Commonwealth Choice program. 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

To understand better young adults' access to contraceptive services in the wake of health care reform and to identify systems barriers to pregnancy planning in this age cohort.

Methods

In order to capture a range of perspectives and experiences, we conducted 11 focus group discussions (FGDs) with young adults age 18 to 26 in different areas of the Commonwealth, from different racial, ethnic, and socioeconomic backgrounds, with a range of educational backgrounds, and enrolled (or not) in different types of health plans. From August through November 2009, we conducted FGDs in Barnstable, Berkshire, Hampden, Middlesex, Suffolk, and Worcester counties, eight included both students and non-students and three targeted currently enrolled female students at purposively-selected institutions. We held nine FGDs with women (eight in English and one in Spanish) and two with men (one in English and one in Spanish). A total of 89 young adults participated in a 90-minute discussion exploring issues related to health insurance, contraception, health care reform, and possibilities for improving service delivery. We conducted content and thematic analyses using both *a priori* (e.g., pre-determined) categories and codes and inductive analysis techniques.

Key findings

In general, basic health insurance literacy was low. Participants evinced confusion regarding health care reform and were typically familiar only with the "individual mandate." Young adults were also confused about the types of health plans available, which plan types they were enrolled in, and what contraceptive and other SRH services their plans covered. Students were often confused about their eligibility for on-campus health services and the billing structure for those services.

We identified three patterns of how young adults found their insurance: 1) young adults chose their own health insurance plans; notably, young adults who had used the Commonwealth Connector website reported difficulties finding relevant information; 2) young adults relied on a parent; many young adults in this group reported that their parent(s) was not fully aware of their contraceptive and other SRH priorities and needs; and 3) young adults reported that their options were constrained by broader institutional, employer, or socio-economic factors. Reports of uninsured status were typically related to broader life transitions, such as graduation from college or university, and financial barriers.

Our results reveal that there are a number of systems gaps that impact the ability of young adults to access affordable and continuous contraceptive and other SRH services. Insurance coverage of contraception was a significant factor in shaping women's decisions about contraceptive use and method selection. Further, young adults who find themselves uninsured for transitional periods; young adults who are enrolled in health plans with religious restrictions on counseling, referrals or service delivery; young adults who travel and seek routine care outside of their defined insurance coverage area; and young adults who

are enrolled in non-prescription YAPs are among those populations that may find themselves “underinsured” with respect to contraceptive services. Young adults also felt that providers offered limited information about the full range of methods.

Finally, we identified challenges that specific sub-populations experienced in accessing contraception. Our findings indicate that MassHealth enrollees, especially those living in non-urban areas, often face considerable difficulty finding and maintaining relationships with providers who accept their insurance. In addition, students expressed concern about privacy in billing practices. Men in our FGDs saw themselves as largely left out of conversations about contraception and other SRH issues. Taken together, these findings underscore that, in order to be truly comprehensive, health care reform must consider young adults’ SRH needs, including their contraceptive needs.

Recommendations

- **Create information resources to help young adults understand & navigate health insurance & contraceptive coverage in the Commonwealth.** Information about health care reform as well as the coverage of contraceptive and other SRH services can be more effectively and comprehensively communicated to young adults online and in print, both by the Connector and by other organizations that advocate for young adult populations.
- **Develop resources that can assist parental decision makers understand better the insurance needs of their young adult children.** These resources may include discussion guides to help parents navigate health plans on behalf of their young adult children and information about the changes in dependency statutes.
- **Develop mechanisms for providing contraceptive services to underinsured young adults & providing more affordable contraceptive services to insured young adults.** Mechanisms that would address this challenge include 1) requiring that all young adult-targeted plans 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); 3) expanding subsidized coverage of family planning services through the Massachusetts Department of Public Health Family Planning Program to young adults who are effectively underinsured for the purposes of preventing pregnancy; or 4) making contraceptives more affordable.
- **Address the barriers that many university & college students experience in obtaining contraceptive & other SRH services.** These obstacles could be addressed by 1) considering changes to billing procedures and service statements to protect students’ confidentiality; 2) ensuring the transparency of information about on-campus health services and associated fees; 3) requiring that SHP plans disclose limitations and exclusions, including restrictions on SRH coverage; 4) alerting students to recent eligibility changes to both MassHealth and Commonwealth Choice plans; 5) considering revision of the eligibility requirements for Commonwealth Care plans to include otherwise-eligible students; or 6) helping students prepare for health insurance coverage after college graduation.
- **Increase the pool of SRH providers who accept MassHealth & Commonwealth Care Plans, especially in underserved areas.** Sustained efforts to increase the number of primary care SRH service providers who accept MassHealth, especially in underserved Western Massachusetts, Central Massachusetts, and Cape Cod will allow young adults across the state to seek and receive the care to which they are entitled.
- **Encourage providers to engage young adult men in discussions about pregnancy prevention.** Engaging young adult men in discussion about the full range of contraceptive options could address a significant need.
- **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 YAPs or other young adult-targeted plans.

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 two-year 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. Formative research will inform actions led by a statewide, multi-agency Taskforce 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. **REaDY** is led by an Executive Committee of multiple organizations and agencies within the Commonwealth. Ibis Reproductive Health is leading the formative research, and the Taskforce is chaired by the Massachusetts Department of Public Health Family Planning Program and coordinated by the Pro-Choice Massachusetts Foundation. These three agencies form an Executive Committee, which also includes the Massachusetts Family Planning Association, youth development specialist TiElla Grimes, and the Boston Public Health Commission.

REaDY is supported by a grant from the National Campaign to Prevent Teen and Unplanned Pregnancy. The conclusions and opinions expressed in this publication are those of the study team and do not necessarily represent the views of the funder.

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