



NAPNAP Position Statement on Access to Care

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The National Association of Pediatric Nurse Practitioners (NAPNAP) is an organization that aims to proactively identify pediatric health issues in primary, acute, critical, and subspecialty care (NAPNAP, 2020a). In addition, NAPNAP employs resources including continuing education, advocacy efforts, research, and collaboration with key stakeholders to educate pediatric providers and disseminate best practices. NAPNAP considers children's health and well-being a priority and expects that our health care system will improve and maintain the health of America's children. NAPNAP believes that all children should have access to comprehensive, continuous, coordinated, compassionate, culturally responsive, sensitive, and family-centered health care in-person or *via* telehealth, including behavioral health services to ensure physical and psychosocial health and well-being (NAPNAP, 2020a).

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 the timely use of personal

health services to achieve the best possible health outcomes, which includes patient access to (1) a usual source of health care, (2) affordable care, (3) a health care provider of choice that is qualified and culturally competent and (4) coordinated care between health care providers (Agency for Healthcare Research and Quality, n.d.; Corscadden et al., 2018; National Academy of Medicine [NAM], 1993; US Department of Health and Human Services, 2021). Strategies focused on children's health and safety in early childhood programs, schools, and communities can help improve health outcomes (US Department of Health and Human Services, 2021b). NAPNAP supports strategies to achieve equitable care for all children and believes that enhanced access to care improves health outcomes and the overall health status of our nation.

Pediatric health care delivery and children's health status are influenced by social determinants of health. Social determinants of health are defined as conditions in the places in which people live, learn, work and play (Centers for Disease Control and Prevention [CDC], 2021). The five key social determinants of health include health care access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment. Although rates of uninsured children have declined since the implementation of the Patient Protection and Affordable Care Act (ACA), children who live in poverty remain more likely to be uninsured than those not in poverty (Keisler-Starkey & Bunch, 2021). Uninsured children have worse health status, delayed immunizations, and higher odds of emergency department visits and avoidable hospitalizations attributed to their lack of access to care (Flores et al., 2017).

Universal health care insurance is a critical factor for improving children's health care. The rate of uninsured children hit a historic low in 2016; however, the following year, the rate of uninsured children began to climb (Alker & Corcoran, 2020). Between 2018 and 2019, the number of children without health insurance rose by 320,000, marking the

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This document replaces the 2016 NAPNAP Position 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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largest jump in uninsured children in a decade (Alker & Corcoran, 2020). The percentage of uninsured children aged < 19 years in poverty rose 1.6% points between 2018 and 2020. This translates to 9.3% of children in the United States aged < 19 years and in poverty being uninsured before the coronavirus disease 2019 pandemic (US Census Bureau, 2021). In 2020, 54.9% of children aged 0–17 years had private insurance, and 42.2% were enrolled in a public health plan. *The Children's Health Insurance Program* (CHIP) was developed to provide health insurance and high-quality primary health care from a usual source of care for eligible children. Lack of health insurance coverage makes it difficult for children to receive care. When uninsured patients obtain care, it often burdens them with large medical bills, as they are more likely to have delayed diagnosis and treatment and be in poor health (US Department of Health and Human Services, 2021a). Children's access to health coverage through Medicaid and CHIP reauthorization is essential to ensuring vulnerable children access health care. NAPNAP endorses efforts to increase the proportion of children and adolescents with health insurance to ensure children receive high-quality, timely care and supports growth in community organizations providing prevention services.

The implementation of the ACA and expansion of Medicaid enables more Americans to access health insurance, but having insurance is only one step toward receiving care. Access to health care will be out of reach for many American children because of a shortfall in the number of pediatric providers and the inadequacy of pediatric provider networks (Children's Defense Fund, n.d.; Children's Hospital Association, 2012). Primary care nurse practitioners are projected to grow in numbers, whereas primary care physicians are not, with a projected 37 states having a shortage of primary care physicians by 2025 (Gigli, Beauchesne, Dirks, & Peck, 2019). Pediatric nurse practitioners (PNPs) and pediatric-focused advanced practice registered nurses (APRNs) treat children from birth through transition to adult care (NAPNAP, 2020b). PNPs and pediatric-focused APRNs represent a critical access point to high-quality health care, with 89% of PNPs reporting treating children covered by Medicaid as their primary coverage (American Association of Nurse Practitioners, n.d.). PNPs and pediatric-focused APRNs are essential members of the health care workforce who play a key role in improving access to care through interactions with individuals and families, coordination of preventive, acute, and chronic health needs across health settings, consideration of individuals' social needs, and engaging in roles within public health and community-based settings (NAM, 2021).

PNPs and pediatric-focused APRNs practice in diverse settings, including primary care, ambulatory care, acute care, specialty care, and long-term care to provide services to children in rural and urban areas (US Department of Health and Human Services, Health Resources and Services Administration, & National Center for Health Workforce Analysis, 2014). Based on \geq 50 years of patient outcomes and peer-reviewed research, APRNs consistently provide

safe, competent, and affordable health care including health education, health promotion, disease prevention, access to community resources, and management of acute and chronic illnesses (Gigli et al., 2019; National Organization of Nurse Practitioner Faculties, 2019). Many studies have demonstrated that APRNs provide equivalent or superior care compared with physicians in areas of patient satisfaction, rates of hospitalization/rehospitalization, hospital length of stay, ventilator days, and mortality which can positively impact patient outcomes (Dillon & Gary, 2017; Gigli et al., 2019). To ensure all Americans have access to health care services, all providers must be permitted to practice to the full extent of their education and licensure, which may require federal and state actions to standardize statutes and regulations (Moote, Krsek, Kleinpell, & Todd, 2011; Reagan & Salsberry, 2013; Schirle et al., 2020). Pediatric-focused APRNs are a recognized workforce ready to improve access to care, especially in rural areas and with marginalized, underserved populations, thereby addressing health care costs and equity (Bureau of Labor Statistics & United States Department of Labor, 2021; Gigli et al., 2019). NAPNAP supports APRNs practicing to the full extent of their education and training and advocates for decreased variances among states to promote improved access to care.

With the increased complexity of illness and chronicity, there will be an increase in advance care coordination and continuity of care between health care settings (Gigli et al., 2019). Working as an interprofessional team with other providers is essential to ensure optimal care for pediatric patients. NAPNAP believes it is essential for all children (infants through young adults) to have access to quality, comprehensive health care from a team of pediatric clinicians, including pediatric-focused APRNs, pediatricians, and pediatric subspecialists. Children deserve access to specialized pediatric primary health care, oral care and health maintenance, emergency and acute illness/injury management, chronic illness care, and mental health care.

To promote access to care:

1. NAPNAP supports initiatives and legislation that do the following:
 - Address financial and nonfinancial barriers to affordable and comprehensive health insurance coverage.
 - Enhance accessibility to quality health care for all children through improved access to comprehensive primary, chronic, acute, and subspecialty services, including those practicing in telehealth and/or across state lines.
 - Promote pediatric data desegregation to highlight disparities in health outcomes and promote targeted interventions.
 - Support promotion of diversity, equity, and inclusion in nursing and APRN training, education, scholarship, and employment.

- Support comprehensive funding of Medicaid/CHIP services for children and families as a central coverage resource.
 - Address inconsistencies between states' eligibility criteria and use provider-inclusive language in legislation and policies (NAPNAP, 2021).
 - Remove regulatory barriers to APRN practice, such as lack of equitable reimbursement, requirements for physician supervision of APRNs, and exclusion of pediatric providers from the provider network (NAPNAP, 2016).
 - Include APRNs as reimbursable providers and full participants in demonstration projects, reimbursement strategies, and incentive programs (NAPNAP, 2021).
 - Improve health care communication technology, including the electronic health record, for seamless communication between providers supporting the coordination of care (NAPNAP, 2021).
2. NAPNAP supports the National Academy of Medicine recommendations, including but not limited to (NAM, 2021):
- Allows APRNs to practice to the full extent of their education and training with decreased variances between state regulations on the practice.
 - Supports nurses in achieving higher education and training in an enhanced education system, facilitating academic progression.
 - Supports nurses as full partners with physicians and other health care professionals in redesigning health care in the United States.
 - Ensure pediatric nursing content in nursing education and subspecialty educational opportunities for pediatric-focused APRNs.
 - Expand nurse leadership positions through increased appointments to key decision Making and board positions.
 - Allow APRNs to prescribe medication, diagnose patients, and provide treatment independent of a physician.
3. NAPNAP supports Healthy People 2030 objectives to improve health by ensuring that people obtain timely and high-quality health care services by including but not limited to the following recommendations (US Department of Health and Human Services, 2021):
- Support growth in community organizations providing prevention services.
 - Increase the proportion of children and adolescents with health insurance.
 - Reduce the number of people who cannot receive medical care or prescription medications when needed.
 - Increase the proportion of children and adolescents who have a usual primary care provider, oral health provider, and receive care in a medical home.

- Increase the ability of primary care and behavioral health professionals to provide high-quality care to patients.

NAPNAP is an organization whose mission is to empower pediatric-focused APRNs and critical partners to optimize child and family health. NAPNAP supports the belief that all children should have access to comprehensive health care services through the provision of insurance to the uninsured and choice in select health care providers to provide quality care.

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