2023 INDIANA BLUEPRINT FOR CHILDREN

Priorities and recommendations to optimize lifespan outcomes, foster child health and well-being, strengthen families, support our communities, and enhance the position of Indiana as a leading state for children.

INAAP is a 501(c)(3) Nonprofit Incorporated in Indiana
Who We Are

The Indiana Chapter of the American Academy of Pediatrics (“INAAP”) is a statewide 501(c)(3) nonprofit organization focusing on issues related to the health and well-being of all Hoosier children. Our membership includes pediatricians, pediatric nurse practitioners and pediatric trainees from around the state, and INAAP strives to be the go-to resource for questions related to children’s health, as well as for issues related to the practice of pediatrics.

Our Mission

The Indiana Chapter of the American Academy of Pediatrics is committed to the attainment of optimal physical, mental and social health for all infants, children, adolescents and young adults. To this end, the members of the Academy dedicate their efforts and resources.
Building a Healthy Future

Policy Goals

PROMOTE HEALTHY CHILDREN
All children, adolescents, and young adults from birth to the age of 26 years must have access to the highest-quality health care so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of their race, ethnicity, income, family composition or immigration status have:

• equitable, non-discriminatory access to affordable and high-quality health care coverage
• insurance with comprehensive, pediatric-appropriate benefits
• access to needed primary and subspecialty pediatric care and mental health services
• comprehensive, family-centered care in a medical home

SUPPORT SECURE FAMILIES
All parents need the resources to give their children the best foundation for the future. Policymakers must ensure that all families have:

• work that provides a stable and adequate income and family-friendly benefits
• safe and secure housing
• affordable and safe childcare
• resources that support positive parenting skills training

PROMOTE STRONG COMMUNITIES
Strong communities are the building blocks for secure families and healthy children. Policymakers must ensure that communities:

• are safe from violence and environmental hazards
• provide high-quality early education, especially in segregated urban, suburban, and rural communities
• support public health systems that protect children from infectious diseases and support maternal and child health
• respond effectively when disasters and public health emergencies occur

ENSURE OUR STATE IS A LEADER FOR CHILDREN
Child health and well-being must be elevated and maintained as a priority in our state. Policymakers must develop and implement policy that:

• funds and supports public health and health services to help children grow into healthy adults
• ensures a clean environment for our children - from the water they drink to the air they breathe
• secures equitable health care delivery and access for every child regardless of race ethnicity, religion, immigration status, sexual orientation or gender identity, and disability
PREVENT GUN VIOLENCE AND PROMOTE SAFETY

Statement: The presence of unlocked guns in homes increases the risk of both unintentional gun injuries and intentional shootings. In 2020, firearm related injuries overtook motor vehicle accidents to become the leading cause of pediatric death in the United States. Firearm fatalities for children 1-19 years old jumped 30% between 2019 and 2020. We believe a public health approach to firearm legislation is critical in reducing firearm related injury in children. A 2019 study found states with stricter firearm legislation had lower firearm-related mortality rates in children.

Further, Indiana has one of the highest adolescent suicide rates in the country – a rate that has only gotten worse during the COVID-19 pandemic. In 2021, the results of the CDC Youth Risk Behavior Survey indicated that 11 percent of respondents in Indiana said they had attempted suicide at least once in the past year. Teen suicide is often impulsive – with 10 minutes or less being taken by adolescents to consider the ramifications. Because of this, access to firearms greatly increases the chance of a successful suicide attempt.

Safe gun storage saves children’s lives. Safe storage laws require guns to be stored locked and unloaded when any person prohibited from possessing a gun is present in the gun owner’s home - including convicted felons, those convicted of domestic violence, and those with certain mental health conditions. Child Access Prevention (CAP) laws impose criminal liability on adults who negligently leave firearms accessible to children or otherwise allow children access to firearms.

What Can Lawmakers do?

- Enact common-sense firearm policies that include universal background checks, address firearm trafficking, and mandate safe firearm storage in homes where children are present.
- Reject any legislation that weakens gun violence and firearm injury prevention laws or puts children’s safety at risk.
- Increase the minimum purchase age for firearms and ammunition to 21 years of age.
INVEST IN MENTAL HEALTH SERVICES

Statement: Among children and adolescents in the United States, 1 in 5 have a diagnosable mental health disorder. In 2021 the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association joined together to issue a declaration of a national emergency in child and adolescent mental health. Rates of childhood mental health concerns and suicide have risen steadily between 2010 and 2022, and by 2018 suicide was the second leading cause of death for youth ages 10-24. The problem is even more critical in Indiana which has one of the highest adolescent suicide rates in the country.

The COVID-19 pandemic has exacerbated issues that were emerging prior to 2020, and has impacted the safety and stability of families. More than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted. Indiana’s pediatricians are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have a lasting impact on them, their families, and their communities. We must work together to identify strategies to meet these challenges and increase access to mental health care for Hoosier children and adolescents.

What Can Lawmakers Do?

- Enact policies that promote mental health and suicide prevention as a core component of health care.
- Accelerate adoption of effective and financially sustainable models of integrated mental health care in primary care pediatrics, including clinical strategies and models for payment.
- Strengthen emerging efforts to reduce the risk of suicide in children and adolescents through prevention and early intervention programs in schools, primary care, and community settings.
- Increase the number of school-based psychologists, social workers, and counselors to ensure children and their families have access to appropriate and coordinated mental health prevention services.
- Pass laws to reduce access to guns and other lethal means for those at risk of hurting themselves or others.
- Promote a sustainable reimbursement rate structure for behavioral health providers focused on trauma-based care delivery for children and adolescents suffering from mental health and addictive disorders.
- Accelerate strategies to address longstanding workforce challenges in child mental health, including innovative training programs, loan repayment, and intensified efforts to recruit underrepresented populations into mental health professions as well as attention to the impact that the pandemic has had on the well-being of health professionals.
- Support financially sustainable models which expand access to substance abuse programs and other mental health resources for Hoosier children, adolescents, and their families.
Expand Access to Reproductive Healthcare and Information for Adolescents

Statement: Young people in Indiana experience high rates of sexually transmitted infections (STIs), unintended pregnancy, and infant and maternal mortality. In 2020, Indiana had the 13th highest teen birth rate and 9th highest infant mortality rate. Adolescent pregnancies present higher risk of complications, including infant and maternal mortality. This is often compounded by later access to prenatal care and, in rural youth, disparities in access to reproductive health care.

Comprehensive sexual education is vital to reducing unintended teen pregnancy rates and STIs in our state. The AAP recommends medically accurate, comprehensive sexual education programs in schools. Research shows that these programs delay onset of sexual activity among young people, decrease frequency of sexual intercourse and number of sexual partners, and increases contraceptive use when adolescents are sexually active. These benefits are not found in abstinence-only programs.

Similarly, access to birth control especially in rural areas is a key component of unintended pregnancy prevention. Currently 23 states plus the District of Columbia have “pharmacy access” laws which allow for pharmacist prescribing of contraception. Interested pharmacists receive additional training on birth control provision and counseling while following state-defined protocols. This has been shown in studies to be safe and to increase access to contraception. It is supported and recommended by the AAP.

What Can Lawmakers Do?

- Ensure every Hoosier has adequate access to reproductive healthcare, including birth control and prenatal care, by licensed and trained providers.
- Support individuals who choose to become parents with access to prenatal and postnatal care, affordable daycare services, and career development opportunities.
- Fund adult education programs to support furthering education for teen parents.
- Mandate accurate comprehensive sexual education in public schools.
- Put forth a pharmacy access law to help reduce access barriers to contraception.
- Limit insurance and payment barriers to women’s health care, including coverage for pharmacy birth control prescribing services.
2023 Advocacy Agenda

Indiana Chapter | American Academy of Pediatrics

Expand Investment and Access for High Quality Early Care and Education

Statement: High-quality early care and education (ECE) is an investment in Indiana’s children and their families. Ninety percent of a child’s brain growth happens before they celebrate their fifth birthday, and it critical that children be given the strongest possible foundation to succeed during that time period. While Indiana’s On My Way Pre-K program has been shown to be moving Indiana in the right direction, more investment in the program and lowering the financial burden to access the program would help ensure more of Indiana’s children are set up for success early in their lives.

Indiana does not currently have the capacity to provide ECE to everyone who wants it. Even after recent investments, more than two thirds of counties in the state do not have the capacity to serve even half of the children in need of care. Further, financial barriers often prevent families on the edge of the poverty line from receiving services even in ECE is available in the family’s area.

What Can Lawmakers Do?

- Support recommendations from the Early Learning Advisory Committee and the Governor’s Workforce Cabinet to increase the supply of high quality ECE providers.
- Expand the eligibility thresholds for On My Way Pre-K and other ECE programs from 127% to 185% of the federal poverty level.
- Expand eligibility thresholds for both On My Way Pre-K and Child Care Development Fund to 185% FPL, or $51,336 for a family of four.
- Remove the $6,800 statutory cap for On My Way Pre-K awards to increase reimbursement rates for high-quality providers participating in the program.
Reform Juvenile Justice with a Focus on Rehabilitation

Statement: Indiana youth detention and commitment rates are approximately 40% above the national average, with youth of color comprising a disproportionate number of justice-involved youth. While Indiana has some of the highest incarceration rates, data shows most of our detention and commitments represent low to moderate level offenses, meaning offenders do not pose a public safety risk. Pediatricians understand that the majority of justice-involved youth have experienced at least one form of childhood trauma (ACEs), which both contributes to their involvement in the system and has negative impacts on their health. Pediatricians also understand that justice-involved youth have complex medical, developmental, mental health and social needs which are not optimally met by the system. We must reform our juvenile justice system to better serve all children and improve, not worsen, their health. Juvenile justice reform efforts that invest in youth and their communities are critical to creating a system that is more appropriate for the developmental needs of children and adolescents.

What Can Lawmakers Do?

- Ensure that incarceration of adolescents is a last resort and only for offenders who have committed serious crimes and cannot be safely placed in a community-based program.
- Abandon correctional practices that traumatize children, such as solitary confinement, and instead support those that meet their unique developmental needs.
- Support legislation to abolish sentencing adolescents to life without possibility of parole.
- Advocate for adolescents to be prosecuted in the juvenile justice system. Transfer to the adult court should occur only after judicial review. A youth’s mental health status and exposure to trauma, adversity, and ACEs should be considered as mitigating factors.
- Support legislation reducing and/or eliminating the imposition of fees and fines for justice-involved youth and their families.
- Support legislation ensuring all justice-involved youth receive adequate and timely legal representation and understanding the brains of children and youth are still developing, they are most vulnerable to falsely confessing when lied to or given false impressions of leniency during interrogation. Furthermore, contact with their parents, guardians, and other loved ones is critical for positive behavior and growth in a child's future.
- Children and youth should be referred to by their initials to protect them and their future wellbeing.
- Advocate for improved clinical care for youth in detention while ensuring that the need for clinical care is never a reason to detain youth.
- Advocate for research to identify risk factors for involvement with the justice system, protective factors, outcomes for incarcerated youth, and effectiveness of community-based alternatives to incarceration and use resulting data to make evidence-based juvenile justice policy reforms.
SUPPORT THE PEDIATRIC WORKFORCE

Statement: In Indiana, close to 1 in 3 children rely on Medicaid for health care coverage. Studies have shown that children with health care coverage miss fewer school days due to illness or injury, do better in school, are more likely to graduate high school, earn higher wages, and grow up to be healthier adults. We are excited that House Bill 1091 has passed through committee during this 2023 session.

The low rates paid by Medicaid make it increasingly difficult for providers to care for children. A two-year federal provision to bring Medicaid payment to Medicare levels ended in 2015. In some regions in our state clinics are closing their doors to children on Medicaid because the payment rates do not allow them to sustain a practice. Raising pediatric Medicaid payment rates to the level of Medicare will improve access to care for Hoosier children and result in better disease prevention, earlier diagnosis and treatment, and fewer emergency room visits.

Indiana AAP believes that every child in Indiana deserves access to the highest quality of medical care available. Pediatricians deem this model the “Pediatric medical home,” where families and physicians work together as partners to identify and involve the necessary services needed to help children reach their full potential. The medical home is comprehensive, continuous, and easily accessible regardless of geographic barriers. Access to the medical home requires a commitment by Indiana to increase, develop, and support the pediatric workforce.

What Can Lawmakers Do?

- Support efforts to raise Medicaid reimbursement rates to Medicare levels.
- Provide incentives such as loan forgiveness opportunities for pediatricians willing to practice in rural areas of the state.
- Engage Indiana’s pediatric trainees and provide incentives to keep them practicing in Indiana.
- Ensure advanced practice registered nurses continue to work as part of a team-based approach to pediatric health care and not independent of physicians.
Ready to Work Together

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