



# 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 our nation and that our health care system must maintain and improve the health of America's children. Unfortunately, the United States currently ranks 37th in the world in overall health system performance and 72nd in population health (Blendon, Kim, & Benson, 2001; World Health Organization, 2000). NAPNAP believes that enhanced access to care for all will improve health outcomes and overall health status of children.

NAPNAP supports the promotion of primary health care as a model that encourages continuous 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 other difficulties (Pincus et al., 2005). Nurse practitioners (NPs) provide cost-effective, primary care services including

health education, health promotion, disease prevention, and access to community resources (Reavis, 2004).

Clearly, adequate access to health care services may significantly influence health outcomes (Gresenz, Rogowski, & Escaree, 2006; Stevens, Seid, & Halfon, 2006). Children with private health insurance are more likely to have a usual source of health care and to receive a variety of preventive health services in comparison with children who do not have a usual source of care, are uninsured, or receive public insurance (Gresenz et al.). Consequently, a substantial number of children (primarily Black and Hispanic children) in America remain uninsured without a usual source of health care in spite of various policy initiatives (Pincus et al., 2005).

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 Pe-

diatric Emergency Medicine, 2000; Gresenz et al.; Mullin & Ambrosia, 2005; Pincus et al., 2005; Reavis, 2004; Stevens et al.). Children with special health care needs are at risk for fragmented primary care and limited access to specialized health care services (Rhoades Smucker, 2001). In rural areas children may have limited access to providers because qualified pediatric health care clinicians are not available or are not designated as primary care providers (Lindeke & Jukkala, 2005).

Universal health care insurance coverage is a critical factor for improving the care of children with health problems. The State Children's Health Insurance Program (SCHIP) was developed to provide health insurance for eligible children and high-quality primary health care from a regular source. By 2003, nearly 4 million children were enrolled in SCHIP (Health Care Financing Administration, 2001). Families who are aware of SCHIP are more likely to have SCHIP insurance and to receive regular primary care and timely immunizations (Sun, Sangweni, Butts, Nguyen, & Ingster, 1999).

NAPNAP believes it is essential for all children (infants through young adults) to have access to comprehensive and preventive health care from a team of qualified pediatric clinicians, including pediatricians, pediatric subspecialists, and pediatric NPs. Comprehensive care includes health maintenance (ranging from prenatal to

---

Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on November 4, 2006.

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.

J Pediatr Health Care. (2007). 21, 35A-36A.

0891-5245/\$32.00

doi:10.1016/j.pedhc.2006.11.006

young adult), acute illness/injury management, chronic illness care, mental health care, and emergency care.

To promote access to care, NAPNAP supports:

1. Initiatives and legislation that (Demske, 2006):
  - address both financial and nonfinancial barriers to primary care for children.
  - enhance the quality of primary health care, particularly for the publicly insured.
  - expand insurance coverage.
  - remove regulatory barriers to NP practice, such as lack of equitable reimbursement for NP services and requirements for physician supervision of NPs.
  - use inclusive language when listing health care providers.
  - support consumers' rights to choose an NP as a primary health care provider.
2. Healthy People 2010 objectives that children with special health care needs receive comprehensive care (U.S. Department of Health and Human Services, 2000).
3. Culturally sensitive public health primary-care outreach and education programs targeted to immigrant, homeless, and low-income families (Mullin & Ambrosia, 2005).
4. Research that contributes to new knowledge about child health services, improves health care for children, and can be translated into practice (Agency for Healthcare Research and Quality, 2000).
5. Efforts to evaluate the benefits of SCHIP, address improved health insurance coverage for eligible children, and promote children's access to high-quality primary care, including appropriate referrals when needed (Kenney & Chang, 2004).
6. Efforts to increase the number of eligible children in SCHIP by:

- active enrollment, outreach, education, and tracking.
  - ongoing assessment of insurance status, coverage of primary and specialty services, and availability of health care personnel.
  - monitoring evidence of improved health status (Reavis, 2004).
7. Legislation that allows parents the right to a health care professional of choice (Demske, 2006).
  8. Efforts to increase access to quality pediatric emergency care at local, state, and federal levels (AAP, 2000).

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

*The National Association of Pediatric Nurse Practitioners would like to acknowledge the contribution of the Professional Issues Committee and the following members for their contribution to this statement:*

*Rosemary Liguori, PhD, CPNP,  
Chair, Professional Issues Committee*

*Melissa Reider-Demer, MSN,  
CPNP*

*Deborah White, PhD, CPNP  
Heather Keesing, MSN, APRN,  
Staff*

## REFERENCES

- Agency for Healthcare Research and Quality. (2000). *Supporting research that improves health care for children and adolescents* (AHRQ Publication No. 00-P017). Retrieved October 5, 2006, from <http://www.ahrq.gov/research/childbrf.htm>.
- American Academy of Pediatrics Committee on Pediatric Emergency Medicine. (2000). Access to pediatric emergency medical care. *Pediatrics*, 105(3), 647-649.
- Blendon, R. J., Kim, M., & Benson, J. M. (2001). The public versus the World Health Organization on health system

performance. *Health Affairs*, May/June, 10-20.

- Demske, A. (2006). *NAPNAP: Increasing—not decreasing—access to health care for children*. Retrieved October 6, 2006, from <http://www.napnap.org/index.cfm?page=11>.
- Gresenz, C. R., Rogowski, J., & Escaree, J. J. (2006). Dimensions of local health care environment and use of care by uninsured children in rural and urban areas. *Pediatrics*, 117, 509-517.
- Health Care Financing Administration. (2001). [Press release]. *SCHIP enrollment reaches 3.3 million*. Retrieved October 5, 2006, from <http://www.cms.hhs.gov/>.
- Kenney, G., & Chang, D. L. (2004). The State Children's Health Insurance Program: successes, shortcomings and challenges [Electronic version]. *Health Affairs*, 23, 51-62.
- Lindeke, L. L., & Jukkala, A. J. (2005). Rural NP practice barriers and strategies: One state's story. *The Journal for Nurse Practitioners*, 9, 11-18.
- Mullin, K. A., & Ambrosia, T. (2005). Role of the nurse practitioner in providing health care for the homeless. *The Journal for Nurse Practitioners*, 9, 37-44.
- Pincus, H. A., Thomas, S., Keyser, D., Castle, N. G., Dembrosky, J. W., Firth, R., et al. (2005). *Improving maternal and child health care. A blueprint for community action in the Pittsburgh region*. Retrieved October 5, 2006, from <http://www.rand.org/pubs/monographs>.
- Reavis, C. (2004). Nurse practitioner-delivered primary health care in urban ambulatory care settings. *The Journal for Nurse Practitioners*, 8, 41-49.
- Rhoades Smucker, J. M. (2001). Managed care and children with special health care needs. *Journal of Pediatric Health Care*, 15, 3-9.
- Stevens, G. D., Seid, M., & Halfon, N. (2006). Enrolling vulnerable, uninsured but eligible children in public health insurance: Association with health status and primary care access. *Pediatrics* 117, 751-759.
- Sun, W. Y., Sangweni, B., Butts, G., Nguyen, B., & Ingster, S. (1999). Assessment of an outreach program that links children who use New York City immunization clinics to primary care. *Health Mark Quarterly*, 17, 9-22.
- U.S. Department of Health and Human Services. (2000, November). *Healthy People 2010: Understanding and improving health*. 2nd ed. Washington, DC: U.S. Government Printing Office.
- World Health Organization. (2000). *The World Health Report 2000: Health Systems—Improving Performance*. Geneva.