NAPNAP Position Statement on Access to Care

The National Association of Pediatric Nurse Practitioners (NAPNAP), an organization that advocates for children, believes that children’s health is a priority for the United States and that our health care system must maintain and improve the health of America’s children. NAPNAP believes that all children should have access to coordinated, comprehensive, and culturally sensitive family-centered care that includes mental health services to help promote healthy lifestyles and restore health. NAPNAP believes that enhanced access to care for all children will improve health outcomes and the overall health status of children.

NAPNAP supports the promotion of primary health care as a model that encourages lifelong and comprehensive access to care. “Access to care” is defined as having a usual source of care (i.e., a primary health care provider of choice) without barriers to services resulting from financial or insurance restrictions, lack of available providers, or the inability of health information to be shared seamlessly among hospitals and providers across the continuum of care (Institute of Medicine [IOM], 2011). Children with private health insurance are more likely to have a usual source of health care and to receive preventive health services than are children who are uninsured or receive public insurance (Children’s Defense Fund, 2011; Gresenz, Rogowski, & Escaree, 2006).

Children’s health status varies among ethnic and socioeconomic groups and is influenced by barriers to primary care among low-income, homeless, minority, non–English-speaking, and uninsured children (American Academy of Pediatrics [AAP] Committee on Pediatric Emergency Medicine, 2007; Gresenz et al., 2006; Stevens, Seid, & Halfon, 2006). In rural areas where access to care is particularly problematic, nurse practitioners (NPs) are critical to the provision of health care services (Kaplan, Brown, Andrilla, & Hart, 2009). Twenty-five percent of the U.S. population lives in rural areas; however, only 10% of physicians practice in these areas (National Rural Health Association [NRHA], 2010).

Universal health care insurance is a critical factor for improving the health care of children. The State Children’s Health Insurance Program (SCHIP) was developed to provide health insurance and high-quality primary health care from a regular source to eligible children. It was reauthorized through 2013 under the 2010 Health Care Reform. The Georgetown University Health Policy Institute (GUHPI) (2011) reports that, based on 2009 data, about 64% of the 79,300,000 children in the United States have public insurance through Medicaid or SCHIP, and an additional 10% are uninsured. The Centers for Medicare and Medicaid Services (CMS) is charged with ensuring the quality of care provided to these patients on public assistance, such as well-child care and timely immunizations (CMS, 2011).

Access to health care will be out of reach for many Americans (Association of American Medical Colleges, 2010) because of a predicted health care provider shortfall, despite a push by teaching hospitals and medical schools to boost the number of physicians (Sataline & Wang, 2010). NPs can assist in geographic areas with a shortage of providers. The current model of health care discourages interdisciplinary, team, and care coordination models as a result of restrictive regulations (Patient Protection and Affordable Care Act, 2009). To ensure that all Americans have access to health care services and that nurses’ unique contributions are maximized, federal and state actions are required to update and standardize regulations.

Adopted by the National Association of Pediatric Nurse Practitioners’ Executive Board on October 29, 2011. This document replaces the 2006 NAPNAP Position Statement on Access to Care.

All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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NP practice areas continue to expand, as NPs now provide primary care, ambulatory, acute care, specialty care, and long-term care to children in rural and urban areas (American Academy of Nurse Practitioners [AANP], 2010b). NPs provide cost-effective health care including health education, health promotion, disease prevention, access to community resources, and management during acute and critical illness (AANP, 2010a). Many studies have demonstrated that NPs provide equivalent or superior care compared with physicians in areas of patient satisfaction, rates of hospitalization/rehospitalization, hospital length of stay, number of days on a ventilator, and mortality (Newhouse et al., 2011).

NAPNAP believes it is essential for all children (infants through young adults) to have access to quality comprehensive and preventive health care from a team of pediatric clinicians, including pediatric nurse practitioners (acute and primary care), pediatricians, and pediatric subspecialists for health maintenance (ranging from prenatal to young adult), acute illness/injury management, chronic illness care, mental health care, and emergency/critical care.

To promote access to care, NAPNAP supports:

1. Initiatives and legislation (IOM, 2011; NAPNAP, 2011) that will:
   - Address financial and nonfinancial barriers to primary care for children
   - Enhance the quality of primary health care for all children
   - Expand insurance coverage
   - Remove regulatory barriers to NP practice, such as lack of equitable reimbursement and requirements for physician supervision of NPs
   - Use inclusive language when listing health care providers to update insurance policies to include NPs as primary care providers
   - Improve health care communication technology for seamless communication between providers and limiting redundancies in care

2. IOM recommendations (IOM, 2011), including but not limited to:
   - Allowing NPs to practice to the full extent of their education and training with decreased variances between states
   - Supporting nurses in achieving higher education and training in an enhanced education system facilitating academic progression
   - Supporting nurses as full partners with physicians and other health care professionals in redesigning health care in the United States
   - Promoting nurse residency programs to facilitate transition into clinical practice
   - Expanding nurse leadership positions through increased appointments to key decision making and board positions

3. Healthy People 2020 objectives to improve the health, well-being, and safety of adolescents and young adults and decrease their risk of developing preventable diseases/morbidities of adulthood (U.S. Department of Health & Human Services, 2010)
4. Culturally sensitive public health outreach and education programs targeted to immigrant, homeless, non–English-speaking, and low-income families
5. Collaboration of private and public funds to support advanced research and high-value innovative solutions to provide improved access to health care
6. Efforts to evaluate the benefits of SCHIP, address improved health insurance coverage for eligible children, increase the number of eligible children, and promote children’s access to high-quality primary and specialty care when needed (GUHPI, 2011; Healthy Families Quality Indices, 2008)
7. Legislation giving parents the right to choose a health care professional (NAPNAP, 2011).
8. Efforts to increase access to quality pediatric emergency and specialty care at local, state, and federal levels (AAP, 2007)

NAPNAP believes that all children should have access to comprehensive health care services through the provision of insurance to the uninsured and choice in the selection of health care providers to provide quality care.

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REFERENCES
CORRECTION

In the article, “Medical Evaluation for Child Sexual Abuse: What a PNP Needs to Know” (*Journal of Pediatric Health Care, 25*[4]:250-256), there is an error in Box 3. For the antibody testing it should read hepatitis C rather than hepatitis A.