Fact Sheet: Impact of the ACA on Vulnerable Youth

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Implementation of the Affordable Care Act (ACA) will have major implications for specific populations of vulnerable youth. Three groups that are certain to be affected are youth in and aging out of foster care, youth involved in juvenile and criminal justice systems, and homeless youth. This fact sheet is adapted from a more detailed brief that discusses demographics, health status, and health care access, both pre- and post-ACA, for each of the three groups, entitled *Implementing the Affordable Care Act: How Much Will It Help Vulnerable Adolescents & Young Adults?*

Several ***common themes*** characterize these three populations. Many of the young people in each of these groups will gain access to health insurance as the ACA moves forward, while others may be left behind. Important challenges must be overcome to ensure that the ACA improves health care access for as many of these vulnerable youth as possible.

- *Significant overlap among the three groups.* Many youth become homeless or are arrested after exiting foster care. Many youth who are arrested and processed through the juvenile justice system are placed in foster care facilities, such as group homes or residential treatment centers. Many homeless youth were either in foster care or have been arrested or involved in the juvenile or criminal justice system.

- *Overrepresentation of racial and ethnic minorities.* Without exception, all three vulnerable populations comprise members of racial and ethnic minority groups at disproportionately high rates, with African American young people especially heavily represented among all three populations.

- *Higher rates of serious health problems than the general population.* The three groups' health problems extend across the full spectrum of health concerns of adolescents and young adults. Mental health, substance abuse, and sexual health issues are of particular concern.

- *High rates of being uninsured and heavy reliance on Medicaid.* With the exception of adolescents in foster care, who are mostly covered by Medicaid, youth in all three groups are either uninsured at high rates, sometimes approaching 50%, or are at high risk of losing insurance. All are more likely to secure health insurance coverage through Medicaid than private health insurance.

- *Disconnection from familial, adult, and social support.* Most of the vulnerable youth in all three groups are seriously lacking in connections to and support from parents, family members, other adults, and social institutions. Even those with a connection to the child welfare or juvenile or criminal justice system often lack meaningful supportive adult connections.

Until now, many ***youth in foster care*** were eligible for Medicaid, but lost coverage when they aged out. Beginning in 2014, the ACA requires all states to provide Medicaid coverage for most youth aging out of foster care until the age of 26. This parallels the ACA provision allowing young adults to remain on a parent's health insurance policy to age 26, which has resulted in about three million young adults gaining private health insurance.

According to the proposed federal regulation to implement the provision for former foster youth, states must provide Medicaid coverage to individuals who are under age 26, are not otherwise eligible for and enrolled in Medicaid, and were in foster care and enrolled in Medicaid when they reached age 18 (or a later age for aging out of foster care, as specified by their state). There are no financial eligibility ("income or resources") requirements for a former foster youth to qualify for this Medicaid coverage; former foster youth who meet the other requirements may apply at any time up to age 26. The federal government has estimated that by 2017 an additional 74,000 former foster youth will be enrolled in Medicaid under this provision.

The ACA, as written, limits the required coverage to former foster youth applying for Medicaid in the state in which they had been in foster care. However, the proposed regulation would allow states to offer the coverage to youth who had been in foster care in any state, but would not require them to do so.

Access to health insurance for ***youth involved in the juvenile or criminal justice systems*** is likely to depend largely on whether they live in a state that chooses to implement the ACA Medicaid expansion. This is true because so many of these youth are living in poverty or have very low incomes.

The ACA gives states the option of expanding Medicaid to most individuals under age 65 with incomes below 133% FPL (or 138% including income disregards). The ACA also requires states to provide Medicaid coverage for all children and adolescents through age 18 up to 133% FPL. Thus, adolescents under age 18 involved in the juvenile justice system will be eligible for Medicaid if their family incomes are below 133% FPL, as long as they are not confined in secure facilities that meet the definition of "public institution." Medicaid eligibility for young adults over the age of 18 involved in the criminal

justice system will depend on whether they are incarcerated in a public institution and on whether they live in a state that implements the Medicaid expansion.

In states not implementing the expansion, young adults may be left without viable options for coverage: most of these states offer no Medicaid coverage for single adults without disabilities or who are not parents of dependent children. The young adults may also come from uninsured families and be unable to afford private coverage themselves, especially since they will not qualify for a subsidy in the ACA marketplaces, if their incomes are below 100% FPL.

Whether the ACA helps ***homeless youth***, especially homeless young adults, join the ranks of the insured will also depend to a great degree on whether they are in a state that has chosen to expand Medicaid. Also important will be whether the application and enrollment obstacles, such as having a permanent address, which have stood in the way in the past, are removed. Although some homeless youth are employed, the vast majority have very low incomes or none at all and would almost certainly be eligible for Medicaid in states that implement the Medicaid expansion. In states that do not expand Medicaid, their options will be limited. Coverage to age 26 on a parent's policy is not a viable option for youth disconnected from their families. Virtually no homeless youth would have income sufficient to purchase an individual policy through the ACA state insurance marketplaces. For many homeless youth, the application and enrollment procedures either in Medicaid or the marketplace, particularly the requirement of a permanent address, as well as documentation requirements, would stand in the way of securing coverage.

In short, ***two obstacles*** could prevent many vulnerable youth from securing health insurance coverage as the ACA is implemented. The first is the failure of half the states to expand Medicaid. The second is the complexity of the application and enrollment process.

As of October 22, 2013, 25 states and the District of Columbia had opted to implement the Medicaid expansion. In states implementing the option, more vulnerable young people will qualify for Medicaid. The implications for vulnerable groups in states that choose not to implement the Medicaid expansion will be severe. All but one of these states do not offer any Medicaid coverage to single adults unless they are pregnant, parents of dependent children, or have a disability. In these states, homeless youth and those involved in the justice systems are at high risk for remaining uninsured once they reach age 18.

Even those youth who are eligible for Medicaid or able to purchase coverage through the ACA insurance marketplaces may encounter obstacles: the complexities associated with application and enrollment could prevent some from gaining coverage. The ACA includes two requirements that could be important in this regard. First, states are required to conduct outreach to and enroll in Medicaid and CHIP vulnerable and underserved populations, including unaccompanied homeless youth. Second, states are required to have streamlined application procedures and to provide assistance with enrollment through "navigators."

Youth in and aging out of foster care and the juvenile and criminal justice systems as well as homeless youth all have serious health care needs that could be met with services available in Medicaid or the plans offered through the health insurance exchanges. Many of these young people will qualify for Medicaid or other coverage as a result of the ACA; many will not. Those who are left out will have unmet health care needs that present challenges for them, their families, their communities, and society at large.

Note: Supporting references are contained in the more detailed brief *Implementing the Affordable Care Act: How Much Will It Help Vulnerable Adolescents & Young Adults?*, which this fact sheet is based on.

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The Center for Adolescent Health & the Law is a unique organization that works exclusively to promote the health of adolescents and young adults and their access to comprehensive health care. Established in 1999, the Center is a non-profit, 501(c)(3) organization. Working nationally, the Center clarifies the complex legal and policy issues that affect access to health care for the most vulnerable youth in the United States. The Center provides information and analysis, publications, consultation, and training to health professionals, policy makers, researchers, and advocates who are working to protect the health of adolescents and young adults.

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The National Adolescent and Young Adult Health Information Center (NAHIC) was first established as the National Adolescent Health Information Center in 1993 with funding from the Maternal and Child Health Bureau. The overall goal of NAHIC is to improve the health of adolescents and young adults by serving as a national resource for adolescent and young adult health information and research, and to assure the integration, synthesis, coordination and dissemination of adolescent and young adult health-related information. Throughout its activities, NAHIC emphasizes the needs of special populations who are more adversely affected by the current changes in the social environment of young people and their families.

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Issue Briefs in This Series

English A, Scott J, Park MJ. Implementing the ACA: How Much Will It Help Vulnerable Adolescents & Young Adults? Chapel Hill, NC: Center for Adolescent Health & the Law; and San Francisco, CA: National Adolescent and Young Adult Health Information Center, 2014.

English A, Park MJ. The Supreme Court ACA Decision: What Happens Now for Adolescents and Young Adults. Chapel Hill, NC: Center for Adolescent Health & the Law; and San Francisco, CA: National Adolescent and Young Adult Health Information Center, 2012.

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English A. The Patient Protection and Affordable Care Act of 2010: How Does It Help Adolescents and Young Adults. Chapel Hill, NC: Center for Adolescent Health & the Law; and San Francisco, CA: National Adolescent Health Information and Innovation Center, 2010.

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