

Access to Health Services Policy Statement

POSITION

ASTHO recognizes access to health services – including health insurance coverage – as a key determinant of health and wellbeing and therefore a priority for state and territorial health officials. Although there is growing recognition that many health factors occur outside the healthcare delivery system, access to timely, quality, and affordable health services is critical. These services include:¹

- Primary care and preventive services (including mental, behavioral, and oral health services) that are comprehensive, coordinated, patient-centered, and prevention-focused.
- Maternal and child health services including reproductive healthcare and prenatal/perinatal care.
- Services in conveniently located community-based settings that are accessible to people in institutions, including the criminal justice system.
- Specialty, tertiary, and emergency health services when necessary and clinically appropriate.
- Culturally and linguistically appropriate services.
- Insurance coverage that minimizes financial barriers to timely access to necessary services.
- Community and social services that address the social determinants of health and are tailored to meet community-specific needs.

SUMMARY OF RECOMMENDATIONS

- Ensure access to high quality, prevention-focused healthcare, including primary care, mental, behavioral, and oral health services.
- Develop and support policies, targeted interventions, and programs designed to enable all people to attain their highest possible level of health.
- Protect and preserve access to health insurance coverage options, including employer-sponsored insurance, individual commercial health insurance, and publicly funded insurance coverage programs coverage offered through the state and federal jointly funded Medicaid program.
- Develop and support payment and delivery models that increase access to coordinated, team based, quality care.
- Increase access to a variety of care delivery mechanisms, including emerging technologies.
- Support linkages between clinical care and community services to increase access to programs and services that impact overall health.

BACKGROUND

Healthy People 2030 cites healthcare access as an important factor in preventing disease and disability, detecting and treating illnesses, increasing quality of life, reducing the likelihood of premature death, and increasing life expectancy; however, one in four Americans lack a primary care provider or health center where they receive regular care.^{2,3} Access to regular primary care is associated with higher preventive care utilization, fewer preventable emergency department visits, and improved equity in the distribution of disease burden across sub-populations.^{4,5} In addition, research indicates that increased numbers of primary care physicians serving in a community may be associated with average mortality reduction, particularly in areas with high levels of socioeconomic inequality.^{6,7,8} Health insurance coverage is also associated with improved health outcomes and reductions in mortality.^{9,10,11,12}

Despite gains in health insurance coverage from 2010-2016 (approximately 20 million adults),¹³ many continue to lack insurance coverage. In total, about one in 10 people in the U.S. do not have health insurance.¹⁴ The number of uninsured Americans increased by approximately 2.2 million individuals between 2017 and 2020, with 73.7% of uninsured adults identifying cost as the primary barrier in 2019.¹⁵ The number of uninsured children has increased between 2017 and 2019, as well, reaching 5.7% in 2019.¹⁶ Health insurance coverage options should be protected and supported by policy and practice.

RECOMMENDATIONS/EVIDENCE-BASE:

ASTHO encourages state and territorial health agencies to:

- **Ensure access to high quality, prevention-focused primary care.** Those with access to primary care are more likely to receive health screenings, seek and receive care from appropriate sources when ill, and manage chronic conditions.¹⁷ ASTHO supports:
 - Promoting a strong health services safety net, including hospitals, community health centers and primary safety net providers, school-based clinics, and health departments.
 - Connecting oral and behavioral health education, prevention, and treatment interventions with primary care systems and activities.
 - Providing tools and technical assistance to enable healthcare providers to incorporate clinical preventive services into practice and to integrate and coordinate public health, healthcare, oral health, and behavioral health services.
 - Promoting access to affordable, comprehensive health insurance coverage, including employer-sponsored insurance, individual commercial health insurance, and publicly funded insurance offered through the jointly state/federal-funded Medicaid program.
- **Develop and support policies, targeted interventions, and programs designed to enable all people to attain their highest possible level of health.** Policies and programs should be targeted and culturally appropriate to support vulnerable populations that have special health needs or experience disparities based on race, ethnicity, age, sex, gender, socioeconomic status, language, sexual orientation, geographical location, or disability status. ASTHO supports:
 - Ensuring health services address critical public health challenges faced by vulnerable populations, including tuberculosis and other infectious diseases, sexually transmitted infections, family planning, and cancer screening and diagnosis.
 - Ensuring health insurance networks support access to culturally competent care, such as through culturally sensitive patient education materials and translation services.
- **Develop and support payment and delivery models that increase access to coordinated, team-based, quality care.** ASTHO supports:
 - Developing systems in which all individuals have a patient-centered health home to coordinate care and establish linkages to personal and community health services.
 - Reforming payment systems focused on access, quality, care coordination, and performance (in terms of both clinical and population health outcomes).
- **Increase access to a variety of care delivery mechanisms and workforces to improve access for traditionally underserved communities and people living in rural areas.** ASTHO supports:
 - Leveraging advancements in telehealth, including exploring licensing requirements and reimbursement policies to allow maximum use of telehealth.
 - Promoting home visiting programs.
 - Exploring and promoting workforce initiatives that broaden the delivery system and include community health workers, peer-recovery specialists, and other workforces.
- **Support linkages between clinical care and community services.** Creating sustainable linkages between healthcare, public health, and community resources and partners can improve patient access to services that improve the social determinants of health.¹⁸ ASTHO supports:
 - Facilitating relationship-building between public health agencies, providers, social services, and community organizations to advance the social determinants of health.
 - Including providers, public health, and community services in referral systems, care coordination, and team-based care models.
 - Sharing decision-making and strategic planning with families and communities.

APPROVAL DATES

Population Health and Informatics Policy Committee Approval: January 27, 2020

Board of Directors Approval: February 24, 2021

Policy Expires: February 29, 2024

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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¹ Magnan S. "Social Determinants of Health 101 for Health Care: Five Plus Five." *The National Academy of Medicine*. Available at: <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>. Accessed 9-27-19.

² U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion. "Health Care Access and Quality." Available at: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>. Accessed 12-1-2020.

³ Levine DM, Linder JA, Landon BE. "Characteristics of Americans With Primary Care and Changes Over Time, 2002-2015." *JAMA Internal Medicine*, 180(3): 463-466. Available at: <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2757495>. Accessed 12-1-2020.

⁴ Tsai M, Xirasagar S, Carroll S, Bryan CS, Gallagher PJ, Davis K, Jaunch EC. "Reducing High-Users' Visits to the Emergency Department by a Primary Care Intervention for the Uninsured: A Retrospective Study." *Inquiry*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5888802/>. Accessed 9-27-2019.

⁵ Starfield B, Shi L, Macinko J. "Contribution of Primary Care to Health Systems and Health." *The Milbank Quarterly*, 83(3): 457-502. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>. Accessed 10-3-2019.

⁶ Macinko J, Starfield B, Shi L. "Quantifying the health benefits of primary care physician supply in the United States." *International Journal of Health Services*, 37 (1): 111-26. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/17436988>. Accessed 10-3-2019.

⁷ Campbell RJ, Ramirez AM, Perez K, Roetzheim RG. "Cervical cancer rates and the supply of primary care physicians in Florida." *Family Medicine*, 35(1): 60-4. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/12564867/>. Accessed 10-3-2019.

⁸ Shi L, Macinko J, Starfield B, Xu J, Regan J, Politzer R, Wulu J. "Primary care, infant mortality, and low birth weight in the states of the USA." *Journal of Epidemiology and Community Health*, 58(5): 374-80. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/15082734/>. Accessed 10-3-2019.

⁹ Sommers B, Gawande AA, Baicker K. "Health Insurance Coverage and Health – What the Recent Evidence Tells Us." *The New England Journal of Medicine* (377): 586-93. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMs1706645#t=article>. Accessed 10-3-2019.

¹⁰ Freeman JD, Kadiyala S, Bell JF, Martin DP. "The Causal Effect of Health Insurance on Utilization and Outcomes in Adults." *Medical Care*, 46(10): 1023-32. Available at: https://www.jstor.org/stable/40221801?seq=1#page_scan_tab_contents. Accessed 10-3-2019.

¹¹ Bernstein J, Chollet D, Peterson S. "How Does Health Insurance Coverage Improve Health Outcomes?" Mathematica Policy Research, Inc. Available at: https://www.mathematica-mpr.com/-/media/publications/pdfs/health/reformhealthcare_ib1.pdf. Accessed 10-3-2019.

¹² Woolhandler S, Himmelstein DU. "The Relationship of Health Insurance and Mortality: Is Lack of Insurance Deadly?" *Annals of Internal Medicine*, 167(6): 424-31. Available at: <https://annals.org/aim/fullarticle/2635326/relationship-health-insurance-mortality-lack-insurance-deadly>. Accessed 10-3-2019.

¹³ Uberoi N, Finegold K, Gee E. "Health Insurance Coverage and the Affordable Care Act, 2010-2016." *U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation*. Available at: <https://aspe.hhs.gov/system/files/pdf/187551/ACA2010-2016.pdf>. Accessed 9-27-2019.

¹⁴ HHS. "Health Care Access and Quality." Available at: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>. Accessed 12-1-20.

¹⁵ Kaiser Family Foundation. “Key Facts about the Uninsured Population.” Available at: <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>. Accessed 12-1-2020.

¹⁶ Georgetown University Health Policy Institute, Center for Children and Families. “Children’s Uninsured Rate Rises by Largest Annual Jump in More Than a Decade.” Available at: <https://ccf.georgetown.edu/2020/10/08/childrens-uninsured-rate-rises-by-largest-annual-jump-in-more-than-a-decade-2/>. Accessed 12-1-2020.

¹⁷ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. “Access to Health Services.” Available at: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services>. Accessed 9-27-2019.

¹⁸ Agency for Healthcare Research and Quality. “Clinical Community Linkages.” Available at: <https://www.ahrq.gov/ncepcr/tools/community/index.html>. Accessed 9-30-2019.