

The Reproductive Health of Young Adults: Research-Based Policy Recommendations for Executive and Legislative Officials in 2017

Between the ages of 18 and 25, young men and women navigate the transition to adulthood, which can include post-secondary education, employment, marriage, and childbearing. As these decisions have lifelong implications for individuals and their families, the capacity of communities to support the reproductive health of our nation's young adults merits continued federal attention from Congress and President-Elect Trump's administration.

State of research

While young adults in the U.S. are generally very healthy with low rates of chronic disease, they bear the disproportionate burden of two significant reproductive health challenges: unintended pregnancy and sexually transmitted infections (STIs). Of pregnancies to women aged 20 to 24, 59 percent are [unintended](#). STIs, meanwhile, are at an unprecedentedly high level and are also concentrated among our youth. In 2015, two thirds of all reported cases of chlamydia, and just over half of all reported cases of gonorrhea, were to youth [less than 25 years old](#). This is the case despite the fact that they only make up one quarter of the sexually active population. Many youth are [unaware they are infected](#) because STIs often have no symptoms.

The costs of STIs and unintended pregnancy—to individuals and to society—are substantial. Untreated STIs can lead to serious long-term health consequences, including infertility and even death. The estimated cost of STIs to the U.S. health care system is nearly \$16 billion per year. Women with an unintended birth, and their children, are at increased risk for a range of negative health and behavioral outcomes as well. In 2010, estimates suggest that unintended pregnancies cost federal and state governments around [\\$21 billion](#). If the U.S. had not



publicly funded family planning efforts, this cost would have been an estimated 75 percent higher.

State of the field

High-quality reproductive health care is essential to combating the high rates of unintended pregnancy and STIs among young adults. However, a critical barrier to young adults' access to reproductive health care—which can occur in family planning clinics, health clinics, and private doctors' offices—is a lack of health insurance. Historically, young adults have had the [lowest levels of insurance coverage](#)—in 2010, 32 percent of 18- to 24-year-olds did not have health insurance. Since that time, [6.1 million young](#)

adults have gained insurance coverage. Much of this improvement is due to [new rules](#), under the Patient Protection and Affordable Care Act (PPACA), which allow some youth up to age 26 to get coverage through their parent's health insurance (2.3 million), while other youth can enroll directly in subsidized Marketplace plans (3.8 million). Yet, as of the first 3 months of 2016, [14 percent of young adults aged 19 to 25](#) did not have health insurance, indicating that there is still room for improvement.

The field has also made recent strides to ensure that young adults entering the health care system receive care that directly addresses unintended pregnancy and STIs. This includes counseling and testing for STIs as well as explicit discussions about future childbearing plans. However, who receives these services, and how often, varies dramatically. For example, health insurance plans must only cover testing for STIs for young adults considered at [high risk, and more than half of state and local programs](#) that provide testing and treatment for STIs have had budget cuts. Additionally, many insurance companies [do not reimburse providers](#) an amount that reflects the actual cost of the care provided.

Access to affordable, highly effective contraceptive methods has improved in recent years and most insurance plans now cover some forms of birth control. Women who use highly effective birth control methods correctly and consistently [have a low risk](#) of having an unintended pregnancy. And when birth control is free or low-cost, they are more likely to use it. [Research](#) has found that young women who are provided contraception at no cost and educated about the benefits of long acting reversible contraceptive methods had rates of pregnancy, birth, and abortion that were much lower than the national averages. However, barriers to accessing contraception remain. Many insurance companies only allow coverage for a 1- or 3-month supply of birth control pills, even as [research shows](#) that increasing the number of pill packs supplied to women may lead to more consistent contraceptive use and lower the risk unintended pregnancy by 30 percent. But some [states have pushed](#) for greater access: Oregon and the District of Columbia now require insurance plans to cover a yearlong supply of oral contraceptive pills. California and Oregon have also passed laws that allow pharmacists to prescribe contraception. Oregon's law allows pharmacists to prescribe oral contraceptives and contraceptive patches to women who are 18 or older.

Our recommendations

- 1. Ensure and expand young adults' access to affordable, high quality health insurance.** This could be done by continuing to allow young adults to have insurance through their parent's plans, keeping coverage for young adults with preexisting conditions, and increasing the funding for community health centers, which will hopefully help expand access to both low-income and rural communities.
- 2. Continue to encourage insurance providers to cover comprehensive yearly exams for men and women.** These should provide STI testing and treatment for all young adults, not just young adults at high risk. Additionally, they should include conversations about future childbearing plans.
- 3. Remove cost barriers to highly effective contraception, including long acting reversible contraceptives (LARCs).** Many barriers are administrative in nature. Also, insurance providers often [do not reimburse patients](#) for the full cost of the contraception, and there are barriers, [like cost](#), to health care providers that limit their ability to maintain an adequate stock of contraceptives.
- 4. Improve access to effective contraception, including the pill, at the pharmacy.** Encourage states to make contraception readily available to young adults at the pharmacy. Such efforts should include allowing pharmacists to write prescriptions to women who are 18 or older.

For a list of sources used to develop this brief, go to <http://www.childtrends.org/research-based-policy-recommendations-2017/>