



## College Health and National Health Care Reform

The American College Health Association (ACHA) applauds the commitment to reform our nation's health care system which is long overdue for meaningful change that will reduce costs, provide and expand affordable access to services, improve quality, and preserve the individual patient's choice. Adults ages 19 to 29 are the fastest growing age group among people who lack health insurance in the United States.<sup>1</sup> A recent GAO report estimates that 20% of college students are uninsured<sup>2</sup>. Therefore, it is important that **the context of the college health setting is also considered** as policymakers deliberate on the many complex issues involved in reforming our national health care system.

ACHA is the principal advocate and leadership organization for college and university health. As the policy debates ensue and focus on the likely elements of a national health care reform plan<sup>3</sup>: 1) *Lowering Costs*; 2) *Providing Affordable, Accessible Health Insurance Coverage*; and, 3) *Promoting Prevention and Strengthening Public Health*, ACHA offers the following views on some of the likely components of that plan from the perspective of its members who provide clinical services, mental health services, health education programs, wellness and prevention services, and health administrative/support services for the nation's nearly 18 million<sup>4</sup> college students.

Since the details of a Health Care Reform plan (from the President, the Congress, or both) have yet to be announced, ACHA's comments are keyed to the three major elements and selected components of the original Obama-Biden plan:

### **LOWER COSTS TO MAKE THE HEALTH CARE SYSTEM WORK FOR PEOPLE AND BUSINESSES**

#### *Invest in Electronic Health Information Technology Systems*

- Enhanced technological capabilities for student health centers will facilitate their data collection, sharing, and reporting, thus 1) supporting outcomes measurement, 2) reducing errors in care, and 3) enhancing efficiency in student health center operations. Inclusion of college health in implementation of the Electronic Health Record will be critical to assuring continuity of quality care.
- **POLICY CONCERN:** In establishing standardized requirements for systems, it is important that the ambulatory care student health centers be considered and supported in the design requirements.



- **POLICY CONCERN:** The college health setting is a diverse landscape; there is not one model; there is no “one size fits all” approach. There must be implementing provisions for the Electronic Health Record that make sense for large, multi-provider settings, as well as small, single provider operations with more limited resources. There will need to be resource support provided to institutions of higher education specifically to implement the Electronic Health Record and support their role in the larger standardized health information technology system.
- **POLICY CONCERN:** In any implementing provisions for standardized health information technology systems in general, and the Electronic Health Record in particular, there must be an emphasis on patients’ privacy rights. In this information technology age, news reports abound with instances of compromised data systems. Loss of patient privacy and lack of confidence in the protection of the diagnostic and treatment information of patients, particularly those illnesses or conditions that may be embarrassing or stigmatized, could dissuade those needing treatment from seeking it. Protection of patient privacy is paramount to support early interventions.

*Ensure Providers Deliver Quality Care:  
Comparative Effectiveness Reviews and Research*

- **POLICY CONCERN:** College health (student health centers) can evolve in the future to provide important census and epidemiologic data which documents utilization of services and diagnostic trends. There must be funding assistance to help achieve this.
- **POLICY CONCERN:** While ACHA acknowledges the potential value of comparative effectiveness analysis and reporting to identify best practices and thereby help to control costs, we caution that using these data as the sole determinant for allowable (reimbursable) tests/procedures and treatment regimens will infringe on providers’ professional judgment and patients’ choice. There are ethical and moral issues especially, when the illness/injury is severe and threatens loss of life or limb.

**AFFORDABLE, ACCESSIBLE COVERAGE OPTIONS FOR ALL**

*Guaranteed Eligibility*

- Guaranteed eligibility, eliminating “cherry-picking,” and requiring insurance companies to cover pre-existing conditions will help to reduce the number of uninsured college students.



*New Affordable, Accessible Health Insurance Options*

- Universal insurance coverage for all Americans greatly facilitates our ability to provide care to students. The ability to enroll in either a new *public plan* or other private plans that are standards-based for quality and efficiency will also expand the likelihood that all college students will be covered in one form or another with comparable (and comprehensive) benefits.
- **POLICY CONCERN:** In crafting the standards/requirements for comprehensive coverage, policymakers should ensure that they include the scope of coverage as delineated in "Standard II" of ACHA's Guidelines Statement: *Standards for Student Health Insurance/Benefits Programs* ([http://www.acha.org/info\\_resources/stu\\_health\\_ins.pdf](http://www.acha.org/info_resources/stu_health_ins.pdf)).
  - Coverage for students and dependents of covered students (including children, spouses, and domestic partners) must be provided for:
    - clinical services
    - preventive health services, including:
      - vaccines
      - smoking cessation
      - addiction treatment
      - screenings for HIV and other STIs
    - catastrophic illness/injury
    - prescription drugs (including psychotropic medications)
    - mental health services
    - reproductive health services
    - maternity care
  - Continuity of coverage for students requiring a medically-necessary leave of absence is also a key coverage feature.
- **POLICY CONCERN:** The new *public plan* and the private plans that might be regulated by a National Health Insurance Exchange must have the simplified paperwork/mechanisms for student health center participation, provider credentialing, and claims collection. If coverage for students under these plans will be portable, then credentialing of providers should be simplified and universal to all plans under the exchange. Otherwise student health centers will be burdened with the administrative requirements of multiple insurers and new insurers as students enroll or transfer bringing their portable coverage with them.



### *Expanded Coverage of Children*

- **POLICY CONCERN:** Expanding the options for young adults to be covered would be welcomed. The ability to retain fulltime college students' coverage, via their parents' plans, up to age 25 (instead of age 23) would be beneficial and ensure our ability to provide compensated care for these students, especially as more of them take longer to complete their coursework. Some consideration should also be given to providing this coverage for part-time students as well.

## **PROMOTING PREVENTION AND STRENGTHENING PUBLIC HEALTH**

### *School Systems*

- ACHA welcomes additional emphasis on promoting prevention and wellness and strengthening public health, and stands willing to provide leadership in these areas.
  - College health has long functioned as a local public health model supporting the campus community.
  - College health has long embodied an integrated, multidisciplinary approach to prevention programs and the provision of care.
  - College health's historical emphasis on disease prevention and health promotion (e.g. pre-entrance vaccinations; health education on a variety of subjects -- alcohol and other substance use/abuse, tobacco, sexually transmitted infections, diet, weight, body image, and fitness/exercise; and, mental health education and prevention efforts), as well as its surveillance through data collection and reporting, makes student health centers well-suited to leverage their experience in furthering prevention and public health under a national health care reform plan, given the appropriate additional resourcing.
- **POLICY CONCERN:** Any focus on "*school systems*" (generically) must also mean and include the realm of postsecondary education (our colleges and universities) and the role of the student health centers serving campuses.
- **POLICY CONCERN:** Inclusion of grant support for any "*school-based*" health screening programs, clinical services, and educational programs must not be limited to the K-12 setting. The postsecondary subpopulation of 18 million is substantial and warrants inclusion of such grant support in any national reform plan.



### *Individuals and Families*

- ACHA likewise welcomes the focus on *healthy environments* and their role in influencing individuals' healthy choices and behaviors. This is entirely consistent with how student health centers interact throughout the campus community to promote health and wellness.
- **POLICY CONCERN:** Any focus on increasing funding to expand community based preventive interventions must also include *college and university communities* as well.
- **POLICY CONCERN:** While policy planners may call for comparative effectiveness reviews and research, presumably focused on clinical care modalities and new technologies, there remains a continuing need to collect and analyze data regarding college students' health and health behaviors. ACHA has a substantial history of success in this regard through its ACHA-National College Health Assessment<sup>5</sup>, a survey instrument which it has used to collect health and health behavior data from over ½ million college students (over 800 institutional data sets) over the last ten years. It would be nationally beneficial and entirely consistent with the intent to promote and strengthen prevention and public health if there were funding provisions that would enable experienced organizations, like ACHA, to conduct randomized national surveys, thereby contributing further to the understanding of the health of the college sub-population and the effectiveness of prevention measures.

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<sup>1</sup> S. R. Collins, *Rising Numbers of Uninsured Young Adults: Causes, Consequences, and New Policies*, Invited Testimony, Subcommittee on Federal Workforce, Postal Service, and the District of Columbia Committee on Oversight and Government Reform, United States House of Representatives Hearing on "Providing Health Insurance to Young Adults Enrolled as Dependents in FEHBP," April 29, 2008.

<http://www.commonwealthfund.org/Content/Publications/Testimonies/2008/Apr/Testimony---Rising-Numbers-of-Uninsured-Young-Adults--Causes--Consequences--and-New-Policies.aspx>

<sup>2</sup> GAO Report (GAO-08-389), *Health Insurance: Most College Students Are Covered through Employer-Sponsored Plans, and Some Colleges and States Are Taking Steps to Increase Coverage*, March 2008.

<sup>3</sup> See *Barack Obama and Joe Biden's Plan to Lower Health Care Costs and Ensure Affordable, Accessible Health Coverage for All*, <http://www.barackobama.com/pdf/issues/HealthCareFullPlan.pdf>.

<sup>4</sup> "The Chronicle Almanac: The Nation," *The Chronicle of Higher Education*, April 29, 2008, p.3.

<sup>5</sup> See ACHA-NCHA website, <http://www.acha-ncha.org>.