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What's Happened to Millennials since the ACA? Unprecedented Coverage & Improved Access to Benefits

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YOUNGINVINCIBLES

Introduction

Millennials have seen large gains in health insurance coverage since passage of the Affordable Care Act (ACA) in 2010, outpacing every other age demographic. Young people had the highest pre-ACA uninsurance rates, but saw the sharpest declines, dropping from 29 percent in 2010 to 16 percent in 2015 - a fall of 45 percent.[1] Despite constituting only 30 percent of the total United States population, young adults accounted for 46 percent of the newly insured from 2014 to 2015.[2]

The ACA significantly reduced the number of uninsured Millennials, in large part, because of a) the expansion of Medicaid beyond narrow categorical eligibility requirements, b) the creation of advanceable, refundable tax credits offered to low- and middle-income people, and c) expanded dependent coverage to allow young adults to stay on their parent or guardian's health plan until the age of 26. During their lifetime, Millennials have experienced unique financial hardships that threatened their short- and long-term financial security, falling wages, high student debt, and declining net wealth.[3] As a result, the vast majority of uninsured young adults fall within the low- to middle-income range. This means that the means-tested provisions in the ACA are among the most impactful for reducing young adult uninsurance: 83 percent of uninsured young adults have incomes under 400 percent of the federal poverty level, making them eligible for marketplace subsidies or expanded Medicaid coverage.[4] If all states expanded Medicaid, over 90 percent of all Millennials could be insured.

The ACA also improved the quality of coverage for newly insured young adults in the individual market, as well as the millions more insured through small group plans (i.e., employers with up to 50 FTEs) and large group plans (i.e., employers with 51+ FTEs). Key consumer protections that banned gender rating, eliminated annual and lifetime limits, and capped annual out-of-pocket costs all benefited young people enrolled in coverage on the individual, small, or large group market. These protections are especially important for the estimated one-in-four young adults with a pre-existing condition[5] who can no longer be discriminated against on the basis of their medical history.[6] Capping out-of-pocket costs and lifetime limits provides financial protection to millions of low-income young adults who likely would not be able to afford health care services if they experience a serious accident or face a chronic illness.

Finally, the ACA improved coverage of small group plans and individual plans by requiring insurers include ten categories of "essential health benefits," similar to benefits offered through large group plans.[7] This required many plans to cover services that young adults utilize the most, like mental health care, maternity care, substance use disorder services, and preventive care without cost-sharing. These requirements made the newly available, often discounted plan options far more comprehensive than many previous options available on the individual and small group market.

Young Adult Uninsurance Rates Pre-ACA

Prior to the ACA, the overall uninsured rate for the nation was 16 percent in 2010, representing about 49.9 million Americans who lacked health insurance.[8] In the same year, the uninsured rate for young adults stood at 29 percent[9], and had increased every year between 2003 and 2010.[10] With an uninsured rate double the national rate, young adults aged 18 to 34 made up a significant portion of the uninsured, with over 20 million lacking coverage.[11] In short, Millennials were less likely to have insurance than any other age demographic.

These trends reflect the economic context of the time. The Great Recession hit young adults hard and many experienced unemployment, low-paying jobs, or were saddled with student loan debt.[12] At the same time, a decade-long trend from 2000-2010 saw declining availability of employer-sponsored health insurance that impacted all workers, but especially younger workers and part-time or hourly workers.[13] In 2010, young adults 18-34 made up 36 percent of all workers, but nearly 50 percent of uninsured workers.[14] This disproportionate level of uninsurance resulted from many young adults holding part-time and hourly jobs and working in sectors that often lack access to employer-sponsored health insurance (e.g., hospitality and retail).[15] Without access to employer-sponsored health insurance, young adults were left to shop for a policy on the individual market, which proved too expensive for many financially-strapped Millennials.

The ACA Improved Affordability and Nearly Halved the Uninsured Rate Among Young Adults

Improved Affordability

Two of the central reasons many young adults did not have health insurance before the ACA were the inability to afford coverage, and lack of access. A Young Invincibles-sponsored poll of young adults in 2011 found that the majority listed lack of access and financial barriers as the primary reasons for being uninsured, with just 5 percent of young adults reporting not being covered by choice.[16] The ACA created a new health insurance marketplace in which consumers with a wide range of low- to middle-incomes could be eligible for financial assistance to lower the cost of getting covered. The ACA makes consumers who make up to 400 percent of the federal poverty level (FPL), or about $47,000 annually, eligible for subsidized marketplace coverage. The vast majority – 83 percent – of uninsured young adults between the ages of 18-34 have incomes under 400 percent FPL.[17] Therefore, unsurprisingly, improved affordability has been a key motivator to enrolling in coverage post-ACA.[18]

Income-based subsidies in the form of advanceable premium tax credits and cost-sharing reductions have helped ensure that low-income young adults can access lower premiums without paying full premium costs up front, and better afford out-of-pocket costs. Because these tax credits are income-based, they offer significant benefits to uninsured young people who tend to have lower incomes compared to older adults.[19] In fact, 43 percent of all young adults are below 250 percent of the FPL, making them eligible for the cost-sharing reductions to lower their out-of-pocket costs.[20] While 70 percent of all consumers shopping on the marketplace typically find a plan for $75 or less per month, uninsured young adults may be able to find plans that cost even less due to their income.[21]

Lower Uninsurance Rates

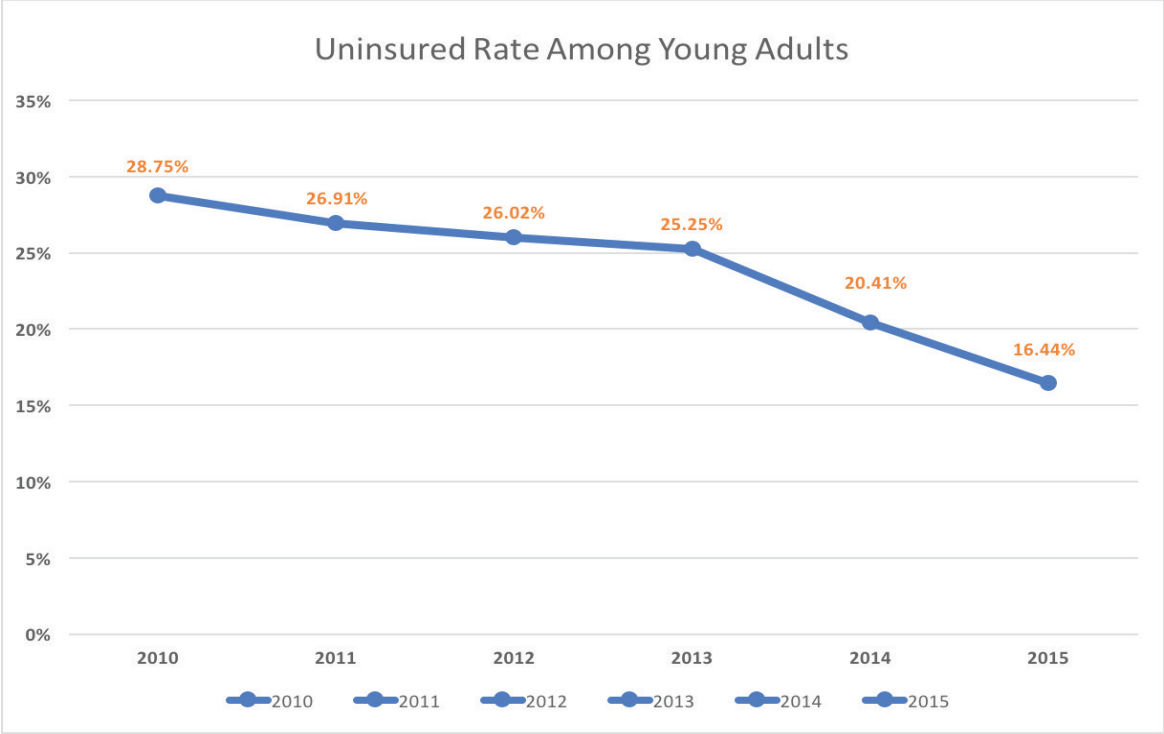
Given changes in the marketplace since 2010, young adults have seen historic gains in coverage, with over 8 million young adults between the ages of 18 and 34 becoming newly insured. This halved the uninsured rate for young adults from 29 percent in 2010 to 16 percent in 2015 (see Chart 1). These gains were made primarily in three ways:

1. Dependent Coverage: From 2010 to 2013, 2.3 million dependent young adults under the age of 26 gained or maintained coverage on their parent or guardian's health insurance plan.[22]

2. Medicaid Expansion: About 3.8 million young adults gained coverage through the expansion of state Medicaid programs to low-income adults.[23]

3. Reduced Cost: 3.5 million young adults gained coverage through health insurance marketplaces as of 2015.[24] Many of these young adults were among the 84 percent of all marketplace consumers who received an average premium tax credit of $270/month to make coverage more affordable in 2015.[25]

Chart 1. Uninsured Rate Trends Among 18 – 34 Year Olds



Source: American Community Survey, 1-Year Estimates 2010-2015

The ACA Improved the Quality of Coverage for Young Adults

In addition to significantly lowering the uninsured rate among young adults, the ACA required individual plans to abide by new standards that improved quality of coverage by curtailing discrimination, limiting out-of-pocket costs, and mandating a baseline of minimum health coverage for plans that are sold on the individual market. Key reforms resulting from those new standards included:

- Ending Discrimination: A prohibition on insurance companies refusing to cover individuals, charging higher rates because of an individual's health status or medical history, or excluding coverage for pre-existing conditions.[26]

- Protection From Out-Of-Pocket Costs: The elimination of annual and lifetime dollar limits on care[27], a cap on consumers' out-of-pocket costs for a year, and minimum standards for how much a plan will pay out for medical services.[28]

- Essential Health Benefits: Mandated benefit requirements, called the "essential health benefits," in the individual and small group market.[29]

Prohibition Against Discrimination For Pre-Existing Conditions

Before provisions in the ACA regulating the individual market took effect, most states allowed insurers to sell health plans that included medical underwriting, which meant that insurers could evaluate an individual's medical history, health status, and other life factors before determining whether to offer that person coverage, the amount of coverage, and the price they would charge. Medical underwriting required a lengthy application that asked an individual questions about their current health, medical history, and family's medical history, and often required an individual to submit authorization that allowed an insurer to access personal medical records at the time of application.[30]

The practice of medical underwriting also meant that people with pre-existing or chronic conditions could be denied coverage completely, or offered a plan that either did not cover services needed for to treat their pre-existing conditions, or was significantly more expensive. In addition to reviewing a person's medical records and pharmacy database information, an individual could have been denied coverage based on their occupation, or based on participation in sports and other recreational activities if that job or activity (e.g., cab drivers, fire fighters) was deemed too hazardous.[31] While it is possible that an insurer might have offered coverage to applicants with serious conditions and dangerous occupations, that coverage would likely cost the person more in the form of premium surcharges or higher deductibles. Still, the coverage could have included stipulations such as an exclusion that denied coverage for a specific named condition.[32]

"I was diagnosed with Type I diabetes when I was 15 months old. For the first decade of my life, I relied on shots to control my blood glucose levels until I was 10 years old and started using an insulin pump. My insulin pump freed me to live like all the other kids and do simple things like go to a friend's birthday party and eat cake -- knowing that my blood sugars would be well-regulated. When I was 20, my pump started breaking. I did my best to hold it together using nail polish, but being uninsured and in my early 20s I couldn't afford the $9,000 replacement out-of-pocket cost. Thanks to the Affordable Care Act, I was able to get and afford coverage that capped my out-of-pocket costs at $500 a year through the Health Insurance Marketplace. This saved me $8,500 on replacing the pump that I need to live a healthy, productive life. If we didn't have the ACA and I had to pay for the replacement out-of-pocket, I would have had to drop out of college and been unable to get my start in life".

– Alyra D., Dresden, Maine

Estimates of how many people have a pre-existing condition vary based on methodology, however even the most restrictive definitions left millions at risk pre-ACA. An analysis conducted by the Department of Health and Human Services in 2011 found up to 129 million people, or 1 in 2 Americans, could have been denied coverage.[33] Young adults were not immune to such discrimination; 35 percent of 18-24 year olds and 46 percent of 25-34 year olds were considered at risk for denial of health insurance due to a pre-existing condition.[34]

The ACA ended pre-existing condition or others forms of discrimination, meaning that after 2014, insurers could no longer factor in health status when determining eligibility for coverage or benefits. Instead, insurers could only use age, geography, and tobacco use as factors to determine plan prices. Ensuring guaranteed coverage for all consumers shopping on the marketplace, regardless of health or medical history, enabled millions of young adults with a pre-existing condition access to health insurance that was previously unattainable.[35]

The ACA's ban on discrimination based on a pre-existing condition also includes civil rights protections prohibiting discrimination in benefits and coverage based on age, race, ethnicity, gender, and disability.[36] Previously, women could be charged more than men for the same coverage, or denied coverage for pregnancy or the possibility of pregnancy, a significant barrier to affordable coverage, as discussed in further detail below. Additionally, final regulations of section 1557, which defined the ACA's nondiscrimination provision, clarified that the law also explicitly protects Transgender consumers from being denied or charge more based on their gender identity, and Lesbian, Gay and Bisexual individuals from discrimination based on sex stereotypes[37]- an important protection given high rates of discrimination young adults in the LGBT community face.[38]

Protections from Out-Of-Pocket Spending

The ACA also includes a variety of methods to protect consumers from high out-of-pocket costs, insulate consumers from rising premium costs, and prevent limitations on benefits. In addition to the premium tax credit that lowers monthly payments, the ACA created cost-sharing reductions (CSRs) to further help low-income individuals manage out-of-pocket costs. A consumer is eligible for CSRs if they have a household income below 250 percent FPL, or about $29,700 for a single individual[39], and choose to enroll in a silver level health plan on the marketplace.[40] The CSRs are designed to lower out-of-pocket costs in the form of lower deductibles, co-pays, and co-insurance. The availability of CSRs is likely a driving factor in why the vast majority (74 percent)of all marketplace consumers enroll in a silver plan.[41] The availability of CSRs offer a huge benefit to uninsured young adults: two-thirds (66 percent) of uninsured young adults 18-34 have incomes below 250% FPL[42], and slightly less than half (43 percent)of all young adults 18-34, regardless of insurance status, have incomes below 250% FPL.[43] CSRs provide these young adults with protection from high out-of-pocket costs and incentivize enrollment in plans with a higher actuarial value, providing stronger protection if they were to utilize a lot of health care services.

The ACA also banned annual and lifetime limitations on benefits in individual plans and for the 155 million Americans on groups plans in 2015[44], meaning insurers could

no longer set a dollar limit that would allow them to stop paying for care. Previously, a consumer could face a dollar limit on the amount a plan would pay out in a given year or over a lifetime of coverage. If a consumer reached that limit, the insurer would stop paying completely, and the consumer would be responsible for the full cost of all future care. Banning this practice serves as a critical guard against medical debt and potential financial ruin due to a catastrophic accident and illness.

Finally, the ACA requires insurers to cap a consumer's total out-of-pocket expenses, known as the out-of-pocket maximum. Now, once a consumer reaches this amount in a given plan year, the insurer must cover the remaining full cost of all in-network care. These limits create stronger financial protection against high out-of-pocket costs and reduce the risk of accruing high medical debt, especially for young adults. Without these protections, even young adults with insurance would still be vulnerable to debilitating debt if they faced a serious illness or catastrophic accident. A 2011 survey conducted by the Commonwealth Fund found that this was the case and showed that 36 percent of 19-29 year olds had problems with medical bills or struggled with medical debt in the past year.[45] While uninsured young adults reported the highest rates of problems with medical debt, of all young adult respondents that reported struggling with medical bills and debt, more than half (52 percent) reported that they had health insurance at the time of accessing care.[46] The survey also found that young adults who struggled with medical debt experienced other financial hardships, such as credit card debt, as a result.[47]

The ACA improve quality of coverage for many young adults, because insurance coverage was not enough to pay for medical care or prevent financial crisis. Elimination of annual and lifetime limits and capping out-of-pocket expenses provided more complete financial security for low-income young adults who may face crippling medical debt without these measures.

Essential Health Benefits

A third way the ACA improved coverage quality for young adults was by mandating that small group and individual plans provide an essential health benefits package with ten categories of health care services. Three of the categories - maternity care, mental health and substance use disorder services, and preventive care - are most utilized by young adults and mean the plans they are able to access are higher quality and more comprehensive.

Maternity Care. Unsurprisingly, 83 percent of first-time mothers are between the ages of 18-34 and rely on prenatal and maternity care.[48] Prior to the ACA, individual plans rarely covered maternity care, with one study finding that only 12 percent of individual plans offered to 30-year-old women included maternity coverage.[49] In fact, pregnancy, or even "contemplating pregnancy," could be considered a pre-existing condition and a reason to deny coverage in the individual market.[50] Of the few plans that included maternity coverage, most had restrictive provisions such as separate maternity coverage deductibles as high as $10,000 or waiting periods before an enrollee could receive maternity coverage.[51] Under the ACA, maternity care is covered by all marketplace plans. In 2011, HHS predicted an estimated 8.7 million women may have gained access to maternity coverage as a result.[52]

Mental Health Care. Mental health care was the number one reason young adults sought health care in 2013[53], with about 7.6 million young adults seeking care for mental health related services.[54] Young adults face increasing rates of substance use and alcohol and tobacco use, all which tend to peak in young adulthood.[55] College campuses report the rise of mental health issues as a growing concern among young adult students.[56] According to the National Alliance on Mental Illness, "64 percent of young adults who are no longer in college are not attending college because of a mental health-related reason."[57]

However, prior to the ACA, mental health coverage was often excluded from health plans. In 2017, only 17 states and the District of Columbia required mental health coverage, and individual plans that did include mental health coverage often included costly surcharges or limited benefits.[58] Under the ACA, all marketplace plans are required to cover mental health care services, such as therapy and antidepressants. This, combined with the existing requirement that insurers must treat mental health services at parity with other types of medical care – means that issuers must include coverage and ensure that its on par with physical health coverage.[59] In other words, limits placed on mental health services (such as a cap on the number of visits to a psychiatrist or copays for mental health visits) cannot be more restrictive than limits applied to non-mental health services, such as medical or surgical services.[60] Mental health parity also applies to Medicaid managed-care plans and the Children's Health Insurance Plans (CHIP).[61]

"Prior to the Affordable Care Act, I'd spent years uninsured and going without critical mental health care services I need to live a full life. As someone who lives with bipolar disorder, being uninsured made it extremely difficult to hold down a job and housing. Thanks to the ACA, I've been able to get covered through Illinois's Medicaid program and am finally getting the therapy I need."

– Israel, P. Chicago, IL

Substance Use Disorder Services. Young adults ages 18-34 are especially at risk for substance use disorders: high levels of binge drinking, drug use, and tobacco use tend to peak in the early young adult years.[62] More recently, the U.S. is facing what has been called the worst drug crisis in history; 2014 saw the most deaths by overdose of any year on record, and 6 in 10 of those deaths involved an opioid.[63] One study found that from 2002 to 2014, prescription opioid use disorders increased 37 percent among 18-25 year olds, and 11 percent among 26-34 year olds.[64] Other studies concluded that because the abuse of prescription drugs often leads to heroin use, some evidence suggests this trend has created a growing population of new heroin users among young people.[65]

The ACA expands access to substance use disorder treatment, particularly in the individual and small group market, through the essential health benefits requirement. Prior to the ACA, about one-third of consumers in the individual market had no access to treatment for substance use disorder.[66] The ACA also improved Medicaid coverage for those with substance use disorders. The law requires state Medicaid programs to cover treatment for substance use disorder, to comply with federal mental health parity laws so that mental and behavioral health services are covered at a comparable level to other services, and provided funding for Medicaid expansion delivery reforms at the

state level to better integrate care for people with substance use disorders.[67] There is evidence that these changes are working in the fight against the opioid epidemic. In states that expanded their Medicaid program, the number of substance use or mental health-related hospitalizations among the uninsured population dropped from 20 percent in 2013 to 5 percent by 2015.[68]

Preventive Services. Preventive services include, among other things, sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, cancer screenings, well-woman visits, depression and alcohol screening, and perhaps most importantly to young women, access to prescription contraception.[69] Access to affordable contraceptives can be life-changing for low-income young women between the ages of 18-24, who are at the highest risk of an unintended pregnancy.[70] However, a survey of American voters found that over half of young women (55 percent) reported not being able to use contraception consistently due to cost.[71] The ACA requires both group plans and individual plans to cover preventive services, and to do so at no additional out-of-pocket cost. Access to contraception at no cost saves women on average $255 per year, improving access and providing critical savings to low-income young women.[72]

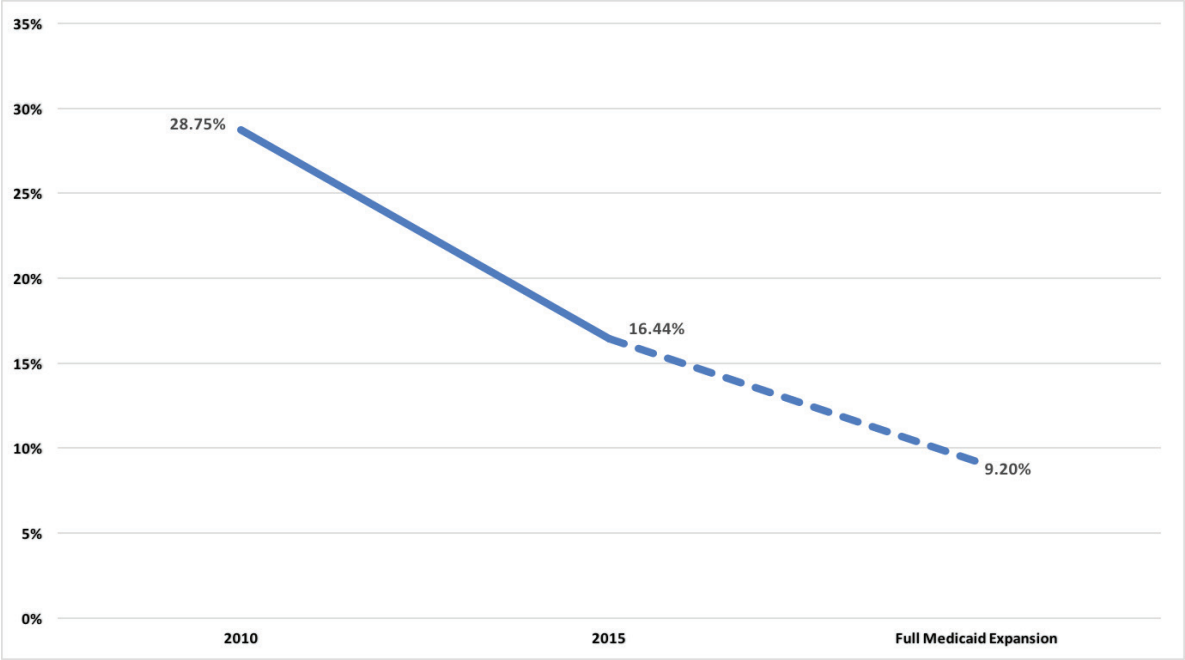
Looking Forward: Closing the Medicaid Coverage Gap Would Help Close the Millennial Coverage Gap

"I used to pay a $90 a month to fill my birth control prescription, but thanks to the Affordable Care Act, preventive care comes at no out-of-pocket cost, saving me nearly $1,100 a year. When you have a big student loan payment every month like I do, this extra $90 every month makes a big difference. Paying for groceries, gas, or the occasional trip to the movies is now less of a burden thanks to the ACA."
– Chessa Rae, J., New Orleans, LA.

Despite the gains in insurance and improved quality of coverage, an additional 4.2 million uninsured young adults still stand to gain coverage under the ACA if all states expanded their Medicaid programs.[73] Of the 8 million young adults who gained coverage since the ACA passed, nearly 4 million gained coverage through the expansion of state Medicaid programs in 32 states and the District of Columbia (see Chart 2). In these states, young adults on Medicaid not only have access to no-cost health insurance, they also benefit from the inclusion of vital services like mental health care, and substance use disorder treatment. Closing the Medicaid coverage gap—by expanding Medicaid programs in all states to cover individuals with incomes up to 138 percent of the federal poverty level—would further reduce the uninsured rate for young adults to 9.2 percent.[74]

For millions of working adults in the 18 states that have declined to expand their Medicaid programs, there are no options for quality, affordable health insurance for low-income people, leaving them in the "coverage gap." For example, a 27-year-old single adult living in Florida making just over the federal poverty line, or just about $12,000 in annual income, would be eligible for a significant premium tax credit of $231 per month, lowering their monthly payment for a silver level plan to just $20 per month.[75] If this same 27-year-old made slightly less, about $11,500 annually, she would fall in the Medicaid coverage gap: she would not qualify for marketplace subsidies (so she'd have to pay the full monthly premium) and Medicaid would not be an option for her.[76]

Chart 2. Estimated Coverage Gains for Young Adults if All States Closed the Medicaid Coverage Gap



Source: Current Population Survey

Expanded Medicaid coverage also provides access and benefits to those buying coverage in the marketplace. Marketplace premiums in 2015 were about 7 percent lower in states that had expanded their Medicaid programs compared to states that chose not to expand.[77] By expanding Medicaid in all states, 4.2 million more young people could gain coverage and states could lower marketplace premiums.[78]

Conclusion

In the past half decade, the uninsured rate for young adults - previously increasing each year in the decade prior to the ACA - has been cut in half, dropping from 29 percent to 16 percent. As a result, Millennials have made more gains in insurance coverage than any other age demographic since the passage of the ACA. The law also ushered in significant new consumer protections, ensuring that as Millennials begin young adulthood, they no longer face a lifetime of discrimination because of their medical history – or their gender or gender identity. Finally, the ACA improved access to comprehensive coverage for millions of young people, requiring plans to include needed services like maternity and prenatal care, mental health care services, prescription drug coverage, and free preventive care. The ACA has established a strong foundation of expanded coverage and quality of care for millions of young adults; lawmakers should build off of this foundation and seek out additional ways to expand accessible, affordable coverage to all Millennials.

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