



Confidentiality for Adolescents and Young Adults Insured as Dependents

OVERVIEW

Increasing numbers of adolescents and young adults are insured as dependents as a result of a provision of the Affordable Care Act that extends such coverage to age 26. Although the coverage itself is vital, the privacy of their health information may be at risk.

Confidentiality is vital to services beyond reproductive health—substance abuse, tobacco cessation, and mental health treatment, as well as abuse, neglect, and intimate partner violence, and other services should be private and not compromised via billing procedures.

Insurance claim processing procedures vary by state, market, and insurer. While consumers expect and deserve transparency about the costs of services covered by insurers, one of the consequences of this expectation is a potential loss of privacy for insured dependents, particularly for confidential services.

AAP POSITION

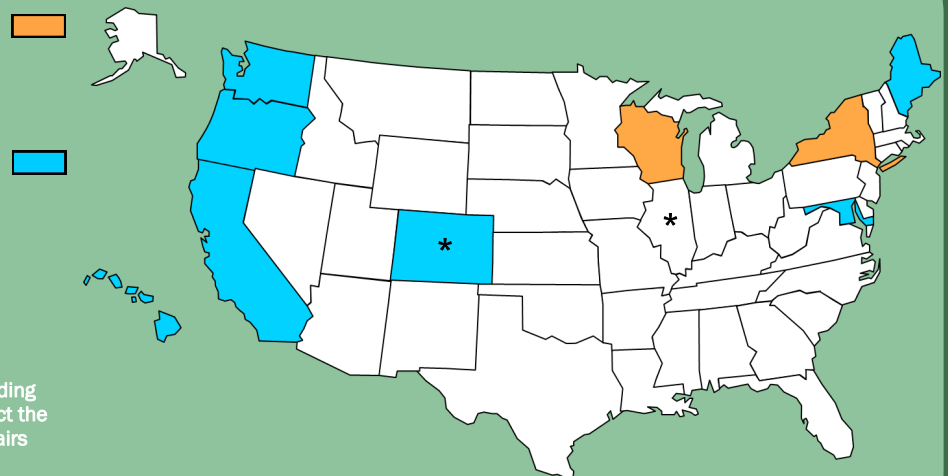
- Confidentiality, both in determining whether youth receive what they need and whether there are opportunities for private patient-physician time during health care visits, is a major factor that affects quality of care for many youth.
- Confidentiality is key to addressing many types of preventive care for adolescents and young adults because fear of disclosure, diagnosis, and treatment may cause them to delay or even avoid needed care.
- State governments should ensure that adolescent confidentiality is preserved and/or protected as electronic health records are implemented more broadly and as new billing procedures are adopted by health insurance plans.

FACTS

- In more than half of states, issuance of an Explanation of Benefits (EOB) is not required or explicitly addressed in state insurance law.
- Nationally, 2/3rds of adults with dependent children have employer based or other private coverage.
- In addition to action by state legislatures, state insurance commissioners can use existing authority or nonbinding agreements with insurers to prevent issuance of an EOB for preventive services where no balance is due, set policies requiring that EOBs are sent directly to the patient seeking care (rather than the policyholder), prohibit issuance of an EOB for screening of sexually transmitted infection (STI), or implement other best practices to preserve patient confidentiality.

PROGRESS

- 2 states—EOB not required if zero balance is due
- 7 states—laws requiring insurers to prevent disclosure of confidential communications*



**Colorado law does not apply to minors who are insured dependents. Illinois requires confidential communications in its Medicaid program, but not for private insurers.*

MORE

- [Joint AAP-SAHM Policy—Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process](http://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Confidentiality-Position-Statement.pdf)—www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Confidentiality-Position-Statement.pdf
- [AAP Policy—Contraception for Adolescents](http://pediatrics.aappublications.org/content/134/4/e1244)—<http://pediatrics.aappublications.org/content/134/4/e1244>
- [AAP Policy—Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth](http://pediatrics.aappublications.org/content/132/1/198)—<http://pediatrics.aappublications.org/content/132/1/198>
- [Confidentiality for Individuals Insured as Dependents: a Review of State Laws and Policies](http://www.guttmacher.org/pubs/confidentiality-review.pdf)—www.guttmacher.org/pubs/confidentiality-review.pdf