

Young adults' privacy potentially jeopardized by insurance plans

July 11 2014, by Juliana Bunim

Violations of privacy are increasing as more adolescents and young adults gain coverage on their parents' health insurance plans, according to a new health policy report from UC San Francisco.

Under the Affordable Care Act (ACA), adult children now can stay on their parents' health insurance plans until they reach age 26. But because they are dependents on their parents' health insurance, they are not afforded the same confidentiality protections as if they had individual plans.

The June 2014 policy paper, *Protecting Adolescent Confidentiality Under Health Care Reform*, was published by the UCSF Philip R. Lee Institute for Health Policy Studies, with funding from Atlantic Philanthropies.

As of March 2013, an estimated 15 million [young adults](#) ages 19 to 25 were included on their parents' health insurance plans, according to the report. Of these, about 7.8 million would not have been able to enroll in health insurance prior to the ACA.

Health insurance plans automatically and routinely send communications, called Explanation of Benefits (EOBs), that among other things help policyholders manage items like deductibles and out-of-pocket expenses. However, the practice of sending EOBs to the primary policyholder threatens the confidentiality of dependents seeking services because these EOBs include private information including type of

service, date and provider, according to the authors. The issue of disclosing private medical information for dependents, regardless of age, is especially acute when they are seeking sensitive services such as sexual and reproductive health, mental health and substance use treatment under the primary policyholder's plan.

"Adolescence is a unique time in life because they are transitioning to adulthood, learning how to navigate the health care system and are taking greater responsibility for their own health," said lead author Kathleen Tebb, PhD, assistant professor of pediatrics, in the Division of Adolescent and Young Adult Medicine at UCSF Benioff Children's Hospital San Francisco. "Their engagement and access to health care, particularly preventive care, is essential for long term health outcomes. When you can't protect confidentiality many adolescents, especially those most vulnerable, will forego the care they really need, like mental health services and sexual health services."

In the report, the authors interviewed 31 [health care](#) administrators, [health policy](#) experts, adolescent health clinicians, advocates and representatives from [health plans](#) to participate in individual telephone interviews. They were asked several questions about the extent to which EOBs have the potential to threaten confidentiality for adolescents and young adults.

The researchers concluded that the early phases of ACA implementation present a unique opportunity to address this issue. The researchers' paper proposes some solutions, but due to the complexity no single strategy emerged as the clear answer. The report presents the pros and cons of a number of different strategies.

"The conflict between consumer protection and confidentiality must be resolved," said Claire Brindis, DrPH, senior author and director of the UCSF Philip R. Lee Institute for Health Policy Studies. "Patients should

be able to access confidential care, including for [mental health](#), while assuring that health insurance companies are also held accountable."

California is at the forefront of identifying potential solutions to reconcile the need for health insurance plans to communicate how their benefits are being used, while also assuring patient access to sensitive services. In 2013, California Governor Jerry Brown signed Senate Bill (SB) 138, which allows patients to request confidential communications from health plans.

"The law's success, which takes effect January 1, 2015, will hinge on how it is implemented in the field," said Tebb. "Patients need to know and understand that they can request confidential communications, and systems need to be in place to make it easy for patients to understand and exercise their new rights in order to improve the unintended consequences from ongoing confidentiality breaches with EOBs."

More information: The policy paper is available online: [nahic.ucsf.edu/wp-content/uplo... licy-Brief_FINAL.pdf](http://nahic.ucsf.edu/wp-content/uploads/2014/07/Policy-Brief_FINAL.pdf)

Provided by University of California, San Francisco

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