Access to Health Care

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) considers access to comprehensive quality health care services a basic human right. Therefore, AWHONN strongly supports policy initiatives that guarantee access to such health care services for all people.

Background

Access to health care is a critical factor in care throughout the patient life span. Lack of access to health care is associated with poor outcomes given that it stymies timely preventive care, early diagnosis, and effective management of acute and chronic conditions. According to the Office of Disease Prevention and Health Promotion's (n.d.) Healthy People 2030 initiative, health care access and quality is one of the five domains of social determinants of health alongside economic stability, education access and quality, neighborhood and built environment, and social and community context (Office of Disease Prevention and Health Promotion, n.d.). Social determinants of health can directly affect whether people can afford health insurance, travel to appointments, and navigate the health care system effectively, ultimately determining their ability to access necessary care. Below are a number of factors and summaries of the ways in which those factors influence individuals' ability to access quality affordable care. For readability, these factors are divided into two subheadings: Structural Barriers and Populations Affected by Systemic Inequities. However, these factors do not exist in a vacuum and often overlap, compounding access challenges.

Structural Barriers

Insurance Eligibility and Income

In the United States, a lack of health insurance is a significant barrier to accessing timely quality health care services and is a key contributor to maternal mortality (Daw et al., 2020). Uninsured individuals are less likely than those with insurance to receive preventive care, recommended screenings, and follow-up care. They are also more likely to delay, or even forgo entirely, necessary medical treatments and prescriptions (Allen et al., n.d.). As a result, uninsured people often experience poorer health outcomes than insured people and face a higher risk of hospitalization for preventable conditions.

Affordable insurance is still limited for many low-income individuals. The Patient Protection and Affordable Care Act (2010) provided the states with the option to expand Medicaid eligibility to many low-income individuals. The primary goal of the Affordable Care Act was to remove insurance-related barriers to health care access and expand Medicaid coverage (Assistant Secretary for Public Affairs, 2022). Since the Affordable Care Act's passage and implementation, the number of uninsured individuals has significantly decreased (Assistant Secretary for Public Affairs, 2022). In the American South, where health outcomes are already the worst in the nation, many states have not opted into the Medicaid expansion (Center on Budget and Policy Priorities, 2023, Miller & Vasan, 2021).

In addition, racial and ethnic disparities continue to persist in perinatal insurance. The gap in affordable insurance may be exacerbating the existing health care inequities in maternal and neonatal health (Daw et al., 2020). In a recent study, Daw et al. (2020) found that health care disparities existed in both preconception and postpartum insurance, which are key elements in providing quality care. Furthermore, racial and ethnic minorities have a higher risk of being uninsured than non-Hispanic Whites. Even for those who can afford insurance, high deductibles and out-of-pocket costs may prevent individuals from seeking the care they need (Office of Disease Prevention and Health Promotion, n.d.).

Reproductive Care Deserts and Underserved Areas

One third of counties in the United States are considered reproductive health care deserts, defined as areas without access to services, obstetric care facilities, or providers (March of Dimes, 2024). Continued closure of rural hospitals and labor and delivery units adversely affects access to care (Taporco et al., 2021). Reproductive care deserts exacerbate existing inequities and further contribute to barriers to accessing care, especially in communities of color, low-income rural areas, and areas with low investment in community-focused care (March of Dimes, 2024). The

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scale of this issue is evident in recent findings, which show that more than 2.3 million reproductive-age women live in maternity care deserts (Stoneburner et al., 2024).

Given that politics influences state policies on reproductive services, a more conservative political landscape may lead to restrictions on abortion services (Kerestes et al., 2021). With the Supreme Court's 2022 decision in *Dobbs v. Jackson Women's Health Organization,* the constitutional right to abortion was overturned, and abortion bans were implemented in 41 states, with 13 states implementing a total ban (Guttmacher Institute, 2025). The lack of abortion clinics in certain states leads to an influx of out-of-state patients in regions that continue to provide reproductive services, taxing those regions' resources (Koenig et al., 2023). Refer to AWHONN's 2024 "Contraception and Abortion" position statement for further information (AWHONN, 2024).

Health Care Provider Shortages

A significant barrier to care is the lack of primary care providers. As of 2024, an estimated 15 million people lived in a medically underserved area and 5 million people were part of a medically underserved population (Health Resources and Services Administration [HRSA], 2025). Estimates indicate that a shortage of 68,000 primary care providers currently exists (HRSA, 2025).

Scope of Practice

Regulatory restrictions on Advanced Practice Registered Nurses' (APRN) scope of practice create unnecessary barriers to improving primary care access (AWHONN, 2023a). Scope of practice policies vary widely across states, limiting APRNs' ability to provide care based on their qualifications, education, or expertise. These inconsistencies prevent APRNs from practicing to the full extent of their capabilities, affecting patient access to high-quality, cost-effective care (Markowitz & Adams, 2022).

Populations Affected by Systemic Inequities

Race and Ethnicity

Racism and implicit bias in care have contributed to significant disparities in birth outcomes and heightened levels of distrust of the health care system (Ibrahim et al., 2022). The alarmingly disproportionate rates of maternal mortality faced by Black, Indigenous, and people of color populations are three times higher than those of White pregnant persons (Van Eijk et al., 2022). These maternal health disparities result in higher preterm births, low birth weights, higher rates of posttraumatic stress disorder, and lower chances of breastfeeding among Black, Indigenous, and people of color populations (Van Eijk et al., 2022). In addition, patients who perceive racial discrimination in health care are less likely to seek treatment (Rhee et al., 2019), contributing further to negative maternal and neonatal outcomes. National statistics show that preterm birth rates are 52% higher for Black Americans in the United States compared with any other race (March of Dimes, 2022). A more diverse workforce in health care is associated with increased levels of trust and is crucial to reducing health disparities (AWHONN, 2023b).

People of color have experienced economic, political, and social inequality at a systemic level, making optimal health and access to health care a multifactorial challenge. Persistent themes associated with implicit bias in health care for minorities are delays in care, gaps in communication, long wait times, and reports of poor patient–provider interactions when compared with other races (Van Eijk et al., 2022). In addition, women, especially women of color, have historically had their pain and symptoms dismissed or underestimated by providers (Ruben & Stosic, 2024).

Citizenship Status

Health care access is a basic human right regardless of citizenship status. Both lawfully present and undocumented immigrants face several barriers in accessing health insurance and health care. Availability of health care coverage for immigrants varies by state and is ever-changing based on federal and state legislative control (Pillai et al., 2024).

Regardless of whether President Donald Trump's January 20, 2025 Executive Order No. 14,160, "Protecting the Meaning and Value of American Citizenship," is constitutional, the order will continue to create uncertainty for children born to undocumented immigrants about their lawful access to health care, including Medicaid, the Children's Health Insurance Program, Medicare, and private insurance, which they legally have (American Civil Liberties Union, 2025).

Language Barriers

Language barriers significantly influence the ability of immigrants to identify services needed, to make appointments and to effectively engage with health care providers (Pandey et al., 2021). Studies have shown that those with language barriers experience greater difficulty in accessing pregnancy care and have a higher risk of inadequate prenatal care when compared with individuals without language barriers (Eslier et al., 2023).

Disabilities

People with disabilities face a myriad of accessibility issues in health care. Not all disabilities are visible or apparent. Invisible disabilities, encompassing physical, mental, or neurological conditions that are often overlooked or difficult to detect, can result in lower-quality health care (Invisible Disabilities Association, n.d.). Patients may face physical challenges in accessing transportation to hospitals or outpatient settings to receive care. Once accessed, appropriate medical equipment, accommodation, and health services might not be available in an accessible form such as Braille (Jarvis et al., 2024).

Sexual Orientation and Gender Minority Status

Sexual and gender minority individuals often experience reduced access to health care. Discrimination, bias, negative encounters with health care providers, assumptions of heterosexuality, and lack of knowledgeable providers can lead to sexual and gender minority individuals delaying or avoiding health care (Gomez & Bernet, 2019;

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Kaiser Family Foundation, 2023; Kerker et al., 2006). In addition, access to comprehensive gender-affirming care is often blocked by structural, social, legal, and provider-related barriers (Ross et al., 2023). These barriers persist despite a substantial increase in the number of people who identify as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, or questioning, with the "+" encompassing other diverse sexual orientations and gender identities) in recent years (Jones, 2024).

Economic barriers, including disparities in employment, health insurance, and affordability, contribute to lesser access to regular health care and result in poorer health status for sexual minority individuals (Charlton et al., 2018). Inequality in the workplace and health insurance sector are also thought to contribute to the disparities in health access and outcomes (Ayhan et al., 2019).

Mental and Behavioral Health Issues

Nearly a quarter (24.58%) of adults with frequent mentally unhealthy days were unable to seek care due to the financial barrier (Reinert et al., 2024). However, financial limitations are just one of many obstacles individuals face when accessing health services. Unlike their neurotypical counterparts, neurodivergent patients may face barriers in processes such as scheduling appointments and navigating insurance (Keown, 2024). In addition, patients who suffer from substance use disorders may encounter obstacles because of stigma associated with the condition (Substance Abuse and Mental Health Services Administration, 2022).

The Role of the Nurse

Nurses, consistently recognized as the most trusted profession (Saad, 2025), play a crucial role in expanding health care access. Race and ethnicity, cultural needs, economic stability, health literacy, language proficiency, physical and mental needs, and geospatial residence all have been identified as necessary determinants to be addressed in bridging the gap in health care access (Schillinger, 2021). Nurses' trusted position enables them to advocate for change, identify barriers, and work to dismantle disparities in health care.

In addition to advocating for change, nurses can empower those from underserved communities by providing vital resources, information, and referrals to essential services. Through these efforts, nurses not only support individual patients but also strengthen the health care system's capacity to address disparities and advance equity for all.

Recommendations

Health care providers must actively work to dismantle systemic and structural barriers that prevent patients from accessing quality care. AWHONN supports the following recommendations:

- Train a new diverse workforce of health care providers, including APRNs, as an important component of maintaining a workforce that can meet the needs of diverse patient populations.
- Promote full practice authority for APRNs with uniform scope of practice laws as a guiding framework (McMichael & Markowitz, 2022). Empowering midwives to practice at the height of license can be a panacea in reducing health inequities in the health care system.
- Expand telemedicine, including abortion care via telemedicine, as a potential means to increase access because it mitigates travel distance for those who live in access deserts. Telemedicine may be the only option for local access and alleviates privacy concerns for reproductive care (Kerestes et al., 2021).
- People's choice of and access to a desired contraceptive method should not be governed by what is covered by their insurance plan or what is economically viable for them but instead should be governed by the patients in consultation with their health care providers (AWHONN, 2024).
- AWHONN encourages providers to work to identify structural biases within themselves or their workplaces in order to cultivate the best care for every patient, including ensuring that accessible equipment and accommodations are available.
- Hospitals should provide a wide range of translators to prevent language barrier issues and offer alternative forms of media for educational resources for neurodivergent patients.

By engaging with state and federal lawmakers and communities, AWHONN, nurses, and stakeholders across the country can drive purposeful improvements in access to care.

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