

Enrolling the Young Uninsured

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From the outset, enrolling young and healthy adults in health insurance coverage was considered critical to the success of the Affordable Care Act (ACA). In systems where so-called “risk-rating” of insurance premiums is kept to a minimum,¹ inclusion of sufficient numbers of relatively younger and healthier enrollees in the risk pool is key to keeping premiums affordable for all and achieving the desired level of expansion in population insurance coverage.

The Obama Administration understood early on that enrolling young and healthy adults in health insurance coverage would present a significant challenge. Young adults have long been over-represented among the uninsured, with 27 percent of those between the ages of 18 and 34—close to 19 million Americans—uninsured in 2013 (KFF 2013; Postolowski and Newcomer 2013). In policy and media presentations, the population of uninsured young adults was informally dubbed “the young invincibles,” reflecting a view that a sizeable share of this population—and most particularly young men—was disinclined to obtain coverage because they enjoyed relatively good health and perceived their risk of experiencing significant illness or injury requiring costly medical care to be low (Amsden 2007). What would it take to enroll this population in new coverage options? Would those who were relatively young and healthy want to buy insurance coverage if it were made available at an affordable price, or would many prefer to pay a tax penalty? What communications channels, messages, and messengers would be most effective in reaching this population?

While experts had different opinions as to what would suffice to ensure effective functioning of the new insurance marketplaces, the administration set a goal of enrolling 2.7 million people between the ages of 18 and 34 by the close of the first enrollment period on March 31, 2014 (Kliff 2013). Hitting this target would mean that the young adult population would comprise about 40 percent of the 7 million new enrollees that coverage expansion advocates hoped to enroll during the first enrollment period (Kliff 2013).

WHO ARE THE YOUNG UNINSURED?

An initial objective for those working to expand coverage was to learn more about the young uninsured population and the key subgroups of this population who could be targeted in

enrollment outreach, as well as their eligibility for coverage. Work funded by foundations, including The Colorado Trust, The Commonwealth Fund, and The Henry J. Kaiser Family Foundation, helped paint the picture.

The label “young invincibles” turns out to be a misnomer, in terms of how well it characterizes the actual outlook of the young uninsured. Studies show that the vast majority of young people recognize the value of health insurance but believe it to be inaccessible or unaffordable (Colorado Health Institute 2013; Van Ostern and Dixon 2013). Cost and access are, in fact, barriers. Although more than half of uninsured adults under age 35 are employed, only a minority have the option of obtaining coverage through their employers (U.S. Census Bureau 2013; Berk and Fang 2014). In addition, the incomes of more than one-quarter of young uninsured adults are at or below the poverty line (U.S. Census Bureau 2013). In comparison with the young adult population who is insured, the young adult uninsured population is more likely to be Latino or African American and less likely to be enrolled in a four-year college program (U.S. Census Bureau 2013).

In the wake of a 2010 policy change allowing parents to extend coverage to dependents until age 26, the rate of uninsured has become essentially the same in the populations aged 19-to-25 and 26-to-34 (Rampell 2014). Of the 19 million young adults who remain uninsured, close to 8 million would qualify for Medicaid coverage if all states opted to expand eligibility, and another 9 million would qualify for subsidized coverage (Klein 2013). People under age 30, and those 30 and over who meet any of 13 qualifications for a hardship exemption, are eligible to purchase so-called “catastrophic” plans that provide financial protection against the risk of incurring very high medical costs, but with no coverage for costs incurred up to the high deductible (Healthcare.gov 2014).

OUTREACH TO THE YOUNG UNINSURED

Anticipating the enrollment challenges and recognizing the importance of successfully meeting them, many of the groups involved with ACA implementation include a special emphasis on the young uninsured in their work. Groups such as Young Invincibles and Enroll America (see box for list of funders) offer information and support to enrollment initiatives that

¹ Health insurance issuers in the individual and small group markets are allowed to vary premiums based on age (subject to limits), tobacco use (subject to limits), family size, and geography. Insurers are prohibited from using any other factors—such as pre-existing conditions, health status, claims history, duration of coverage, gender, occupation, and small employer size and industry—to adjust premium price. For more information, see [ObamaCare Health Insurance Rules, Regulations and Standards](#).

Enroll America has received support from The Atlantic Philanthropies, The Boston Foundation, California Community Foundation, The California Endowment, California Healthcare Foundation, The Annie E. Casey Foundation, The Nathan Cummings Foundation, Bill and Melinda Gates Foundation, Robert Wood Johnson Foundation, Joyce Foundation, Kauffman Foundation, The Kresge Foundation, Lumina Foundation, The David and Lucile Packard Foundation, Rappaport Family Foundation, The San Francisco Foundation, The Seattle Foundation, and Women's Foundation of California.

Young Invincibles has received support from The California Endowment, Cone Foundation, Ford Foundation, Robert Wood Johnson Foundation, and Kate B. Reynolds Charitable Trust.

focus on young adults. State-specific enrollment collaboratives like the Cover Missouri Coalition, an initiative of the Missouri Foundation for Health, lead and coordinate work to implement youth-targeted programs that are appropriate to the specific state context. Other foundations have financed projects to support outreach and assistance to prospective marketplace users, with emphasis on target populations including young adults. Enroll207, a project of the Maine Health Access Foundation, is an example of the latter.

Enroll America's toolkit for those working to expand coverage to young Americans offers suggestions about messages and messengers, presenting the following three messages that its research suggests will be most effective in reaching the target population (Enroll America 2013):

- If you or a family member gets sick, you will not have to worry about big medical bills or going bankrupt.
- You will be able to find a plan that fits your budget.
- The insurance plan you choose will be there to cover all the care you need.

Effective messengers have been identified as peers (particularly peers who have experienced the process of applying for coverage), family members (especially mothers), and doctors.

Approaches for targeting the young uninsured in outreach campaigns include those that seemed geared toward generating attention through controversy. One Colorado-based campaign based on the well-known "Got Milk?" refrain included controversial spots using alcohol and sex to capture the attention of targeted young adult groups (Whitney 2013). Organizing for Action gained attention with an advertisement featuring a young man in pajamas that encouraged young people to talk about health insurance when visiting family over the holidays (Cillizza 2013).

A number of coverage expansion advocacy groups collabo-

rated in support of National Youth Enrollment Day, held on February 15, 2014, to raise awareness of health insurance coverage enrollment options among young adults. Meanwhile, coverage expansion activists have worked with community colleges to host enrollment events, collaborated on outreach with primary schools' parent liaisons and with public libraries, and targeted service employees in cooperation with their employers (Sand 2014). Benefits Access for College Completion, a three-year initiative funded by the Ford Foundation, The Kresge Foundation, Lumina Foundation, the Open Society Foundations, and The Annie E. Casey Foundation, developed a guide for community college administrators, faculty, and staff members to help inform their students about health coverage options (Postolowski and Newcomer 2013).

LEARNING FROM EXPERIENCE AND LOOKING AHEAD

With days to go until the enrollment deadline, the outlook for achieving initial enrollment targets appears mixed, although it is clear that very significant progress has been made.

Coverage prospects for the young adult population have been greatly affected by state decisions to forego Medicaid expansion. An estimated 4.3 million uninsured young adults with incomes below 138 percent of the federal poverty level live in states that have chosen not to expand Medicaid at this time; these young adults will most likely remain uninsured for the time being, given lack of access to affordable coverage (Dubay et al. 2013).

Of the 3.3 million Americans who signed up for insurance coverage between October 1, 2013, and the end of January 2014, only about 25 percent were between the ages of 18 and 34. This is well below the 40 percent target established by the administration. Based on the experience with coverage expansion in Massachusetts, however, many experts believe that young adults are most likely to be represented among those enrolling in the shadow of the approaching March 31 deadline to obtain coverage. Indeed, the U.S. Department of Health and Human Services (2014) reported that the proportion of young adults who selected a plan through the state-based and federally facilitated marketplaces grew faster in the fourth month of the open enrollment period than in the prior three months.

Whether or not initial targets are fully met, enrolling young adults in health coverage will remain an important objective in the months ahead for policymakers, grantmakers, and advocates working to expand coverage to all Americans. If coverage of young adults falls considerably short of targets, some grantmakers may work to advocate or support policy changes that could help to bring coverage to more young Americans, or to publicize the plight of those caught in a coverage gap due to state decisions regarding Medicaid expansion. Grantmakers are also likely to furnish more resources to outreach and enrollment initiatives, including work to educate and inform potential health coverage enrollees with low insurance literacy.

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