



Original article

Reproductive Health-Care Utilization of Young Adults Insured as Dependents



Theresa Andrasfay, M.A. *

Office of Population Research, Princeton University, Princeton, New Jersey

Article history: Received June 20, 2017; Accepted November 9, 2017

Keywords: Reproductive health; Dependent coverage expansion; Confidentiality; Young adults; Affordable Care Act; Explanation of benefits

 A B S T R A C T

Purpose: The common practice of sending an explanation of benefits to policyholders may inadvertently disclose sensitive services to the parents of dependents, making confidentiality a potential barrier to reproductive health care. This study compares the reproductive health-care utilization of young adult dependents and young adult policyholders using nationally representative data collected after full implementation of the Affordable Care Act.

Methods: Data from 2,108 young adults aged 18–25 years in the 2015 National Health Interview Survey were analyzed. Logistic regressions predicted utilization of two preventive services (general doctor visit and flu vaccination) and four reproductive health services (HIV testing, obstetrician/gynecologist visit, hormonal contraceptive use, and Pap testing) from the insurance type of the young adult (dependent, privately insured policyholder, or Medicaid).

Results: In unadjusted analyses, young adult dependents had lower utilization of HIV tests than their peers who were privately insured or Medicaid policyholders. Young women dependents had lower utilization of Pap tests than young women on Medicaid. Once controls were included, young adult dependents did not have significantly lower odds of obtaining reproductive health care than privately insured policyholders. Dependent young men still had marginally lower odds of ever having an HIV test (adjusted odds ratio = .65, $p = .08$) and dependent young women still had marginally lower odds of ever having a Pap test (adjusted odds ratio = .58, $p = .06$) than comparable Medicaid policyholders.

Conclusions: Despite confidentiality concerns, young adults insured as dependents have utilization of several reproductive health services similar to that of comparable young adult policyholders.

© 2017 Society for Adolescent Health and Medicine. All rights reserved.

IMPLICATIONS AND CONTRIBUTION

This study finds that young adults insured as dependents on parental insurance plans and their policyholder peers have similar utilization of several reproductive health services, despite the potential for confidentiality breaches that have concerned providers and reproductive health advocates.

The Patient Protection and Affordable Care Act (ACA) of 2010 had significant consequences for young adults and their access to reproductive health care. The proportion of young adults aged 19–25 years who were uninsured fell from over 30% in 2009 to 19% in 2014 because of a combination of dependent coverage

extension, Medicaid expansion, and ACA exchanges [1]. Under the law's extension of dependent coverage, which took effect for new plans beginning in September 2010, young adults can remain on their parents' health insurance plans until their 26th birthday [2]. Before the ACA, insurers could limit dependent eligibility to young adults who were living at home, unmarried, still in school, or claimed as a dependent on a parent's tax return, and insurers could exclude young adults who had insurance offered through an employer.¹

Conflicts of Interest: The authors have no conflicts of interest to disclose.

Disclaimer: The content is solely the responsibility of the author and does not necessarily represent the official views of the National Institutes of Health.

* Address correspondence to: Theresa Andrasfay, M.A., Office of Population Research, Princeton University, 227 Wallace Hall, Princeton, NJ 08544.

E-mail address: theresaa@princeton.edu (T. Andrasfay).

¹ Before January 1, 2014, insurers were not required to cover adult children if they were eligible for their own employer-sponsored insurance plans.

Young adults also benefit from contraceptive services and sexually transmitted infection (STI) screenings without cost sharing as part of the essential benefits provision, which went into effect for new private plans in August 2012 [3]. Despite the removal of previous barriers to access, one remains that could impede access to reproductive health for young adults: confidentiality.

Insurance companies typically send an explanation of benefits (EOB) to the policyholder whenever care is provided under the plan. EOBs typically include the patient name, the provider name, a description or code for the service, amounts paid by the insurance company, and amounts due [4]. About half of states require insurance companies to send EOBs, and many insurance companies send them even when not required [5]. Although this is likely not problematic with most medical services, there is the potential for dependents to have reproductive health services revealed to their parents against their wishes. The Society for Adolescent Health and Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists all endorse reforms of the insurance claims and billing process out of concern that adolescents and young adults will forgo care because of lack of confidentiality [6].

Several studies consider how adolescents or young adults say they would respond to parental notification, but not their actual behavior. When asked how parental notification would influence their use of these services, adolescent girls often respond that they would switch to nonprescription forms of contraception and delay STI services [7,8]. Among sexually active young adults on parental insurance plans, 14% of those aged 18–19 years, 8% of those aged 20–22 years, and 5% of those aged 23–25 years report that they would not seek sexual or reproductive health services because of concerns that their parents would find out [9]. Only a handful of studies have studied the effect of confidentiality on realized care. Interviews with young adults in Massachusetts revealed that some dependents rely on condoms rather than prescription contraceptives to avoid a record being sent to parents [10]. Among sexually active adolescents and young adults who have not been tested for STIs, confidentiality concerns are commonly given as a reason, especially among those financially dependent on parents [11].

The present study seeks to compare the reproductive health-care utilization of young adult dependents and young adult policyholders with nationally representative data collected after full implementation of the ACA. It is hypothesized that if young adults are concerned with confidentiality, dependents are less likely to have obtained reproductive health-care services than young adults not insured through parental plans.

Methods

Data

The present study used data from the 2015 National Health Interview Survey (NHIS) [12]. The NHIS is a nationally representative, cross-sectional sample of the noninstitutionalized adult population in the United States. The 2015 wave is the first NHIS wave after full implementation of the ACA that includes the “Cancer” supplement, which includes information on ever having a Pap test and current use of hormonal contraception. The secondary analysis of these publicly available, deidentified data was exempt from institutional review board approval.

Of the total 33,672 sample adults in the NHIS, the sample was restricted to young adults aged 18–25 years, the age range eli-

gible for dependent coverage ($N = 3,467$). The sample was restricted to young adults who were insured as dependents, private policyholders, or through Medicaid ($N = 2,398$). The question wording in the NHIS does not distinguish whether a married individual living with parents is a dependent on a parent's or a spouse's insurance plan. Because of this limitation, the sample was further restricted to never-married individuals ($N = 2,311$). The sample was restricted to nonproxy cases because the proxy may not know about the individual's utilization of all types of health services ($N = 2,194$). Lastly, the sample was restricted to individuals with complete covariate information, leaving a sample size of 2,075.

Measures

The outcome variables measured health-care utilization. The first two, general doctor visited within the past 12 months and flu vaccination (either a shot or spray) within the past 12 months, captured nonsensitive services. The other four variables represented reproductive services that young adults may want to keep private: ever being tested for HIV, visiting an obstetrician/gynecologist (OB/GYN) in the past 12 months, currently using hormonal contraceptives (including birth control pills, implants, or shots), and ever having a Pap smear. These reproductive health-care services were chosen based on availability in the 2015 NHIS. OB/GYN visits, contraceptive usage, and ever having a Pap test were measured only for women. The number of missing responses ranged from 11 for visiting a general doctor in the past 12 months to 55 for ever being tested for HIV.

If concerns about confidentiality influence young adults' utilization of care, we would expect that dependents have similar utilization of general doctor visits and flu vaccines but significantly less utilization of the sexual and reproductive health services. Of course, these reproductive health services are not equally sensitive. Pap smears are the least sensitive, as they are routinely recommended for women aged 21 years and over regardless of sexual activity. However, young women often confuse Pap tests with STI tests, so they may still avoid this test for confidentiality reasons if they see it as a marker of sexual activity [13–16]. HIV tests are the most sensitive, as they could imply unprotected sex or sex with multiple partners.

The independent variable of interest was dependent status. An individual was classified as a dependent on a parental insurance policy if either (1) he or she lives in the same household as the policyholder and states that the policy is in another family member's name, or (2) he or she resides outside of the policyholder's household and identifies himself or herself as the child of the policyholder.

The covariates included a variety of characteristics that could be associated with health-care utilization and insurance choice. Linear and quadratic terms for age were included because both dependent coverage and concerns about confidentiality become less common with age, and these changes may occur in a non-linear fashion [9]. Gender, race, and ethnicity were included because there was evidence that the expansion of dependent coverage impacted young men more than young women and non-Hispanic whites more than other racial and ethnic groups [17–20]. Several measures of socioeconomic status (SES) were included: whether the individual had health insurance offered through an employer; educational attainment (less than high school, high school, some college, or college); employment status (paid employment, student, or other); and log family income.

Download English Version:

<https://daneshyari.com/en/article/7516669>

Download Persian Version:

<https://daneshyari.com/article/7516669>

[Daneshyari.com](https://daneshyari.com)