



**The Scope of Reproductive Health Care Benefits for Adolescents under the State  
Children's Health Insurance Program**

**American College of Preventive Medicine Position Statement**

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This document presents the official recommendations of the American College of Preventive Medicine (ACPM). The ACPM Board of Regents adopted the statement on October 15, 2003.

## **Summary**

The State Children's Health Insurance Program (SCHIP) provides health insurance coverage to the millions of uninsured children and adolescents from families with incomes above state-set income eligibility ceilings for Medicaid, but at or below 200 percent of the federal poverty level. The statute's broad parameters allow states considerable latitude to set eligibility standards and to design a package of benefits.

The program has the potential to bring critical reproductive health services to millions of low-income adolescents. One of the challenges to SCHIP implementation arises from organizational characteristics unique to each state, including program design. Many states do not provide comprehensive coverage for reproductive health services, family planning, and pregnancy-related services in their SCHIP. Furthermore, the states' SCHIP plans tend to stress program enrollment and access to services but fail to emphasize the content and quality of services adolescents receive once they are enrolled in the program.

In this position paper, the American College of Preventive Medicine provides recommendations for benefit coverage guidelines that states should consider to ensure adolescents' access to comprehensive, coordinated, and high quality reproductive health services under SCHIP.

The College offers the following recommendations, in priority order:

### **Highest Priority**

1. States should provide coverage for prevention, detection, and treatment of sexually transmitted diseases (STDs), including syphilis, gonorrhea, chlamydia, human immunodeficiency virus (HIV), and hepatitis A and B, to all sexually active adolescents enrolled in SCHIP.
2. States should provide coverage for reproductive health assessment—with sexual history, behavioral risk assessment, and prevention counseling—during annual physical examination to all adolescents enrolled in SCHIP.

### **Moderate Priority**

3. States should provide coverage for family planning services and counseling, including pregnancy testing; pregnancy option counseling; prenatal, obstetric and postpartum care; distribution of contraceptive devices and birth control methods; available emergency contraception; and medical and surgical abortions as needed as permitted by law, to all sexually active adolescents enrolled in SCHIP.
4. States should provide coverage for confidential reproductive health care services and information to all adolescents enrolled in SCHIP.

### **Lower Priority**

5. States should have in place an ongoing SCHIP performance evaluation of reproductive preventive care services to study reproductive health outcomes, publish adolescent-specific quality data, and document program progress and effectiveness.
6. States should provide coverage for sexual and reproductive health prevention activities that focus on adult and community involvement and commitment for adolescents enrolled in SCHIP.

## **Introduction**

The State Children's Health Insurance Program (SCHIP) is the result of bipartisan efforts to improve the health of America's children by increasing their access to health insurance. As part of the Balanced Budget Act of 1997, Congress established the Children's Health Insurance Program (Title XXI of the Social Security Act) to provide meaningful health insurance coverage for at least half of the uninsured children and adolescents through age 18 in families with incomes too high to qualify for Medicaid but too low to afford private health insurance.

The creation of SCHIP is one of the most significant moves taken by Congress to reduce the number of uninsured young Americans after the collapse of plans for large-scale health care reform in the early 1990s. It presents an unprecedented opportunity for meeting the complex health care needs faced by low-income, uninsured children and adolescents. Specifically, SCHIP has enormous potential to bring, among other preventive services, critical reproductive health services to millions of low-income adolescents.

## **Significance**

Reproductive health is defined by the World Health Organization as “a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life”; and reproductive health care as “the constellation of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems” (1). Reproductive health encompasses a spectrum of illnesses and conditions. The lack of an overall national definition of reproductive health services has led to modest variations across state programs.

Adolescence is a unique developmental state, distinct from both childhood and adulthood. It is characterized by accelerated growth during which a number of physiological, cognitive, psychosocial, moral and emotional changes occur simultaneously. Adolescents tend to develop risk-taking behaviors, and, consequently, are at high risk for reproductive system-related illnesses and diseases. Conditions that could conceivably be defined as reproductive health problems germane to adolescence are many, including side-effects of contraception, violence related to sexuality and reproduction, morbidities attributed to sexually transmitted infections, stillbirths, and complications during pregnancy from other diseases, such as pre-eclampsia and hepatitis. Although the vast majority of adolescents are healthy by medical standards, many adolescents have reproductive health care needs. Therefore, as adolescents become sexually active, their access to reproductive health services must increase.

Prevention and primary health care services are particularly critical for this population given that the most serious, costly, and widespread adolescent reproductive health problems—unintended pregnancy and sexually transmitted infections—are potentially preventable. Research indicates that resources allocated toward preventive services for adolescents can have significant economic benefits. Specifically, chlamydia screening and teen pregnancy prevention programs have been demonstrated to be cost-effective. Through education, screening, anticipatory guidance, counseling, early intervention, and treatment, preventive care can help to promote and establish health-related habits in adolescents that last a lifetime (2).

In a survey concerning reproductive health services for adolescents, the Alan Guttmacher Institute documented that among 58 SCHIP programs nationwide, 26 covered instruction on natural family planning, 21 covered emergency contraception, and only six covered abortions in broader circumstances. In all state-designed SCHIP programs, less comprehensive coverage was provided. For example, North Carolina, Pennsylvania and West Virginia excluded obstetric care. Two did not cover abortion at the level mandated by Medicaid: Alabama did not cover abortion under any circumstances in its state-designed component, and Utah covered abortion only to preserve the woman's life. Montana and Pennsylvania excluded all forms of contraceptive services. New Hampshire excluded diaphragms, the implant, and IUDs, and Utah excluded the implant.

Of the 58 programs surveyed, 20 required that adolescents be provided with information about coverage for the full range of reproductive health services. Seventeen programs required confidentiality for adolescents before and after receipt of reproductive health care. Forty-one states and the District of Columbia provide outreach materials at middle schools, high schools, and community-based organizations serving adolescents (3).

Thus, for many adolescents, even where reproductive health services are provided, access to quality care is still restricted for various reasons, including lack of timely services, limited hours of operation, confidentiality concerns, or location of services. While health insurance alone does not guarantee that adolescents will receive services that can assure their overall reproductive health, SCHIP can provide systems that are available, affordable, accessible and appropriately adolescent-focused.

### **Specific Recommendations**

As states continue to refine their SCHIP programs, the American College of Preventive Medicine (ACPM) offers the following recommendations for covering reproductive health care services. While ACPM considers all of the recommendations to be important, the College recognizes the broad scope of the recommended actions and the financial difficulties many states are facing. As such, the College has prioritized its recommendations, considering the burden of disease in the adolescent population, the cost benefit of the interventions, and the feasibility of implementation.

#### **Highest Priority**

**1. States should provide coverage for prevention, detection, and treatment of sexually transmitted diseases (STDs), including syphilis, gonorrhea, chlamydia, human immunodeficiency virus (HIV), and hepatitis A and B, to all sexually active adolescents enrolled in SCHIP.**

The U.S. has the highest adolescent STD rate in the industrialized world. Rates of several sexually transmitted infections are higher among adolescents than any other age group, with 3 million adolescents contracting a sexually transmitted infection every year, a rate equivalent to approximately one in eight adolescents aged 13-19, or one in four among those who have had sexual intercourse. Provision of STD detection and treatment services to sexually active adolescents can prevent serious consequences of STD, including pelvic inflammatory disease, cancer, sterility, ectopic pregnancy, birth defects, and others. To effectively reduce the rates of unintended pregnancy and STDs among the nation's adolescents, the availability and

accessibility of reproductive health education and services for both sexes are of critical importance.

**2. States should provide coverage for reproductive health assessment—with sexual history, behavioral risk assessment, and prevention counseling—during annual physical examination to all adolescents enrolled in SCHIP.**

Despite some concerns about the cost-effectiveness, value, and necessity of annual physical examination in adolescents, the College recognizes routine visits as the mainstay of comprehensive and coordinated preventive care for this population (4-8). Annual examinations impart a predictable routine to case identification, counseling, and intervention that are vital to the overall adolescent general and reproductive health.

Adolescents, particularly those engaging in risk-taking behaviors and those with special health care needs, require an array of preventive care, diagnostic, and treatment services. Health care providers must obtain adolescents' sexual history and identify high-risk sexual behaviors, or adolescents at high risk for engaging in such behaviors, in order to effectively intervene. Anticipatory guidance when appropriately delivered to sexually active adolescents on sexuality and responsible sexual decision-making can have important health implications.

**Moderate Priority**

**3. States should provide coverage for family planning services and counseling, including pregnancy testing; pregnancy option counseling; prenatal, obstetric, and postpartum care; distribution of contraceptive devices and birth control methods; available emergency contraception; and medical and surgical abortions as needed as permitted by law, to all sexually active adolescents enrolled in SCHIP.**

Appropriate pregnancy option counseling and follow-up should be offered to adolescents who test positive for pregnancy. Equally important is the appropriate counseling and follow-up for adolescent women who have a negative pregnancy test so that they do not become part of the population of adolescents with an unplanned pregnancy. With proper counseling, there will be less medical, psychological, and social repercussions associated with the reproductive process, which can have significant negative consequences for mother and child (9). Thus, SCHIP recipients must be free to choose the method of family planning to be used. Research has shown that the provision of contraceptives along with a strong educational component can effectively increase contraceptive use and decrease pregnancy rates in adolescents (10).

Adequate prenatal care for adolescent pregnant women can reduce the incidence of low birth weight and neonatal mortality. Despite substantial evidence linking improved pregnancy outcomes with receipt of prenatal care, adolescents as a group continue to receive inadequate or less than adequate care (11). An integral part of pregnancy-related care is postpartum care for complications ranging from infection to postpartum depression, for preexisting conditions and those induced by the pregnancy, such as diabetes or hypertension, and for counseling on breastfeeding and further family planning, among others.

Unplanned and unwanted pregnancies constitute a serious public health responsibility. Emergency contraception is an effective strategy for reducing the rate of unplanned pregnancies. At the present time, it appears that emergency contraceptive options are underutilized because of a lack of patient awareness. Better knowledge, information, and accessibility of this form of contraception can improve its utilization, especially among adolescents who place themselves in at-risk situations (12).

While abortions are not considered family planning services under Medicaid, the program requires coverage of abortion services when necessary to save the life of the mother or to end a pregnancy caused by rape or incest. Some states have used state-only funds to make this service available in other circumstances. Separately, the statute allows federal payment for abortion services under state-designed SCHIP plans with similar restriction. Nonetheless, access to safe abortion and access to treatment for abortion-related complications are important for overall reproductive health.

#### **4. States should provide coverage for confidential reproductive health care services and information to all adolescents enrolled in SCHIP.**

There is an important link between adolescents' perception of confidentiality and use of health care services and information. Because adolescents' health risks lie largely in potential risks from health-related behaviors, confidentiality in health care may be one of the most important factors that affect adolescents' decision to disclose and discuss risky behaviors, and ultimately to seek and use health care services (13).

Most sexually active adolescents would agree only to confidential STD testing (14). Many health care facilities, however, require the consent of parents or spouses, or may be forbidden by law to provide services to adolescents. Sexually active adolescents who refuse STD testing because of privacy concerns place themselves at risk of complications from undiagnosed infections, and limit the potential of screening programs to reduce STD rates.

#### **Lower Priority**

#### **5: States should have in place an ongoing SCHIP performance evaluation of reproductive preventive care services to study reproductive health outcomes, publish adolescent-specific quality data, and document program progress and effectiveness.**

Since implementation of SCHIP, reproductive health outcome and process measures have not been addressed. It is important to acquire knowledge about whether SCHIP, a federal-state-funded health insurance program, is improving reproductive health care for low-income adolescents. An ongoing program evaluation is also crucial for prevention research and quality improvement (15). The evaluation needs to focus not only on specific reproductive health outcomes, but also on changes in access to care, utilization of services, quality of care, and health status associated with the availability of affordable health insurance for adolescents.

#### **6. States should provide coverage for sexual and reproductive health prevention activities that focus on adult and community involvement and commitment for adolescents enrolled in SCHIP.**

Family, school, and community contexts are important in reducing adolescent risk behaviors and increasing protective behaviors to prevent STDs and unintended pregnancy. A major goal of SCHIP is to improve access to health care. As states continue their efforts to design systems of reproductive health care for adolescents under their SCHIP program, school-community linkage activities that serve to promote sexual and reproductive health should be integrated into the SCHIP delivery system. Not only do these activities impact on SCHIP enrollment and outreach, they also enhance the utilization of comprehensive reproductive health services.

Anticipatory guidance offered in community family planning clinics is effective in reducing health-compromising behaviors (16). Safer Choices, a school-based HIV, other STD, and pregnancy prevention program for high school youth, was effective in decreasing unprotected intercourse, and increasing the use of condoms among those students who have sex (17). Collaboration in today's health care environment may prove to be the ultimate means to improve the reproductive health of adolescents (18-20).

## **Conclusion**

Adolescents have health care needs that are specific to their age and developmental status. Many of the sources of mortality and morbidity in this age group are related directly or indirectly to risk behaviors that have their onset during adolescence. All of the primary causes of reproductive system-related morbidity are potentially preventable. The SCHIP provides an opportunity for these adolescents to obtain coverage for reproductive health care. Many other professional organizations, including the American Academy of Family Practice (AAFP), the American Academy of Pediatrics (AAP), and the Society for Adolescent Medicine (SAM) have all made recommendations similar to those made by the ACPM. Although all have made the recommendation that abstinence should be promoted as the best form of contraception, they also agree that more comprehensive and complete reproductive health care must be made available for the adolescent (21-23).

There is considerable variation among states in benefit packages, depending on the design of the program. Until Congress can establish a legal entitlement to comprehensive reproductive health package for SCHIP recipients nationwide, the College believes that there is a need for states to identify priorities in reproductive health care services. In this policy paper, the College has defined priorities for a benefits package relating to reproductive health care for all adolescents enrolled in SCHIP. The guidelines are developed with the aim to provide a framework for facilitating states' SCHIP participation in improving the reproductive health status of our nation's adolescent population.

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