

American Academy
of Pediatrics



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Statement of Margaret J Blythe, MD, FAAP

On behalf of the
American Academy of Pediatrics

Before the Institute of Medicine's
Committee on Preventive Services for Women

[Slide 1]

Good morning. My name is Dr. Margaret Blythe. I first want to thank you for this opportunity to speak this morning on behalf of the American Academy of Pediatrics (AAP) as the Chair of its Committee on Adolescence. The Academy appreciates the opportunity to convey our thoughts and ideas on services for adolescent young women, as your committee faces the enormous task of developing recommendations for comprehensive preventive health care services for women across the lifespan.

The AAP applauds the Committee for recognizing at the outset that your work must include a key set of recommendations for services that address the health of young women. The majority of chronic health conditions and unhealthy behaviors that impact adult health, such as obesity, mental illness, and the use of tobacco, alcohol and other substances, have their roots in childhood and adolescence.

Unhealthy behaviors place adolescents at risk for both immediate and long term poor health outcomes. Yet most teens -- even those enrolled in commercial health insurance plans -- do not receive the clinical preventive health care services that screen for these behaviors and provide the educational messages around their consequences and negative impact on health. Medical and economic literature supports that most preventive health care services are cost-effective, particularly when offered by a trusted provider, in a developmentally-appropriate, culturally appropriate, non-judgmental manner.

[Slide 2]

In November 2010, the Committee had a presentation by Drs. Joseph Hagan and Paula Duncan outlining the document *Bright Futures: Guidelines for Health Supervision of Infants, Children, Adolescents and Young Adults*. This document addresses the current and emerging preventive and health care promotion needs of all children and adolescents. I believe each member of this Committee was provided a copy.

[Slide 3]

At that meeting, Dr. Hagan outlined the ten themes in Bright Futures used in preventive health. Just three weeks ago, the latest draft of the National Prevention Strategy was released and also included ten “strategic directions” for preventive health for all Americans. One can see at a glance there is significant overlap between those two sets of themes and we suggest that your Committee incorporate a similar theme-based approach to its recommendations.

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The Committee is already undoubtedly hard at work surveying the preventive health services that are currently required to be covered under various federal and state laws. You will find that while some coverage is national in scope, other services may only be available to certain groups, such as low-income individuals covered by Medicaid in a particular state or military service members and dependents. The Patient Protection and Affordable Care Act, or ACA, includes a set of critically important provisions that affect adolescent preventive health.

The ACA requires all non-grandfathered health plans to cover, without cost-sharing:

- Preventive services receiving an A or B recommendation from the U.S. Preventive Services Task Force;
- Immunizations recommended by the Advisory Committee on Immunization Practices; and
- For infants, children, and adolescents, the services recommended in the *Bright Futures* guidelines.

Each of these has important implications for adolescents.

[Slides 5, 6]

The U.S. Preventive Services Task Force has issued a range of preventive health service recommendations that apply to adolescents. Some are directed specifically to adolescents, while others are based on conditions or risk factors, such as pregnancy or tobacco use. This slide and the next show all of the Task Force A and B recommendations that either directly or potentially apply to adolescent girls and young women.

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Recommendation 1: The AAP urges the Committee to state in its report that all of these services should be covered by insurers without cost-sharing, regardless of whether they are explicitly stated to be recommended for adolescents.

[Slide 8]

The ACA also requires new insurance plans to cover all ACIP-recommended immunizations. As you can see from this slide, there are four different immunizations recommended for the “tween” years (in yellow), as well as a variety of others that may be administered throughout adolescence on a catch-up basis (in purple and green.) As science progresses, it is likely that an increasing number of vaccines will be available in childhood and adolescence to prevent other infections.

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Recommendation 2: The AAP urges the Committee to affirm that all insurance plans must cover, without cost-sharing, immunizations that are ACIP-recommended. It would be helpful if the Committee’s report also emphasizes that any new vaccines that are ACIP-recommended for adolescents be covered.

[Slide 10]

Finally, the ACA mandates that all new insurance plans cover the services recommended for children in *Bright Futures*. *Bright Futures* defines adolescence as ages 11 through 21. The guidelines for practitioners are divided into three sections: ages 11-14, 15-17, and 18-21. The guidelines vary among these three age groups, particularly with regard to the anticipatory guidance and educational messages recommended.

Bright Futures directs health care providers to deliver a variety of services as part of Health Supervision. These include a comprehensive medical history, a physical examination including assessment of development, screenings (such as for changes in vision) and appropriate immunizations.

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Bright Futures also directs providers to deliver age- and developmentally-appropriate anticipatory guidance on a range of topics from which the provider can select to suit the needs or risk factors of each individual patient. The themes of anticipatory guidance remain the same throughout adolescence, but specific messages may or may not change depending on the patient and his/her environment.

For example, under Violence and Injury Prevention, the provider is reminded to discuss helmet use and bullying with the 11-14 year old; graduated drivers licensing, impaired driving, and dating violence with the 15-17 year old; and impaired driving and interpersonal violence with the 18-21 year old.

The ACA will therefore ensure that, in time, all adolescents will have access to comprehensive health supervision care delivered by providers without cost-sharing.

A critical distinction here must be made. *Bright Futures* represents practice guidelines for health care providers. It is not a package of insurance benefits. Providers are not required to deliver all of the services included in *Bright Futures*; these are guidelines to be tailored to the circumstances and needs of each patient and family.

There are some key services that should be provided to teens without cost-sharing but may or may not be provided by the pediatrician or health care provider. These are included in the next 3 slides.

[Slide 12]

For mental health and substance abuse services, all adolescents should have access to preventive services that assess status of mental health and exposure to tobacco and other substances and the potential need for treatment.

Recommendation 3: Insurance companies should be required to pay for the use and interpretation of screening tools that are validated for use in the adolescent population when used in provider offices.

Recommendation 4: The Committee's report should insist on adequate coverage of mental health and developmentally appropriate substance abuse prevention services and tobacco cessation products.

[Slide 13]

While the Academy supports recommendations for adolescents to delay the onset of sexual activity, some teens will choose not to do so. Health care providers must therefore help teens reduce the risks and negative health consequences associated with sexual behaviors, including unintended pregnancies and sexually transmitted infections (STIs). Currently, the highest rates of sexually transmitted infections reported are in the adolescent and young adult age group. Teen surveys indicate that providing confidentiality is extremely important for adolescents seeking sexual health care. Many adolescents do not seek care to detect and treat STIs because existing provisions in insurance plans do not protect confidential access to health care services. National data indicate that two-thirds of teens graduating from high school have been sexually active and that one out every 4 female adolescents has a sexually transmitted infection. Every state allows minors to access confidential services to screen and treat STIs, yet the most recent Healthcare Effectiveness Data and Information Set (HEDIS) assessing chlamydia screening demonstrates rates of screening are low, particularly for those teens enrolled in commercial plans.

Recommendation 5: We ask the IOM to support and address in its report that both the evaluation and laboratory testing for STIs be included in the preventive health care package without cost-sharing. Currently, private payers (commercial and self-insured plans) cover about two-thirds of youth; in order to eliminate barriers to care, a specific statement also needs to address the elimination of all barriers to appropriate care, including the requirement that Explanations of Benefits (EOBs) be sent by the commercial insurers to the person listed as primary, for visits and laboratory services of others covered on the plan when those EOBs involve certain diagnoses related to reproductive and sexual health.

[Slide 14]

Health care providers must be able to prescribe to their adolescent patients and young adults the method of contraception best for them, including emergency contraception. In my own state of Indiana, girls covered by one of the major commercial plans are limited in their choice of contraceptive methods to only birth control pills until age 18 years of age. The choice of a prescribed contraceptive method by a young woman is determined by many factors, including efficacy, potential side effects, frequency of administration, and even other family members' experiences. The need to make adjustments to the method, including the ability to switch methods, is very important for maintaining adherence.

Recommendation 6: Adolescents and adult women need to have access to the full menu of contraceptive methods without cost-sharing, along with the associated counseling on efficacy, potential side effects and other appropriate education related to sexual health.

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The last recommendation addresses preconception care and maternal care. After puberty, all female adolescents are young women of childbearing age. Given the high teen birth rate in our nation, all adolescent girls (particularly if sexually active) should be counseled on health promotion including good nutrition, use of folic acid supplementation and limiting exposure to tobacco, alcohol and other substances.

The Committee should affirm that pregnant adolescents receive appropriate preventive health care related to maternity. In 2009, our nation had 39 births for every 1,000 girls between the ages of 15 and 19. Clearly, maternal health is a vital aspect of adolescent health.

Recommendation 7: For those sexually active young women considering pregnancy or not using adequate contraceptive protection, preconception counseling should be covered. For those teens and young adults who are pregnant, adequate maternal health services should be available both during the pregnancy and after delivery.

In conclusion, while the Committee's mandate is to develop a package of preventive health services recommended for coverage, it is also important for us all to note that coverage is only one part of the equation. Access, appropriate payment, the availability of a medical home, health disparities, and other factors all help determine whether effective preventive health care is delivered and confers the intended benefit. The AAP recommends that the Committee include in its report a section acknowledging the complexity of the socio-economic environment and its impact on the delivery and receipt of preventive health services.

Thank you, Dr. Rosenstock and Committee members, for this opportunity to speak to you about adolescent preventive health. The American Academy of Pediatrics stands ready to assist you as you develop your recommendations. I will be happy to answer any questions you might have.