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Commentary

Health, Safety, and Well-Being of Adolescents and Young Adults in the United States: What Is at Stake Beyond 2021?

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Policy opportunities exist in the U.S. to pursue initiatives that can help protect young people [1–4]. This commentary explores the terrain of what is at stake for the health, safety, and well-being of adolescents and young adults (AYAs) in 2021 and beyond. First, we place AYA health within a broad context, exploring the overarching current challenges of COVID-19, systemic racism, and climate change along with the role of social determinants of health (SDHs) in overcoming these challenges and achieving health equity. Next, we focus on three critical areas of ongoing concern for the health of AYAs and discuss past developments and emerging issues in health policies related to health insurance, family planning and abortion, confidentiality, and technology. We identify key policy options to improve the health, safety, and well-being of AYAs. Finally, this commentary challenges policymakers, healthcare professionals, advocates, and young people to collaborate in bringing the needs of AYAs to the forefront in policy development and implementation.

Broad Context and Overarching Challenges for Adolescent and Young Adult Health

The COVID-19 pandemic not only has ongoing direct effects on health, but also has profoundly altered educational experiences, harmed mental health, increased housing instability, caused job loss, and created social isolation. Heightened recognition of systemic racism has starkly emphasized long-standing disparities that often fall most heavily on young people of color in many domains also affected by the pandemic, including access to health care and technology. The effects of climate change are felt already and also pose looming threats for the future health and safety of young people, with the greatest threats for AYAs of color. These challenges together have been characterized as a "triple existential threat" [5]. Understanding the full impact of these three challenges is essential for formulating effective immediate and longer term responses.

COVID-19

The eventual impact of COVID-19 on AYAs was not immediately clear in the earliest days of the pandemic in 2020. Soon, however, increasing numbers of cases were reported among young adults, including many cases of asymptomatic or mild infection but also more serious symptoms, organ damage, and concerns about "long covid" [6–10]. Transmission was increasing both within settings such as colleges and universities and in surrounding communities [6]. Risks were also heightened for vulnerable populations of AYAs, such as those experiencing homelessness or in settings such as juvenile justice or immigration detention facilities [11–14].

Harms of the pandemic for AYAs have extended far beyond direct health effects. Many young adults lost jobs—in restaurants and bars, retail, arts, entertainment, hospitality, and tourism—while young essential workers experienced high risks of exposure—in hospitals, grocery stores, farms, and meatpacking plants [15–18]. The adverse educational impact of COVID-19 fell heavily on AYAs who were abruptly relegated to remote learning for a year or longer, dramatically slowing their educational progress or excluding them entirely due to logistical challenges or technological limitations [19,20].

In the U.S., the availability of effective vaccines and rising vaccination rates in early 2021 were associated with declines in COVID-19 cases, hospitalizations, and deaths, offering potential for improved educational and employment opportunities for AYAs [21]. After an initial focus on vaccinating healthcare workers and the elderly, by the spring of 2021 vaccines were more widely available to young adults and soon were approved for younger adolescents [22–24]. Access limitations, vaccine hesitancy, logistical impediments, and resistance among some

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parents to vaccinating their children all complicate the rollout of vaccines to AYAs [25–27]. As of mid-2021, vaccination among young people under age 30 lagged behind the rates in older adults [28,29]. At the same time, increases in hospitalizations among adolescents were observed, highlighting the importance of vaccine outreach and uptake in the adolescent and young adult age groups [30]. As the Delta variant spreads throughout the U.S. in the summer of 2021, the threats of COVID for young people and the importance of vaccination in this age group increased further [31]. Ultimately, the effects of COVID-19 on young people will be felt long after new cases and hospitalizations have dropped, with some who had been infected experiencing "long COVID"; the pandemic may turn out to have been an adverse childhood event (ACE) for this entire generation.

Overall, the burdens of the pandemic for AYAs fell most heavily on young people of color, both manifesting and exacerbating pre-existing racial disparities in health, education, and employment. The burdens included not only the rates of COVID-19 cases and the challenges in accessing testing, treatment, and vaccination, but also the simultaneous indirect effects of the pandemic on the mental health, substance use, and sexual and reproductive health (SRH) of AYAs.

Systemic racism

Disparities in health and healthcare access and quality have been extensively documented [32–35]. Racial disparities have been particularly acute, with severe adverse outcomes for Black, Indigenous, and People of Color (BIPOC) and Asian American and Pacific Islander (AAPI) communities [36,37]. Each group of young people of color experiences discrimination in some distinct ways but collectively BIPOC and AAPI AYAs are marginalized and suffer the effects of conscious and unconscious bias.

The Centers for Disease Control and Prevention has declared systemic racism to be a public health emergency [38,39]. Racism is a key driver of health inequity with profound negative effects on physical and mental health, including higher rates of illness and death for racial and ethnic minority groups compared to white counterparts [33]. Most recently, COVID-19's disproportionate impact on racial and ethnic minority populations has heightened awareness of longstanding inequities in health and health care [33,40]. These inequities are heavily influenced by social determinants and must be understood through a socioecological lens [39,41]. Racism itself has been identified as a core SDH [34]. The overwhelming impact of racism is compounded by other forms of discrimination based on ethnicity, nationality, gender, age, and sexual identity, underscoring the importance of the multiple intersecting identities of young people.

Ultimately, reversing the deleterious effects of racism for the health of young people will require addressing its structural manifestations not only in the healthcare system but in all systems affecting AYAs in which longstanding discrimination has been rampant: education, housing, juvenile and criminal justice, immigration, and employment. Recognizing the multiple dimensions of racism—which have been characterized as institutionalized, personally mediated, and internalized—is a necessary but not sufficient step in mitigating the severe adverse impact of racism on the health, safety, and well-being of AYAs and working toward greater health equity for this age group [42,43].

Climate change

In 2021 alone, the effects of climate change have been experienced in communities throughout the U.S. and the world with increasing numbers of severe storms, fires, floods, and excessive heatwaves. Each of these disruptive events is harmful to the health and physical safety of the young people who are directly affected, but also has indirect and long-term effects on their physical and mental health and well-being through housing destruction, job loss, and educational disruption [44]. Additionally, young people are experiencing increasing anxiety about their own long-term safety, quality of life, and survival as well as loss of biodiversity and the survival of the planet [45].

As with COVID-19, many of the burdens of climate change are falling most heavily on people of color and will continue to do so [46–48]. The escalating harmful effects of climate change are layered on top of the already pernicious health harms associated with long known and recently revealed forms of pollution of the air, water, and soil. The environmental justice movement has starkly highlighted the correlation between environmental and climate-related harms, low-income communities, and communities of color. Along with racism, the adverse impacts of environmental conditions are key SDHs.

Role of Social Determinants in Overcoming Challenges and Achieving Health Equity

Two decades ago, "The Adverse Childhood Experiences (ACE) Study" found relationships between the childhood traumas associated with exposure to abuse and household dysfunction and major causes of death in adulthood [49]. A decade later, the World Health Organization issued a report calling for achieving health equity within a generation through action on the SDHs [50]. Recent understanding of ACEs has been expanded to include both the risk and protective, or positive, factors that can increase or decrease the likelihood of ACEs [51,52]. The interrelated concepts of ACEs (or PACEs) and SDH emphasize the critical importance of positioning any understanding of AYA health, safety, and well-being in a broad context that extends beyond the specific parameters of health care. Consideration is essential of the socioecological factors, both proximal and distal factors and forces, that impact the health of young people—not only during their AYA years, but with deep roots earlier in childhood and long-term manifestations far into adulthood [53,54]. The COVID-19 pandemic and increased focus on systemic racism underscored the importance of developing specific health policy approaches that encompass these considerations, supporting existing policies that promote the health of AYAs, and remedying past policy deficiencies that undermine their health. Healthcare professionals, researchers, policy organizations, activists, and young people themselves are working in many arenas—not only health care but also the economy, the environment and climate change, immigration, criminal justice, and civic engagement—to further the health, safety, and well-being of AYAs.

Critical Areas of Ongoing Concern for Adolescent and Young Adult Health

From a health perspective, AYAs experience multiple health concerns: injuries, violence, mental health, substance use, SRH, communicable diseases, and chronic conditions [55]. Effectively addressing these issues on a population basis requires placing

them within a socioecological framework that also acknowledges the context of systemic racism and climate change, as well as recognizing the importance of high-quality healthcare systems and health care. Concerns in three areas—mental health, substance use, and SRH—expose past and ongoing health system deficiencies, affecting progress in policy, public health, and the individual health of AYAs (Tables 1 and 2).

Mental health

The mental health concerns of AYAs were great and increasing even prior to the COVID-19 pandemic, spanning a wide range of severity and requiring appropriate diagnosis and treatment [56,57]. Suicide is the second leading cause of death in AYAs and suicide attempts are increasingly common [58,59]. Risk factors for suicide among AYAs include major depression, psychotic disorders, and substance use disorders; previous suicide attempts; a history of physical or sexual abuse; family history of suicide attempts; and lesbian, gay, bisexual, transgender, or gender (LGBTG) nonconforming identity [60]. During the COVID-19 pandemic, the social and educational isolation of AYAs contributed to significantly increased incidence of mental health suffering along with dramatic limitations in access to preventive and acute mental health care and supportive services [61,62]. Mental health crises requiring emergency treatment manifested throughout the AYA age spectrum, including even the youngest adolescents [63]. During the COVID-19 pandemic, the lack of sufficient mental health providers, especially for severe psychiatric disorders, an ongoing issue for AYAs, was exacerbated by increased need combined with logistical access challenges [62,63]. Many young people who experience serious mental health crises linger in hospital emergency departments for lack of alternative treatment options [56,64].

Substance use

A significant percentage of AYAs use alcohol and illicit drugs, with variations among trends in use of different substances and for different age, racial, and ethnic groups [57,65]. Overall, however, substance use and disorders represent important threats to health and safety of AYAs. At the extreme, high levels of substance use are associated with accidents, homicide, and suicide, which are the three leading causes of death among adolescents [66]. AYAs also experienced a tripling of opioid-related deaths during the opioid epidemic in recent decades, attributable in part to polysubstance use [67]. During the COVID pandemic, the past year witnessed a 30% increase in drug overdose deaths overall [68]. Short of death, however, substance use disorders in AYAs are associated with other behavioral problems and mental health concerns. Nevertheless, availability of age-appropriate services to prevent early initiation of substance use and to treat addiction and disorders is severely limited [69]. Limitations in access to substance use related services were exacerbated during the COVID-19 pandemic at the same time that factors contributing to the risk of substance use and abuse increased [70].

Table 1
Health system deficiencies exacerbated during COVID-19 pandemic for three critical health concerns of AYAs

Health issue	Health system deficiencies exacerbated during COVID-19 pandemic
Mental health	Insufficient number of mental health providers
	Limited availability of preventive and acute mental health services
	Long stays in emergency departments for AYAs experiencing crisis
Substance use	Limited availability of age-appropriate prevention and treatment for substance use
	Inadequate response to opioid deaths among AYAs during opioid and COVID pandemics
	Inability to scaleup availability of substance use services for AYAs during a crisis
Sexual and reproductive health	Inadequate implementation of consent and confidentiality protections
	Distance and transportation obstacles in both rural and urban areas
	Discrimination based on race, ethnicity, gender, and sexual orientation

AYA = adolescents and young adults.

Sexual and reproductive health

SRH is essential to overall health and well-being [71]. To support their SRH, AYAs need access to evidence-based, holistic, and nonstigmatizing information, education, and services. Comprehensive SRH services must address pregnancy and sexually transmitted infections (STIs), including HIV, and must promote healthy sexual relationships; prevention of STIs and unintended pregnancies is especially important [72,73].

The vast majority of young people have had sexual intercourse by early adulthood—20% by age 15%, 65% by age 18%, and 92% by age 25—and pregnancies are often unintended, with the highest rates among low-income women, young adults ages 18–24, and women of color [73]. AYAs also experience high rates of STIs and HIV—half of new STIs and more than 20% of new HIV infections—with disproportionate rates of HIV infection among young black and Hispanic gay, bisexual, or other men who have sex with men [73].

Two critical health services are contraception and abortion. Confidentiality concerns are significant for many AYAs, but legal protections are either inadequate or not fully implemented [74]. Although both adolescents and young adults need access to contraception and abortion services, consent and confidentiality limit access for adolescents under age 18 who are legally minors, especially for abortion services [75,76]. Access is also limited by geography and transportation problems in both rural and urban areas [77]. SRH services must be available to both heterosexual and LGBTQ young people, who often experience discrimination when seeking SRH services and other health care [78,79].

Key Health Policy Developments

Against this broad backdrop, specific developments in health policy have particular significance for AYAs. Of great importance are the Affordable Care Act (ACA), Medicaid, the Title X Family Planning Program, abortion restrictions, the HIPAA Privacy Rule, the 21st Century Cures Act, and telehealth and technology. The design and implementation of policies in each of these areas have had major positive impacts on insurance coverage and healthcare access for AYAs but important gaps remain (Table 2).

Affordable Care Act

The ACA has survived relatively unscathed through a tumultuous decade. All age groups benefited from many of its

Table 2
Positive and negative aspects of health policies for AYAs

Policy	Beneficial elements for AYAs	Problems/gaps for AYAs
Affordable Care Act	Premium subsidies	No coverage for dental, vision, and hearing services for young adults
	Cost sharing protections	Employers' religious exemptions limit contraceptive access for AYAs
	No lifetime/annual caps	Not all contraceptive methods covered in all health plans
	No pre-existing condition exclusions	Multiple lawsuits create uncertainty
	10 essential health benefits required	Immigrant youth largely excluded
	Dependent coverage to age 26	
	Medicaid expansion	
	Coverage of mental health and substance abuse services	
	No cost sharing for preventive services	
	Prohibition on discrimination	
Medicaid	Expansion of eligibility for single childless adults without disabilities up to 138% FPL with federal support	Medicaid expansion made optional by U.S. Supreme Court
		Coverage gap in nonexpansion states for young with incomes under 100% FPL
	Minimum eligibility requirement raised to age 18	Medicaid coverage of young adults remained static in nonexpansion states
	Streamlined application, enrollment, and renewal procedures	Limited health literacy of AYAs impedes enrollment
	Medicaid coverage of young adults increased in expansion states	
Family planning and abortion	Strong confidentiality protection in Title X	Significant damage to Title X infrastructure due to 2019 regulations
	Comprehensive services covered in Title X	Increasing abortion restrictions in state laws
	Medicaid family planning eligibility expansions increase access	More conservative U.S. Supreme Court poses risk to federal constitutional protection for abortion
	Harmful 2019 Title X regulations rescinded in 2021	
	Some state constitutions include right of privacy that protects access to abortion	
HIPAA Privacy Rule	Protects health information of adolescent minors as well as young adults	At risk for weakened protections if 2021 proposed regulations become final as written
	Incorporates Title X and state law confidentiality protections for determining parents'access to minors' health information	
21st Century Cures Act 13		Information blocking ban creates challenges for adolescent halthcare providers
		Lack of IT granular segmentation limits ability to separate AYAs' shareable from sensitive information

AYA = adolescents and young adults; IT = information technology.

elements; other features were especially important for AYAs [80–84]. Young adults experienced high rates of uninsurance and low access to care prior to the ACA and were thus positioned to experience significant benefits [85,86]. The prohibition against discrimination on the basis of race, color, national origin, sex, age, or disability was significant for marginalized groups of young people [87].

The ACA improved health insurance access for specific groups of vulnerable young people: AYAs in and aging out of foster care; AYAs involved in juvenile and criminal justice systems; and homeless youth [88]. Significant overlap exists among these groups: overrepresentation of young people of color, with back AYAs especially heavily represented; higher rates of serious health problems than the general population, with mental health, substance abuse, and sexual health issues of particular concern; disconnection from family and social supports; high uninsured rates; and heavy reliance on Medicaid [88]. Another vulnerable group, immigrant youth, however, was largely excluded from opportunities to benefit from the ACA [89].

From the beginning, the ACA was subject to political attacks, attempts in Congress to repeal it, executive branch efforts to either strengthen or undermine it, and lawsuits challenging its overall constitutionality and the validity of specific provisions [90–92]. Although some lawsuits are ongoing, especially related to religious objections to contraceptive coverage, the ACA has largely withstood attacks [93]. Congress has not repealed the law, succeeding only in reducing to zero the penalty for not purchasing health insurance, and during the COVID-19 pandemic has expanded opportunities for enrollment and increased premium supports [94,95]. Administrative efforts to undermine the ACA between 2017 and 2020 are being reversed and improvements initiated [96,97]. The U.S. Supreme Court has three times rejected efforts to dismantle the ACA, avoiding dramatic damage to AYAs, millions of whom would have lost coverage and access to benefits of critical importance to their health and well-being [98–102].

Medicaid

The ACA contained multiple provisions designed to expand, improve, or fill gaps in Medicaid, many of which benefited adolescents and, especially, young adults [83,86,88,103]. For example, the ACA required states to continue Medicaid coverage to age 26 for young people aging out of foster care—a group that is disproportionately black and is likely to experience homelessness, be unemployed, and lack health insurance [88].

The ACA's original requirement for states to expand Medicaid eligibility was converted to an option by a U.S. Supreme Court decision in 2012 [103]. The Medicaid expansion option enabled single childless young adults without disabilities to qualify for Medicaid for the first time in many states [88,104,105]. It also had a beneficial effect on racial disparities [40]. As of August 2021, 39 states and the District of Columbia had expanded Medicaid eligibility; 12 states had not, in spite of additional incentives included in the 2021 American Rescue Plan [95,106].

In states that did not expand Medicaid, a significant coverage gap remains: young adults with incomes below 100% of FPL who do not qualify for Medicaid in their state also are unable to enroll in ACA plans [107]. Young adults would benefit more than other age groups if the remaining states were to implement the expansion [107,108]. In non-expansion states young adults experience worse health outcomes but are precluded from the increased access to services and health benefits experienced by those in expansion states [108].

Family planning and abortion

For decades federal and state policies have had huge effects on access to family planning and abortion services for AYAs. Key developments have occurred in the federal Title X Family Planning Program and in state laws restricting abortion access.

The federal Title X Family Planning Program has long been a cornerstone of family planning services for AYAs. Since 1970, Title X has offered confidential family planning services to adolescents [109,110]. Millions of AYAs have received Title X services [111,112]. Never immune to attacks, Title X has been under fire in recent years on several fronts, including efforts to exclude Planned Parenthood from participating in the program as well as major regulatory restrictions issued in 2019 [113,114]. The 2019 rules tore at the fabric of the program and caused major upheaval in service delivery, with more than 900 sites leaving Title X [115,116].

For adolescents specifically, the most problematic aspects of the 2019 regulations were the expanded and onerous requirements related to family involvement and mandated reporting of child abuse, child molestation, sexual abuse, rape, incest, or human trafficking [117]. In October 2021, these damaging regulations were reversed with a new final rule and, for now at least, the U.S. Supreme Court has stayed out of the fray [118–120]. Even so, the harm suffered by Title X infrastructure will take time to remedy, with ongoing challenges for AYAs. Although many young people gained insurance coverage for contraceptive services due to the ACA, publicly supported family planning centers remain essential because of their strong protection of confidentiality, the reality that many who are eligible for Title X services lack public or private insurance, and the limitations of contraceptive coverage in plans offered by religiously affiliated employers [121].

The abortion arena is even more fraught, with accelerating enactment of abortion restrictions by states. In 2021 alone, more than 100 abortion restrictions have been passed by state legislatures [122]. These restrictions are in addition to the parental involvement laws in 38 states that require minors to notify parents, obtain their consent, or seek authorization in a judicial bypass procedure [123]. A recent Texas law bans abortions after 6 weeks of gestation and empowers individuals rather than state officials to enforce the ban by filing lawsuits seeking payouts of thousands of dollars. An increasingly conservative U.S. Supreme Court allowed the Texas law to go into effect, while litigation about its constitutionality continues, and in late 2021 will hear a case involving Mississippi's 15-week ban, which could result in overturning Roe v. Wade [124,125].

HIPAA Privacy Rule

Research findings as well as policies and ethics codes of all major healthcare professional organizations recognize the importance of confidentiality protections for AYAs [126,127]. The HIPAA Privacy Rule protects their healthcare information [128]. The HIPAA privacy protections for young adults are the same as for all adults; specific requirements apply to the information of adolescents who are minors [128]. Notably, when minors have

Table 3
Key approaches and policy options to protect AYA health, safety, and well-being

Policy goal	Key approaches and policy options
Universal health insurance	Varied configurations of "Medicare for All" Incremental expansion of Medicare to additional age groups Continued expansion of the ACA with a public option included Expansion of Medicaid in remaining nonexpansion states Closing the coverage gap between Medicaid and ACA in nonexpansion states Aligning cost sharing protections in employer-based plans with those in ACA plans to reduce underinsurance
Access to healthcare services	Maintain or increase federal and state funding support to ensure coverage of comprehensive services for AYAs in public and private health insurance Fill gaps and complement health insurance by increasing funding for direct service delivery programs that reach AYAs, especially marginalized youth Expand efforts to fully implement mental health parity Enact federal or state legislation that protects abortion access for all ages Remove barriers or create alternative payment/funding structures to overcome extraneous impediments such as religious exemptions Make permanent policies facilitating telehealth that were adopted during the pandemic and expand options further
COVID-19	Conduct specific outreach to AYAs to encourage and facilitate vaccination Increase community relationship building and collaborative measures to increase vaccine confidence and reduce hesitancy Allow release and paid time off in education and employment for vaccination, testing, and treatment for COVID-19 without punitive consequences Structure federal and state policies for public health services and insurance to ensure that adolescents and young adults can receive COVID-19 services without charge Conduct research on "long COVID" that includes focus on the symptoms and manifestations most commonly experienced by adolescents and young adults
Confidentiality protections	Maintain existing protections for confidentiality in state minor consent and medical privacy laws Maintain protections in the HIPAA Privacy Rule for adolescent minors Adopt clear interpretations of Privacy, Preventing Harm, and Infeasibility exceptions to information blocking in the 21st Century Cures Act regulations that protect AYAs Adopt policies to ensure implementation of IT solutions that facilitate separation or segmentation of shareable from sensitive information
Equity	Support healthcare access for marginalized youth by assessing health policies through a lens that includes PACEs and SDH Prioritize some needs of marginalized youth to ensure comparability in access with other AYAs Provide extra protections and support for marginalized youth in healthcare settings and service delivery to overcome past inequities and discrimination Pursue equitable policies directed at ameliorating the effects of climate change experienced more severely by marginalized populations

ACA = Affordable Care Act; AYA = adolescents and young adults; IT = information technology; SDH = social determinant of health.

consented to their own care, parents' access to the minor's information depends on the requirements of other federal laws, such as Title X, or state laws, which means that confidentiality protections contained in state laws also have federal protection under the HIPAA Privacy Rule [128]. In 2021, significant modifications to the HIPAA Privacy Rule were proposed that were intended to facilitate coordinated care and sharing of health information to promote patient safety [129]. In proposed form the modifications were too broad in allowing sharing the protected information of AYAs with parents and other third parties; the ultimate content of any changes is not known while issuance of a final rule is pending.

Twenty-First Century Cures Act

Recently, confidentiality protection for AYAs has become more challenging as a result of the 21st Century Cures Act. Regulations issued by the Office of National Coordinator (ONC Rule) implementing the Cures Act took effect in 2021 [130]. The ONC Rule's information blocking ban has major implications for the confidentiality of electronic health information [131]. The Rule has unintended consequences for AYAs, whose privacy may be compromised, and for healthcare professionals caring for this age group, who face challenges in maintaining confidentiality protections for their patients' sensitive health information [132–135]. Three of the Rule's information blocking ban exceptions—Privacy, Preventing Harm, and Infeasibility—are particularly relevant for AYAs [131,136]. Of special importance is the extent to which the Preventing Harm exception will be interpreted as covering emotional as well as physical harm, with guidance anticipated from ONC. For AYAs and their providers, compliance with the Rule while providing meaningful protection of privacy will depend on the development of methodologies for granular segmentation that allow for general sharing of electronic health information while enabling protection of sensitive information [137–139].

Telehealth and technology

A striking development in healthcare practice and policy during the COVID-19 pandemic was the swift transition in providing health care from in-person to virtual formats. Institutions that were reluctant to implement telehealth shifted to doing so in a matter of weeks [140–142]. Impediments in federal and state law and in policies of health insurers were suspended, benefiting all age groups; whether those policy shifts will remain post-pandemic is unclear [143,144]. Telehealth services for AYAs offer great advantages [145]. During the pandemic, clinical care could continue while limiting exposure to the virus. Pandemic considerations aside, telehealth visits offer increased access for specific groups of patients, such as those in rural areas or who face transportation limitations as well as those who need access to specialists not available where they live [146]. Telehealth challenges include confidentiality concerns for patients who may not have a private space in which to engage in virtual visits, which is especially important for visits for sensitive concerns related to mental health, substance use, and sexual health [145,147]. Some young people also have inadequate internet access due to limited bandwidth and cost considerations.

Policies to Improve Health, Safety, and Well-Being of Adolescents and Young Adults

Numerous reports contain recommendations and policy options for improving the health, safety, and well-being of AYAs [148–151]. Some offer comprehensive suggestions encompassing multiple issues and others focus on a particular health problem, population group, service delivery program, or policy challenge. The recommendations of these reports offer important guidance for future policy development. The discussion here focuses on policy approaches and options in a series of arenas of current urgency and importance (Table 3). In each of these areas, maintaining a focus on overcoming the impact of racism and achieving health equity is essential.

Reaching universal health insurance coverage

Affordable comprehensive health insurance coverage should be available for all AYAs based on these principles:

- Elimination of income, disability, parenting status, and other individual characteristics as eligibility criteria to exclude adolescents or young adults from coverage
- No exclusion from coverage as a result of homelessness, family separation, foster care, juvenile detention or incarceration, or immigration status
- Increased efforts to ensure coverage for young people of color, LGBTQ, and other marginalized AYAs

These principles should guide future assessment of policy options that have been and will be considered as means to achieve universal health insurance coverage. Strategy ideas, some of which have been incorporated into proposed legislation, include some designed to achieve universal coverage and others aimed at short-term fixes. All should be carefully evaluated to determine their implications for AYAs (Table 3).

Expanding access to healthcare services

Access to comprehensive preventive, acute, and chronic healthcare services for all AYAs should include:

- Elimination of discrimination based on race, ethnicity, gender, sexual orientation, and other factors leading to marginalization
- Expansion of age-appropriate mental health and substance use prevention and treatment services
- Improvement in access to all FDA-approved contraceptive methods for both adolescent minors and young adults
- Mitigation or elimination of abortion restrictions that negatively affect young people
- Extension of vision and dental services for young adults as well as adolescent minors
- No imposition of consent requirements or confidentiality limitations unrelated to health or safety

These principles should guide evaluation of options represented by current legislation as well as future policy approaches proposed. As each policy is assessed, consideration should be given to actual and potential burdens on AYAs whose access to quality health care is limited because of race, ethnicity, LGBTQ identity, or other factors leading to marginalization such as foster care placement, detention or incarceration, or immigration status (Table 3).

Responding to COVID-19

AYAs should have full access to the resources they need to prevent and be treated for COVID-19 and to recover from the ongoing impact of the pandemic on their physical and mental health and well-being through the following:

- Vaccination, testing, and treatment for COVID-19 without upfront, hidden, or surprise charges
- Development of alternatives to consent requirements that impede adolescent minors' access to vaccination
- Sensitivity to the specific needs of AYAs when implementing strategies to overcome low vaccination rates in specific geographic areas and marginalized populations
- Commitment to support long-term health and other social, educational, and employment needs of AYAs stemming from the pandemic
- Collaboration of health care with other systems, such as education and employment, which have contributed to the impact of COVID-19 and have long-term consequences for the health and well-being of AYAs

As the pandemic evolved from one perceived as mostly affecting elderly adults and people with comorbidities to one that is known to imposing significant burdens on many young people, especially those of color, these principles should guide policy development to avoid the worst outcomes (Table 3).

Protecting confidentiality

Confidentiality protections that encourage AYAs to seek necessary care and share relevant information with their healthcare providers should be enhanced by the following:

- Maintenance and expansion of current federal and state legal protections for health privacy and confidentiality
- Modification of EHR and health IT systems to facilitate and strengthen confidentiality protections
- Encouragement without mandates to involve family members or other trusted adults for support
- Expansion of mechanisms to protect privacy in the billing and insurance claims process
- Limitation of any further erosion of confidentiality protection for adolescent minors seeking abortion

These principles can be used to assess policy approaches and options across the board in many arenas. They can be especially helpful in evaluating developments in volatile areas such as mental health, substance use, and SRH, where proposals arise frequently that would limit confidentiality and new approaches to increase protection for young people are needed (Table 3).

Achieving health equity

The health, safety, and well-being of all AYAs can be enhanced if progress is made toward achieving health equity by the following:

- Recognizing and addressing the compounding effect of AYAs' multiple intersecting identities, of race, ethnicity, nationality, gender, age, sexuality, and culture
- Improving health insurance coverage for BIPOC, AAPI, LGBTQ, and other marginalized AYAs
- Eliminating discrimination against marginalized AYAs in access to care and health services delivery
- Ensuring that consideration of PACES and SDH guide development of health policies for young people.

Although reaching health equity is not possible immediately, every relevant policy that is currently in place or developed in the future should be scrutinized to ensure that, to the maximum extent possible, it will contribute to reducing health disparities and achieving equity in health care and beyond (Table 3).

Conclusion

The needs of AYAs should be prioritized to the same degree as those of other groups, such as senior citizens and very young children. Most important is that as new policies are conceived, adopted, and implemented, they be carefully scrutinized and assessed to determine their impact on AYAs. Nuanced policy solutions must consider young people's multiple intersecting identities. Of utmost importance is for this analysis to encompass not only aspirational goals but also the extent to which policies would undermine or preserve existing protections and recent gains for young people.

Opportunities exist in the policy arena to improve the health, safety, and well-being of AYAs. Leveraging these opportunities will require collaborative advocacy on the part of policymakers, healthcare professionals, advocates, and young people. The focus of this advocacy and policymaking must be broad, addressing arenas beyond health care and considering SDHs. For example, if threats posed by climate change, which are unequally distributed and have more severe impacts on marginalized populations, are not addressed, the current and future health, safety, and well-being of AYAs will be in dire jeopardy. Similarly, if the impacts of systemic racism—on education, housing, employment, and criminal justice as well as health care—in contributing to inequities throughout society are not addressed, the likelihood of reducing disparities in health and health care will be significantly diminished. Success in using policy to benefit the health, safety, and well-being of AYAs will depend on examining emerging policies and initiatives through a sharp lens of how they will impact young people, prioritizing the interests of AYAs at least to the same extent as other age groups with influential constituencies, and using the voices of young people themselves as a powerful force in advocating for their own benefit.

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