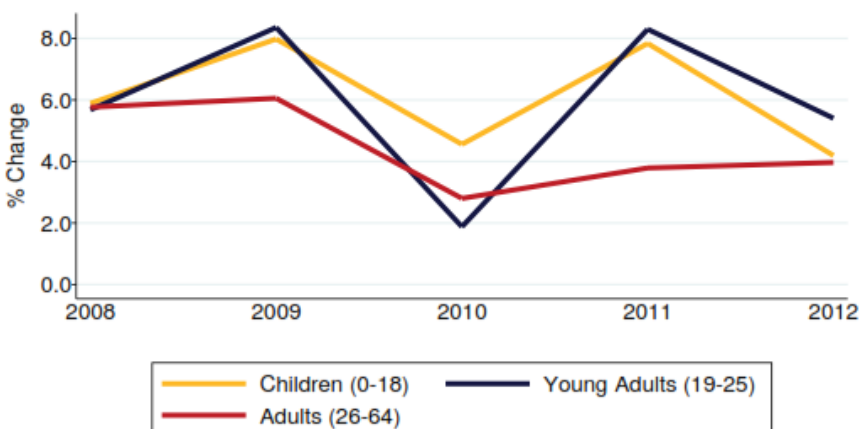


# Selected Health Care Trends for Young Adults (ages 19-25)

## 2007–2012

The Patient Protection and Affordable Care Act (ACA) of 2010 required employer-sponsored health insurance (ESI) plans to cover enrolled members' children up to age 26 for family policies issued or renewed after September 23, 2010 (Section 1001).<sup>1</sup> In this issue brief, we assess per capita health care spending and medical service use trends by young adults (YA), ages 19-25, and other ESI populations in the years before and after implementation of the Section 1001 of the ACA.<sup>2</sup> During the first two full years following the passage of the ACA, 2011 and 2012, YA spending grew at a rate nearly double that for the non-YA adult population.<sup>3</sup> This increase in the relative growth rate of YA spending after 2010 was due in part to higher use of certain health services – most prominently, emergency room visits and mental health and substance use (MH/SU) admissions. The rise in YA utilization observed in this brief may not be all attributable to the ACA.<sup>4</sup>

**Figure 1**  
Annual Percentage Change in Expenditures Per Capita for Children, YA, and Adults: 2008-2012



Source: HCCI, 2013.  
Notes: All data weighted to reflect the national, younger than 65 ESI population. Data from 2011 and 2012 adjusted using actuarial completion.

### KEY STATISTICS FOR YOUNG ADULTS

- 5.4%** Growth in per capita spending in 2012
- 5.9%** Average annual growth in per capita spending (2007-2012)
- 7.8%** Average annual growth in per capita spending for men (2007-2012)
- 4.9%** Average annual growth in per capita spending for women (2007-2012)
- \$2,168** Spending on medical services per capita (2012)

This issue brief by the Health Care Cost Institute (HCCI) examines the per capita health care expenditures and medical service use of ESI populations during 2007 to 2012 – a study period which permitted us to track YA health care trends before and after the implementation of the Section 1001 expanding coverage of adult children (see "The ACA and coverage of young adults").<sup>2,3</sup>

YA had higher rates of per capita health care spending growth than the

rest of the adult population aged 26 to 64 in nearly all years studied (Table 1). Increased YA use of some medical services helped drive this growth, particularly in 2011 and 2012 (see "What are the medical service, subservice, and detailed service categories?"). We also found differences in YA medical service use by gender. The rise in YA utilization may not be all attributable to the ACA, and may be due to other factors including changes in public policy, insurance benefits, or population health.<sup>4</sup>

### High expenditure growth rates for YA every year except 2010

Over the six-year study period, YA annual spending growth rates averaged 5.9% (Table 1). This compares with average growth rates of 6.1% for children and 4.5% for adults ages 26 to 64. Health care spending for the YA ESI population grew faster than spending for adults ages 26 to 64 in every year except 2010 (Figure 1). Growth in per capita expenditures for all of the ESI age groups slowed substantially in that year, and YA spending slowed to 1.9%, the lowest growth rate for any age

group.

However, YA per capita spending growth outpaced per capita spending on all other ESIs in 2011 and 2012. Spending per YA grew by 8.3% in 2011 and 5.4% in 2012, rising \$316 to \$2,548 per YA between 2010 and 2012. This was noteworthy because health spending for adults ages 26 to 64 continued to grow slowly after 2010 – averaging per year 4.9% 2007-2010 versus 3.9% per year post-2010. This compares to YA growth averaging 5.3% per year 2007-2010 and 6.9% per year post-2010.

### Spending on YA men lower than spending on YA women

HCCI also observed differences in spending trends by gender (Table 1 and Figure 2). Per capita, YA spending growth for both genders dipped in 2010 and rose again in 2011. Throughout the six-year study period, spending grew faster for men, with the largest difference in 2011.

During the study period (2007-2012), average spending for men rose from \$1,341 to \$1,952

#### YA ESI POPULATION GREW RAPIDLY

The number of YA covered by insurance increased by 3.1 million between September 2010 and December 2011, which was almost entirely due to an increase in private coverage.<sup>11</sup> The increase in enrollment was roughly three times greater than the growth in the 18 to 26 population during this period.<sup>12</sup> YA were the only age group with a meaningful increase in the number of insureds between 2010 and 2011.<sup>13</sup> The share of YA in the ESI population with medical coverage in the HCCI data grew 9.1% in 2011 and an additional 1.8% in 2012 (data not shown). This rise may be attributed, in large part, to the 2010 ACA requirement which expanded ESI coverage to children through age 25.

#### THE ACA AND COVERAGE OF YOUNG ADULTS

Section 1001 of the ACA amended Section 2714 of the Public Health Service Act (referred to in this issue brief as Section 1001), it expanded health insurance coverage for young adults by allowing parents to include their children through age 25 on their family health insurance plans for policies issued or renewed after September 23, 2011.<sup>1</sup> Prior to the ACA, many children lost coverage upon turning 19. The ACA considers qualifying "children" as those who are "dependents" for income tax purposes as defined by the Internal Revenue Service.<sup>14</sup>

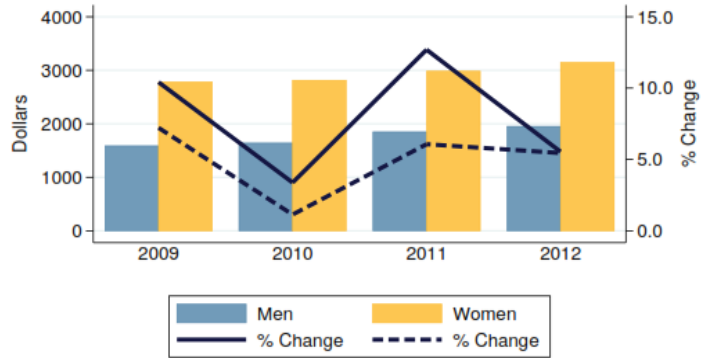
(+\$611), while average spending for women rose from \$2,472 to \$3,146 (+\$674). As a percentage of spending on women, spending on men rose from 54.3% in 2007 to 62.0% in 2012, a pattern of convergence that began before implementation of Section 1001 and may have been associated with the falling birth rate.

In 2012, roughly 85% of YA spending – \$2,168 per capita – was for health care in the medical service categories (see "What are the medical service, subservice, and detailed service categories?"), of which 23.2% was inpatient subset, 40.7% was professional, and 36.1% was outpatient claims. The remaining 15.0% of health care spending – \$375 per capita – went toward prescription drugs and devices. For the ESI population as a whole, about 82% of spending was for medical services and 18% was for prescriptions.<sup>3</sup>

### YA use of medical facilities rose in 2011

In 2011, the first full year after the enactment of the ACA, HCCI found an increase in YA outpatient-other service use (5.3%), outpatient visits (8.0%), and inpatient admissions (5.0%; Table 3 and Table 4). Per YA spending in each of these service categories also increased sharply that year.

**Figure 2**  
Expenditures Per Capita and Annual Percentage Change for YA, by Gender: 2009-2012



Source: HCCI, 2013.  
Notes: All data weighted to reflect the national, 19-25 ESI population.  
Data from 2011 and 2012 actuarially completed.

For outpatient visits, 2011 was the only year in which utilization (the number of services used), rather than price, was the primary driver of per YA spending growth (Table 3). Increased service use was especially notable for emergency room (ER) visits. Spending on ER visits increased 15.6% in 2011, driven by a 10.4% increase in use and 4.8% increase in prices (Table 2, Table 5, and Figure 3).

As a driver of inpatient spending, price played a greater role than utilization for all age groups throughout the study period. The number of admissions declined in every year studied for the

#### WHAT ARE MEDICAL SERVICE, SUBSERVICE, AND DETAILED SERVICE CATEGORIES?

HCCI reports on three medical service categories: inpatient facility, outpatient facility, and professional procedures.<sup>5</sup> HCCI also reports on three medical subservice categories: inpatient subset, including labor and delivery, medical, surgical, mental health, and substance use admissions; outpatient visits; and outpatient-other services. These subservice categories were then further classified into “detailed service” categories.<sup>9</sup>

#### WHAT ABOUT OTHER MEDICAL SERVICES FOR YOUNG ADULTS?

For most medical services, in all years except 2011, price growth drove spending growth (Table 2). However, for professional procedures, use rather than prices generally drove spending growth during the study period, and that trend was not unique to 2011. Increased use of these services (number of professional procedures per 1,000 insureds), rather than increases in price, drove growth in per capita expenditures in every year except 2010. In that year, price growth exceeded both growth in utilization and per capita spending. Changes in prices can reflect both changes in price and in the resources used (intensity) to deliver care.

ESI population as a whole.<sup>3</sup> Total YA admissions declined in every year except 2011 (Table 3).

### YA mental health and substance use admissions nearly tripled

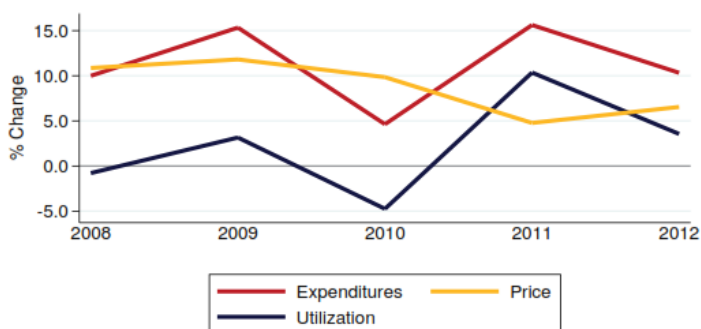
Although still relatively small as a percentage of total YA health spending, per capita YA spending on mental health and substance use (MH/SU) admissions grew nearly threefold during 2007 through 2012, with 81% of that growth coming after 2009. In 2011, MH/SU spending went up 52.3% to \$64 per YA (Table 2).

MH/SU admissions more than doubled from 3.9 to 8.3 per 1,000 YA between 2007 and 2012 (Table 6). MH/SU admissions per 1,000 grew an average of 8.6% per year during 2008 and 2009 and 29.8% per year in 2010 and 2011. In 2012, the growth rate slowed to 7.8%, reverting to the pre-2010 trend.

Spending on MH/SU admissions rose for non-YA ESI populations as well. Per capita MH/SU spending for the ESI population as a whole went up 18.3% (\$5 per insured) in 2011.<sup>6</sup> The rate of MH/SU admissions for the entire population, however, did not grow appreciably.

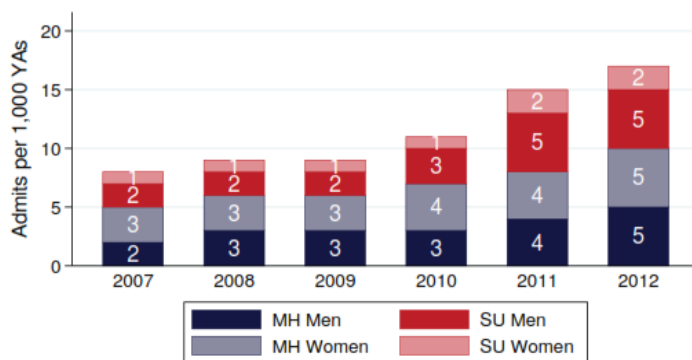
MH/SU admissions increased more rapidly for men than women during the study period (Figure 4). Admission rates went up 146% for men during 2007-2012 versus 92% for women (Table 6). In 2012, there were 9.6 MH/SU admissions per 1,000

**Figure 3**  
Annual Percentage Changes in ER Visit Expenditures, Utilization per 1,000 YA, and Price: 2008-2012



Source: HCCI, 2013.  
Notes: All data weighted to reflect the national, 19-25 ESI population. Data from 2011 and 2012 actuarially completed.

**Figure 4**  
Annual Utilization per 1,000 YA for Mental Health and Substance Use Admissions: 2007-2012



Source: HCCI, 2013.  
Notes: All data weighted to reflect the national, 19-25 ESI population. Data from 2011 and 2012 actuarially completed.

YA men and 7.1 MH/SU admissions per 1,000 YA women. Among YA men between 2007 and 2012, the number of substance abuse admissions per 1,000 grew 48% more than mental health admission rates. Among women, admissions for both categories rose by roughly the same amount.

### LABOR AND DELIVERY ADMISSIONS DECLINED

Labor and delivery (LD) admissions covered by ESI accounted for the most admits for YA women during the study period and 10.3% (\$276) of the \$2,685 per capita medical spending for YA women in 2012 (Table 2). These admissions declined between 2007 and 2012 from 45 LD admissions per 1,000 YA women to 38 per 1,000 YA women (Table 6). This was consistent with other research finding a declining birth rate for YA women in the United States.<sup>15</sup>

The increase in MH/SU admissions for YA is consistent with other research findings.<sup>7</sup> Different admission rates may reflect differences between the YA and the other ESI age groups in overall health and in how they use MH/SU services. The extent to which the ACA contributed to the nearly 20% increase in admissions seen in 2010 is unclear, but merits further examination. Notably, some states and health plans initiated the coverage of YA in advance of the September 23, 2010 effective date.<sup>8</sup>

### Summary

During the study period (2007-2012), average annual spending grew faster for the YA population than for the ESI population as a whole, driven primarily by a surge in spending in 2011. The smallest increase in spending for YAs occurred in 2010. Although most pronounced for YAs, the spending slowdown in 2010 was also observed for the larger ESI population and was due largely to declines in utilization.

After 2010, YA spending growth rates quickly returned to pre-2010 levels. In 2011, the first full year after the ACA, YA spending grew twice as fast as spending for other adults, ages 26 through 64. In contrast, the spending growth rate for non-YA adults after 2010 was well below the 2009 growth rate.<sup>3</sup>

HCCI also observed substantial increases in the use of certain medical services by YA. The claims data showed that both mental health and substance use admissions per 1,000 YA increased in every year studied with the largest increase in 2011, a trend that held for both YA men and women. Additionally, the number of YA ER visits increased rapidly in 2011, helping to boost per capita spending growth in that year.

### Data and methods

In this issue brief, HCCI focuses on the years 2007 through 2012 for individuals between the ages of 19 and 25 and covered by ESI. This YA population included individuals covered by ESI as the primary beneficiary or as dependents on a spouse's or parent's health plan. For this brief, the term *health care spending* designates per capita spending on all health care for all four service categories, whereas *medical spending* designates per capita spending on inpatient facility claims, outpatient claims, and professional procedures. All average annual growth rates were calculated using arithmetic averages.

Data used to develop this brief were collected from health care claims of beneficiaries who were covered by ESI and were younger than age 65 for calendar years 2007 through 2012.<sup>9</sup> The HCCI dataset was derived from claims for about 40 million Americans per year contributed by three national insurers, and was also used for the *2012 Health Care Cost and Utilization Report*.<sup>10</sup> The data were weighted to be representative of the national ESI population.

All data used for our study were de-identified and compliant with the Health Insurance Portability and Accountability Act. We determined ESI coverage rates using the number of insured member months for our populations of interest. Some individuals in the HCCI data were not insured for a full calendar year; therefore, our population calculations derive from member months, not from individual members.

The report does not include information about uninsured individuals, beneficiaries covered by individual health insurance policies, or individuals insured through a public programs, such as Medicaid. As a result, the levels and changes in expenditures per capita are generalizable only for

beneficiaries covered by ESI and younger than age 65. This is a descriptive study, and its findings are not causal.

HCCI analyzed per capita expenditures for all age groups based on service, subservice, and detailed service categories. We estimated per capita expenditures for the following service categories: inpatient admissions, outpatient facility, professional procedures, and prescriptions. We also estimated per capita expenditures for the following subservice categories: inpatient subset (admissions without skilled nursing facilities, hospice, and ungroupable claims), outpatient visits, outpatient procedures that resulted in an encounter at an outpatient facility, generic prescriptions, and brand prescriptions.<sup>5</sup> Subservice categories are further divided into a series of detailed service categories. More on the methods for calculating these categories can be found in HCCI's *Analytic Methodology*.<sup>9</sup>

## Notes

1. About the Law. "Young Adult Coverage." *Department of Health and Human Services*. Web. May 6, 2014.

2. This issue brief looked at the health care expenditures per capita for the YA population. It did not address the amount individuals or families paid out-of-pocket for health care services, the total amount spent on health care for this age group, and how these costs may have changed as a result of the ACA or the recession. Moreover, it did not distinguish between those YA who were covered on their health insurance plan as primary beneficiaries and those that were covered as "children". The presented statistics are "per capita" or per 1,000 insured, allowing for comparisons of spending and utilization rates that are neutral of the rising number of YA insureds. The descriptive statistics in this

issue brief are therefore comparable across years, regardless of population size.

3. Health Care Cost Institute. 2012 Health Care Cost and Utilization Report. HCCI, September 2013. Web. May, 29 2014.

4. Some of the health care trends observed in this issue brief, such as spending on substance use admissions, may also be influenced by young adults who had coverage independent of Section 1001 of the ACA. This may reflect broader trends in population health that merit further examination. Additional factors that may influence trends include the recession (e.g., effects of high unemployment), legislation (such as the Mental Health Parity Act), changes in benefits design, and changes in population health (such as chronic conditions status). The scope of this brief did not allow for investigation into this question.

5. The overall inpatient trends are not reported in this brief. Instead, the trends of the inpatient subset (without SNF, hospice, and ungroupable claims; see "What are medical service, subservice, and detailed service categories") were reported, as the utilization and expenditures for these three services was very low for the YA ESI population.

6. Health Care Cost Institute. 2012 Health Care Cost and Utilization Report Appendix. HCCI, September 2013. Web. May, 29 2014.

7. Antwi, Yaa Akosa, Asako S. Moriya, and Kosali Simon. "Access to Health Insurance and the Use of Inpatient Medical Care: Evidence from the Affordable Care Act Young Adult Mandate." *NBER Working Paper Series*. National Bureau of Economic Research, June 2014. Web. July 11, 2014.

8. Young Adults and the Affordable Care Act: Protecting Young Adults and Eliminating Burdens on Businesses and Families. *WhiteHouse.gov*. Web. May 2, 2014.

9. Health Care Cost Institute. 2012 Health Care Cost and Utilization Report Analytic Methodology v. 2.9. Health Care Cost Institute, February 2013. Web. May 29, 2014.

10. Health Care Cost Institute, Inc. Aggregated ESI Cost and Utilization Dataset (2007-2012). Health Care Cost Institute, 2013. Digital file.

11. Sommers, Benjamin. "Number of Young Adults Gaining Insurance Due to the Affordable Care Act Now Tops 3 Million." *Assistant Secretary for Planning and Evaluation*. Department of Health and Human Services, June 2012. Web. May 29, 2014.

12. The authors estimated that the YA population grew by about 1 million between 2010 and 2012, based on the Current Population Survey tables. See: <http://www.census.gov/population/age/>.

13. *Assistant Secretary for Planning and Evaluation*. "Overview of the Uninsured in the United States: A Summary of The 2011 Current Population Survey." *ASPE Issue Brief*. Department of Health and Human Services, September 2013. Web. May, 29 2014.

14. "Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Dependent Coverage of Children to Age 26 Under the Patient Protection and Affordable Care Act." *Federal Register* 75 (57 May 6454): 6<sup>1</sup> 566-27140.

15. Mather, Mark. "Fact Sheet: The Decline in US Fertility." *World Population Data Sheet* 2012 . Population Reference Bureau, July 2012. Web. May 29, 2014.

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Table 1. Per Capita Expenditures for Children, Young Adult, and Adult ESI Populations: 2007-2012

	2007	2008	2009	2010	2011	2012
<b>Per Capita</b>						
All Ages (0-64)	\$3,752	\$3,967	\$4,219	\$4,343	\$4,520	\$4,701
YA (19-25)	\$1,914	\$2,022	\$2,191	\$2,232	\$2,418	\$2,548
Children (0-18)	\$1,814	\$1,921	\$2,074	\$2,169	\$2,339	\$2,437
Adults (26-64)	\$4,762	\$5,036	\$5,341	\$5,491	\$5,698	\$5,925
<b>Per Capita, YA by Gender</b>						
YA Men	\$1,341	\$1,438	\$1,587	\$1,641	\$1,849	\$1,952
YA Women	\$2,472	\$2,594	\$2,781	\$2,813	\$2,983	\$3,146
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	
<b>Percent Change</b>						
All Ages (0-64)		5.7%	6.3%	2.9%	4.1%	4.0%
YA (19-25)		5.7%	8.4%	1.9%	8.3%	5.4%
Children (0-18)		5.9%	8.0%	4.6%	7.8%	4.2%
Adults (26-64)		5.8%	6.1%	2.8%	3.8%	4.0%
<b>Percent Change, YA by Gender</b>						
YA Men		7.2%	10.4%	3.4%	12.7%	5.5%
YA Women		4.9%	7.2%	1.1%	6.1%	5.4%

Source: HCCI, 2013.

Notes: All data to represent the total population of insureds 0-64 covered by ESI. Actuarial completion was performed on data from 2011 and 2012. All per capita dollars calculated from allowed amounts. All figures rounded.



Table 2. Per Capita Expenditures by Service Category for Young Adults, Ages 19-25: 2007-2012

	2007	2008	2009	2010	2011	2012
<b>Per Capita by Service Category, YA</b>						
Inpatient Subset <sup>1</sup>	\$392	\$411	\$439	\$435	\$489	\$503
Outpatient	\$504	\$545	\$616	\$643	\$719	\$782
Other	\$166	\$176	\$198	\$207	\$233	\$258
Visits	\$339	\$369	\$418	\$436	\$486	\$524
Professional Procedures	\$719	\$749	\$790	\$795	\$846	\$883
Prescriptions – Filled Days <sup>2</sup>	\$289	\$313	\$342	\$353	\$360	\$375
Brand	\$197	\$212	\$190	\$201	\$209	\$212
Generics	\$92	\$101	\$151	\$152	\$151	\$164
<b>Total Medical Spending Per Capita, YA</b>						
Medical <sup>3</sup>	\$1,615	\$1,705	\$1,845	\$1,873	\$2,054	\$2,168
<b>Per Capita by Detailed Service Category, YA</b>						
Emergency Room Visits	\$174	\$191	\$221	\$231	\$267	\$294
Labor and Delivery Admissions <sup>4</sup>	\$240	\$254	\$265	\$256	\$265	\$276
Mental Health & Substance Use Admissions	\$22	\$26	\$30	\$38	\$58	\$64
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	
<b>Percent Change by Service Category, YA</b>						
Inpatient Subset <sup>1</sup>	4.9%	6.7%	-0.9%	12.4%	3.0%	
Outpatient	8.1%	13.0%	4.4%	11.8%	8.8%	
Other	6.4%	12.4%	4.6%	12.2%	11.1%	
Visits	9.0%	13.3%	4.3%	11.6%	7.7%	
Professional Procedures	4.1%	5.5%	0.6%	6.4%	4.5%	
Prescriptions – Filled Days <sup>2</sup>	8.1%	9.3%	3.4%	1.9%	4.3%	
Brand	7.4%	-10.1%	5.8%	3.9%	1.1%	
Generics	9.5%	50.2%	0.5%	-0.8%	8.7%	
<b>Total Medical Spending Percent Change, YA</b>						
Medical <sup>3</sup>	5.6%	8.2%	1.5%	9.7%	5.6%	
<b>Per Capita by Detailed Service Category, YA</b>						
Emergency Room Visits	10.0%	15.3%	4.6%	15.6%	10.3%	
Labor and Delivery Admissions <sup>4</sup>	5.7%	4.3%	-3.5%	3.6%	4.1%	
Mental Health & Substance Use Admissions	14.3%	15.5%	29.6%	52.3%	9.2%	

Source: HCCI, 2013.

Notes: All data to represent the total population of insureds ages 19-25 and covered by ESI. Actuarial completion was performed on data from 2011 and 2012. All per capita dollars calculated from allowed amounts. All figures rounded.

1. Skilled nursing facility (SNF), hospice, and ungroupable claims were excluded from analysis of inpatient expenditure trends due to the lack of claims in the young adult age group.

2. Prescriptions uncategoryable as brand or generic were also analyzed, but they are not included in the tables due to very low dollar amounts.

3. Per capita spending for all inpatient subset, outpatient, and professional procedures.

4. Young adult women only.

Table 3. Decomposition of Expenditure Growth for Young Adults, Ages 19-25: 2011-2012

	<u>Expenditures Growth</u>		<u>Components of 2011 Expenditures Trend</u>		<u>Components of 2012 Expenditures Trend</u>	
	2011	2012	Utilization	Prices Paid	Utilization	Prices Paid
<b>Percent Change by Service Category, YA</b>						
Inpatient Subset <sup>1</sup>	12.4%	3.0%	5.0%	7.0%	-0.7%	3.7%
Outpatient	11.8%	8.8%	5.8%	5.7%	3.1%	5.6%
Other	12.3%	11.1%	5.3%	6.6%	3.2%	7.6%
Visits	11.6%	7.7%	8.0%	3.3%	2.3%	5.3%
Professional Procedures	6.4%	4.5%	4.1%	2.2%	4.4%	0.0%

Source: HCCI, 2013.

Notes: All data to represent the total population of insureds ages 19-25 and covered by ESI. Actuarial completion was performed on data from 2011 and 2012. All per capita dollars calculated from allowed amounts. All figures rounded.

1. Skilled nursing facility (SNF), hospice, and ungroupable claims were excluded from analysis of inpatient expenditure trends due to the lack of claims in the young adult age group.

Table 4. Utilization per 1,000 Young Adults, Ages 19-25: 2007-2012

	2007	2008	2009	2010	2011	2012
Inpatient Subset <sup>1</sup>	45	45	43	42	44	43
Outpatient	1,345	1,387	1,467	1,454	1,538	1,585
Other	1,082	1,127	1,200	1,197	1,261	1,302
Visits	263	261	268	257	277	283
Professional Procedures	8,254	8,453	8,872	8,665	9,023	9,421
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	
<b>Percent Change by Service Category, YA</b>						
Inpatient Subset <sup>1</sup>	-1.7%	-4.0%	-3.0%	5.0%	-0.7%	
Outpatient	3.1%	5.8%	-0.9%	5.8%	3.1%	
Other	4.1%	6.5%	-0.2%	5.3%	3.2%	
Visits	-0.8%	2.6%	-4.1%	8.0%	2.3%	
Professional Procedures	2.4%	5.0%	-2.3%	4.1%	4.4%	

Source: HCCI, 2013.

Notes: All data to represent the total population of insureds ages 19-25 and covered by ESI. Actuarial completion was performed on data from 2011 and 2012. All figures rounded.

1. Skilled nursing facility (SNF), hospice, and ungroupable claims were excluded from analysis of inpatient expenditure trends due to the lack of claims in the young adult age group.

Table 5. Decomposition of Expenditure Growth by Detailed Category for Young Adults, Ages 19-25: 2012

	<u>Expenditures Growth</u>		<u>Components of 2011 Expenditures Trend</u>		<u>Components of 2012 Expenditures Trend</u>	
	2011	2012	Utilization	Prices Paid	Utilization	Prices Paid
<b>Inpatient<sup>1</sup></b>						
Medical	6.1%	7.0%	3.9%	2.1%	-1.4%	8.6%
Mental Health and Substance Use	52.3%	9.2%	40.1%	8.7%	8.4%	0.8%
Surgery	16.1%	-3.2%	3.0%	12.7%	-10.5%	8.2%
<b>Outpatient Visits</b>						
Emergency Room	15.6%	10.3%	10.4%	4.8%	3.6%	6.5%
Observation	2.1%	2.9%	2.9%	-0.8%	-2.0%	5.0%
Outpatient Surgery	7.5%	4.7%	0.4%	7.0%	-1.9%	6.6%

Source: HCCI, 2013.

Notes: All data to represent the total population of insureds ages 19-25 and covered by ESI. Actuarial completion was performed on data from 2011 and 2012. All figures rounded.

1. Inpatient detailed categories exclude Labor and Delivery, skilled nursing facility and hospice, and ungroupable admissions in this table.

Table 6. Utilization per 1,000 Young Adults by Selected Detailed Categories, by Gender: 2007-2012

	2007	2008	2009	2010	2011	2012
<b>All YAs</b>						
Mental Health & Substance Use Admissions	3.9	4.2	4.6	5.5	7.7	8.3
<b>Women</b>						
Labor and Delivery Admissions	45.2	44.7	41.7	39.2	38.1	37.9
Mental Health Admissions	2.9	3.1	3.4	3.6	4.2	4.6
Substance Use Admissions	0.8	0.9	0.9	1.2	2.2	2.5
<b>Men</b>						
Mental Health Admissions	2.4	2.7	2.9	3.4	4.5	4.7
Substance Use Admissions	1.5	1.7	1.9	2.7	4.5	4.9

Source: HCCI, 2013.

Notes: All data to represent the total population of insureds ages 19-25 and covered by ESI. Actuarial completion was performed on data from 2011 and 2012. All figures rounded.