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Editorial

Insuring Young Adults in the United States Through the Affordable Care Act



The Patient Protection and Affordable Care Act (ACA), passed by U.S. Congress in 2010, represents an unheralded opportunity to meet the unmet health needs of young adults, a population that traditionally has represented a third of all the uninsured (ages 19–25 years), when compared with 16.3% among the general adult population (26–64 years) [1]. A motivating force for young adults' health insurance enrollment is that they represent an important pool of healthier covered lives; thus, offsetting the health care costs associated with sicker older adults. Because of the ACA's efforts to make health care insurance available and affordable, the uninsurance rate for young adults declined from 34.1% to 27.7% between the baseline of 2010 through the start of the open enrollment in 2013, representing an additional 2.3 million young adults gaining health insurance coverage [2]. With the implementation of the Medicaid expansion in 30 states and insurance exchanges, an additional 3.4 million gained coverage through October 2013. Thus, an estimated 5.7 million young adults gained coverage between 2010 and March 4, 2015 [3].

This initial success in decreasing the uninsured was initially due to the well-established enrollment and coverage mechanisms already in place [4]. Young adult family members up to age 26 years could easily be added (or extended if they were already part of the existing plan) regardless of their marital status, residency, financial dependency, student status, and the availability of other coverage or health status. This extension strategy was effective as increasingly the young adult population was entering a job market in which employer-based health coverage is often not included as part of the benefits offered for entry-level positions [5]. The success of the initial health insurance enrollment was likely attributable to a large pool of young adults who previously did not have health insurance and parental motivation to cover young adults with more serious conditions [6].

In spite of this historical increase in health insurance coverage, in this issue of the *Journal of Adolescent Health*, the research by Wong et al. [7] offers timely and sobering insights shared by young adults themselves about the persistent and significant barriers to their successful enrollment. Although the reasons for lack of insurance among young adults have been documented, how ACA policies and state health insurance

exchanges are perceived on an individual level has previously received limited attention. Assessing the personal experiences of young adults seeking health insurance through the government portal for health insurance exchange, Wong et al. document low levels of health insurance literacy: only about half understand concepts such as deductibles, and nearly 78% incorrectly define coinsurance. Yet, these concepts and concerns regarding premium costs were key factors influencing plan selection.

Although this select and small study sample was highly educated, tech-savvy, and motivated to seek health insurance coverage, they had difficulty selecting plans that were financially manageable and reasonable. Although it is likely that this sample represents the "tip of the iceberg" of the uninsured, they provide valuable insights into the needs of other young adult populations who may be far less health literate. Young adults are likely to require more intense outreach and support if they were never eligible to receive health insurance through their parents' plan or those who chose to apply independently for other personal reasons or young adults who are now aging out of their parent's plans. Although the study points of Wong et al. to the challenges encountered initially in using the Healthcare.gov Web site, these findings reflect the problematic experiences of many other populations who face the cumulative effects of technological snafus, low health literacy, and the complexity of selecting among competing health insurance plans [8]. A number of study participants perceived a lack of congruence between the ACA's "affordability" and its costly impact on their limited monthly incomes. Weighing the pros and cons, many young people were less likely to place value on being insured and more willing to pay the penalty, without exploring their eligibility for subsidies and tax credits.

The spotlight of Wong et al. on the importance of health literacy in predicting the likelihood of enrolling in health coverage is consistent with other studies documenting the relationship between low health literacy, lack of insurance, and higher levels of illness [9,10]. Although some recognized the potential "peace of mind" that insurance coverage would provide, others did not feel at risk for major problems, a surprising result as more than a third reported having a medical condition.

The most attractive advantage associated with health insurance was access to preventive and primary care, particularly

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expressed by female respondents interested in contraceptive coverage without co-payments. This finding reflects the ACA's provision of preventive health care services, without co-payment, such as an annual health care checkup, contraceptive care, immunizations, and other preventive services [11]. Access to such services is a key for this age group and the potential for reducing health care costs associated with chronic health conditions stemming from health-damaging behaviors. These behaviors include poor dietary habits and lack of physical activity, unprotected sexual behavior, use of substances and tobacco and the onset of mental health disorders. Many of these behaviors and their negative health outcomes reach their peak prevalence in young adulthood [12]. Young adults' recognition of the value of preventive care visits is consistent with recent findings showing that gaining health insurance coverage played a significant role in young adults' higher rates of receiving a routine examination wherein a range of preventive services were received [13].

Wong's study and documentation of increased use of preventive services provide a guide on how to increase enrollment for this population. As additional states expand coverage through either Medicaid or state insurance exchanges, there will be further opportunities to make the enrollment process understandable. We shall need to improve health literacy through tailored outreach and marketing that clarify the value of access to responsive health care services, while simultaneously assuring that such systems are in place. Trusted family members, peers, and groups, such as the Young Invincibles, a consumer-based group that develops useful educational and outreach materials [14,15], are vital allies in assuring that young adults enroll in health insurance and become effective health care consumers. With these efforts, we will be taking additional important steps in improving access, quality, and the health and well-being of young adults.

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